



Module 3a

Guidance Notes: both versions

Review of severely challenging/violent incidents

Data collection commences 1 October and
ends 28 February 2007

Introduction

Module 3a focuses on the management of actual violent incidents. The audit tool contains a structured checklist for local staff groups to review a series of **three incidents** against the 'good practice' indicated in the relevant clinical practice guidelines. This structured checklist is based upon the NICE Guideline: Violence – the short term management of disturbed/violent in in-patient psychiatric settings and emergency departments (2005). As the NICE Guideline explicitly excludes services for people with dementia, the National Audit of Violence Steering Group has amended some of the standards and guidance for dementia services.

The aim of this audit is to encourage staff groups to review their practices and identify the strengths and areas for improvements of the approaches they used to manage each incident. This exercise supports the principles of peer-review and 'learning from mistakes' and may illuminate training needs, ideas for changes to ward routine, or suggestions for changes to existing policy and procedures.

Please note: this process is intended to support rather than replace any existing de-briefing systems.

To help you plan how to complete this part of the audit programme, a series of 'stages' have been defined.

Stage 1	Tell ward staff about the process that is going to be taking place.
Stage 2	Using the criteria below as guidance, identify <u>three violent incidents</u> .
Stage 3	Identify the members of staff who were directly involved in managing each incident and a facilitator (if applicable).
Stage 4	Ask the staff member who was responsible for leading the management of the incident to complete the <u>PART A CHECKLIST</u> .
Stage 5	Photocopy the completed checklist and distribute copies to other members of the team who were involved in managing the incident.
Stage 6	Call a meeting of the staff team (with or without a facilitator) to discuss the content of the completed checklist and complete a copy of the <u>PART B ACTION PLAN</u> .
Stage 7	Complete the part B action plan online.

Stage 1: Tell staff it is going to happen

This is likely to be the most challenging part of the audit programme for the staff involved. It will ask them to give and receive constructive criticism relating to aspects of practice. **It is vital that staff are prepared for this process:**

- tell people how you are going to select the incidents that you review;
- make time to talk through any anxieties, acknowledging any fears and concerns;
- actively manage any obvious resistance to the process.

Stage 2: Identify three incidents

Definitions of what constitutes 'a severely challenging/violent incident' vary considerably between wards and organisations. You will need to refer to your own local definitions. It will be useful to involve the people who collect incident data for your organisation. Try to identify incidents that fulfil some of the following criteria:

- they took place within the last month (but not so recently that staff feel unduly traumatised by the experience);

- they involved different 'types' of incidents e.g. actual bodily harm, damage to property;
- they necessitated different management approaches e.g. de-escalation, use of medication, use of hands-on restraint, use of seclusion (if appropriate);
- they involved different 'teams' of staff;
- they offer the potential for group learning.

Stage 3: Set up the review meeting

Arrange a convenient time for all of the relevant staff to meet together. If this proves difficult, some degree of pragmatism may need to be exercised e.g. over whether to wait for three weeks to meet, versus going ahead in two days time with one team member missing.

Find a facilitator for the review meeting

You will need to decide whether you need an external/independent person who was not involved in the incident to facilitate the review meeting.

*If you **do** want a facilitator*, you could invite a clinical nurse specialist or a member of your local project team. The role of this person would be to guide the staff group through the process, to ensure that everyone has the chance to speak, and to support them to reach consensus and agree action points.

If the staff on your ward feel this type of support is not necessary, the person who led the management of the incident should 'chair' the meeting.

Stage 4: Complete the Part A Checklist

Ask the person who led the management of the incident to complete the Part A Checklist. This person should be encouraged to be as thorough and comprehensive as possible, aiming to complete the free-text comments boxes as well as the 'yes/no' questions. This will be used to promote discussion at Stage 6.

Stage 5: Distribute copies of the Part A Checklist

This should be done in advance of the review meeting to give team members enough time to reflect on its contents.

Stage 6: Hold the review meeting

- **Venue**

Find a venue that is convenient for people to get to, non-threatening, and comfortable. Make sure that the meeting will not be disturbed.

- **Timing**

The meeting should take place within a reasonable time frame, i.e. those involved are able to remember the event clearly but are no longer unduly traumatised by it.

- **The meeting**

Before discussions begin, team members should discuss and agree 'ground rules' for the meeting. Some suggestions are contained at **Appendix 1** - '*Suggested ground rules for the review meeting*'.

Staff groups will need to feel confident that their contributions to the meeting will be listened to by everyone present, and that the discussions will be constructive and will lead to positive changes. The group facilitator or person who led the management of the incident will be responsible for ensuring that this happens.

Staff groups should work together through the **Part A Checklist** in the following way:

1. The person who led the management of the incident should present their 'brief description' of the incident for discussion by the group. It may be helpful to use a flip-chart to draw a flowchart of the sequence of events.
2. The person who led the management of the incident should work through each of the six sections of the **Part A Checklist** in turn, firstly giving a brief overview of their responses and observations, before opening it up to discussion amongst the group.

NOTES

- The group should not spend undue amounts of time disputing the way the Checklist has been completed. **The Part A Checklist is for local use only.** It should be used to promote discussion about how the incident was managed and, ultimately, to generate ideas for improvement.
 - The approach should be 'reflective', i.e. self-analytical, self-critical and honest (though not abjectly damning of any individual who is either present or absent [ref Appendix 1]).
3. The group should complete the relevant section of the **Part B Action Plan**, either at the end of each section of the Checklist, or after they have worked through all of the Checklist.

Section 7: Submit Part B Action Plan

This can be submitted by logging on to the website **from 2nd October 2006** at **www.rcpsych.ac.uk/nav-data**