



**Northern Ireland Practice and Education Council for
Nursing and Midwifery**

***Review of Aggression and
Violence Training
for
Nurses and Midwives
Initiative Plan***



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1.0 Introduction

- 1.1 Effective management of violence and aggression is a core responsibility of many staff who work within the Health and Social Care (HSC) services of Northern Ireland (NI). This responsibility creates significant risk for nurses and midwives and without appropriate training and education there is the potential for an unsafe work and care environment (for both staff and patients/clients). The predominant focus of training in the management of aggression and violence has been within mental health and learning disability settings. However, it is also important to acknowledge that there is a need for training in the management of aggression and violence in other sectors of the HSC, most notably in Accident and Emergency departments.
- 1.2 The National Institute of Clinical Excellence's Clinical Guideline 25 (NICE, 2005) recommends that all service providers should have a policy for training employees in relation to the short-term management of disturbed/violent behavior. The guideline also states that local policies should specify who will receive what level of training (based on risk assessment), how often they will be trained, and also outlines the techniques in which they should be trained (NICE, 2005).
- 1.3 The DHSSPS in 2005 established a regional multi-disciplinary and multi-agency working group which produced guidance on restraint and seclusion in the Health Personal Social Services (HPSS). The guidance focused on a human rights based approach to the management of violence and aggression and aimed to ensure the adoption of consistent practices in the use of restrictive physical interventions based upon a common set of principles. In this context, there is concern that the range of different training approaches used throughout N. Ireland could potentially be a barrier to achieving consistency and consequently the need for an evaluation of the different types and levels of training available.

2.0 Background

- 2.1 During initial exploratory meetings held in 2010, initiated and facilitated by the Nurse Education and Development Consortium (NEDC), it became evident that a range of

different training programmes are available in relation to the management of aggression and violence for nurses and midwives.

2.2 At these discussions a range of issues/concerns were identified:

- The increasing number and type of different training programmes available across the statutory and non-statutory sectors for example, Management of Actual and Potential Aggression (MAPA), Control & Restraint (C&R), Strategies for Crisis Intervention and Prevention (SCIP), Therapeutic Crisis Intervention (TCI).
- Due to the size of Northern Ireland there is the potential for clients/patients to be subject to different methods of physical intervention as they may use different services.
- There is some confusion with the approval process via the British Institute of Learning Disability (BILD), which was originally established only for Learning Disability (LD) services.
- The costs of approval, accreditation, monitoring, audit, yearly training updates by a range of different accrediting bodies.
- Whether there is potential for a more unified and consistent approach to training throughout Northern Ireland.

Although this is the initial stage of this review, it is recognised that training in the management of violence and aggression needs to be considered in a multi-disciplinary and multi-agency context.

2.3 A briefing paper from NEDC was presented mid 2010 to the Educational Strategy Group (ESG) when it was agreed that a review of the range of training should be undertaken on a multi-disciplinary basis. Unfortunately there was not the resources to do this and therefore this review will, as a starting point, aim to ascertain what training is currently available on the management of aggression and violence for nurses and midwives across the five Health and Social Care Trusts (HSCTs).

2.4 The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) have been asked to conduct this review. Although there will be no funding attached, there is the potential to build on the initial recommendations for a further phase of this work to be conducted (i.e. the multi-disciplinary context).

3.0 Initiative – Aim and Objectives

3.1 Aim

The aim of the initiative is to complete a review of the current training available for nurses and midwives working in the Health and Social Care (HSC) in relation to the management of aggression and violence.

3.2 Objectives of the Review Exercise

- Scope the current training programmes (including pre and post registration through the Universities) commissioned by or employed within each of Trusts for the management of aggression and violence. This will include hospital, community, primary care and the independent sector.
- Describe the body that approves and regulates each of the training programmes and the relevant costs.
- Establish how the trainers/educators are prepared and updated for each training programme and the associated costs.
- Explain the benefits and disadvantages of the contracts/agreements between the approval/training body and the Trust.
- Submit a report of the findings to the ESG (DHSSPS) at the end of three months with recommendations to inform a regional strategy for training in the management of aggression and violence.
- This report could form the basis of an extensive review of multiprofessional/ multi-agency training provision in the development an overall regional training strategy.

4.0 Methodology Overview

4.1 It is intended to deliver the initiative over a period of 3 months. A work programme is attached at Appendix One, designed to achieve the objectives outlined above.

- 4.2 One NIPEC Senior Professional Officer will lead the review in partnership with the Education Providers; Education Leads; and the DHSSPS.
- 4.3 The ongoing progress and the final report of the initiative will be available to view on NIPEC's website.

5.0 Evaluation

- 5.1 The initiative will be evaluated on an on-going basis, evidenced through the verification of the accuracy of data presented in the final report of the review exercise.
- 5.2 On-going progress will be reported to the DHSSPS through mechanisms agreed.

6.0 Dissemination

- 6.1 Dissemination of the final report of the review exercise will be the responsibility of the DHSSPS Education Strategy Group.

References

Department of Health Social Services and Public Safety (2005) *Human Rights Working Group. Restraint and Seclusion. Guidance on Restraint and Seclusion in Health and Personal Social Services*. Belfast, DHSSPS.

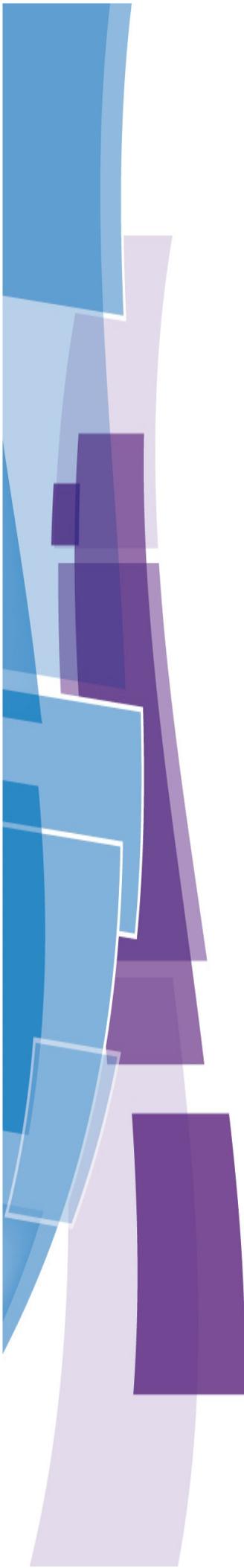
Department of Health Social Services and Public Safety (2009) *Promoting Quality Care. Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services*. Belfast, DHSSPS.

National Institute of Clinical Excellence (2005) *Clinical Guideline 25: short-term management of disturbed/violent behavior in in-patient psychiatric settings and emergency departments*. London, NICE.

Work Programme 2010/2011

Management of Aggression and Violence Initiative

Commence – Jan 2011 – March 2011		
Activity	Target	Related objective
1. Communication letter from ESG via Nursing Officer, DHSSPS to; <ul style="list-style-type: none"> - Directors of Nursing - Directors of Mental Health and Learning Disability - Directors of Children's Services - Directors of Nursing and Midwifery Education at the Educational Providers 	End Dec 2010	All
2. Secure required contacts in each of the HSC Trust's Establish an agreed format for collating data collected Agree key stakeholders for verification/consultation to recommendations	Early Jan 2011	1-4
3. Review the data collated	Feb 2011	1-4
4. Draft report to Key stakeholders Write and submit report of findings to ESG, DHSSPS	Beginning Mar 2011 End Mar 2011	5



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www.nipec.hscni.net

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