



National Audit of Violence

Module 1 National Report – Working age adults

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Introduction

1. Overview of Module 1

Module 1 surveyed the people who work in, reside in, and spend significant periods of time on participating wards. The main method of data collection was a questionnaire that asked respondents about their experiences in relation to the prevention and effective management of violence on the ward. Data was collected between the beginning of October 2006 and the end of January 2007.

2. Subjects of the audit

Three questionnaires were designed to gather feedback from three potential respondent groups. All data returns were anonymous.

- **Staff**

Staff who, at the time of the survey, were spending at least 16 hours per week on the ward or visited at least 3 times a week were invited to complete a questionnaire. Local teams were given the option of including all staff, i.e. nursing staff (all grades); clinical staff (e.g. psychiatrists, pharmacists, psychologists, etc); non-clinical staff (e.g. porters, domestics, etc). As a minimum, all wards were expected to include nursing staff. Each ward was asked to aim for a minimum response rate of 50% from each staff respondent group.

At the beginning of the questionnaire, staff were asked to tick a box indicating their designation i.e. a member of the nursing staff team, clinical staff team, or non-clinical staff team.

- **Patients**

Any patient who, at the time of the survey, was judged by the clinical team to be well enough, was invited to complete a questionnaire. Each ward was asked to aim for a response rate of 20 questionnaires¹. Guidance was provided to wards about ways of supporting the data collection by working with advocates etc.

Services for people with dementia

In recognition of the problems associated with getting questionnaires completed by this client group, two alternative methods were made available:

1. a carer/next of kin questionnaire;
2. a framework for 'third party observation'.

- **Visitors**

Anyone who visited the ward on a number of occasions during the survey period who was deemed to be able to offer an informed view was invited to complete a questionnaire. This could have included family/friends, solicitors, advocates, volunteers, staff who were employed by other external organisations e.g. community and voluntary sector workers.

3. Content of the questionnaires

The areas covered in each of the three questionnaires related to the supports that each respondent group might expect to receive from the trust/organisation in relation to the prevention and effective management of violence. The bulk of the standards for the audit were drawn from the two guidelines on the subject², which are all available to download on our website www.rcpsych.ac.uk/nav. The questionnaires contained a mixture of closed 'yes/no' type questions, and free-text comments boxes.

¹ It was recognised that some wards might have been unable to reach this target due to either low bed numbers and/or long duration of stay.

² Violence: The Short-term Management of Disturbed/ Violent Behaviour in Psychiatric Inpatient Settings and Emergency Departments, NICE 2005, (www.nice.org.uk).

Management of Imminent Violence - Clinical practice guidelines to support mental health services, Royal College of Psychiatrists 1998

4. Data collection

Staff were encouraged to complete the questionnaire using an on-line link on the 'National Audit of Violence' web page www.rcpsych.ac.uk/nav-data, however, paper copies of this questionnaire were provided on request. Paper copies of the patient and visitor questionnaires were provided automatically, with freepost envelopes, and these groups were given the option of using the web-based link if preferred. Posters were supplied for each ward to display to raise awareness of the survey and an information leaflet about the survey was provided for distribution to all potential respondents.

- **Data analysis**

The survey data was extracted from database software called SnapSurveys and was then analysed and presented using Microsoft Excel.

- **Qualitative data**

Local reports, distributed to each participating ward, contained all qualitative data that may have been given. Extracts of qualitative data will be presented in the final report.

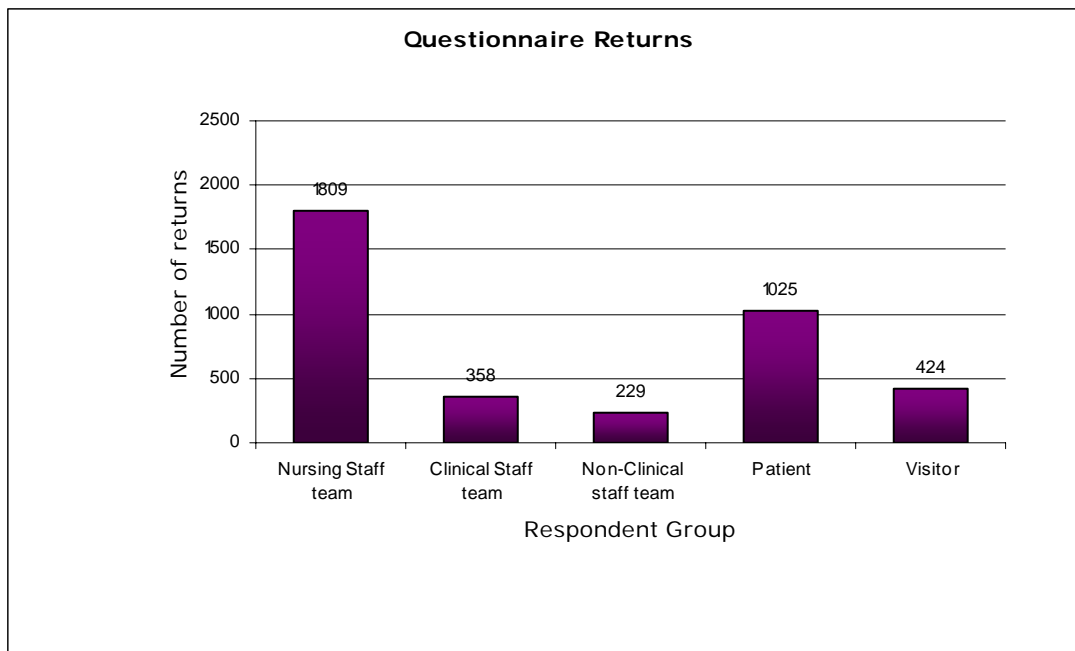
- **Quantitative data**

Percentages are presented without decimal points (e.g. 56%, rather than 56.4%), resulting in some 'rounding up' of scores, meaning that sometimes total scores will appear to be 99% or 101%

National Respondent Numbers

These results are based on the following amount of questionnaire returns:

Respondent group	Number of returns
Nursing Staff team e.g. a qualified nurse, an unqualified nurse or a student nurse	1809
Clinical Staff team e.g. psychiatrist, occupational therapist, pharmacist, psychologist, clinical audit, risk management, social worker, manager	358
Non-Clinical Staff team e.g. domestic staff, catering staff, porter, maintenance staff	229
Patient	1025
Visitor e.g. patient family member, benefits officer, hospital admin staff etc;	424
Total	3845



Please do not hesitate to contact the Audit Team with any queries regarding this report on 0207 977 6646/5 or email audit-of-violence@cru.rcpsych.ac.uk

The ward

Is there enough space on the ward?

	YES %	NO %
Nursing Staff	58%	42%
Clinical Staff	58%	42%
Non-Clinical Staff	67%	33%
Patient	72%	28%
Visitor	71%	29%

Is it usually excessively noisy

	during the day?		during the night?	
	YES %	NO %	YES %	NO %
Nursing Staff	40%	60%	11%	89%
Clinical Staff	29%	71%	11%	89%
Non-Clinical Staff	30%	70%	5%	95%
Patient	35%	65%	22%	78%
Visitor	17%	83%	-	-

Does the temperature often feel

	too hot?		too cold?	
	YES %	NO %	YES %	NO %
Nursing Staff	55%	45%	36%	64%
Clinical Staff	46%	54%	16%	84%
Non-Clinical Staff	62%	38%	23%	77%
Patient	33%	67%	32%	68%
Visitor	39%	61%	8%	92%

Is the ward homely and comfortable in respect of lighting and appropriate décor and music?

	YES %	NO %
Nursing Staff	63%	37%
Clinical Staff	64%	36%
Non-Clinical Staff	72%	28%
Patient	70%	30%
Visitor	72%	28%

When patients have become distressed or angry, have you generally been able to access a quiet area/separate room on the ward where they can be supported by staff?

	YES %	NO %
Nursing Staff	84%	16%
Clinical Staff	87%	13%
Non-Clinical Staff	90%	10%

Is the emergency alarm system on the ward effective?

	YES %	NO %
Nursing Staff	82%	18%
Clinical Staff	97%	3%
Non-Clinical Staff	95%	5%

Is a personal safety alarm available for your use?

	YES %	NO %
Nursing Staff	86%	14%
Clinical Staff	83%	17%
Non-Clinical Staff	88%	12%

Does the ward have a consistent and rehearsed response to emergency alarm calls (including personal safety alarm calls)?

	YES %	NO %
Nursing Staff	83%	17%
Clinical Staff	87%	13%
Non-Clinical Staff	88%	12%

Do you know who your 'Local Security Management Specialist' is?

	YES %	NO %
Nursing Staff	35%	65%
Clinical Staff	30%	70%
Non-Clinical Staff	29%	71%

Do ward staff have a say about admissions onto the ward?

	YES %	NO %
Nursing Staff	36%	64%
Clinical Staff	65%	35%
Non-Clinical Staff	41%	59%

When the ward has a particularly difficult mix of patients, are additional resources made available?

	YES %	NO %
Nursing Staff	56%	44%
Clinical Staff	61%	39%
Non-Clinical Staff	61%	39%

Do you have somewhere secure to store your belongings, for example, money or jewellery?

	YES %	NO %
Patient	81%	19%

Can you get your belongings whenever you want?

	YES %	NO %
Patient	81%	19%

Do you have to share space with members of the opposite sex when you don't want to?

	YES %	NO %
Patient	18%	82%

Is there ever any trouble on the ward because of:

	patients getting drunk?		patients taking illegal drugs?	
	YES %	NO %	YES %	NO %
Nursing Staff	62%	38%	73%	27%
Clinical Staff	57%	43%	69%	31%
Non-Clinical Staff	47%	53%	53%	47%
Patient	16%	84%	19%	81%
Visitor	18%	82%	24%	76%

Communication systems

Are staff available for you to speak to, for example if you are concerned or upset?

	YES %	NO %
Visitor	94%	6%

Are concerns taken seriously and acted upon?

	YES %	NO %
Visitor	91%	9%

Communication systems and ward culture

Do you have sufficient opportunities to raise and discuss issues and concerns with colleagues on the ward?

	YES %	NO %
Nursing Staff	87%	13%
Clinical Staff	91%	9%
Non-Clinical Staff	86%	14%

Are your concerns taken seriously and acted upon?

	YES %	NO %
Nursing Staff	74%	26%
Clinical Staff	85%	15%
Non-Clinical Staff	90%	10%

Are the handover systems on the ward effective?

	YES %	NO %
Nursing Staff	88%	12%
Clinical Staff	85%	15%
Non-Clinical Staff	85%	15%

Are the following appropriate to the resident population?

		YES %	NO %
Staff ratios i.e. number of staff on each shift	Nursing Staff	64%	36%
	Clinical Staff	68%	32%
	Non-Clinical Staff	66%	34%
Staff skill mix i.e. experience and qualifications of staff	Nursing Staff	74%	26%
	Clinical Staff	76%	24%
	Non-Clinical Staff	82%	18%
Gender mix of staff	Nursing Staff	67%	33%
	Clinical Staff	81%	19%
	Non-Clinical Staff	80%	20%
Ethnic mix of staff	Nursing Staff	70%	30%
	Clinical Staff	77%	23%
	Non-Clinical Staff	85%	15%

Is there multi-disciplinary consensus on the clinical care of patients?

	YES %	NO %
Nursing Staff	87%	13%
Clinical Staff	89%	11%
Non-Clinical Staff	89%	11%

Respect, privacy, dignity, choice

Does the ward respect your religious and cultural needs, e.g. religious festivals, diet?

	YES %	NO %	N/A %
Patient	52%	12%	36%

During your stay on the ward, have you been cared for in a dignified manner?

	YES %	NO %
Patient	83%	17%

Do you have privacy when you are being given your medication?

	YES %	NO %
Patient	59%	41%

Have you ever asked for your medication to be reviewed?

	YES %	NO %
Patient	50%	50%

If you did ask for your medication to be reviewed, did this happen?

	YES %	NO %
Patient	72%	28%

Are your personal preferences respected, e.g. in relation to food and drink choices, going to bed, clothing?

	YES %	NO %
Patient	79%	21%

Do you have opportunities to go outdoors/leave the ward?

	YES %	NO %
Patient	79%	21%

Are you able to speak to staff when you need to, for example if you are concerned or upset?

	YES %	NO %
Patient	88%	12%

Are your concerns taken seriously and acted upon?

	YES %	NO %
Patient	77%	23%

When admitted to the ward, were you asked what you **would** and **would not** wish to happen if your behaviour became severely challenging/violent?

	YES %	NO %
Patient	21%	79%

When admitted to the ward, were you asked about your **trigger factors** and **early warning signs** of severely challenging/violent behaviour and how these should be managed?

	YES %	NO %
Patient	23%	77%

Training

General Training

Have you received any training related to the following:

		YES %	NO %
Equal Opportunities	Nursing Staff	47%	53%
	Clinical Staff	52%	48%
	Non-Clinical Staff	38%	62%
The 'Bournewood Ruling', especially in respect of restriction and deprivation of liberty	Nursing Staff	18%	82%
	Clinical Staff	33%	67%
	Non-Clinical Staff	10%	90%
The Mental Capacity Act, especially in respect of the best interests and least restrictive principles	Nursing Staff	32%	68%
	Clinical Staff	53%	47%
	Non-Clinical Staff	18%	82%

Undertaking personal searches

Are you involved in undertaking personal searches?

	YES %	NO %
Nursing Staff	61%	39%
Clinical Staff	8%	92%
Non-Clinical Staff	2%	98%

Have you received appropriate instruction in undertaking personal searches, which is repeated and regularly updated?

	YES %	NO %
Nursing Staff	41%	59%
Clinical Staff	59%	41%
Non-Clinical Staff	25%	75%

The management of actual incidents

Are you involved in managing severely challenging/violent incidents?

	YES %	NO %
Nursing Staff	86%	14%
Clinical Staff	50%	50%
Non-Clinical Staff	7%	93%

Have you had access to training that promotes the use of non-physical interventions to recognise and prevent severely challenging/violent behaviour e.g. 'Promoting Safer and Therapeutic Services' training?

	YES %	NO %
Nursing Staff	75%	25%
Clinical Staff	75%	25%
Non-Clinical Staff	57%	43%

Has your training been adequate to enable you to **minimise the risk** of a severely challenging/violent incident occurring?

	YES %	NO %
Nursing Staff	79%	21%
Clinical Staff	83%	17%
Non-Clinical Staff	64%	36%

Has your training been adequate to enable you to **deal with** a severely challenging/violent incident when one occurs?

	YES %	NO %
Nursing Staff	83%	17%
Clinical Staff	82%	18%
Non-Clinical Staff	64%	36%

Have you received training in how to record any incident using the appropriate local templates?

	YES %	NO %
Nursing Staff	66%	34%
Clinical Staff	52%	48%
Non-Clinical Staff	43%	57%

Observation

Definition: The primary aim of observation should be to engage positively with the service user. This involves a two-way relationship, established between a service user and a nurse, which is meaningful, grounded in trust, and therapeutic for the service user.

NICE, 2005

Are you involved in carrying out observations?

	YES %	NO %
Nursing Staff	95%	5%
Clinical Staff	23%	77%
Non-Clinical Staff	8%	92%

Do you receive ongoing competency training in observation?

	YES %	NO %
Nursing Staff	32%	68%
Clinical Staff	41%	59%
Non-Clinical Staff	0%	100%

Rapid Tranquillisation

Definition: All medication given in the short-term management of disturbed/violent behaviour should be considered as part of rapid tranquillisation (including PRN medication taken from an agreed rapid tranquillisation protocol or as part of an advance directive).

NICE, 2005

Are you involved in administering or prescribing rapid tranquillisation, or in monitoring patients to whom parenteral rapid tranquillisation has been administered?

	YES %	NO %
Nursing Staff	66%	34%
Clinical Staff	44%	56%
Non-Clinical Staff	1%	99%

Have you received training around the legal framework that authorises the use of rapid tranquillisation?

	YES %	NO %
Nursing Staff	53%	47%
Clinical Staff	75%	25%
Non-Clinical Staff	50%	50%

Are you trained in the use of pulse oximeters?

	YES %	NO %
Nursing Staff	40%	60%
Clinical Staff	58%	42%
Non-Clinical Staff	50%	50%

Do you receive ongoing competency training to a level of Immediate Life Support (ILS - Resuscitation Council UK)?

	YES %	NO %
Nursing Staff	69%	31%
Clinical Staff	76%	24%
Non-Clinical Staff	50%	50%

Hands-on restraint

NOTE: NICE uses the term 'physical intervention'.

Definition: skilled, hands-on method of physical restraint involving trained designated healthcare professionals to prevent individuals from harming themselves, endangering others or seriously compromising the therapeutic environment. Its purpose is to safely immobilise the individual concerned.

NICE, 2005

Are you involved in using hands-on restraint?

	YES %	NO %
Nursing Staff	85%	15%
Clinical Staff	21%	79%
Non-Clinical Staff	5%	95%

Have you received training around the legal framework that authorises the use of hands-on restraint?

	YES %	NO %
Nursing Staff	88%	12%
Clinical Staff	91%	9%
Non-Clinical Staff	70%	30%

Have you been trained in Basic Life Support (BLS - Resuscitation Council UK)?

	YES %	NO %
Nursing Staff	85%	15%
Clinical Staff	96%	4%
Non-Clinical Staff	80%	20%

Seclusion

Definition: The supervised confinement of a patient in a room, which may be locked to prevent others from significant harm, its sole aim is to contain severely disturbed behaviour that is likely to cause harm to others.

NICE, 2005

Have you been directly involved in the care of a secluded patient on this ward during the last year?

	YES %	NO %
Nursing Staff	39%	61%
Clinical Staff	19%	81%
Non-Clinical Staff	2%	98%

Have you received training around the legal framework that authorises the use of seclusion?

	YES %	NO %
Nursing Staff	59%	41%
Clinical Staff	59%	41%
Non-Clinical Staff	25%	75%

Do you receive ongoing competency training in the use of seclusion?

	YES %	NO %
Nursing Staff	43%	57%
Clinical Staff	39%	61%
Non-Clinical Staff	33%	67%

Being given information

Have you been given enough information about why you have been admitted to the ward?

	YES %	NO %
Patient	72%	28%

Have you been given enough information about how the ward is run, for example visiting times, complaints procedure, ward rounds?

	YES %	NO %
Patient	71%	29%

Are you satisfied with your involvement in decisions about your care (e.g. treatment and medication)?

	YES %	NO %
Patient	67%	33%

Have you been given information about how to get advice or help from someone who does not work here, for example an advocate?

	YES %	NO %
Patient	60%	40%

Have you been put under close observation during your admission to this ward?

	YES %	NO %
Patient	52%	48%

Was the reason you were put under observation explained to you?

	YES %	NO %
Patient	69%	31%

Were you told how long observation was likely to be maintained?

	YES %	NO %
Patient	38%	62%

Things to do

Are there daily opportunities for you to take part in group interaction and/or recreation?

	YES %	NO %
Patient	75%	25%

Are there daily opportunities for physical activity/exercise?

	YES %	NO %
Patient	54%	46%

Do you think that there is an adequate choice of **therapies** available **during the day**?

	YES %	NO %
Patient	47%	53%

Do you think that there is an adequate choice of **activities** available **during the day**?

	YES %	NO %
Patient	52%	48%

Do you think that there is an adequate choice of **activities** available in the **evenings and at weekends**?

	YES %	NO %
Patient	33%	67%

Supervision

Do you currently receive one-to-one clinical supervision?

	YES %	NO %
Nursing Staff	63%	37%
Clinical Staff	74%	26%
Non-Clinical Staff	14%	86%

How often does the supervision take place?

	WEEKLY %	FORT- NIGHTLY %	MONTHLY	LESS THAN MONTHLY %
Nursing Staff	5%	6%	58%	32%
Clinical Staff	33%	15%	43%	8%
Non-Clinical Staff	27%	12%	46%	15%

How would you rate your satisfaction with the frequency of supervision that you get?

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	28%	57%	13%	2%
Clinical Staff	41%	54%	5%	0%
Non-Clinical Staff	35%	62%	4%	0%

How would you rate your satisfaction with the quality of supervision that you get?

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	33%	60%	6%	1%
Clinical Staff	40%	55%	5%	0%
Non-Clinical Staff	33%	67%	0%	0%

Does this supervision include incidents and events relating to the prevention and management of violence?

	YES %	NO %
Nursing Staff	74%	26%
Clinical Staff	64%	36%
Non-Clinical Staff	44%	56%

Supports from other colleagues

In relation to managing severely challenging/violent behaviour, how would you rate your satisfaction with the supports that you get from **other staff on this ward?**

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	34%	58%	7%	1%
Clinical Staff	32%	64%	4%	0%
Non-Clinical Staff	39%	53%	5%	2%

In relation to managing severely challenging/violent behaviour, how would you rate your satisfaction with the supports that you get from the **senior management team within your directorate?**

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	16%	53%	26%	5%
Clinical Staff	20%	66%	13%	1%
Non-Clinical Staff	32%	53%	12%	2%

How would you rate your satisfaction with the quality of **leadership on the ward?**

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	32%	55%	11%	1%
Clinical Staff	32%	59%	8%	1%
Non-Clinical Staff	44%	50%	5%	1%

The way that severely challenging/violent behaviour has been dealt with on the ward

Do you think that staff deal effectively with severely challenging/violent behaviour:

		YES %	NO %
between patients	Nursing Staff	94%	6%
	Clinical Staff	94%	6%
	Non-Clinical Staff	97%	3%
	Patient	80%	20%
	Visitor	90%	10%
towards staff from patients	Nursing Staff	87%	13%
	Clinical Staff	91%	9%
	Non-Clinical Staff	94%	6%
	Patient	84%	16%
	Visitor	92%	8%

Would you feel comfortable to confidentially report an incident of staff abuse towards a patient?

	YES %	NO %
Nursing Staff	92%	8%
Clinical Staff	93%	7%
Non-Clinical Staff	93%	7%
Patient	74%	26%
Visitor	92%	8%

Do you think staff resort too quickly to using the following interventions when managing severely challenging/violent incidents?

		YES %	NO %
using medication	Nursing Staff	13%	87%
	Clinical Staff	24%	76%
	Non-Clinical Staff	8%	92%
	Patient	38%	62%
	Visitor	21%	79%
using hands-on restraint	Nursing Staff	8%	92%
	Clinical Staff	11%	89%
	Non-Clinical Staff	5%	95%
	Patient	30%	70%
	Visitor	15%	85%
using seclusion	Nursing Staff	6%	94%
	Clinical Staff	5%	95%
	Non-Clinical Staff	4%	96%
	Patient	25%	75%
	Visitor	12%	88%

Have all incidents of severely challenging/violent behaviour that you have been aware of in the past year been reported/recorded?

	YES %	NO %
Nursing Staff	91%	9%
Clinical Staff	92%	8%
Non-Clinical Staff	93%	7%

Are patients routinely given the opportunity to discuss their experiences of being involved in severely challenging/violent incidents (either as perpetrator, victim or witness)?

	YES %	NO %
Nursing Staff	75%	25%
Clinical Staff	75%	25%
Non-Clinical Staff	87%	13%

Experiences of severely challenging/violent behaviour on the ward

Have you personally been made to feel **upset/distressed** by a patient's severely challenging/violent behaviour?

	YES %	NO %
Nursing Staff	58%	42%
Clinical Staff	37%	63%
Non-Clinical Staff	27%	73%
Patient	45%	55%
Visitor	17%	83%

Have you personally been **threatened or made to feel unsafe**?

	YES %	NO %
Nursing Staff	72%	28%
Clinical Staff	44%	56%
Non-Clinical Staff	33%	67%
Patient	34%	66%
Visitor	14%	86%

Have you personally been **physically assaulted**?

	YES %	NO %
Nursing Staff	46%	54%
Clinical Staff	13%	87%
Non-Clinical Staff	8%	92%
Patient	18%	82%
Visitor	3%	97%

If you have been made to feel upset/distressed, threatened or made to feel unsafe or physically assaulted, did staff give you the opportunity to talk about your experience?

	YES %	NO %
Patient	58%	42%
Visitor	64%	36%

Has anyone given you advice on what to do if you see or hear about someone behaving in a way that is severely challenging/violent, for example how to summon help?

	YES %	NO %
Patient	38%	62%
Visitor	48%	52%

Contact details

If you would like to discuss this report or any aspects of the audit, please contact the Audit Team on the details below:

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