National Audit of Violence

Guidance for Module 1

Introduction

This guidance has been designed to assist you throughout the process of data collection for Module 1. It includes some useful tips on data collection, distribution, confidentiality and data protection issues. Do not hesitate to contact a member of the Audit Team for further guidance and support as necessary:

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We will be providing you with a fortnightly update of the data that we have received so you can follow up with ward managers where little data has been submitted.

Preparing for data collection

We suggest that you utilise the information leaflets and posters that were sent to you in July to help you promote general awareness of the audit in your organisation. You may also wish you to use the additional 'Module 1' posters and information leaflet that we have sent you, to assist in generating awareness at the beginning of data collection.

Collecting the data

When is the data going to be collected?

The data collection period for this section of the audit is from 1 October – 31 December 2006. Your Local Project Team and participating wards will need to decide when is best for them.

How is the data going to be collected?

- ***Web-based entry***

As we have discussed during the series of workshop events, the bulk of data collection is be carried out using web-based, rather than paper-based, entry. The reason for adopting this method is to ensure anonymity and confidentiality of the data being submitted. In previous phases of this audit, paper based entry meant that data was insecure, some questionnaires were sent that were incomplete or had qualitative data missing, and photocopies of questionnaires were also returned. All of these compromised anonymity and confidentiality, and meant that respondents were less likely to provide a true opinion about their experiences.

Using web-based entry eliminates some of these issues: once the ‘submit’ button is pressed, your data is sent to us securely and cannot be recalled.

We would encourage you to use this method of entering your data where possible, however, we appreciate that it is difficult for some wards and teams to achieve this (more below).

- ***Password protection***

To assure the maintenance of confidentiality and anonymity, the Audit Team will issue you with a username and password for each individual ward. We will provide further guidance on how you may choose to use these prior to the beginning of data collection.

Who is going to be asked to complete questionnaires?

- ***Patients***

The Patient Questionnaire focuses on the current admission of the patient. If they have been resident on a different ward throughout their admission, it is important to ensure which ward they are providing responses for. Please refer to guidance notes on ‘**Third-Party Observation’** (at the end of this guidance) to use for patients who are unable to complete a survey.

The **target response** for the Patient Questionnaire is 20 per participating ward. However, we appreciate that there are some wards that will have a low number of beds and/or a slow patient turnover. We would encourage you to aim to get as many patient responses as you possibly can, as this data is extremely useful and important in highlighting areas of good practice and areas for development.

We appreciate that many patients will not have access to the internet. We will therefore provide **paper-based copies** of the questionnaire with **freepost envelopes** so they can be returned directly to the Audit Team without comprising anonymity/confidentiality.

Points to consider

- Consider using advocacy teams to assist your patients in completing the survey.
- Ideally, we would suggest that you aim to make this a pre-discharge questionnaire, as patients can then reflect on their entire experience on your ward.
- One or more ‘census’ days may be simpler to organise and may allow you to capture feedback from many patients.

- ***Staff***

The Staff Questionnaire focuses on the individual staff member's experience of working on the ward <u>over the past year</u>. **Part 3** refers to specific training of individual staff on Rapid Tranquilisation, Hands-on Restraint and Seclusion. Definitions from the National Institute of Clinical Excellence Guidance on 'The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency department' (2005) have been included to assist you.

Target response: the NAV Audit Team emailed your targets to you following submission of the **Screening Tool**.

<u>Points to consider</u>

- Staff may wish to see a copy of the paper version before entering it onto the computer.
- We advise that a private room is used for the purpose of entering the data to ensure that the staff members are not interrupted.
- Some teams have expressed concerns about staff members completing more than one questionnaire. If this applies to you, we would suggest that your ward manager may wish to be responsible for keeping the password details and use their ward clerk to assist staff in completing their questionnaires online; the ward clerk could then re-set the screen each time a new member of staff wants to complete a survey without revealing the password.

- ***<u>Visitors</u>***

The Visitor Questionnaire can be given to any <u>regular</u> visitor to the ward. As well as family and friends, this may include some of the following: social workers, community psychiatric nurses (**Note:** those employed by your trust would complete a Staff Questionnaire), solicitors, religious representatives. It is important to ensure you only give the questionnaire to people you feel know the ward sufficiently well to give an overview, as opposed to someone who only visits the ward occasionally.

Target response: if you find that your patient response is quite low, by increasing the numbers of Visitor Questionnaires you will gather a more balanced view of how violence is experienced by non-staff members.

As with the Patient Questionnaire, we appreciate that some visitors will not have access to the internet. We will therefore provide paper-based copies of the questionnaire with freepost envelopes so they can be returned directly to the Audit Team without comprising anonymity/confidentiality.

<u>Points to consider</u>

- You may decide to give the questionnaire to all regular visitors within a particular time frame.

- The ward clerk/administrator can assist in helping visitors to complete the surveys on-line.

<u>Carer/Next of Kin questionnaire</u>

The Carer/Next of Kin Questionnaire is **<u>only for use in dementia services.</u>** This questionnaire, in addition to the 'third party observation' can be used to gather substitute feedback for the patient questionnaire. It should be distributed to carers/next of kin who are familiar with the ward and are therefore able to give an overview of their experiences.

Target response: as many as possible. Remember, findings will be more credible if they are based on feedback from a substantial number of respondents.

As with the Patient and Visitor Questionnaire, we appreciate that some carers will not have access to the internet. We will therefore provide paper-based copies of the questionnaire with freepost envelopes so they can be returned directly to the Audit Team without comprising anonymity/confidentiality.

<u>Points to consider</u>

- Consider asking advocacy teams to assist carers and next of kin with completing questionnaires.

<u>Guidance notes for Third Party Observation</u>

<u>Introduction</u>

Third party observation is an appropriate method to use when patients are unable to participate using the questionnaire.

'Third party observers' are in a position to observe and experience the ward in a way that is similar to someone who is living or residing there. It is recommended that the third party observer is independent from the service and its provision, and they will need to spend time in the ward at different times of the day, night and week.

<u>Planning the observation</u>

Consent

- Refer to local policies and procedures regarding consent.
- It may be helpful to seek the advice of your local ethics committee or advocacy service.
- Ensure that consent is documented in accordance with local policy.
- It is important that members of the ward team know you will be observing, rather than observing covertly.

Who is going to carry out the observation?

- There should be <u>no less than two people</u> in the observation team so that they are able to discuss and agree how to rate each of the standards in the checklist.
- Ideally, involve individuals who are unfamiliar with the ward environment to carry out the observation who will, therefore, be more likely to observe the process objectively.
- **<u>The needs of patients must take priority. If unfamiliar individuals on the ward are going to upset patients, this may not be appropriate.</u>**
- The following individuals may be suitable observers to use: local advocates, patient representatives, staff from other parts of the service such as a receptionist from a day hospital or a member of the clinical audit department.

When is observation going to take place?

- You will need to agree times when it is convenient for the observer/s to visit the ward.
- Aim to include different times of the day, e.g. mealtimes, shift handovers, weekends, evenings.
- It may not be appropriate for more than one observer to be present at the same time.

Informing people that observation is taking place

- Utilise staff meetings to inform staff that observation will be taking place and to consider issues such as consent, particular times to visit, and privacy issues for patients.
- Ensure that the Resident Medical Officer has been informed that the observation will be taking place.

During the observation

- Find an appropriate place to observe what is happening around the ward, i.e. good visibility and not too obtrusive. If prior agreement has been sought that it is acceptable to patients and staff, you may move around. <u>**The primary consideration must be to avoid disrupting patients during the observation.**</u>
- Make general observations and do not focus on one individual.
- Use the checklist as a tool to guide your observations and discussions with members of the staff team, making notes as you go along to help you recall afterwards.
- Once you have completed the agreed period of observation, retire to a quiet place where you can work through each of the standards, reflecting on how you would rate each and adding comments where it is appropriate.
- <u>If your observations have not allowed you to answer any questions, please leave a blank.</u>
- Once all observers have completed their agreed periods of observation, they should come together to do the following:
  - Discuss how each standard was rated and agree a consensual rating for each.
  - Agree a form of wording for any comments that you wish to add.
  - Complete a final version of the checklist and return this to the NAV Audit Team.

<u>Please note</u>: if this is your sole method of collecting feedback from patients, it may be advisable for your team of observers to meet with your local Project Team to feedback to them as soon as possible. This will ensure that all information is shared, remembered and understood.

As with the Patient, Visitor and Carer/Next-of-Kin questionnaire, we appreciate that some individuals conducting the third party observation will not have access to the internet. We will therefore provide paper-based copies of the tool with freepost envelopes so they can be returned to the Audit Team.

<u>**Other points to consider:**</u>

- How are you going to feedback findings from this part of the audit programme to patients?
- How are you going to feedback findings from this part of the audit programme to staff?

- How are you going to feedback findings from this part of the audit to external visitors?

Frequently asked questions

Q: **Can we use paper-based versions of questionnaires?**

A: You will automatically be provided with paper-based copies of the Patient, Visitor, Third Party Observation and Carer (if applicable) versions of the questionnaire. If you require a paper-based version of the Staff questionnaire, please contact the Audit Team. Any paper-based versions of questionnaires received by the Audit Team will be analysed. However, we would encourage you to use web-based entry due to the confidentiality and anonymity issues we have outlined.

Q: **Can different wards collect data during different periods between October and December?**

A: It is the discretion of the local Project Lead/Ward Management Team which distribution methods/time frames are going to be effective for you.

Q: **How will I know what has been received by the NAV Audit Team?**

A: We will send you a fortnightly update of questionnaires that have been received so you can follow up with the relevant teams if responses for particular groups are low.

Q: **Our team will find it difficult to obtain twenty responses for the Patient Questionnaire. What should we do?**

A: We appreciate that it is difficult for some wards to gain twenty responses, therefore aim to get as many as you possibly can. If your patient responses are low, then try to get as many Visitor/Carer Questionnaires to give a balanced overview of non-staff.

Q: **Do I need to gain consent for patients to respond to the questionnaire?**

A: The National Audit of Violence is an audit and not a research project. We sought advice on this issue from the local COREC who have confirmed that ethics approval is not needed for this audit. We provide an information leaflet that should be given out to anyone who is being asked to complete a questionnaire.

Q: **Will questionnaires be available in other languages?**

A: We will not be providing questionnaires in other languages. We suggest you utilise the interpreter services within your organisation where necessary.