



Module 2

Guidance Notes: all services

Environmental Audit

**Data collection commences 2 January
2007 and ends 28 February 2007**

INTRODUCTION

This part of the programme provides participating wards with a structured way of auditing the environment in which care/support is being delivered. It should highlight features of the environment that either support, or hinder, the prevention and effective management of severely challenging/violent behaviour.

The environmental audit should involve a broad spectrum of people in the auditing process:

- staff who work in and know your wards and the 'forces' acting on them;
- people who are in a position to make change 'happen' e.g. ward managers, commissioners, members of the trust board (or equivalent), maintenance staff;
- people who can bring an 'external' perspective e.g. service user representatives, workers from the local voluntary sector.

The audit is structured so that **two teams** audit the environment against the checklist. The two teams then come together to discuss and agree consensual ratings, comments and 'ideas for improvements' (where applicable) for each standard.

The process is deliberately interactive. The people taking part should be encouraged to think laterally – particularly when coming up with 'ideas for improvements'.

INSTRUCTIONS FOR COMPLETION

Who completes the audit checklist?

This should be done independently, by two teams, each of between 4 and 6 members.

Team 1: staff who work on, or have close associations with, the ward being audited, e.g.

- the ward manager (NOTE: this is essential)
- one other member of the nursing team
- a modern matron or clinical nurse specialist
- one or two other members of the clinical team e.g. a psychiatrist, psychologist, occupational therapist, social worker, pharmacist
- the risk manager
- a member of the estates team

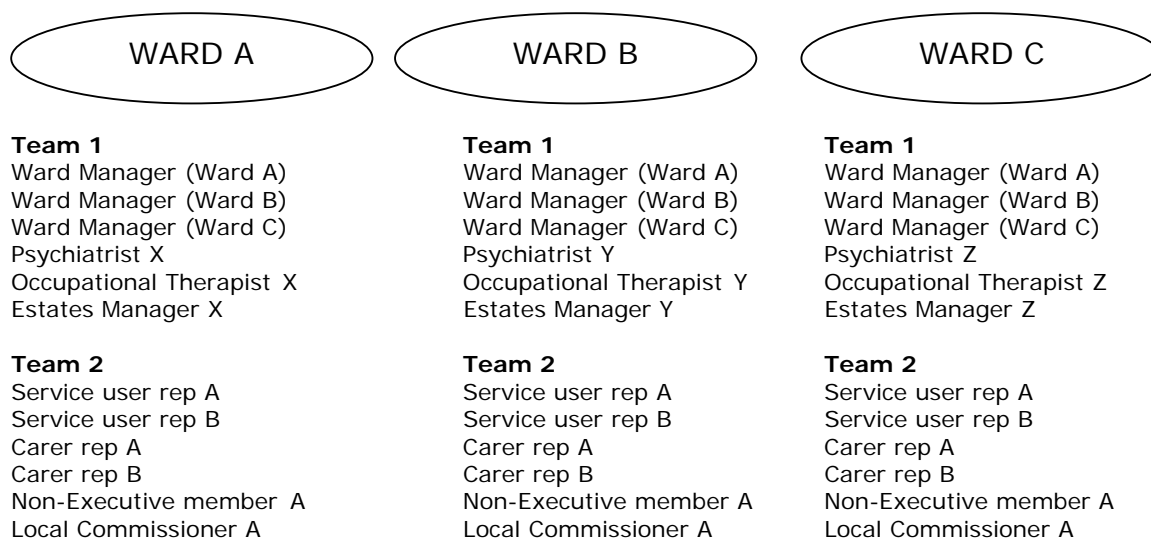
Team 2: people who do not have direct links with the ward being audited, e.g.

- service user representatives
- staff from other parts of the trust e.g. a receptionist from a local day hospital
- a member of the trust board
- local commissioners
- external parties e.g. a solicitor, visitor from a local voluntary group.

NOTE: most of you will be auditing three wards. To maximise the learning and the reliability of your ratings, you should aim to have as much overlap of membership *as possible* across the three audits. Two possible scenarios:

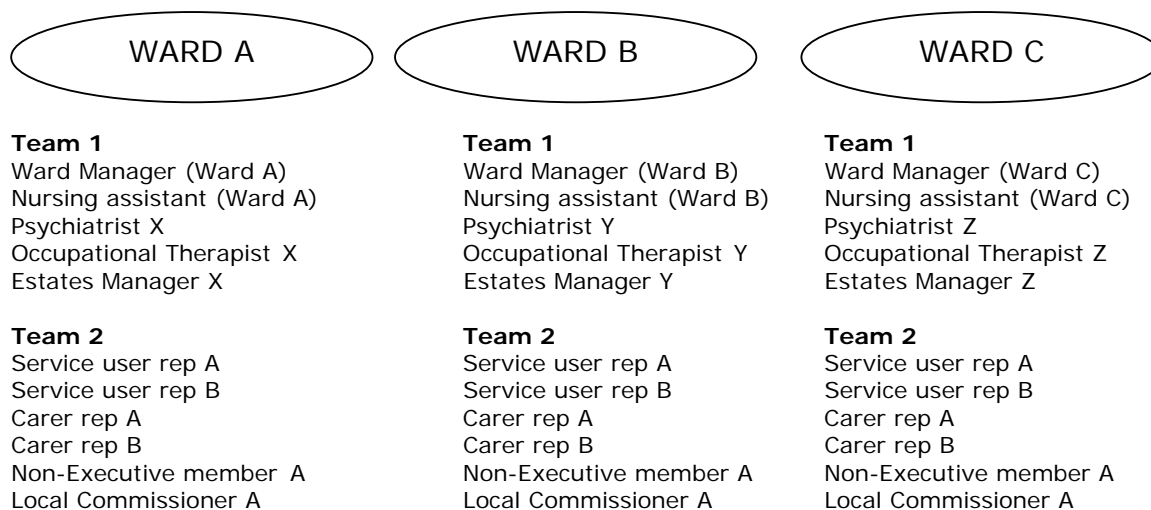
Scenario 1

The *ideal* but time-consuming approach i.e. all ward manager and all members of Team 2 are involved in all three audits.



Scenario 2

A *less time-consuming alternative* i.e. there is a core Team 1 membership that is joined by the ward manager and a nursing assistant from the ward being audited; Team 2 is consistent across all three audits.



How should the audit data be collected?

The checklist may be completed in one of two ways:

- members of each team may visit the ward in small groups;
- the whole team may visit together.

The choice of approach will depend on what is most appropriate for the ward situation. If the former is chosen, team members will need to come together to agree their teams consensual scorings and comments before proceeding to the 'Consensus Meeting' (see below).

NOTE: the two teams should not carry out their visit at the same time.

Advice for team members for the audit visit

Discuss and debate your differing perceptions of the environment.

- The simple rating scale of 'met' and 'not met' should stimulate discussion and debate i.e. if the standard is not fully 'met', something (however minor) may need to be improved.
- Some standards will not be applicable to your ward: more guidance on this is contained in the audit tool itself.
- Scribble notes about things you observe as you tour the ward.

By the end of each visit

- Each team should have generated a single complete audit checklist that reflects the team's consensual scorings, comments, and ideas for improvements.
- Team members should feel that this checklist reflects their views.

Consensus meeting

The two teams should then be brought together to agree the following:

- a consensual scoring for each standard i.e. 'met' or 'not met';
- a list of comments/exceptions that reflect the views of the two teams;
- a list of 'ideas for improvement'¹ that reflect the views of the two teams.

You may find it useful to appoint a 'facilitator' for this meeting. Ideally, this person should be independent from the audit process and should not have been a member of either team 1 or 2, e.g. member of the local project team or senior manager to facilitate.

¹ These may be changes to the physical environment; practice changes, changes to ward routine, etc

Local and national findings

The final, consensually agreed checklist should be entered on line at www.rcpsych.ac.uk/nav-data

The data contained in the completed checklists will be analysed according to service 'type' i.e. acute, old age, PICU, etc.

National feedback will consist of the following:

- the number of wards that met/did not meet each of the standards contained in the checklist (for each service type);
- the collated 'ideas for improvement' associated with each standard.

Use of findings

It is anticipated that the bulk of the 'learning' from this part of the audit programme will occur through the process itself, i.e.:

- when each team is working together to complete the checklist i.e. finding out how people's perception of the same environment may vary;
- when the two teams come together to reach a consensus for the ward i.e. locally generated (and 'owned') scorings and ideas for improvements.

However, when trusts receive the nationally collated findings you may wish to use the data in other ways, e.g.:

- to bench-mark against other similar wards;
- to identify 'ideas for improvement' that other wards have generated in response to the same 'area for improvement'.