



National Audit of Violence

Module 1 National Report – Older people's services

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Contents

Section	Page
Introduction	2
National respondent numbers	4
The ward	5
Communication systems and ward culture	9
Respect, privacy, dignity, choice	11
Training	14
Being given information	22
Things to do	23
Supervision	24
Understanding needs of patients	25
Supports from other colleagues	27
The way that severely challenging/violent behaviour has been dealt with on the ward	28
Experiences of severely challenging/violent behaviour on the ward	31
Contact details	33

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**

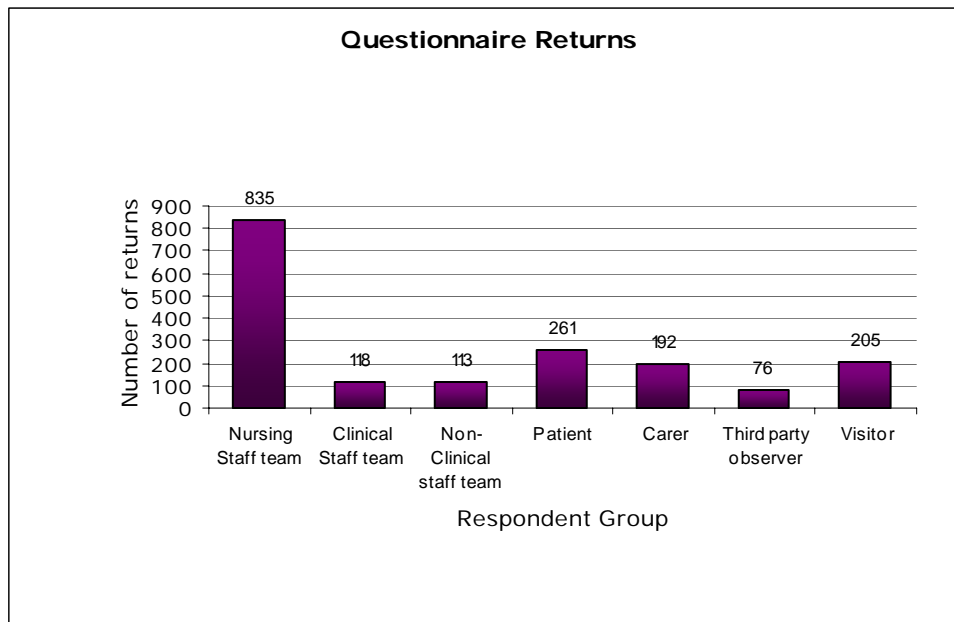
Local reports, distributed to each participating ward, contained all qualitative data that may have been given. Extracts of qualitative data will be presented in the final report.

- **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

Respondent group	Number of returns
Nursing Staff team e.g. a qualified nurse, an unqualified nurse or a student nurse	835
Clinical Staff team e.g. psychiatrist, occupational therapist, pharmacist, psychologist, clinical audit, risk management, social worker, manager	118
Non-Clinical Staff team e.g. domestic staff, catering staff, porter, maintenance staff	113
Patient	261
Carer/Next of kin	192
Third Party Observer	76
Visitor e.g. patient family member, benefits officer, hospital admin staff etc;	205
Total	1800



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	60%	40%
Clinical Staff	72%	28%
Non-Clinical Staff	75%	25%
Patient	84%	16%
Visitor	87%	13%
Carer/Next of Kin	83%	17%
Third Party Observer	88%	13%

Is the ward usually excessively noisy

	during the day?		during the night?	
	YES %	NO %	YES %	NO %
Nursing Staff	55%	45%	18%	82%
Clinical Staff	26%	74%	12%	88%
Non-Clinical Staff	35%	65%	10%	90%
Patient	27%	73%	21%	79%
Visitor	17%	83%	-	-
Carer/Next of Kin	25%	75%	-	-
Third Party Observer	20%	80%	-	-

Does the temperature often feel

	too hot?		too cold?	
	YES %	NO %	YES %	NO %
Nursing Staff	58%	42%	40%	60%
Clinical Staff	35%	65%	20%	80%
Non-Clinical Staff	57%	43%	18%	82%
Patient	30%	70%	25%	75%
Visitor	30%	70%	13%	87%
Carer/Next of Kin	23%	77%	11%	89%
Third Party Observer	19%	81%	14%	86%

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

	YES %	NO %
Nursing Staff	68%	32%
Clinical Staff	63%	37%
Non-Clinical Staff	87%	13%
Patient	83%	17%
Visitor	79%	21%
Carer/Next of Kin	81%	19%
Third Party Observer	86%	14%

Is open visiting encouraged?

	YES %	NO %
Carer/Next of Kin	85%	15%
Third Party Observer	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	78%	22%
Clinical Staff	80%	20%
Non-Clinical Staff	87%	13%

Is the emergency alarm system on the ward effective?

	YES %	NO %
Nursing Staff	75%	25%
Clinical Staff	82%	18%
Non-Clinical Staff	86%	14%

Is a personal safety alarm available for your use?

	YES %	NO %
Nursing Staff	57%	43%
Clinical Staff	54%	46%
Non-Clinical Staff	54%	46%

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

	YES %	NO %
Nursing Staff	61%	39%
Clinical Staff	69%	31%
Non-Clinical Staff	85%	15%

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

	YES %	NO %
Nursing Staff	20%	80%
Clinical Staff	26%	74%
Non-Clinical Staff	27%	73%

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

	YES %	NO %
Nursing Staff	24%	76%
Clinical Staff	55%	45%
Non-Clinical Staff	37%	63%

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

	YES %	NO %
Nursing Staff	46%	54%
Clinical Staff	62%	38%
Non-Clinical Staff	57%	43%

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

	YES %	NO %
Patient	75%	25%

Can you get your belongings whenever you want?

	YES %	NO %
Patient	91%	9%

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

	YES %	NO %
Patient	16%	84%

Communication systems

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

	YES %	NO %
Visitor	97%	3%

Are your concerns taken seriously and acted upon?

	YES %	NO %
Visitor	96%	4%

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	80%	20%
Clinical Staff	89%	11%
Non-Clinical Staff	91%	9%

Are your concerns taken seriously and acted upon?

	YES %	NO %
Nursing Staff	72%	28%
Clinical Staff	85%	15%
Non-Clinical Staff	88%	12%

Are the handover systems on the ward effective?

	YES %	NO %
Nursing Staff	86%	14%
Clinical Staff	77%	23%
Non-Clinical Staff	93%	7%

Are the following appropriate to the resident population?

		YES %	NO %
Staff ratios i.e. number of staff on each shift	Nursing Staff	61%	39%
	Clinical Staff	72%	28%
	Non-Clinical Staff	76%	24%
Staff skill mix i.e. experience and qualifications of staff	Nursing Staff	76%	24%
	Clinical Staff	73%	27%
	Non-Clinical Staff	91%	9%
Gender mix of staff	Nursing Staff	50%	50%
	Clinical Staff	63%	37%
	Non-Clinical Staff	76%	24%
Ethnic mix of staff	Nursing Staff	70%	30%
	Clinical Staff	75%	25%
	Non-Clinical Staff	86%	14%

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

	YES %	NO %
Nursing Staff	90%	10%
Clinical Staff	92%	8%
Non-Clinical Staff	93%	7%

Respect, privacy, dignity, choice

Please note the use of the word 'patients' in the following questions is used broadly to cover all respondent groups asked. In the questionnaires, patients were asked about themselves personally, carers/next of kin were asked in relation to their relative/friend and third party observers were asked about patients on the ward in general.

Does the ward respect patient's religious and cultural needs, e.g. religious festivals, diet?

	YES %	NO %	N/A %
Patient	62%	5%	33%
Carer/Next of Kin	58%	3%	39%
Third Party Observer	72%	3%	25%

Do staff treat patients with respect?

	YES %	NO %
Carer/Next of Kin	99%	1%
Third Party Observer	99%	1%

Have patients been cared for in a dignified manner?

	YES %	NO %
Patient	92%	8%
Carer/Next of Kin	98%	2%
Third Party Observer	99%	1%

Do you have privacy when being given medication?

	YES %	NO %
Patient	60%	40%

Have patients ever asked for their medication to be reviewed?

	YES %	NO %
Patient	29%	71%
Carer/Next of Kin	36%	64%
Third Party Observer	28%	72%

If patients did ask for their medication to be reviewed, did it happen?

	YES %	NO %
Patient	84%	16%
Carer/Next of Kin	100%	0%
Third Party Observer	93%	7%

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

	YES %	NO %
Patient	88%	12%
Carer/Next of Kin	92%	8%
Third Party Observer	97%	3%

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

	YES %	NO %
Patient	76%	24%
Carer/Next of Kin	69%	31%
Third Party Observer	82%	18%

Are carers/patients able to speak to staff when they need to, for example if they are concerned or upset?

	YES %	NO %
Patient	91%	9%
Carer/Next of Kin	98%	2%
Third Party Observer	97%	3%

Are carer/patients concerns taken seriously and acted upon?

	YES %	NO %
Patient	88%	12%
Carer/Next of Kin	95%	5%
Third Party Observer	96%	4%

When you were 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	9%	91%

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

	YES %	NO %
Patient	12%	88%

Training

General Training

Have you received any training related to the following:

		YES %	NO %
Equal Opportunities	Nursing Staff	52%	48%
	Clinical Staff	55%	45%
	Non-Clinical Staff	39%	61%
Person-centred care and therapeutic approaches in relation to the care of older people	Nursing Staff	59%	41%
	Clinical Staff	66%	34%
	Non-Clinical Staff	16%	84%
The 'Bournewood Ruling', especially in respect of restriction and deprivation of liberty	Nursing Staff	22%	78%
	Clinical Staff	37%	63%
	Non-Clinical Staff	8%	92%
The Mental Capacity Act, especially in respect of the best interests and least restrictive principles	Nursing Staff	35%	65%
	Clinical Staff	55%	45%
	Non-Clinical Staff	15%	85%

Undertaking personal searches

Are you involved in undertaking personal searches?

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

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

	YES %	NO %
Nursing Staff	32%	68%
Clinical Staff	56%	44%
Non-Clinical Staff	71%	29%

The management of actual incidents

Are you involved in managing severely challenging/violent incidents?

	YES %	NO %
Nursing Staff	79%	21%
Clinical Staff	39%	61%
Non-Clinical Staff	5%	95%

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	66%	34%
Clinical Staff	71%	29%
Non-Clinical Staff	60%	40%

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

	YES %	NO %
Nursing Staff	74%	26%
Clinical Staff	68%	32%
Non-Clinical Staff	100%	0%

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

	YES %	NO %
Nursing Staff	73%	27%
Clinical Staff	81%	19%
Non-Clinical Staff	100%	0%

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

	YES %	NO %
Nursing Staff	63%	37%
Clinical Staff	50%	50%
Non-Clinical Staff	100%	0%

Have you received training in managing forms of severely challenging behaviour in older people with mental health problems, other than violent behaviour, e.g. resistance to care, excessive walking?

	YES %	NO %
Nursing Staff	41%	59%
Clinical Staff	37%	63%
Non-Clinical Staff	16%	84%

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	94%	6%
Clinical Staff	35%	65%
Non-Clinical Staff	11%	89%

Do you receive ongoing competency training in observation?

	YES %	NO %
Nursing Staff	27%	73%
Clinical Staff	25%	75%
Non-Clinical Staff	33%	67%

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	48%	52%
Clinical Staff	38%	62%
Non-Clinical Staff	4%	96%

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

	YES %	NO %
Nursing Staff	36%	64%
Clinical Staff	53%	47%
Non-Clinical Staff	50%	50%

Are you trained in the use of pulse oximeters?

	YES %	NO %
Nursing Staff	39%	61%
Clinical Staff	61%	39%
Non-Clinical Staff	25%	75%

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

	YES %	NO %
Nursing Staff	72%	28%
Clinical Staff	76%	24%
Non-Clinical Staff	25%	75%

Are you involved in administering covert medicines with older mentally incapacitated people?

	YES %	NO %
Nursing Staff	68%	32%
Clinical Staff	55%	45%
Non-Clinical Staff	25%	75%

Have you received specific training in administering covert medicines with older mentally incapacitated people?

	YES %	NO %
Nursing Staff	36%	64%
Clinical Staff	11%	89%
Non-Clinical Staff	0%	100%

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	84%	16%
Clinical Staff	18%	82%
Non-Clinical Staff	9%	91%

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

	YES %	NO %
Nursing Staff	74%	26%
Clinical Staff	76%	24%
Non-Clinical Staff	67%	33%

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

	YES %	NO %
Nursing Staff	86%	14%
Clinical Staff	95%	5%
Non-Clinical Staff	44%	56%

Have you received training in how to safely apply hands-on restraint to older people?

	YES %	NO %
Nursing Staff	74%	26%
Clinical Staff	67%	33%
Non-Clinical Staff	44%	56%

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	18%	82%
Clinical Staff	5%	95%
Non-Clinical Staff	3%	97%

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

	YES %	NO %
Nursing Staff	28%	72%
Clinical Staff	33%	67%
Non-Clinical Staff	33%	67%

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

	YES %	NO %
Nursing Staff	19%	81%
Clinical Staff	0%	100%
Non-Clinical Staff	0%	100%

Being given information

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

	YES %	NO %
Patient	64%	36%

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	79%	21%

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	40%	60%

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

	YES %	NO %
Patient	36%	64%

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

	YES %	NO %
Patient	83%	17%

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

	YES %	NO %
Patient	38%	63%

Things to do

Are there daily opportunities for group interaction and/or recreation?

	YES %	NO %
Patient	82%	18%
Carer/Next of kin	62%	38%
Third party observer	91%	9%

Are there daily opportunities for physical activity/exercise?

	YES %	NO %
Patient	62%	38%
Carer/Next of kin	57%	43%
Third party observer	68%	32%

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

	YES %	NO %
Patient	52%	48%
Carer/Next of kin	50%	50%
Third party observer	53%	47%

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

	YES %	NO %
Patient	56%	44%
Carer/Next of kin	49%	51%
Third party observer	58%	42%

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

	YES %	NO %
Patient	33%	67%
Carer/Next of kin	28%	73%
Third party observer	48%	52%

Supervision

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

	YES %	NO %
Nursing Staff	56%	44%
Clinical Staff	74%	26%
Non-Clinical Staff	19%	81%

How often does the supervision take place?

	WEEKLY %	FORT- NIGHTLY %	MONTHLY	LESS THAN MONTHLY %
Nursing Staff	6%	5%	59%	31%
Clinical Staff	39%	8%	48%	5%
Non-Clinical Staff	16%	11%	58%	16%

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

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	24%	63%	11%	3%
Clinical Staff	43%	49%	7%	1%
Non-Clinical Staff	47%	37%	5%	11%

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

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	27%	65%	6%	2%
Clinical Staff	39%	55%	6%	0%
Non-Clinical Staff	39%	50%	0%	11%

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

	YES %	NO %
Nursing Staff	66%	34%
Clinical Staff	55%	45%
Non-Clinical Staff	33%	67%

Understanding needs of patients

Please note the use of the word 'patients' and 'relatives/carers' in the following questions is used broadly to cover both respondent groups asked. In the questionnaires, carers/next of kin were asked about themselves and in relation to their own relative/friend and third party observers were asked about patients and relatives/carers on the ward in general.

On a patient's admission, were relatives/carers asked to share information on patient's likes, dislikes and fears?

	YES %	NO %
Carer/Next of kin	81%	19%
Third party observer	92%	8%

On a patient's admission, were relatives/carers asked to highlight patient's strengths and abilities, as well as their problems and needs?

	YES %	NO %
Carer/Next of kin	73%	27%
Third party observer	83%	17%

Were relatives/carers asked to provide background information to staff about patient's former occupation/s, the people they love, have loved, etc?

	YES %	NO %
Carer/Next of kin	77%	23%
Third party observer	94%	6%

Have you witnessed staff caring for patients in a meaningful, person-centred way?

	YES %	NO %
Carer/Next of kin	98%	2%
Third party observer	96%	4%

Have you been aware of staff making use of any of the information or items that relatives/carers have provided e.g. patient's favourite music, family photographs, personal items and effects etc, in caring for patients?

	YES %	NO %
Carer/Next of kin	77%	23%
Third party observer	91%	9%

Do staff recognise when patients are in need of help e.g. feeling hungry or thirsty, or being in discomfort or pain?

	YES %	NO %
Carer/Next of kin	100%	0%
Third party observer	98%	2%

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	27%	63%	7%	2%
Clinical Staff	27%	64%	9%	0%
Non-Clinical Staff	43%	52%	3%	1%

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	12%	56%	25%	7%
Clinical Staff	21%	68%	10%	2%
Non-Clinical Staff	26%	62%	11%	1%

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

	TOTALLY SATISFIED %	SATISFIED %	DISSATISFIED %	TOTALLY DISSATISFIED %
Nursing Staff	24%	62%	11%	3%
Clinical Staff	21%	61%	17%	1%
Non-Clinical Staff	48%	42%	8%	2%

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	91%	9%
	Clinical Staff	92%	8%
	Non-Clinical Staff	97%	3%
	Patient	92%	8%
	Visitor	94%	6%
	Carer/Next of Kin	98%	2%
	Third Party Observer	89%	11%
towards staff from patients	Nursing Staff	88%	12%
	Clinical Staff	87%	13%
	Non-Clinical Staff	98%	2%
	Patient	92%	8%
	Visitor	96%	4%
	Carer/Next of Kin	98%	2%
	Third Party Observer	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	90%	10%
Patient	79%	21%
Visitor	96%	4%
Carer/Next of Kin	93%	7%
Third Party Observer	92%	8%

Do you think staff resort too quickly to using **medication** when managing severely challenging/violent incidents?

	YES %	NO %
Nursing Staff	14%	86%
Clinical Staff	23%	77%
Non-Clinical Staff	16%	84%
Patient	21%	79%
Visitor	12%	88%
Carer/Next of Kin	11%	89%
Third Party Observer	7%	93%

Do you think staff resort too quickly to using **hands-on restraint** when managing severely challenging/violent incidents?

	YES %	NO %
Nursing Staff	9%	91%
Clinical Staff	10%	90%
Non-Clinical Staff	7%	93%
Patient	14%	86%
Visitor	7%	93%
Carer/Next of Kin	5%	95%
Third Party Observer	8%	92%

Do you think staff resort too quickly to using **seclusion** when managing severely challenging/violent incidents?

	YES %	NO %
Nursing Staff	3%	97%
Clinical Staff	5%	95%
Non-Clinical Staff	9%	91%
Patient	13%	87%
Visitor	5%	95%
Carer/Next of Kin	6%	94%
Third Party Observer	4%	96%

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	88%	12%
Clinical Staff	87%	13%
Non-Clinical Staff	91%	9%

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	65%	35%
Clinical Staff	56%	44%
Non-Clinical Staff	75%	25%

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	54%	46%
Clinical Staff	26%	74%
Non-Clinical Staff	30%	70%
Patient	29%	71%
Visitor	11%	89%

Has your relative/friend been made to feel **upset/distressed** by another patient's severely challenging/violent behaviour?

	YES %	NO %
Carer/Next of Kin	43%	57%

Did you witness anyone being made to feel **upset/distressed** by a patient's severely challenging/violent behaviour?

	YES %	NO %
Third Party Observer	27%	73%

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

	YES %	NO %
Nursing Staff	66%	34%
Clinical Staff	30%	70%
Non-Clinical Staff	30%	70%
Patient	14%	86%
Visitor	10%	90%

Has your relative/friend been **threatened or made to feel unsafe**?

	YES %	NO %
Carer/Next of Kin	26%	74%

Did you witness anyone being **threatened or made to feel unsafe**?

	YES %	NO %
Third Party Observer	19%	81%

Have you personally been **physically assaulted**?

	YES %	NO %
Nursing Staff	64%	36%
Clinical Staff	20%	80%
Non-Clinical Staff	23%	77%
Patient	6%	94%
Visitor	5%	95%

Has your relative/friend been **physically assaulted**?

	YES %	NO %
Carer/Next of Kin	14%	86%

Did you witness anyone being **physically assaulted**?

	YES %	NO %
Third Party Observer	19%	81%

Did staff give the people involved the opportunity to talk about the experience?

	YES %	NO %
Visitor	71%	29%
Patient	67%	33%
Carer/Next of Kin	75%	25%
Third Party Observer	85%	15%

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 %
Visitor	48%	52%
Patient	37%	63%
Carer/Next of Kin	31%	69%
Third Party Observer	72%	28%

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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