The Leeds Teaching Hospitals NHS Trust

Violence and Aggression against Staff
Workforce Committee
19th May 2022

Presented for:	Information
Presented by:	Peter Aldridge
Author:	Peter Aldridge - Associate Director Estates Operations Tim Whaley - Head of Mental Health Legislation Vivien Lewis - Head of Nursing Yassir Mahmood - Employee Journey Manager - Organisational Learning Rachel Meal - HR Helen Christodoulides - Director of Nursing Deputy Chief Nurse Katie Robinson - Associate Director of Nursing Colleagues - J7 / J8 Ashley Marper - Risk Management
Previous Committees:	None

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	✓
Financial sustainability	

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	**Level 2 Risks**	**(Risk Appetite Scale)**	**Risk**
Workforce Risk	✓	We will deliver safe and effective patient care, through the deployment of resources with the right mix of skills and capacity to do what is required. health and well-being of our staff to retain the appropriate level of resource to continue to meet the	Minimal	↔ (same)
Operational Risk	✓	We will protect the health and well-being of our patients and workforce by delivering services in line with or in excess of the minimum health & safety laws and guidelines	Cautious	↔ (same)
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care to our patients	Cautious	↔ (same)
Financial Risk	N/A	Not applicable to this paper	Minimal	↔ (same)
External Risk	✓	We will comply with or exceed all regulations, retain CQC registration and always operate within the law	Averse	↔ (same)

Key points	
Present this report to update the Board on the issues, data and impacts of violence and aggression on staff and services.	Information
To inform the Board on the number of assaults carried out on LTHT staff.	Information
Provide assurance to the Board of the on-going work in relation to reducing violence and aggression	Assurance
Inform the Board of the new NHS Violence Prevention and Reduction Standard	Information
Inform the Board of the strengthened governance structures being put in place to ensure LTHT meets its responsibilities as set out in the new NHS Violence Prevention and Reduction Standard	Information

1. Introduction

This paper provides assurance to the Board of the on-going work in relation to the management of challenging behaviours and reducing the incidence of violence and aggression against staff in LTHT.

In January 2021 NHS England and Improvement published the new national violence prevention and reduction standard which complements existing health and safety legislation. NHS England make it clear that employers have a general duty of care to protect staff from threats and violence at work. The standard was developed in partnership with the Social Partnership Forum and its sub-groups including trade unions and the Workforce issues and Violence Reduction Group.

The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

From 2022/23 all NHS organisations operating under the NHS Standard Contract must have regard to the violence prevention and reduction standard (General Clause 5). Twice yearly organisations are required to self-assess their status against it and provide board assurance that they have met the standard.

Commissioners are also expected to undertake compliance assessments as part of their regular contract reviews, twice a year as a minimum, or quarterly if significant concerns are identified.

This paper details LTHT's current status in regards to compliance with the standard and is intended to meet the requirement for six monthly Board reporting.

In recognition of the importance of ensuring our staff are safeguarded from abuse, violence and aggression, work has been undertaken aimed at strengthening our internal governance framework. This has included the establishment of a multi-disciplinary steering group with responsibility for ensuring LTHT meets the criteria as set out in the standard as well as monitoring on-going compliance.

The completed self-assessments of compliance will be presented to the Workforce Committee twice yearly and subsequently to the Board as required in the standard.

2. Background and context

The 2021 NHS Staff survey found that 14% of staff from Acute and Community Trusts have experienced at least one incident of physical violence from patients, service users, relatives or other members of the public in the last 12 months. This figure is slightly higher for LTHT at 14.6% of those who responded.

The impact on staff within the NHS is significant, with violent attacks across the NHS contributing to 46.8% of staff feeling unwell as a result of work-related stress in the last 12 months, with 31.1% said thinking about leaving the organisation.[1]

[1] These statistics are from LTH staff survey and https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/

The NHS violence prevention and reduction standard seeks to address the increase of reported attacks on NHS staff. The standard supports the Zero Tolerance message and will be underpinned by:

- A new national reporting system (still to be implemented)
- Greater scrutiny by care inspectors of data, policies and information supporting the reduction of violence and aggression
- A partnership between the NHS, Police and Crown Prosecution Service
- The introduction of the "Protect the Protectors Bill" and subsequent legislation - The Assaults on Emergency Workers (offences) Bill
- Better training for staff in dealing with violence and aggression, especially with regards to Mental Health patients and those with dementia.

NHS Employers have a duty to protect the health, safety and welfare of staff under the1974 Health and Safety at Work. Act. This includes assessing the risk of violence and taking steps to reduce it as required under the Management of Health and Safety at Work Regulations 1999.

The Health and Safety Executive (HSE) defines violence at work as *"any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work".* This covers the serious or persistent use of verbal abuse, which the HSE say, "*can add to stress or anxiety, thereby damaging an employee's health"*. It also covers staff assaulted or abused outside their place of work, for example, while working in the community, as long as the incident relates to their work.

This paper deals with the issue of violence and aggression and staff assaults under the following headings:

- Reporting mechanisms
- Corporate risk
- Quality Improvement Collaborative
- Aggression and violence by patients who lack mental capacity and/or present with mental ill health
- Position statement against the violence prevention and reduction standard
- A "lived experience" from colleagues within a CSU
- Staff training
- Staff survey results and staff on staff violence

2.1 Reporting mechanisms

- The DATIX system is the reporting mechanism for all staff to report incidents of violence and aggression
- In addition the Trust has the Security Live Log Report that records all incidents that the Security teams respond to
- The Security Team, using the Security Live Log and DATIX are producing monthly reports that show trends, numbers and other information relating to violence and aggression. These reports also contain information on restraint, site analysis and types of assault. The Live Log is reviewed daily and a more detailed report is reviewed monthly at the security safety huddles and E&F performance huddles. The Associate Director of Estates is part of these reviews. Information is shared with stakeholders as necessary.

2.2 Data on assaults in LTHT

The data presented in the report has been taken from the Trust DATIX system.

The DATIX reports include anything coded under these subcategories:

- Disruptive behaviour from a patient with no capacity/medical reasons
- Patient assault (with capacity) on a member of staff or third party (physical)
- Patient assault (with no capacity/medical reasons) on a member of staff or third party (physical)
- Patient assault on a member of staff or third party (non-physical)
- Patient assault on a member of staff or third party (physical)
- Visitor assault on a member of staff of third party (non-physical)
- Visitor assault on a member of staff of third party (physical)
- Staff assault on patient (non-physical)
- Staff assault on patient (physical)
- Staff assault on another member of staff (non-physical)
- Staff assault on another member of staff - (physical)

Incident DATA from DATIX

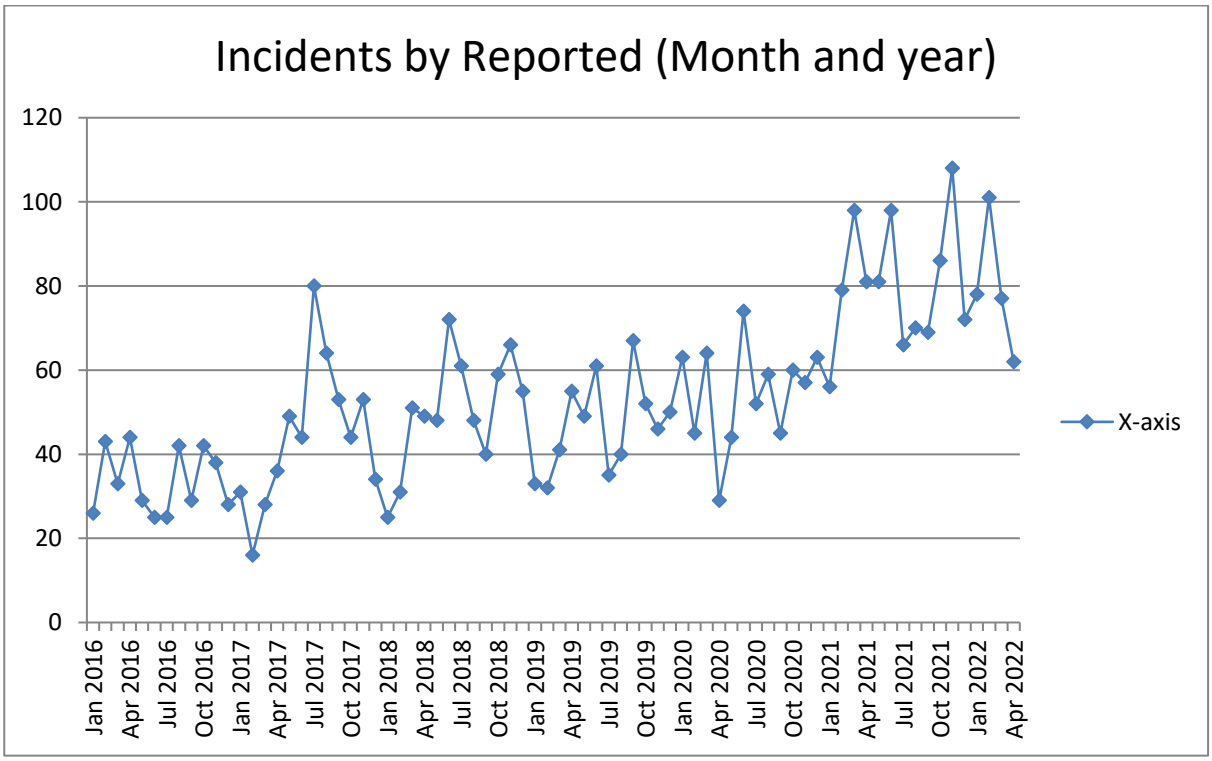


Table 1 - incidents recorded in DATIX for 2021

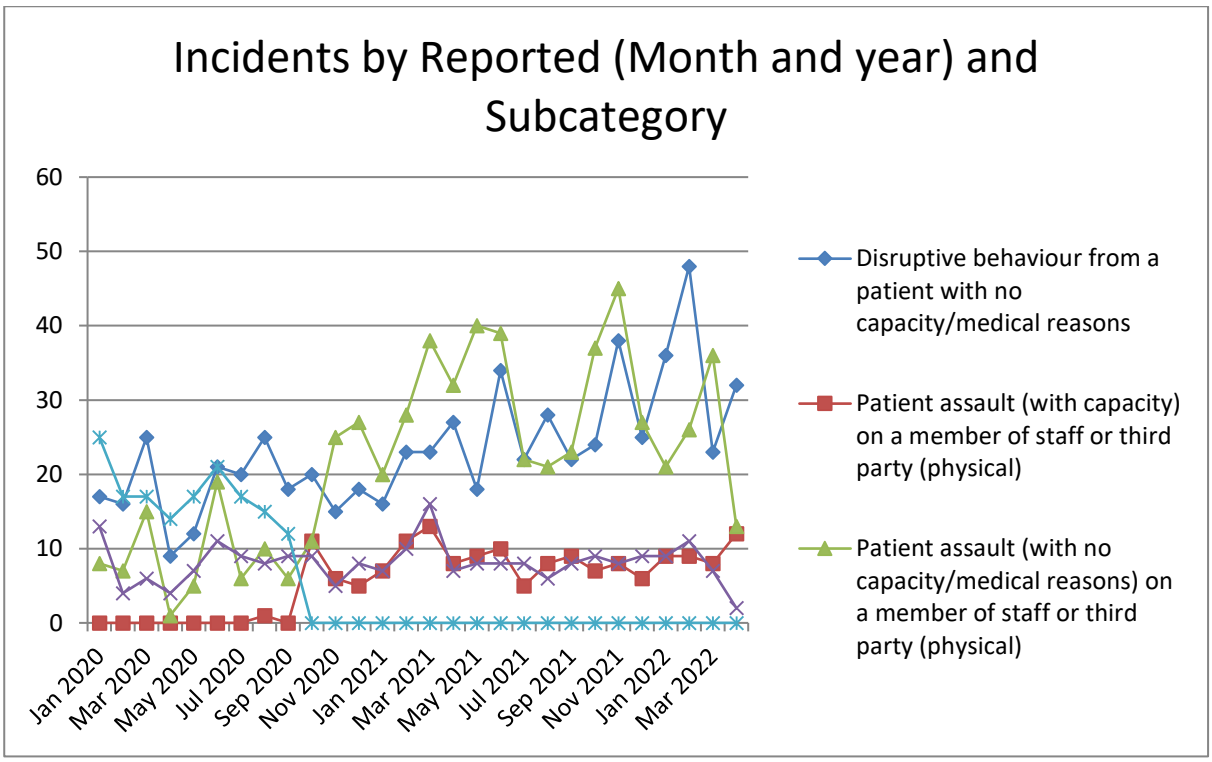


Table 2 - incidents recorded in DATIX for Jan 20 - Mar 2022 by category

Whilst the disruptive behaviour category doesn't mention assault, analysis of DATIX found, far more often than not, that incidents under this subcategory relate to assault as a consequence these have been included. The total numbers may therefore be overestimated, but are useful for looking at trends.

Incidents involving challenging behaviour and violence and aggression are under reported; this is supported by results from the staff survey which shows that in the last five years only 62-63% of staff who responded confirmed they had submitted a report the last time they had experienced physical violence at work. The reasons for this are multi-factorial e.g. staff not having time to prioritise completing DATIX reports; staff perception that abuse, violence and aggression are part and parcel of the job together with a belief that no action will be taken if the patient lacks capacity. The Security and Risk Management teams continue to work with staff to highlight the importance of incident reporting to support the pursuit of sanctions against offenders and to help inform the Trust's risk profile.

2.3 Corporate Risk Register

There is a risk, CRRS4 "Violence due to organic, mental health or behavioural reasons" on the corporate Risk Register which is currently scored at 16. This risk is reviewed and updated on a regular basis by the Head of Mental Health Legislation in conjunction with the Deputy Chief Nurse. The risk was last reviewed at the Trust's Risk management Committee in Dec 2021. It is due for review again in June 2022. The Risk Management Committee is provided with information on the controls in place to mitigate the risk as well as details of further actions being undertaken to reduce the level of risk further.

There is no proposed change to the score of 16.

2.4 Quality Improvement Collaborative

The Trust launched the “De-escalate Collaborative” in October 2020 to use the Quality Improvement Methodology that has been so successful across the Trust to drive improvement in the care of patients who may be displaying behaviour that is challenging for clinical reasons.

This approach was taken to support and supplement the review of training requirements for staff across the whole organisation, not just clinical staff.

The collaborative approach included the establishment of a faculty of members who support and work with the staff in the pilot ward and department areas involved. Metrics to measure improvement have been agreed and fortnightly meetings to update, review and support are held. The faculty members offer support to the staff to deliver their interventions. We have a multi- disciplinary team, patient representative and collaboration with other significant providers e.g. mental health trust.

A total of seven different ward and department areas have been recruited as pilot areas who are developing their own interventions to try to ‘de-escalate’ patients’ behaviours and improve patients’ experience of care.

When the interventions that have a proven improvement emerge, these are then shared and rolled out across other wards in the Trust.

The coronavirus pandemic has slowed the ability of the collaborative to trial interventions due to the fluidity of change required across the organisation over the last year but the meetings and interventions are now in place and are being embedded into practice.

The evaluation of these interventions is now on-going. The different types of challenging behaviour and causes have been much more clearly identified than previously and the wide variety of interventions is starting to demonstrate improvement in patient experience. It is hoped that some of the interventions will be suitable to roll out into areas of similar patient groups by the end of Q2 2022/23.

The education requirement analysis for clinical and non- clinical patient facing staff across the organisation has now begun. A provider has been sourced to develop a level one e-learning package for all staff. This should be implemented via the organisational learning platform by end of Q2 2022/23.

A level two face to face training provider for clinical staff has been sourced and has commenced training and education sessions for staff in high risk areas following agreement from the Chief Nurse/ Director of Infection Prevention and Control.

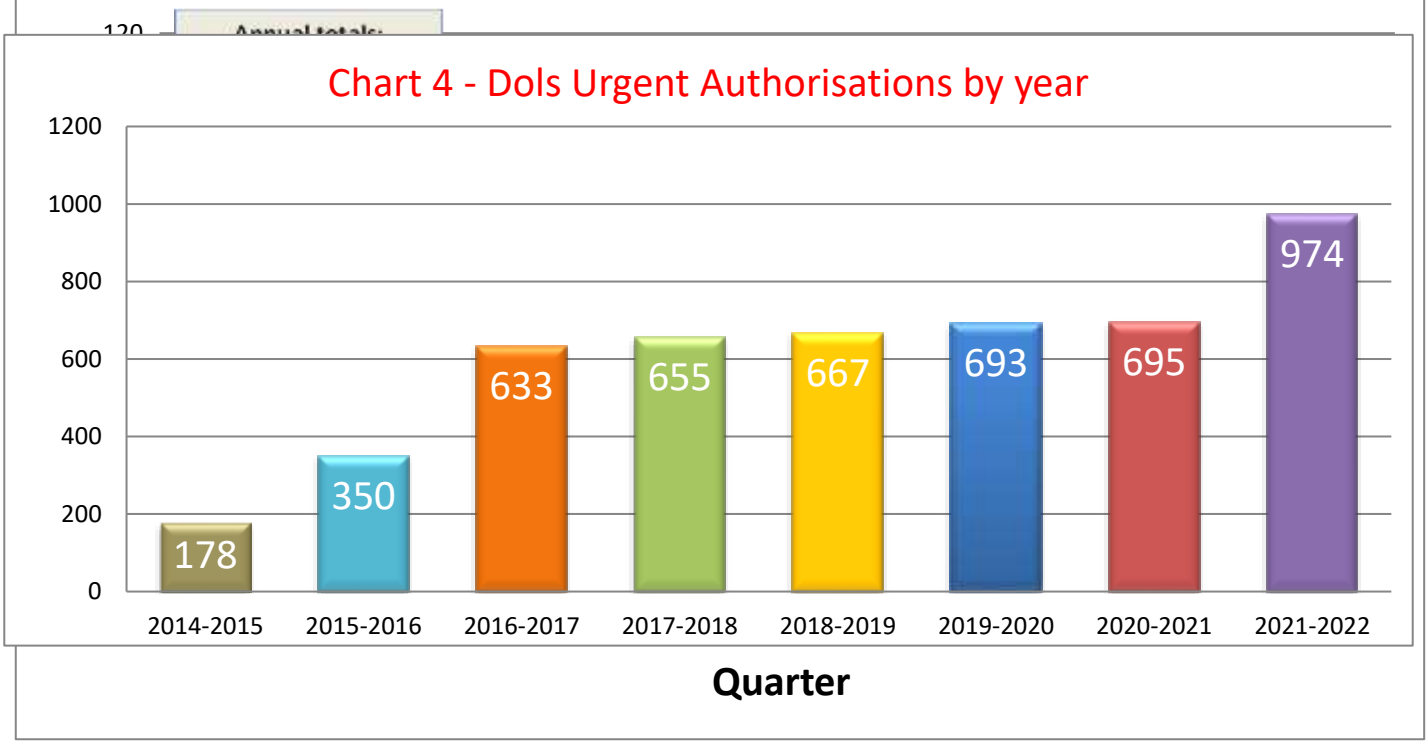
A longer term plan to deliver the level 2 training for the organisation is now being progressed by the corporate nursing workforce lead, in conjunction with the collaborative faculty leads and funding is being sourced to be able to recruit into the post. This will form the long term plan for staff education and training for the organisation.

2.5 Aggression and violence by patients who lack mental capacity and/or present with mental ill health:

Increase in patient population, length of stay and acuity

- The Trust continues to see a year-on-year increase in the number of patients admitted and requiring enhanced supervision, restrictive interventions amounting to a deprivation of liberty (DoLS) or meeting the criteria for detention under the Mental Health Act (MHA) (see below)

Chart 3 - Quarterly MHA detentions at LTHT sites



Less easy to accurately quantify, is the acuity and risk profile of these cohorts of patients. Nonetheless, the increased need to use DoLS and MHA does appear to closely map to the increase in reported agitation/aggression from patients who lack mental capacity over the same period (see table 2 above).

There is evidence from a variety of triangulated data sources, (e.g. restraint incident reporting/rapid tranquilisation incident reporting), that there has also been a combined increase in acuity and length of stay especially across Urgent Care, and Specialty Integrated Medicine (SIM) CSUs with a resulting increase in clinically related behaviours that challenge, including agitation, aggression and violence.

Bed availability across the national and local mental health bed base has been an even more acute issue recently and has clearly contributed to:

- Longer stays in SIM and Urgent Care for patients not requiring acute hospital admission but awaiting psychiatric placement
- Admitted patients awaiting psychiatric bed after becoming medically fit for discharge.
- A smaller cohort of patients (increasing in number) are those who need to remain at LTHT for prolonged physical health care but who also present with on-going psychiatric health needs. It is recognised across the partnership with the mental health trust (LYPFT/LTHT) that these patients' day to day mental health needs are less well met whilst they remain in an acute setting.

Work streams

In addition to the work being undertaken through the De-escalate Collaborative set out in 3.4 above, there are a number of additional work streams on-going aimed at reducing the incidence of abuse, aggression and violence against staff and managing the impact of such behaviours. These include:

- Increased staff wellbeing offer, including the roll out of mental health first aiders - with a commitment that every ward has at least 2 trained first aiders
- Trust wide nursing mental health Learning Needs Analysis.
- Development of a business case for an in-house enhanced care team to reduce reliance on security services in clinical settings, and to provide therapeutic interventions.
- Chief Nurse is developing a business case for an in-house mental health enhanced care model.
- Improved guidance produced regarding de-escalation skills, safe restraint and restrictive intervention / use of rapid sedation for agitation.
- LYPFT/LTHT Task and Finish group established to look for potential improvements in care pathways where patients have 'shared care' across both organisations.
- LYPFT/LTHT working in partnership to improve models for data capture and communication to help drive the above agenda

2.6 Position statement against the Violence Prevention and Reduction Standard

As highlighted in the introduction, the purpose of the Violence Prevention and Reduction Standard is to provide a risk-based framework which supports our staff to work in a safe and secure environment and safeguards against abuse, aggression and violence.

There are 32 criteria to meet within the standard. The standard has been developed using the plan, do, check, act approach. PDCA is an iterative four-step management method used to validate, control and achieve continuous improvement of processes.

The Violence Reduction Steering Group will constantly the standard and produce a set of actions to continually improve compliance against the standard.

The Violence prevention and reduction standard employs the Plan, Do Check, Act (PDCA) approach. This is a four-step management method to validate, control and achieve continuous improvement of processes.

Plan

The Trust must:

Review our current status against the Violence Prevention and Reduction Standard and identify our future requirements. To do this, we need to understand what needs to be achieved and how, who will be responsible for what, and the associated measures for assessing success. This phase of the process includes developing or updating strategies, policies and plans to deliver the aims.

Do

During this phase of the cycle the Trust must assess and manage risks; organise and implement processes to deliver plans; communicate plans to and involve NHS staff and key stakeholders in their delivery and provide adequate resources and training.

Check

The Trust must ensure that the plans are being implemented successfully; assess how well the risks are controlled and determine if the aims have been achieved, i.e. via audit measures. As part of the process, the Trust should routinely assess any gaps and ensure swift corrective action. Credible, accurate and unambiguous data will assist in checking incidents of violence have fallen.

Act

The Trust must review its performance to enable the senior management team to direct and inform changes to policies or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. The Trust should share key findings with internal and external stakeholders.

A large proportion of the detailed expectations are already being addressed in our existing work, but key to the standard is a new requirement for an organisational self-assessment and the development of a violence reduction strategy and action plan endorsed by the Trust Board.

Stakeholders from across the Trust have undertaken a self- assessment against the criteria within the standard. The provisional assessment indicates the Trust is mostly complaint with the standards with some areas of partial compliance and no non-compliant standards.

The provisional assessment now needs to be subject to on-going validation by the stakeholders and following this an action plan will be developed. These updates to the WFC / Trust Board will provide the outcome of the validated self-assessment and the action plan[2] to address areas of none and partial compliance for Board approval.

The Violence Reduction Steering Group has responsibility for overseeing compliance with the standard and monitoring implementation of the actions to address any shortfalls.

2.7 Staff training

Currently the Trust delivers two levels of personal safety training to patient facing staff. Level one is an e-learning package and is delivered to staff in areas identified as posing a lower risk of violence and aggression. Level Two training is delivered face to face, is more comprehensive and is aimed at staff working in areas assessed as posing a high risk of violence/aggressive. The Trust is currently reviewing the competencies, frequency and content of training, but currently level is once every 3 years. The tables below show the level of compliance as at 3rd May 2022.

Personal Safety Compliance

Competence	Trained	Not trained	% Compliance
Personal Safety Lower Risk	18029	188	99%
Personal Safety Level 3 Conflict Resolution	1885	1761	52%

[2] Will be included in September paper - actions are however in the current standard.

NHS England Violence Reduction Training Project

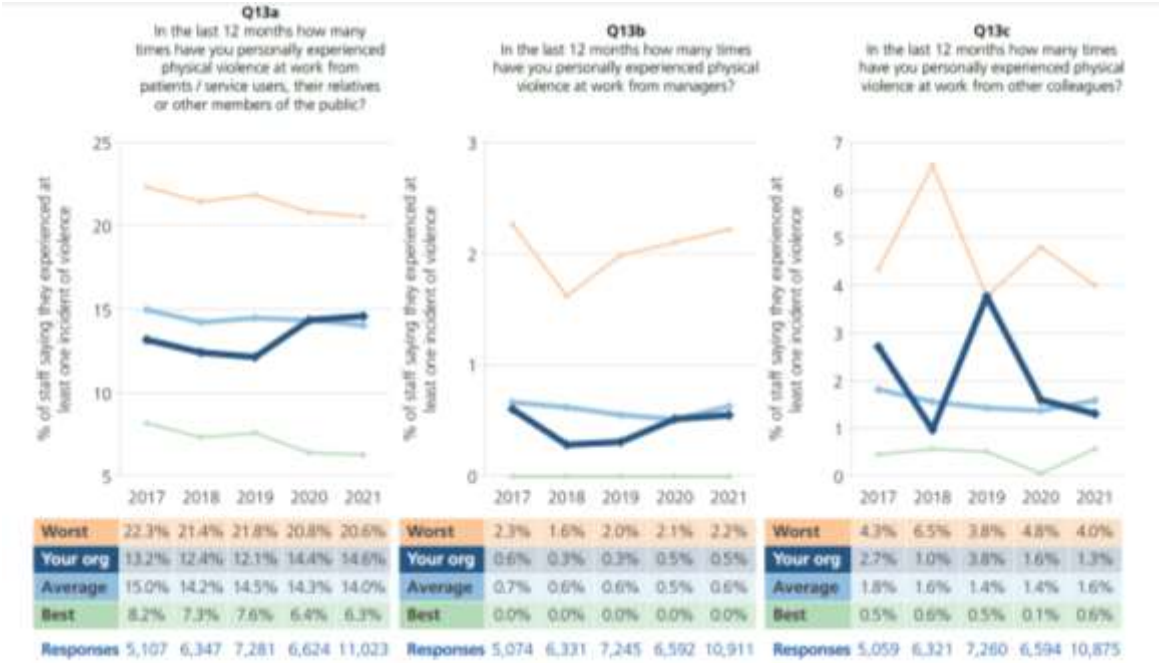
In May 2021 Organisational Learning were contacted by NHS England to participate in a national project. This project has been set up to review the availability of training to NHS staff on violence reduction. This is a comprehensive review of training with involvement from hospital trusts and other NHS bodies from across the country. The Trust was invited to participate in this project to help to shape the future of Violence Reduction Training. Four colleagues from Corporate Nursing, Estates & Facilities and the Safeguarding Teams volunteered to take part in the project which commenced in August 2021; as yet there have been no outputs from this.

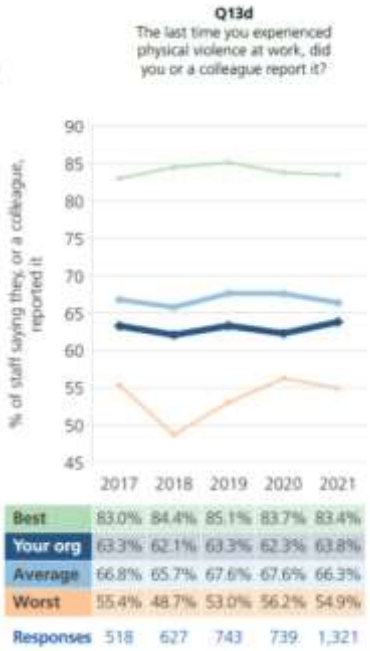
The area of training is under review at present with active discussions on:

- Reviewing the training needs analysis and re-assigning competencies to staff groups
- Proposal to move training into mandatory rather than priority.
- A focus on increasing compliance

2.8 The Staff Survey Results

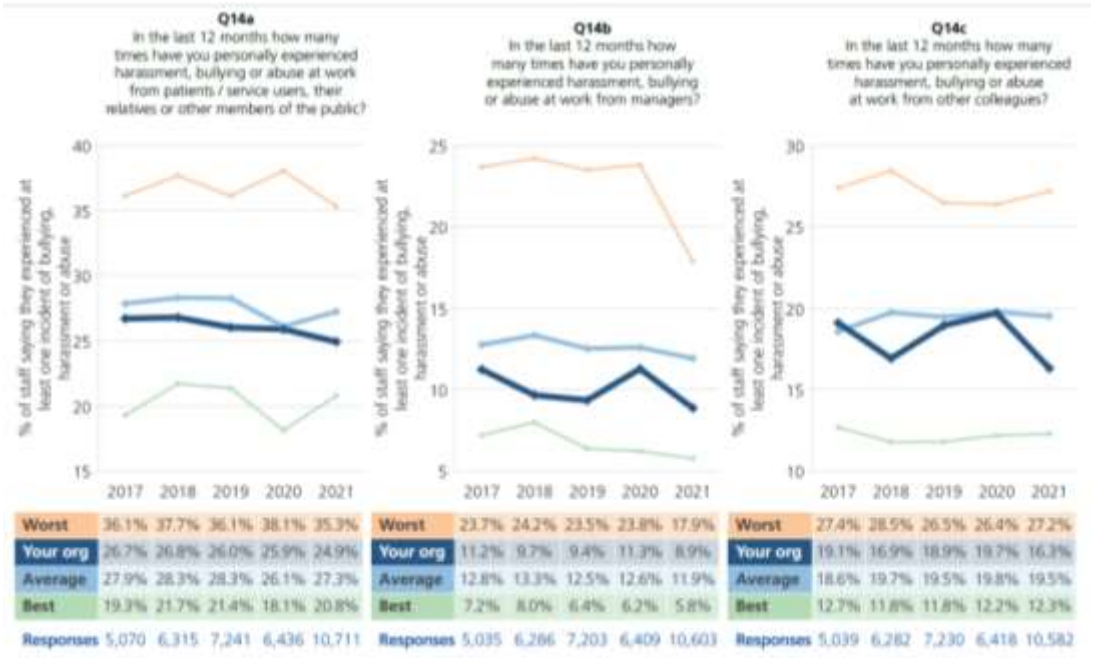
LTHT's 2021 Staff Survey results demonstrated that across the 59% of staff who responded, those experiencing physical violence from patients, service users, families or members of the public has deteriorated over the last two years, no longer placing LTHT above the benchmark average for Acute and Acute & Community Trusts, but instead are now slightly worse at 14.6% compared to the average of 14%. However, LTHT are now better that the benchmark average for violence experienced between colleagues, having improved for the second year running after positioning the worst nationally in 2019. The *reporting* of violent experiences however remains below the national average, and has done across the last 5 years, although is the highest it has been within those 5 years, with the gap now reducing between LTHT's score and the benchmark average:





	2017	2018	2019	2020	2021
Best	83.0%	84.4%	85.1%	83.7%	83.4%
Your org	63.3%	62.1%	63.3%	62.3%	63.8%
Average	66.8%	65.7%	67.6%	67.6%	66.3%
Worst	55.4%	48.7%	53.0%	56.2%	54.9%
Responses	518	627	743	739	1,321

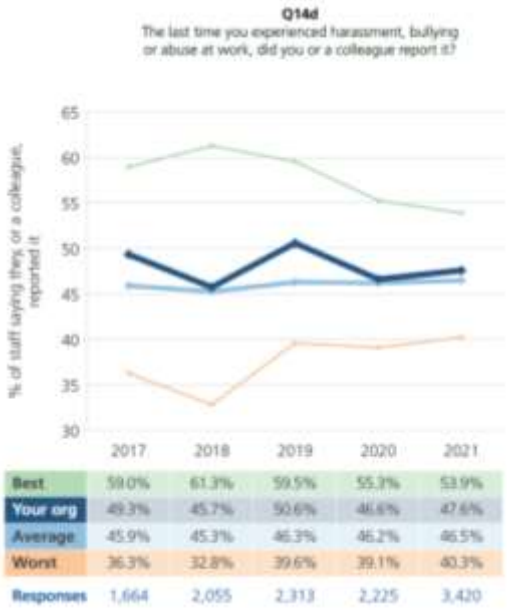
LTHT has improved across all 4 questions relating to bullying and harassment from colleagues, managers or service users/members of the public and are above the national benchmark average. Staff experiencing bullying and harassment is the lowest it has been in 5 years, with the gap closing between the Trust's score and the best within our benchmark category. However there is still more that can be done to further improve the amount of individuals going on to report such experiences, and to ensure we now maintain above the benchmark average moving forward:



	2017	2018	2019	2020	2021
Worst	36.1%	37.7%	36.1%	38.1%	35.3%
Your org	26.7%	26.8%	26.0%	25.9%	24.9%
Average	27.9%	28.3%	28.3%	26.1%	27.3%
Best	19.3%	21.7%	21.4%	18.1%	20.8%
Responses	5,070	6,315	7,241	6,436	10,711

	2017	2018	2019	2020	2021
Worst	23.7%	24.2%	23.5%	23.8%	17.9%
Your org	11.2%	9.7%	9.4%	11.3%	8.9%
Average	12.8%	13.3%	12.5%	12.6%	11.9%
Best	7.2%	8.0%	6.4%	6.2%	5.8%
Responses	5,035	6,286	7,203	6,409	10,603

	2017	2018	2019	2020	2021
Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	19.1%	16.9%	18.9%	19.7%	16.3%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%
Responses	5,039	6,282	7,230	6,418	10,582



	2017	2018	2019	2020	2021
Best	59.0%	61.3%	59.5%	55.3%	53.9%
Your org	49.3%	45.7%	50.6%	46.6%	47.6%
Average	45.9%	45.3%	46.3%	46.2%	46.5%
Worst	36.3%	32.8%	39.6%	39.1%	40.3%
Responses	1,664	2,055	2,313	2,225	3,420

Concerns were highlighted regarding the number of individuals reporting negative experiences within the workplace, following the Trust's 2019 results, whereby the results indicated that the Trust was the worst nationally for staff experiencing violence from other colleagues, and therefore a need was identified to ensure staff feel safe enough to speak up, in order for us to address any issues. Following a period of delay due to the COVID-19 pandemic, in the summer of 2021 we conducted a Wayfinder conversation to explore barriers staff were experiencing to speaking up. A number of themes were identified, and improvement ideas put forward during the conversation. Since the Wayfinder, an Advisory Group has been established, made up of a diverse range of over 50 staff volunteers, chaired by Jenny Lewis, Director of HR and OD, who are now collaboratively shaping these improvement ideas. The Group's forward plan is due to complete in the summer of 2023, and will have covered topics such as: exit interviews, revision of the grievance resolution policy, line manager support and capability, review of Trust speaking up routes, recruitment processes and many more. Further improvement to the Staff Survey results discussed above are therefore expected following the completion and implementation of this work.

2.9 Strengthened Governance framework

Historically violence and aggression has sat within the remit of Estates and Facilities. The following collaboration and areas of responsibility within the overall agenda have been agreed with the Executive Directors as follows:

- **Staff on staff issues:** Executive Lead - Director of HR and OL - the reason for this is because there are established HR processes for dealing with such matters and these incidents are more likely to be reported through HR processes than through security or similar reporting routes.
- **Patient on staff abuse, violence or aggression related to challenging behaviours resulting from clinical condition, medication or other health matters:** Executive Lead - Chief Nurse. As such incidents are generally as a result of underlying clinical conditions, the preventative measures, or risk reduction measures are often clinically/treatment related.

- **Violence and aggression related to anti-social behaviour by visitors or those not in a clinical setting:** Executive Lead - Director of Estates and Facilities. Those involved in this category tend to be regular perpetrators and those not requiring clinical care and processes for dealing with them are in place and managed by Security with assistance from Risk Management.

Terms of Reference for a new Violence and Aggression Steering Group have been agreed to enable all three strands of work to be monitored, good practice shared and to ensure the Trust meets the criteria as set out in the new NHS Violence Prevention and Reduction Standard.

The reporting structure and governance and assurance arrangement is detailed in Appendix 1.

2.10 Persistent offenders, anti-social behaviour (ASB) and Public Space Protection Orders (PSPO)

The LTHT Security Service continues to monitor persistent offenders, the majority of whom are transient visitors, often with deep rooted issues around drug addiction, poverty, homelessness, emotional and psychiatric health. As a pragmatic and responsive service Security tries to engage positively with these people and encourage them to seek help from the various community services and charities that are available. The Trust has support from street outreach workers and a range of public sector, private enterprises and other partners with the charity and voluntary sectors, as well as West Yorkshire Police and Safer Leeds. For those that continue to offend, injunctions are pursued and breaches of the injunction prosecuted for the maximum penalties. The LTHT Security Service has already successfully prosecuted offenders with support from Leeds City Council. Our two main sites are now protected by a special status, Public Space Protection Orders, which prohibit anti-social behaviour, drinking alcohol and using drugs at LGI and SJUH.

Priorities over next 3 months

The table below shows the six priorities for the work streams

Q2/3 Priority Objectives	Link to Leeds Way Values/CQC/LIM/People Priorities
Progress the appointment of a violence prevention and reduction co-ordinator	Effective LIM
Review the reporting metrics for the Exec Director Lead	Safe Effective
Progress the GoodSense de-escalation training	Well led LIM
Work with the ICS violence prevention and reduction steering group to address system wide issues	LIM Effective
Review feedback from Teams re improvements to service / staff engagement with regards to violence reduction and prevention	Most informed workforce People priorities
Validate and provide a gap analysis of the self - assessment against the Violence Prevention and Reduction Standard and devising action plan to address areas of non / partial compliance for Board approval	Safe Effective Well led

3. Proposal

It is requested that the WFC / Board support the work that is on-going with regards to violence and aggression and challenging behaviours.

4. Financial Implications

There are no financial implications with regards this paper.

5. Risk

There is a risk on the Trust's Corporate Risk Register with regards to conflict resolution and violence and aggression. This is detailed earlier in the paper. This paper also sets out the work streams that are on-going to mitigate this risk.

6. Communication and Involvement

A number of stakeholders have been involved in the development of this paper. All stakeholders have a responsibility with regards to the management and reduction of violence and aggression and challenging behaviours.

A draft copy of this paper was circulated to key stakeholders. These groups consist of staff and organisational representatives. The Policy will be circulated throughout the Trust according to the operational structures and published on the LTHT Intranet site.

7. Equality Analysis

Those involved in contributing to this paper and the different work streams involved in this subject continue to assess the impact upon equality. The Leeds Teaching Hospitals NHS Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. Any supporting policies or procedures will incorporate an equality impact assessment.

8. Publication under Freedom of Information Act

This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

9. Recommendation

This paper is intended as

- An annual report to update the Board on the issues, data and impacts of violence and aggression on staff and services.
- To inform the Board on the number of physical assaults carried out on LTHT staff.

- Provide assurance to the Board of the on-going work in relation to reducing violence and aggression
- Inform the Board of the new NHS Violence Prevention and Reduction Standard
- Inform the Board of the strengthened governance structures being put in place to ensure LTHT meets its responsibilities as set out in the new NHS Violence Prevention and Reduction Standard

10. Supporting Information

No additional papers are provided as part of this report.

Peter Aldridge - General Manager - Estates, Fire and Security
Tim Whaley - Head of Mental Health Legislation
Vivien Lewis - Head of Nursing
Yassir Mahmood - Employee Journey Manager - Organisational Learning
Rachel Meal - HR
Helen - Christodoulides - Director of Nursing
Katie Robinson - Associate Director of Nursing
Ashley Marper - Risk Management

Appendix 1

LTHT Challenging behaviours (violence prevention and reduction)

Governance/reporting structure

- Trust position - zero tolerance policy to V&A
- 3 key pillars to managing challenging behaviours and violence and aggression in the Trust, each requiring specialist oversight.

1. Challenging behaviours displayed by patients with or without capacity [Corporate Nursing LG]
2. Challenging behaviours displayed by non-Patients [Security CR]
3. Non-respectful behaviours displayed by staff on staff [HR; JL]

Governance structure