

**Violence Prevention and Reduction
Board
26th May 2023**

Presented for:	Information
Presented by:	Peter Aldridge
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Previous Committees:	None

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	✓
Achieve the Access Targets for Patients	
Support a culture of research	✓

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 Workforce Committee/Board on the issues, data and impacts of violence and aggression on staff and services.	Information
To inform the Workforce Committee/Board on the number of assaults carried out on LTHT staff	Information
Provide assurance to the Workforce Committee/Board of the on-going work in relation to reducing violence and aggression	Assurance
Inform the Workforce Committee/Board of the status of the NHS Violence Prevention and Reduction Standard	Information
Inform the Workforce Committee/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. Summary

This paper provides assurance to the Work Force Committee (WFC) /Board of the on-going work in relation to violence prevention and reduction in LTHT.

In January 2021 NHS England 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 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 continues to be 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.

In March 2023 the HSE wrote to NHS organisations with regards to targeted inspections looking at the effects of violence and aggression and musculoskeletal injuries. As more information on this emerges the Trust will report further, especially if the Trust is selected for audit.

2. Background and context

The 2021 NHS Staff survey¹ 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.²

¹ The 2022 Staff Survey overview is not published yet on the NHSE Violence Prevention and Reduction website

² 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 standards seek to address the increase of reported attacks on NHS staff. The standard supports the “work without fear” (formally 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 the 1974 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 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
- Staff training and staff support and wellbeing

Assessment of current compliance³

Item	Assurance	Comments
Violence prevention and reduction standard reviewed within last month		These are subject to continued reviewed
Violence prevention and reduction standard action plan in place and current		Action plan is in place ²
Violence prevention and reduction steering group meeting monthly		Action tracker, minutes and assurance report
Data analysis of all DATIX related to violence and aggression		New data report produced in DATIX from August 2022.
Violence prevention and reduction co-ordinator post appointed to		Interviews in May 2023

³ These items are selected as these are the points likely to be requested by the ICS/CQC during any inspection. Further evidence to support can be supplied as necessary

2.1 Reporting mechanisms

- The DATIX system is the reporting mechanism for all staff to report incidents of violence and aggression
- DATIX creates a dashboard within the DATIX system that allows a thematic review of incident data
- 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 produce 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 current Security DATIX (Security, Conflict and Valuables) has 29 subcategories. Feedback from staff is that it is confusing and time consuming leading to the potential for under-reporting. As such, the Steering Group are reviewing DATIX to make it easier and more intuitive to use. Four categories have been created;

1. Violence/Aggression/Threatening Behaviour
2. Missing Patient/Theft/Damage
3. Suicide/Self-Harm
4. Anti-Social Behaviour

Also the maximum number of subcategories in any category has been reduced to 12.

There has been consultation with several groups in order to get feedback.

A selection of incident DATA from DATIX is presented in Appendix 1.

Analysis of the DATIX data suggests the following headlines:

- Overall incidents under all DATIX categories are averaging 52 incidents per month
- There was an increase in incidents from March 2022 to March 2023, but there has been a drop in April 2023
- Physical assaults from those without capacity on members of staff are the highest recorded
- Non-physical (verbal abuse) patient assaults on staff are the second highest
- Patient assault with capacity on staff are the third highest recorded incident
- Staff on staff and staff on patient incidents are the lowest record incidents
- DATIX identifies repeat offenders who carry out multiple assaults during their stay in our care

Trust violence prevention and reduction strategy

<https://flipbooks.leedsth.nhs.uk/20220504006Violence/>

Areas of high reporting

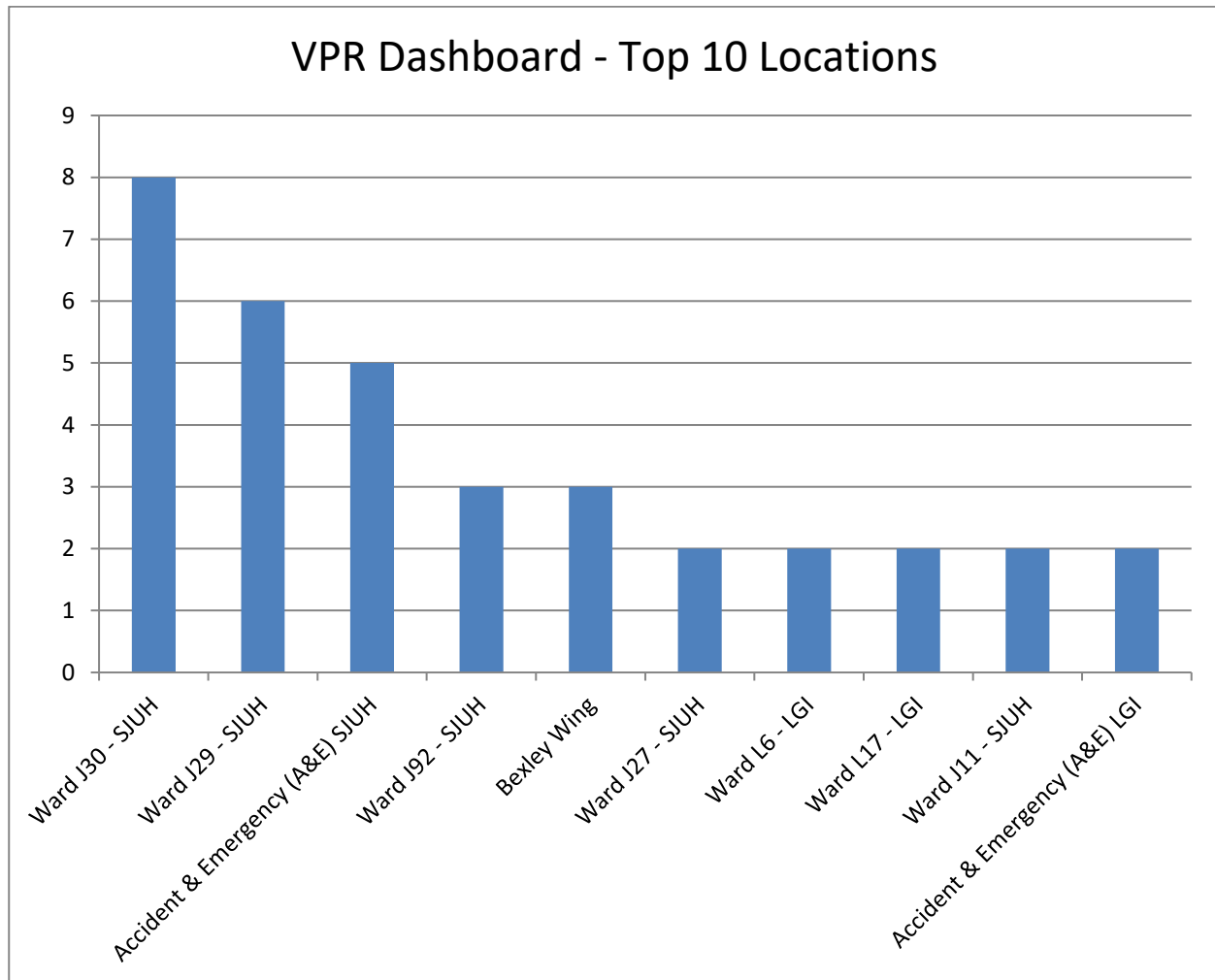


Table 1 - shows the highest reporting areas in the last calendar month up to 26th April 2023

The ED's currently have dedicated security in place. This is subject to review and an SBAR has produced for Execs with regards to continuity of this service.

2.3 Corporate Risk Register

There is a risk, CRRO3 "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 December 22. It is due for review again in June 23. 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 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. Faculty members offer support to the staff to deliver their interventions. There is a multi-disciplinary team, patient representative and collaboration with other significant providers e.g. mental health trust. Metrics to measure improvement have been agreed and fortnightly meetings to update, review and support are held. Thus far the Trust has seen a statistically significant improvement in the use of chemical restraint on the acute medical admissions wards.

A total of 12 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. These areas have a high incident of reports of staff assaults due to violence and aggressive behaviour.

Ward Dept Pilot Areas
L2 and L3 Neuro Critical Care
L35 (L26) A Female Surgical Orthopaedic Ward
L24 Neurosurgery
L10 Major Trauma
ED SJUH
J14 Older Adult Speciality Base Ward Specialising in care of Older Adults
J27 and J28 Acute Medical Admissions Ward
J29 General Medicine
J91, J92 Gastro Wards

Table 2 - cohort wards used as pilot areas

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

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 has become clear that different interventions are required to help de-escalate behaviour in different patient groups such as patients with dementia, in ICU, recovering from head trauma etc. 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 2023/24.

The education requirement analysis for clinical and non-clinical patient facing staff across the organisation is in progress. A level one e-learning package for staff is almost finishing

completion. This should be implemented via the organisational learning platform by end of Q2 2023/24.

A level two face to face training provider for clinical staff has continuing and dates are now fully booked for the entirety of 2024. Feedback from staff following this training has been excellent.

A longer term plan to deliver 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 was sourced for this role. This will form part of the long term plan for staff education and training for the organisation underpinned by the mental health learning needs analysis.

Croma Bed Watch

The Corporate Nursing Teams are working to reduce reliance on Croma bed watch services through the development of new model of enhanced care and risk assessment. The workforce aligned to the enhanced care risk assessment will be part of the mental health learning needs analysis and CSU Clinical Support Worker (CSW) skill mix reviews that have taken place over the last 12 months. In total 600 band 2 CSW posts will be uplifted to a band 3 Senior CSW role. The Senior CSW role will have increased responsibility for the co-ordination of enhanced care through additional training, knowledge and skills. Recruitment to the uplifted posts will be undertaken through Q1 and Q2. Once completed CSU's will be asked to reduce Croma Bed Watch utilisation by 75%.

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

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).

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 Appendix 1 Chart 1).

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 LTH 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 Quality Improvement 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
- Chief Nurse CSU is developing a new model for enhanced care to reduce reliance on security services through the development of the Senior CSW role.
- Improved guidance produced regarding de-escalation skills, safe restraint and restrictive intervention / use of rapid sedation for agitation

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.

Supporting guidance is at;

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B0989-NHS-violence-prevention-and-reduction-standard-guidance-notes.pdf>

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

The action plan for compliance with the standard is at Appendix 2. The full standard is available from the Associate Director of Estates, Fire and Security.

Stakeholders from across the Trust have undertaken a self-assessment against the criteria within the standard. The on-going assessment indicates the Trust is mostly compliant with the standards with some areas of partial compliance and no non-compliant element of the standard. The assessment is subject to on-going validation by the stakeholders and following this an action plan has been developed. These updates to the WFC/Board will provide the outcome of the validated self-assessment and the action plan to address areas of none and partial compliance. Appendix 2 contains the self-assessment action tracker and this is provided as assurance to the WFC/Trust Board that compliance with the standard is a key part of the Violence Prevention and Reduction Steering Groups work.

The Violence Prevention and 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 3 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/aggression. The Trust has reviewed the competencies, frequency and content of training through a dedicated training work stream that is aligned to the Violence Prevention and Reduction Steering Group. This subgroup consists of representation from;

- Estates and Facilities
- Mental Capacity Team
- Corporate Nursing
- HR and Organisational Development.

The purpose of this subgroup is to undertake a Training Needs Analysis to ensure that all staff are assigned the appropriate levels of Personal Safety and De-escalation Training. A review of staff requiring level 3 training was carried in Q4 2022/3 and it was assessed that the TNA was correctly assigned to staff and CSU's.

The tables below show the level of compliance as at 27th April 2023. The 78% compliance with Level 3 training is a focus of Organisational Learning and the Quality Improvement Collaborative to increase compliance. This will be a focus of the next Steering Group meeting. This compliance has increased by 20% since the last paper was presented at WFC/ Board. CSU's with low compliance will be targeted via Tri-Teams.

Personal Safety Compliance Personal Safety Compliance

Competence	Trained	Not trained	% Compliance
Personal Safety Lower Risk	18298	191	99%
Personal Safety Level 3 Conflict Resolution	2992	861	78%

West Yorkshire Reducing Violence against Staff Pilot Working Group

This Group has been established as part of a pilot being sponsored by NHSE. The Trust is part of this Group. The Group has met twice and is being overseen by the ICS / ICB. The group are interested in the work LTH are doing and the Violence Prevention and Reduction Steering Group the Trust has established. LTH appear to be in line with what NHSE expectations are.

2.8 Staff Support and Wellbeing

As previously reported, LTHT's Staff Survey results demonstrate that the *reporting* of violent experiences at the time of the event remains below the national average across our peer group, and has done for the last five years. Following a subsequent Wayfinder conversation, titled Creating Positive Working Environments, the below actions were agreed within a dedicated Advisory Group, consisting of volunteers from across the Trust.

Aim:

- A need to build confidence in reporting
- Recognition that litigation proceedings don't always feel appropriate for all circumstances (e.g. the experience of violence from a patient, presented as a result of clinical reasons)
- Recognition in the value of support for individuals following an experience of both physical and non-physical negative behaviours
- A need to ensure the provision of consistent and holistic welfare support and processes following such an experience to build on and align provisions we already have in place.

The following has now been drafted for consideration by the Violence Prevention and Reduction Steering Group, and approval at the next meeting (June);

- Simplification of DATIX reporting
- Re-branding: from 'Zero Tolerance' to 'Work without Fear-Report for Support'
- Revised Communications materials and strategy (to additionally be accompanied by a video format)
- Line Manager and individual 10-step post incident guidance
- Revised automated letter of support, and triggers, following a DATIX reporting
- Aligned and holistic intranet pages – 'one stop shop'
- New, holistic corporate support process and response to be led by the new Violence Prevention and Reduction Co-ordinator once in post
- Central oversight of violence and aggression cases and support provided
- Increased feedback loop/contact with individuals reporting on DATIX
- Dedicated corporate support for most serious incidents and individuals who reach out
- Thematic analysis to identify Trust-wide trends and enable learning and improvement

A staggered approach to implementation will occur, launching points 1-6 first (proposed launch in July, and launching point 7 once the new Violence and Aggression Coordinator position is in post, and therefore over the next few months.

Longer term, and following successful implementation of the above, the Violence Prevention and Reduction Steering Group aims to utilise the anticipated increased reporting data to inform improvement activity, to reduce such instances overall.

Project progress was initially slowed due to resource capacity, however is now able to progress at pace.

Zero Tolerance

The extract below is from NHSE People Directorate and sets out the latest thinking with regards to "Zero Tolerance".

".....However, we also know from the evidence base that when such incidents do occur, due to the issue of mental capacity, prosecutions and other similar types of interventions are not pursued by the relevant agencies (the Police and Crown Prosecution Service); this often then leaves the NHS colleague who was affected by the incident feeling let down and unsupported by a system that championed 'zero-tolerance'.

Rather than adopting a zero-tolerance approach, an approach that adopts a risk-based framework, based upon the principles of violence prevention and reduction, one that adopts a data driven methodology to understanding the epidemiology and aetiology of violence, aggression, and abuse within local regions, will enable NHS systems to protect and safeguard the health and wellbeing of colleagues whilst maintaining high standards of care.

After reflecting upon this and consulting with NHSE colleagues, LTH have agreed in the Steering Group to adopt - “work without fear” and “report to support”.

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 and staff support and wellbeing:** Executive Lead - Director of HR and OD - 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 3.

In August 2022 PwC started an Internal Audit review of violence prevention and reduction. The Audit is now awaiting final closure by PwC and the Audit Committee.

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 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. 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 three months - this table shows the six priorities

Q1/2 Priority Objectives	Link to Annual Commitments
Progress the appointment of a violence prevention and reduction co-ordinator	Staff retention
Review the reporting metrics for the Exec Director Lead	Staff retention
Progress the GoodSense de-escalation training	Staff retention
Work with the ICS violence prevention and reduction steering group to address system wide issues	Staff retention
Review feedback from Teams re improvements to service / staff engagement with regards to violence reduction and prevention	Staff retention
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	Staff retention

3. Proposal

1. It is requested that the WFC/Board support the work that is on-going with regards to violence and aggression and challenging behaviours
2. It is requested that the WFC/Board is assured that the violence prevention and reduction standard have been reviewed and where there is any outstanding compliance to meeting the standard an action plan is in place. There are currently no items for escalation

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

1. An update the WFC/Board on the issues, data and impacts of violence and aggression on staff and services.
2. To inform the WFC/Board on the number of physical assaults carried out on LTHT staff.
3. Assurance that the standards are reflective of LTH's position.
4. Provide assurance to the WFC/Board of the on-going work in relation to reducing violence and aggression
5. Inform the WFC/Board of the NHS Violence Prevention and Reduction Standard
6. Inform the WFC/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

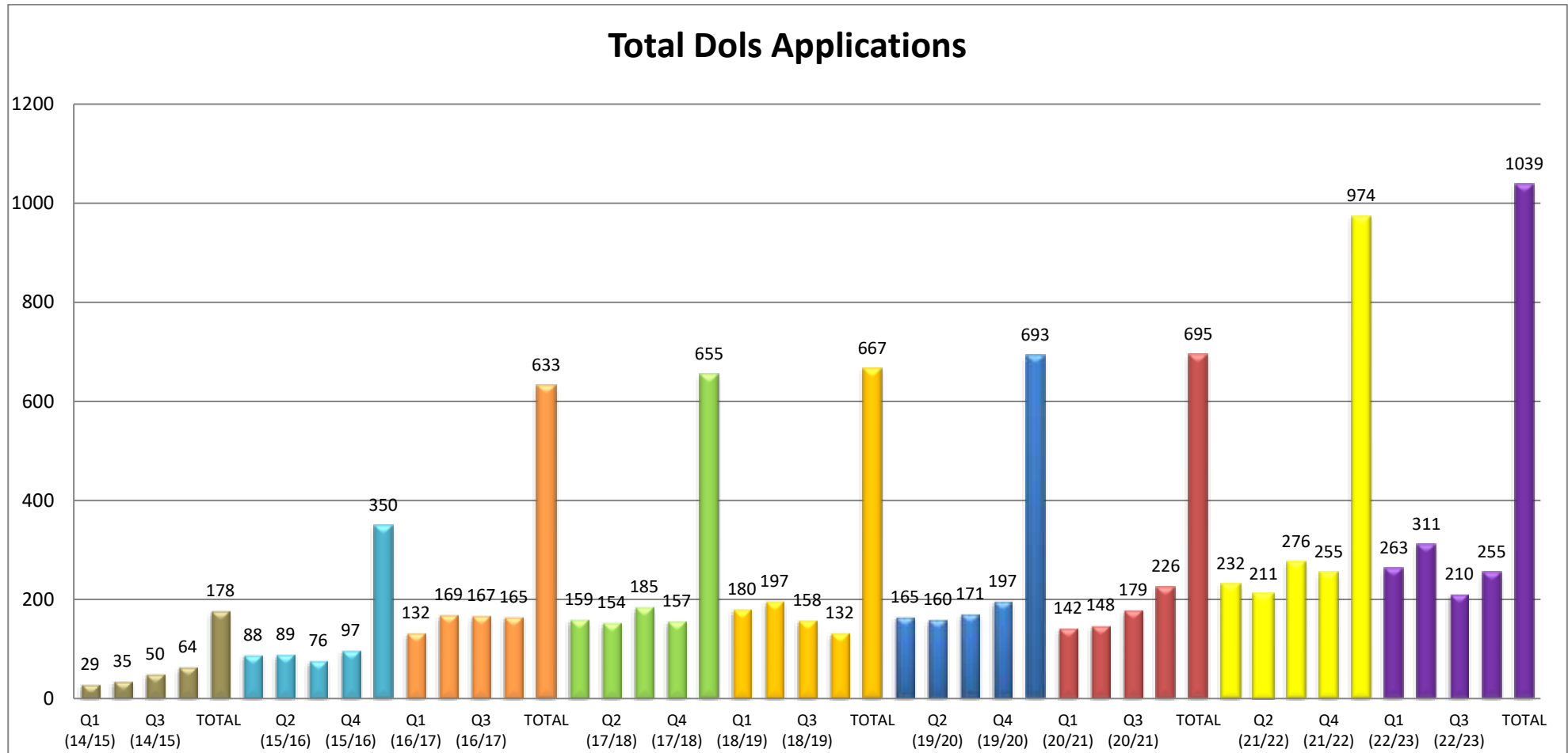
Supporting appendices:

Appendix 1 - DATIX data

Appendix 2 - Action Tracker - Violence Prevention and Reduction Standard

Appendix 3 - Governance and Assurance structure for violence prevention and reduction

Appendix 1 - examples of DATA that is available from DATIX⁴



⁴ There is much more DATA in DATIX, these charts serve as an example

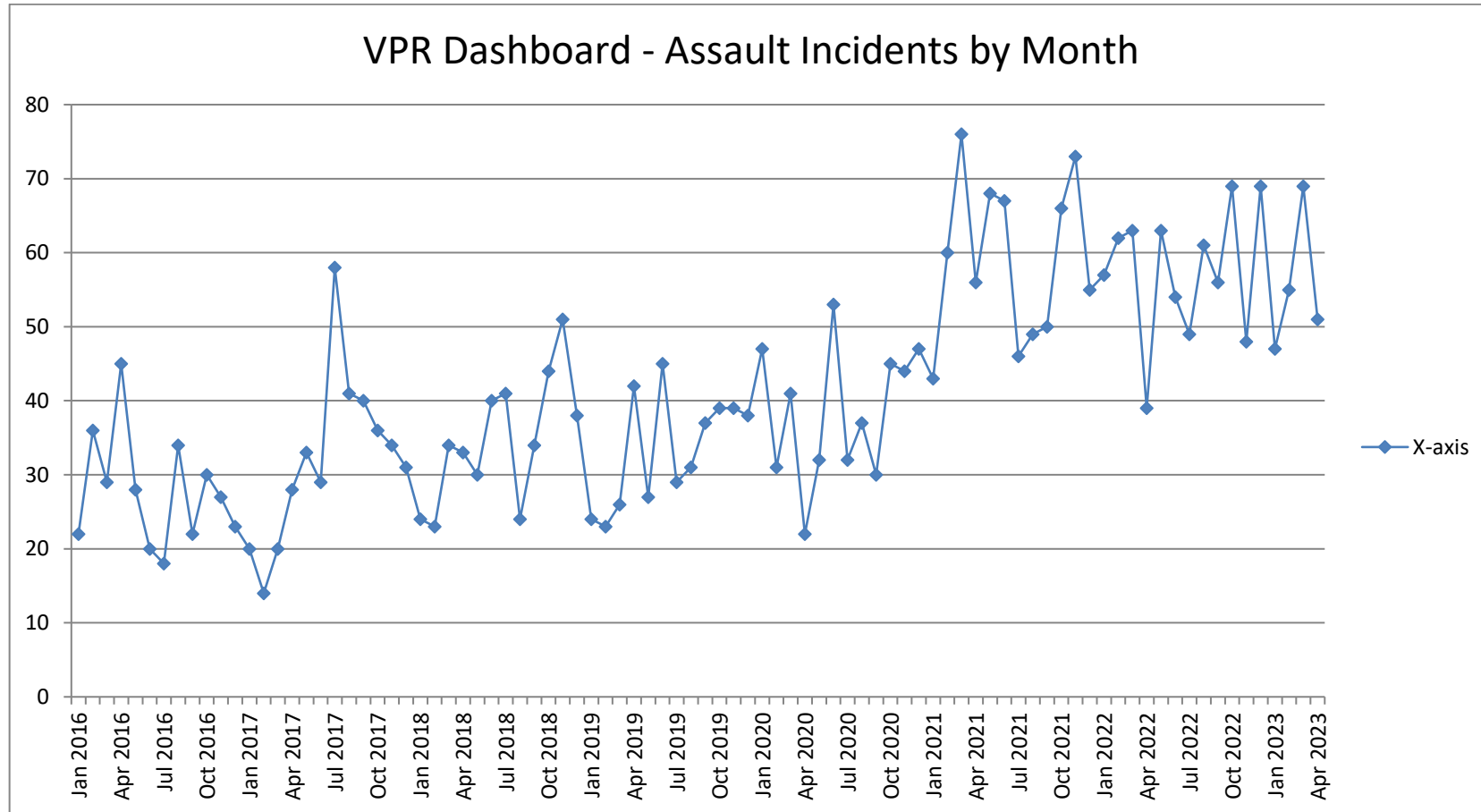


Chart 2 - this shows all DATIX category incidents that have been completed that imply violence and aggression as part of the incident descriptor

	Apr 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Patient assault (with capacity) on a member of staff or third party (physical)	12	9	5	9	13	6	14	6	2	2	8	4	9
Patient assault (with capacity) on another patient (physical)	1	0	2	2	1	4	1	2	0	1	0	2	0
Patient assault (with no capacity/medical reasons) on a member of staff or third party (physical)	18	28	37	27	27	28	32	26	47	26	29	35	26
Patient assault (with no capacity/medical reasons) on another patient (physical)	2	2	2	4	3	8	3	3	4	4	2	1	0
Patient assault on a member of staff or third party (non-physical)	2	7	3	3	9	3	10	7	8	7	5	13	10
Patient assault on another patient (non-physical)	1	1	0	0	1	2	0	0	1	1	0	0	0
Visitor assault on a member of staff or third party (non-physical)	1	6	1	1	4	0	4	1	3	4	8	3	2
Visitor assault on a member of staff or third party (physical)	0	0	2	0	2	1	2	3	0	0	1	2	0
Staff assault on a patient (non-physical)	0	3	0	1	0	1	1	0	0	0	0	0	2
Staff assault on a patient (physical)	1	2	1	1	1	2	0	0	1	0	1	4	0
Staff assault on another member of staff (non-physical)	0	4	1	0	0	1	1	0	3	2	1	4	2
Staff assault on another member of staff or third party (physical)	1	1	0	1	0	0	1	0	0	0	0	1	0

Table 3 - this shows the number of each incident recorded against DATIX definitions of assault

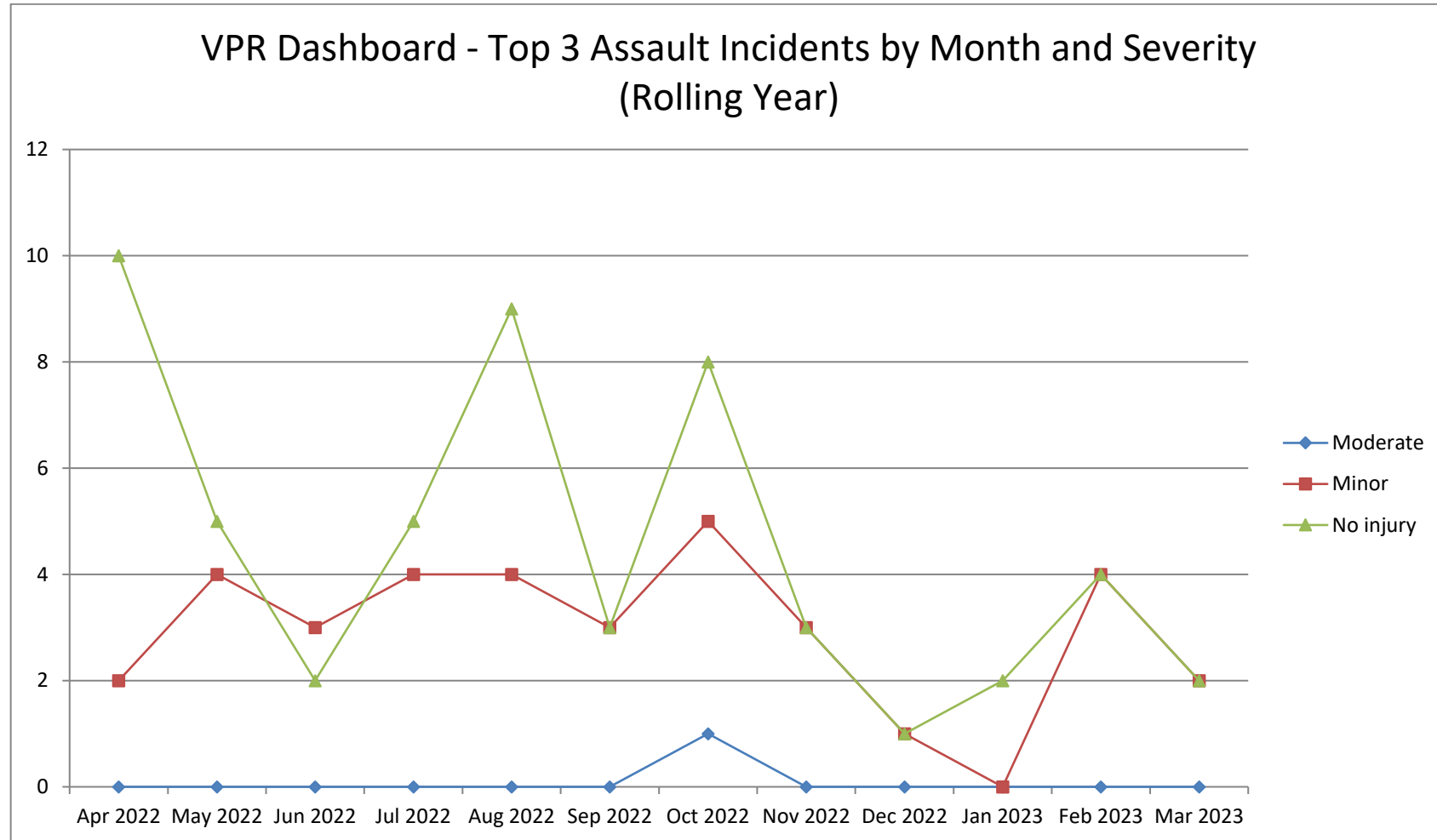


Chart 4 - shows the numbers of incidents by severity

Appendix 2 Violence Prevention and Reduction Standard - Self Assessment - Action Tracker

Indicator	Action required	Review date	Completion date	Work stream / lead	Completed
The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the Sustainability and transformation partnership (STP) or integrated care system (ICS) .	Specific training needs analysis is to be developed to ensure face to face restraint training is targeted at high risk staff areas. Update May 23 - this is being done as part of work with ICS/ ICB and the west Yorkshire Reducing Violence Against Staff Pilot Working Group.	May 23	30th June 2023	Security Peter Aldridge	Completed but on-going
There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.	More detailed work is required on metrics, discussed at Jan 23 Steering Group and metrics need to be agreed and monthly process for report out needs agreeing Update May 23 - metric report is available in DATIX that details incidents associated with DATIX entries. This will be monitored by the VPR Steering Group and Exec Lead	May 23	30th June 2023	Security Peter Aldridge	Completed but on-going
Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	There are various work streams on-going that are looking at all areas of violence prevention and reduction. A group to oversee all the work has established. A ToR is agreed and the group reports to the Workforce Committee and bi-annually. Once in place the VPR Co-ordinator will lead on the thematic review or objectives and reduction plans	May 23	30th June 2023	Clinical Katie Robinson	

Indicator	Action required	Review date	Completion date	Work stream / lead	Completed
Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an on-going process and documented in the appropriate organisational risk registers. Improvements; lessons learnt and updated risk assessments, annually as a minimum schedule.	<p>Each CSU reviews and completes a new risk assessment and records it within their CSU risk assurance arrangements</p> <p>All areas to have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review</p> <p>Update May 23 - this program is @90% complete with colleagues from the H&S Team assisting in chasing CSU's that have not yet completed</p>	May 23	30th June 2023	Security Peter Aldridge	
The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents.	<p>Currently this is taking place. As the VPR Steering Group, Workforce Committee and Board.</p> <p>Update May 23 - the VPR Steering group is established, reporting to WFC and Board bi-annually</p>	May 23	30th June 2023	Security Peter Aldridge	Completed but on-going
A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	<p>Update May 23 - More work is required on metrics and report out. A DATIX dashboard has been established in the DATIX system and a report that analyses the output of the reports and root cause analysis of incidents needs to be established. Each DATIX is investigated, but an overall thematic review of trends is required</p>	May 23	30th June 2023	HR Chris Carvey	

Indicator	Action required	Review date	Completion date	Work stream / lead	Completed
The audit outcomes inform a regular senior management review held at least twice a year.	Update May 23 - More work is required on metrics and report out - see note above	May 23	30th June 2023	HR Chris Carvey	Completed but on-going
A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the board.	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board Update May 23 - reports go to WFC and Board bi-annually to review / comment on VPR work within LTH	May 23	30th June 2023	Security Peter Aldridge	Completed but on-going
Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes.	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board Update May 23 - occurs as necessary with report out to the VPR Steering Group	May 23	30th June 2023	Security Peter Aldridge	Completed but on-going

Appendix 3

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

