

## Violence Prevention and Reduction

### Trust Board

**128th September 2023**

<b>Presented for:</b>	Information
<b>Presented by:</b>	Craige Richardson, Director of Estates & Facilities Jenny Lewis, Director of Human Resources and Organisational Development
<b>Author:</b>	Peter Aldridge - Associate Director Estates Operations
<b>Previous Committees:</b>	None

<b>Our Annual Commitments for 2023/24 are:</b>	
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	✓

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
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	Information
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.

The violence prevention and reduction programme of works at LTH aims to embed a culture where our colleagues feel supported, safe and secure at work.

The NHS Long Term Plan, NHS People Plan and NHS People Promise demonstrate a commitment to support the health and wellbeing of NHS colleagues, recognising the negative impact that poor staff health and wellbeing can have on patient care. This is also central to the [NHS EDI Improvement Plan](#).

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)<sup>1</sup>. 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 and 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.

In July 2023 NHSE wrote to Trusts around the sexual safety of staff and the Trust is working on implementing the intentions of the letter.

## 2. Background and context

Violence and abuse toward staff is one of the many factors that can have a devastating and lasting impact on health and wellbeing.

The 2022 NHS Staff Survey outlined that:

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<sup>1</sup> The national violence prevention and reduction standard 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.

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q13c	Not experienced physical violence from other colleagues	99%	96%	98%	99%	98%	98%	98%
q13d	Last experience of physical violence reported	60%	62%	60%	61%	58%	67%	58%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75%	75%	76%	76%	77%	73%	77%
q14b	Not experienced harassment, bullying or abuse from managers	90%	91%	89%	91%	91%	89%	91%
q14c	Not experienced harassment, bullying or abuse from other colleagues	83%	81%	80%	84%	82%	81%	82%
q14d	Last experience of harassment/bullying/abuse reported	44%	50%	45%	45%	44%	47%	44%
q15	Organisation acts fairly: career progression	65%	64%	61%	60%	59%	57%	59%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	95%	95%	93%	94%	92%	94%

*“The vast majority of patients and the public show nothing but respect and thanks for the skilled care they receive, but the unacceptable actions of a small minority have a massive impact on the professional and personal lives of our colleagues.”* Amanda Pritchard, NHS Chief Executive (February 2022)

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 compliance<sup>2</sup>

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
Violence prevention and reduction steering group meeting quarterly		Action tracker, minutes and assurance report
Data analysis of all DATIX related to violence and aggression		New data report produced in DATIX from August 2023.
Violence prevention and reduction co-ordinator post appointed to		Starts in the Trust Aug 23

### 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 Steering Group and colleagues from Risk Management have recently reviewed 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:

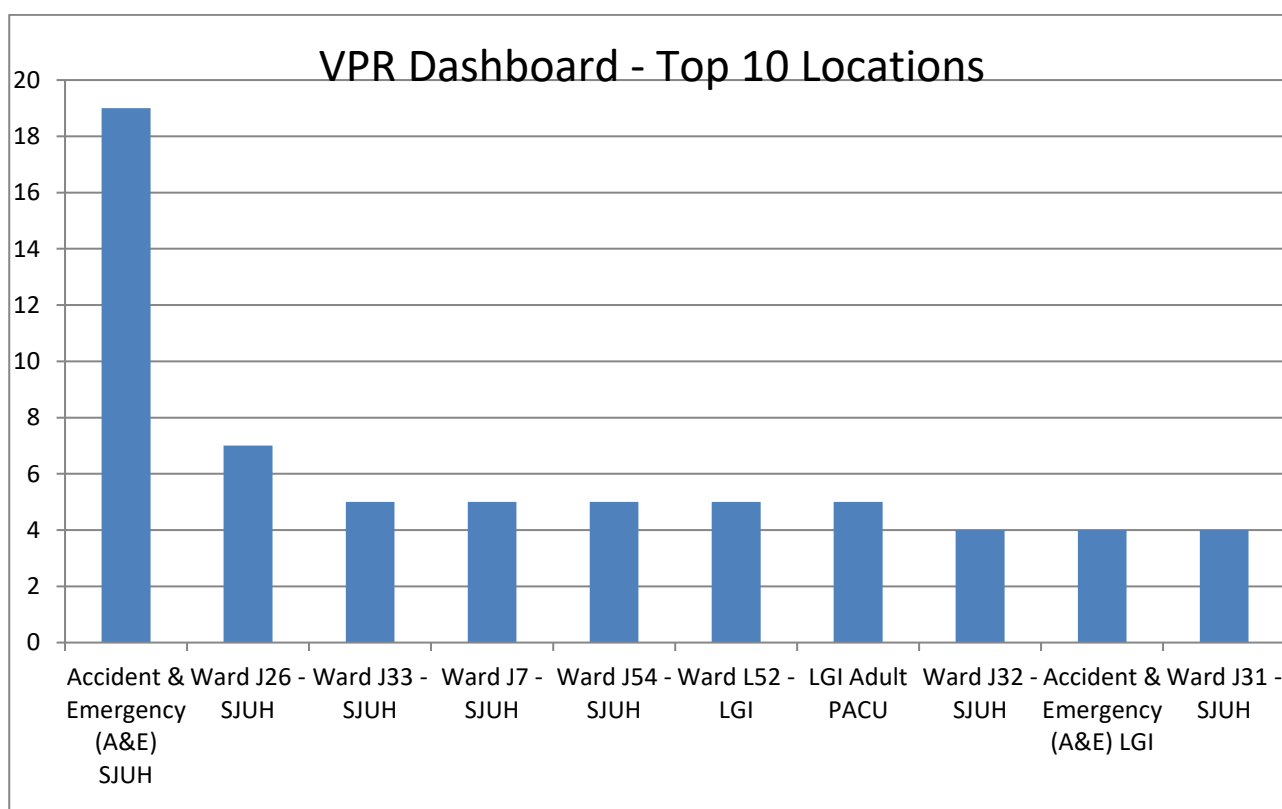
<sup>2</sup> These items are selected as these are the points likely to be requested by the ICS/CQC during any inspection. Further evidence to support can be supplied as necessary

- Overall incidents under all DATIX categories are increasing month on month for Q1 2023
- There was an increase in all incident types in Q1 2023 using the subcategories set out in table 1
- ED's remain the highest reporting areas for incidents
- August figures are lower because complete month not ready in time for this report
- 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

	May 2023	Jun 2023	Jul 2023	Aug 2023	Total
Non-physical Assault	34	36	38	11	119
Physical Assault	36	58	77	27	198
Sexual Assault	0	0	1	1	2
Sexual Exposure	3	0	0	0	3
Total	73	94	116	39	322

**Table 1 – details the VPR Dashboard - assault incidents by month and subcategory for Q1 / Q2**

### Areas of high reporting



**Table 2 - shows the highest reporting areas in the last calendar month up to 18th August 2023**

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

### Trust violence prevention and reduction strategy

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

## 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 August 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 3 - 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 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 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 Learning

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 81% 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 3% since the last paper was presented at WFC/Board. CSUs with low compliance will be targeted via Tri-Teams.

### Personal Safety Compliance Personal Safety Compliance

Competence	Trained	Not trained	% Compliance
Personal Safety Lower Risk	19101	197	99%
Personal Safety Level 3 Conflict Resolution	3264	741	81%

### 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 VPR 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, LTH'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 (eg 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, consulted upon and agreed by the July Violence Prevention and Reduction Steering Group and re-shared with the Positive Working Environments Advisory Group;

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

A staggered approach to implementation will occur. Point 1 has been implemented, and positively an increase in reporting has initially been witnessed (official data to be analysed once enough time has passed). Points 2-6 will be launched next (proposed launch in September). And finally points 7 onwards will be launched 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.

### **Work without Fear / Report to Support**

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 has had 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**

<b>Q2 Priority Objectives – all stakeholders</b>	<b>Link to Annual Commitments</b>
Now appointed the VPR Co-ordinator will review several areas of VPR and work with stakeholders on continued risk reduction / root cause analysis and report to support	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 and DATIX use	Staff retention
Validate and provide a gap analysis of the self - assessment against the VPR Standard and devising action plan to address areas of non / partial compliance for Board approval	Staff retention

### **Workplan for VPR Co-ordinator Aug – Oct 2023**

1. Review the VPR standards and update as necessary
2. Review the corporate risk with regards to VPR and develop an action plan
3. Read the conflict resolution and security policy and V&A strategy
4. Network with VPR Stakeholders and discuss areas of support and development
5. Review training programmes
6. Appraise yourself with GoodSense training / eLearning
7. Review the HSE letter re MSK and restraint - how can the Trust provide assurance on this
8. Review the NHSE Sexual Assault letter and how can this be established within the Trust
9. Review the Risk Management Committee paper on Security and Board paper on VPR
10. Set up collaboration with the Trust ICB contact
11. Carry out a thematic review of the last 12 months DATIX and provide an overview of findings

### **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**

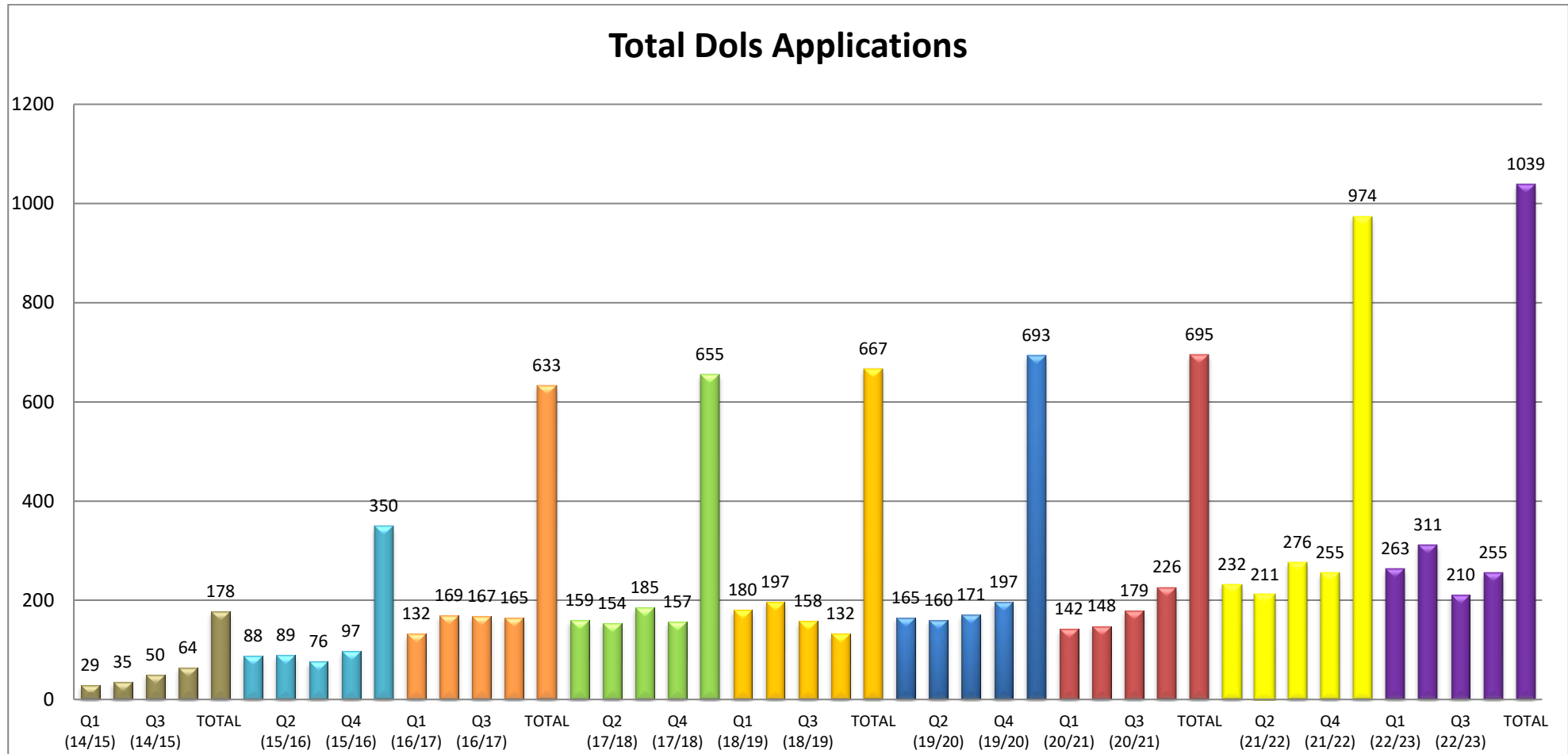
Supporting appendices:

Appendix 1 - DATIX data

Appendix 2 - Action Tracker - Violence Prevention and Reduction Standard

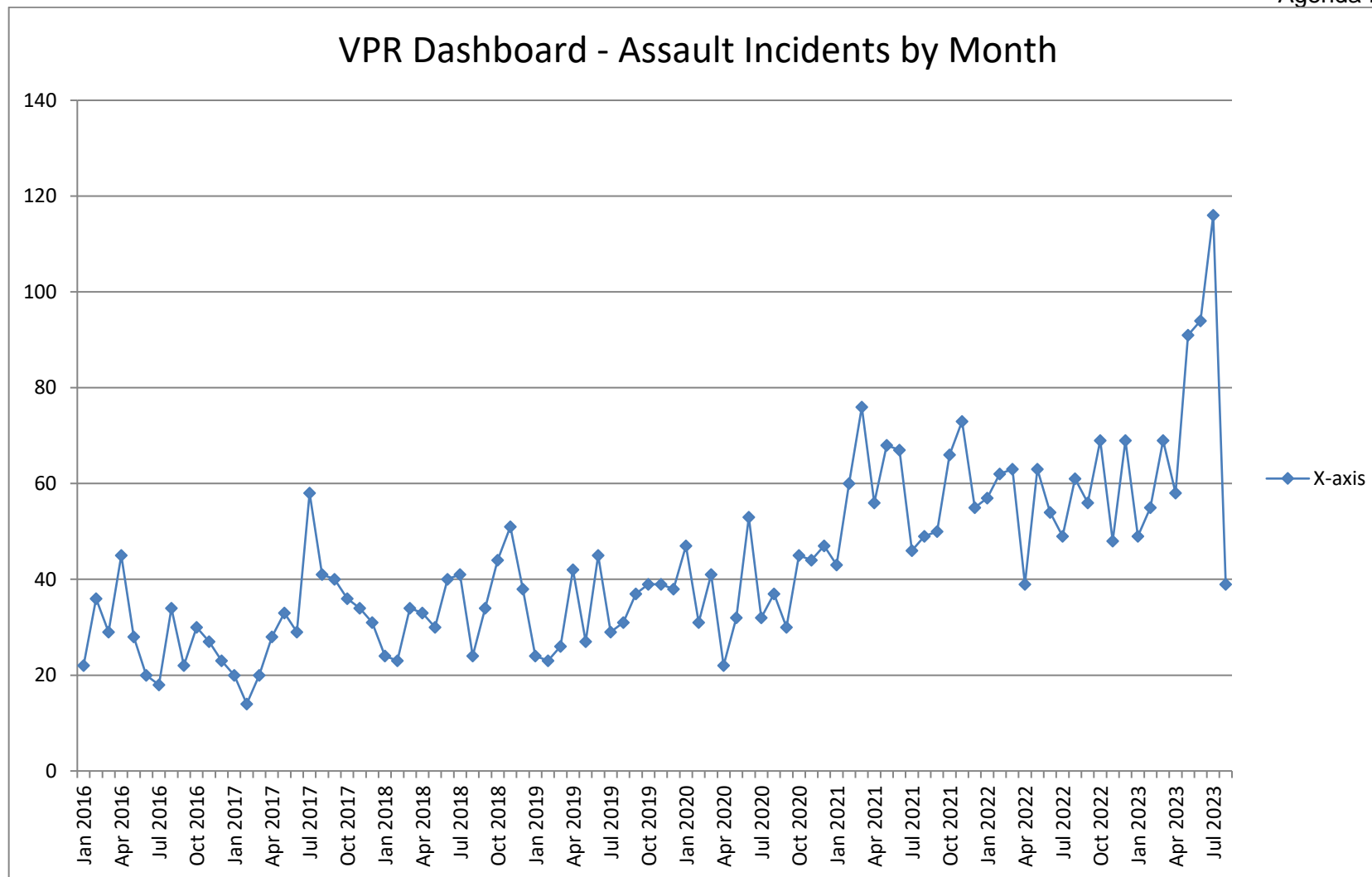
Appendix 3 - Governance and Assurance structure for violence prevention and reduction

Appendix 1 - examples of DATA that is available from DATIX<sup>3</sup>

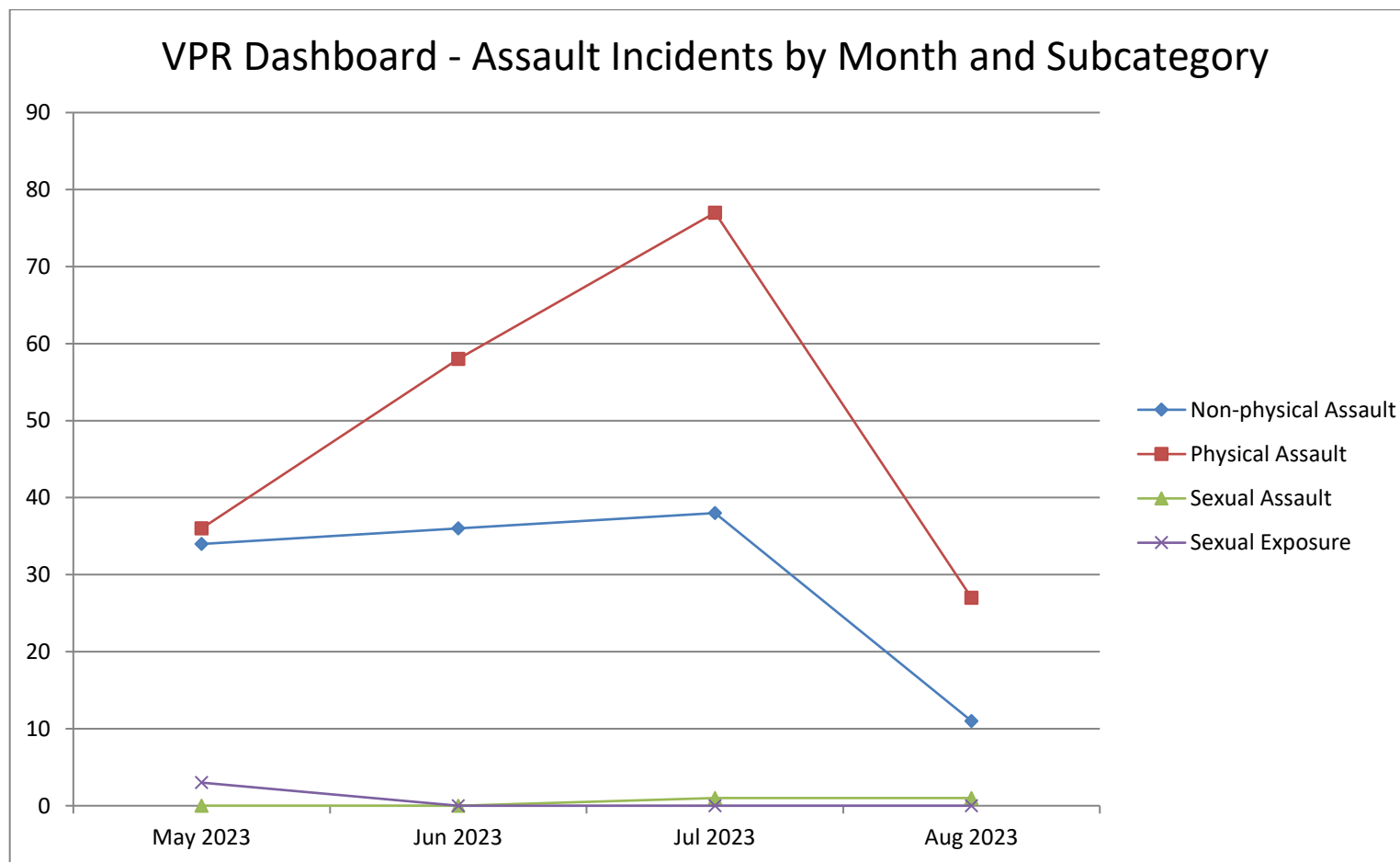


<sup>3</sup> There is much more DATA in DATIX, these charts serve as an example

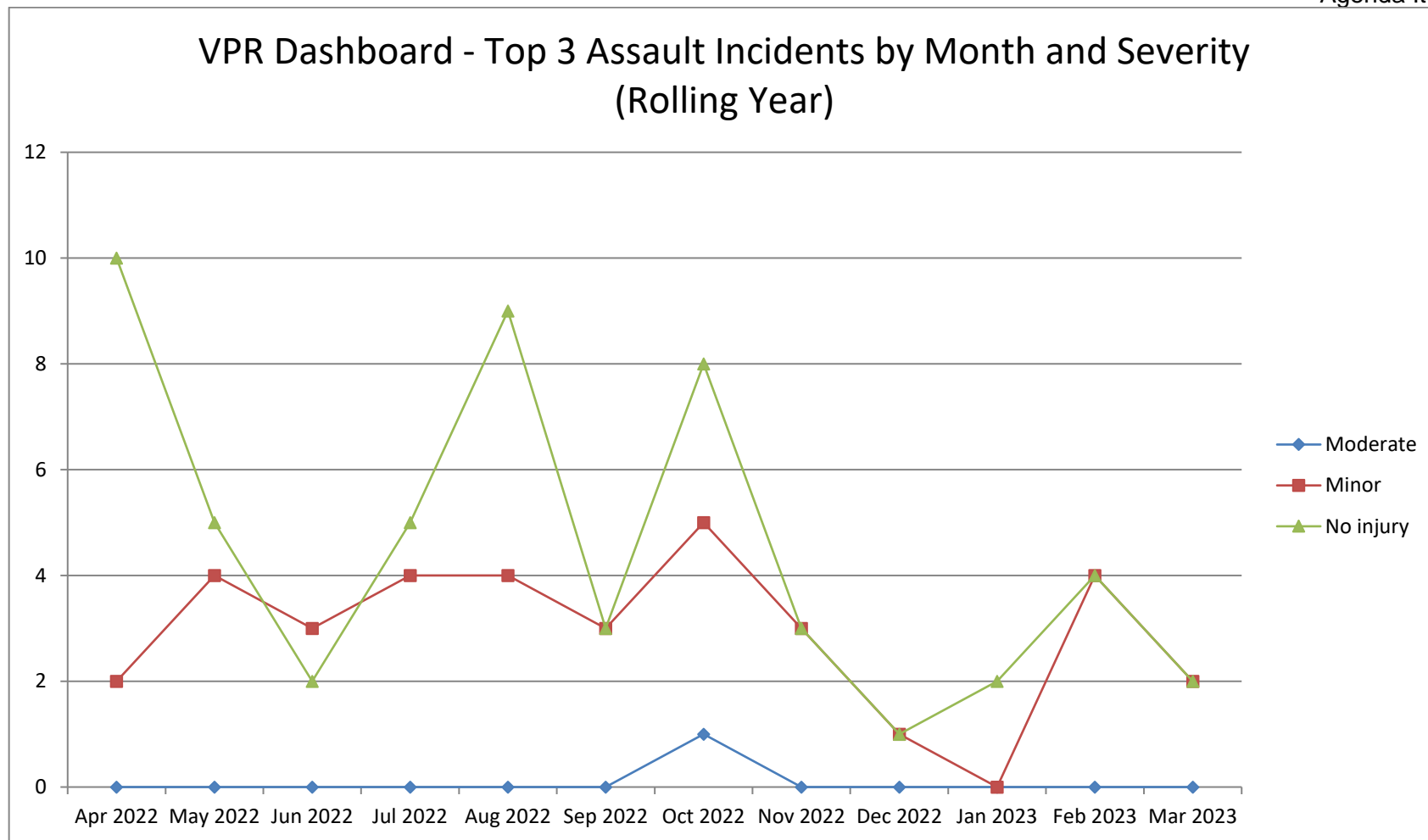




**Chart 2 - this shows all DATIX category incidents that have been completed that imply violence and aggression as part of the incident descriptor**



**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	Review	Work stream / lead	Completed
The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the  <a href="#">Sustainability and transformation partnership (STP) or integrated care system (ICS)</a> .	Specific training needs analysis is to be developed to ensure face to face restraint training is targeted at high risk staff areas. <b>Update Aug 23</b> - this is being done as part of work with ICS/ ICB and the west Yorkshire Reducing Violence Against Staff Pilot Working Group. VPR Co-ordinator will review	Aug 23	30th October 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 <b>Update Aug 23</b> - 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	Aug 23	30th October 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	Aug 23	30th October 2023	Clinical Katie Robinson	

Indicator	Action required	Review date	Review	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><b>Update Aug 23</b> - this program is @90% complete with colleagues from the H&amp;S Team assisting in chasing CSU's that have not yet completed</p>	Aug 23	<b>30th October 2023</b>	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><b>Update Aug 23</b> - the VPR Steering group is established, reporting to WFC and Board bi-annually. HR have developed staff support mechanisms</p>	Aug 23	<b>30th October 2023</b>	HR Peter Aldridge	<b>Completed but on-going</b>

Indicator	Action required	Review date	Review	Work stream / lead	Completed
A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	<b>Update May 23</b> - 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 DATX is investigated, but an overall thematic review of trends is required	Aug 23	30th October 2023	HR Chris Carvey	
The audit outcomes inform a regular senior management review held at least twice a year.	<b>Update Aug 23</b> - More work is required on metrics and report out - see note above	Aug 23	30th October 2023	HR Chris Carvey	Completed but on-going
A senior management review is undertaken twice a year and <b>as required or requested</b> to evaluate and assess the violence prevention and reduction programme, <b>the findings of which are shared with the board.</b>	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board  <b>Update May 23</b> - reports go to WFC and Board bi-annually to review / comment on VPR work within LTH	Aug 23	30th October 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  <b>Update May 23</b> - occurs as necessary with report out to the VPR Steering Group	Aug 23	30th October 2023	Security Peter Aldridge	Completed but on-going

## Appendix 3

### LTHT Challenging behaviours (violence prevention and reduction)

#### Governance/reporting structure

- Trust position – “work without fear” and policy for 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 HC]
  2. Challenging behaviours displayed by non-Patients [Security CR]
  3. Non-respectful behaviours displayed by staff on staff [HR; JL]

#### Governance structure

