

Violence Prevention and Reduction
Public Board
27th November 2025

Presented for:	Information and Assurance
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Previous Committees:	Workforce Management Group Workforce Committee

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through providing a supportive culture, training, development and H&WB to our staff to retain the appropriate level to continue to meet the patient demand for our clinical services	Minimal	Moving Towards
Operational Risk	✓	Health& Safety Risk - We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines.	Cautious	Moving Towards
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Cautious	Moving Towards
Financial Risk	✓	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust, aiming to at least break even, with no material variances to forecast.	Minimal	Moving Towards
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

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 status of the NHS Violence Prevention and Reduction Standard	Assurance
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

Summary

This paper, previously received by the Workforce Management Group (WMG) and Workforce Committee (WFC) provides assurance to the 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](#).

This paper details LTHT's status, in regard to compliance with the NHS England Violence Prevention and Reduction (VPR) standard and is intended to meet the requirement for six monthly Board reporting.

This paper will be presented to the Board twice yearly as required in the standard

In July 2023 NHSE wrote to Trusts around the sexual safety of staff and the Trust signed the NHSE Sexual Violence charter. The Domestic Abuse and Sexual Violence (DASV) Group has been set up and has launched the trusts DASV programme in May. The DASV programme has a separate governance structure to the VPR work, and whilst connected with similar themes and crossovers, does not fall directly into the VPR programme.

1. Background and context

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

The 2024 NHS Staff Survey outlined that:

Q	Description	AVG	2024	2023	2022	2021	2020
Q13a	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	14.37%	15.51%	13.87%	13.86%	14.94%	14.70%
Q13b	In the last 12 months how many times have you personally experienced physical violence at work from managers?	0.76%	0.74%	0.57%	0.65%	0.53%	0.51%
Q13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	1.88%	1.76%	1.62%	1.64%	1.28%	1.59%

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Q13d	The last time you experienced physical violence at work did you or a colleague report it?	70.55%	71.80%	66.56%	62.81%	64.24%	62.57%
Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	24.68%	23.96%	23.49%	24.93%	25.23%	26.35%
Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	10.00%	7.57%	7.66%	8.92%	8.73%	11.24%
Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	18.49%	16.73%	17.01%	18.33%	16.36%	19.73%
Q14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	51.86%	54.74%	49.11%	46.94%	47.93%	46.91%
Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	8.75%	9.46%	8.45%	7.05%	6.65%	5.55%
Q16b	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	9.35%	8.06%	8.27%	7.57%	7.61%	7.85%

“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.” 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.

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, if 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 compliance¹

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		In post

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 some 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 previously reviewed DATIX to make it easier and more intuitive to use. Four categories were created removing the old ones;

1. Violence/Aggression/Threatening Behaviour
2. Missing Patient/Theft/Damage

¹ 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

3. Suicide/Self-Harm
4. Anti-Social Behaviour

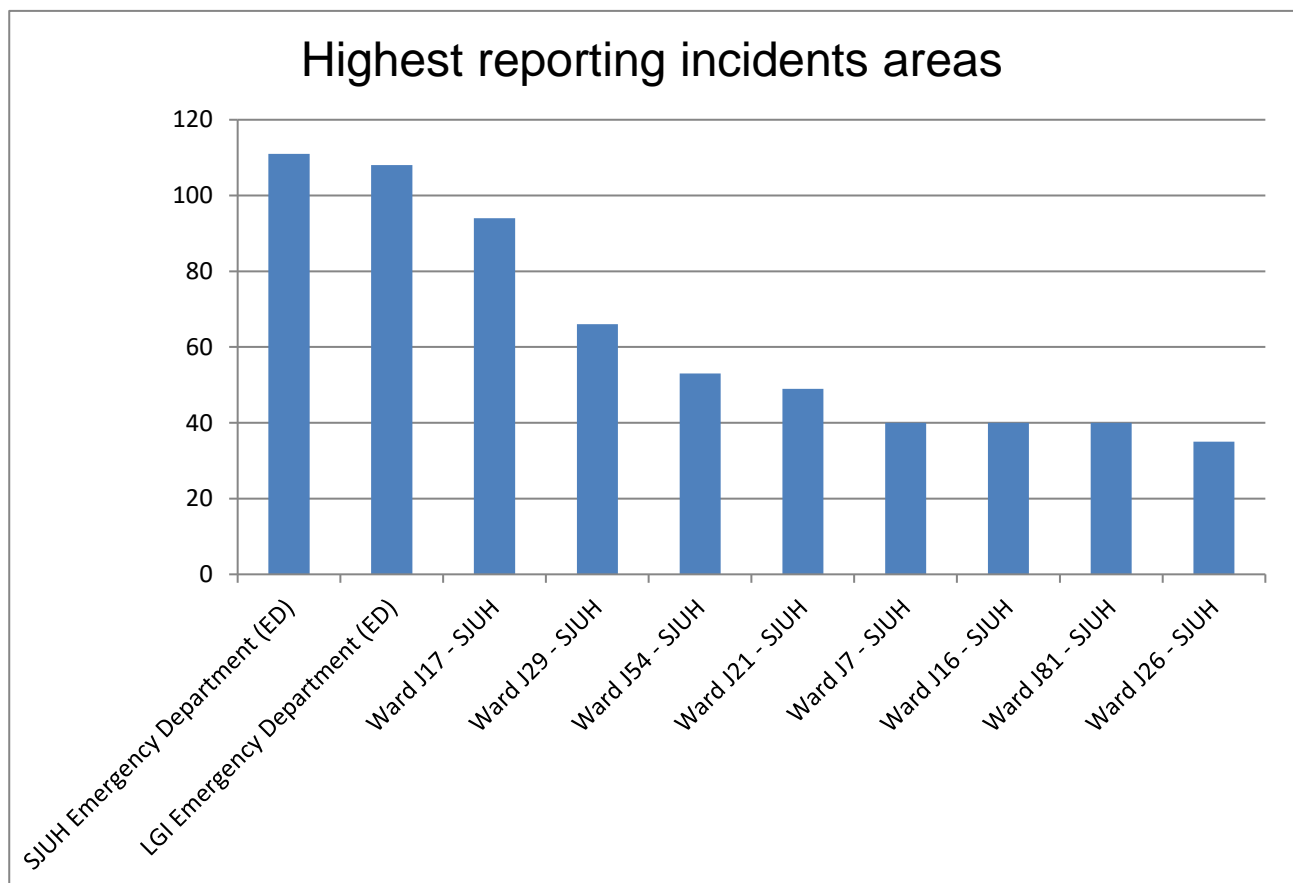
Further, the maximum number of subcategories in any category has been reduced to 12. There has been consultation with several groups to get feedback. A 12 month look at incident DATA from DATIX is presented in Table 1 showing the assault incidents by month and subcategory for Q3 2024 to Q2 2025. Table 2 shows the top 10 areas with highest levels of V&A incident reporting. Analysis of the DATIX data suggests the following headlines:

- Overall incidents under all DATIX categories are increasing on average from Q1 2023
- Elderly Medicine is the highest speciality overall area for incidents, however SJUH ED has the highest total for exact location
- The increases are believed to be due to increased reporting culture, however, there have been some anomalies caused by individual patients creating a high volume of incidents
- Reporting according to the staff survey is up by 10% since 2020 and is now above national average by 1%

Table 1 –Number of Assault incidents by month and subcategory for Oct 24 / Sept 25

	Oct-24	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Total
Non-physical Assault	51	42	34	45	42	42	26	50	41	33	43	48	497
Physical Assault	63	67	52	71	53	91	91	111	132	58	81	56	926
Sexual Assault	3	6	4	1	0	3	4	7	2	3	3	5	41
Sexual Exposure	1	0	1	2	1	0	0	0	2	0	0	1	8
Total	118	115	91	119	96	136	121	168	177	94	127	110	1472

Table 2 - Highest reporting areas since Oct 2024 up to Sept 2025



CSUs

Urgent Care - SJUH Emergency Dept, LGI Emergency Dept.

S.I.M. – Ward J17, Ward J29, Ward J21, Ward J7, Ward J16, Ward J26.

Adult Critical Care - Ward J54, Ward J81.

It is expected that the number of incidents shown in the above graphs and below in appendices is still grossly underestimated. Nationally, it is believed that around 2 in 5 incidents go unreported, however the 2024 staff survey results show a steady increase in reporting over the last 5 years from 63% in 2020 to 72% in 2024 which is above the national average of 71%. This is good evidence to show that the campaigns around report for support are having some success, and that staff may be feeling better supported post incident as a result which is leading to better reporting overall. Further staff support mechanisms (detailed in this paper) are hoped to increase that figure further.

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 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 at this time.

2.4 Quality Improvement Collaborative

The Trust launched the “De-escalate Collaborative” in October 2020 using 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 has been wrapped up with no further meetings planned, however there is a WYAAT group in its infancy of being established – this paper will report back on that in due course.

2.5 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 has responsibility for overseeing compliance with the standard and monitoring implementation of the actions to address any shortfalls.

The VPR Standard has recently been updated, and although there is little change made to the actual indicators, a review is currently planned to reassess against the new standard.

It is worth noting that with changes to NHS England underway, the application and status of this guidance document is likely to change however the trust will continue to comply with it and use it as a source of good practice until otherwise instructed.

2.6.1 Staff training

PMVA Training

The Prevention and Management of Violence and Aggression (PMVA) training team continues to deliver high quality training with a holistic approach at a range of levels.

The PMVA training currently consists of 4 modules, with an aim to bring a 5th module online in the future once the majority of staff have received updated training, potentially linking in with the ETOC pathway.

Module 1 – This is a 20 minute virtual session delivered on induction raising awareness of the team, and signposting staff to the correct training. The module also introduces some of the key themes around PMVA such as de-escalation, early recognition, and reporting mechanisms.

Module 2 – This is a half day face to face classroom based package which formally replaces Level 3 Conflict Resolution Training whilst retaining the key learning objectives identified as mandatory by the Core Skills For Health. This package focuses on identifying warning signs of aggression and violence, basic de-escalation principles, and legal and ethical considerations around the use of force to breakaway and defend oneself against attack.

Module 3 – This is a half day practical package which adds on to module 2 by providing physical breakaway techniques, teaching staff how to disengage from a violence or potentially violence individual using techniques which are specifically designed for the healthcare environment, have been medically and tactically assessed, and are developed to work with staffs natural reactions to potential violence.

Module 4 – This is a two day comprehensive package which builds upon the previous two modules and focuses on the management of violence and aggression, training staff in the use of restraint techniques to mitigate threat as safely as possible. The course is compliant with the Restraint Reduction Training Standards and BILD and is endorsed by the General Services Association who are an industry lead in the use of force in healthcare settings. The course trains staff to manage a variety of scenarios from low levels recalcitrant patient up to serious active resistance and includes low level standing holds through to floor restraint. The course also builds upon the theoretical components covered in module two around the reasons for violence and aggression, including clinically related factors, legal and ethical considerations around the use of force including aspects of the Mental Health and Mental Capacity Acts, medical implications for restraint such as acute behavioural disturbance, positional asphyxia etc, and reporting and documentation requirements covering defensible practice.

Over time, this paper will include training compliance figures however at this early stage this is not possible.

The PMVA team recently won the National Security Team of the year at the Fire and Security Matters Awards. This is a fantastic accolade and one which demonstrates the standard training available to LTHT staff.



West Yorkshire Reducing Violence against Staff Pilot Working Group

There have been no meetings from the ICS Reducing Violence group nor any communication from the ICS in this area since the last report. There has been equally no further communication from the National VPR Programme at NHS England despite attempts to make contact. Given the current position of NHSE overall, it would seem likely that there is to be no further national or regional support to be delivered. As aforementioned, the WYAAT group is looking to establish a VPR group which, although in its infancy, is hoped to be able to establish benchmarking and sharing of best practice.

2.8 Local Prevention and Staff Wellbeing Support

As previously reported, LTHT's Staff Survey results demonstrated that the *reporting* of violent experiences remained below the national average (for Acute and Acute & Community Trusts) and has done for several years.

2.8.1 Criminal Offence Procedure

The development and roll out of the Criminal Offence Procedure as enabled renewed focus on the support offered to staff post incident.

Whilst not solely limited to violence and abuse of staff types incidents (specifically Offences against the person, Anti-social behaviour and Public order offence), these are the majority of which are captured and dealt with via this innovative new process.

In summary, all staff who report as a the victim of a violence or abusive incident and expect to receive direct contact with a member of security as a minimum standard within 24 hours of reporting their incident, provided this is completed on DATIX in a timely manner (within the same shift).

Every incident reported on DATIX is reviewed by a PMVA tutor on a weekday morning and assessed using the THRIVE methodology to the same standard as calls for service to the police. These incidents are then categorised and graded and a security officer is deployed under the following criteria:

Critical – Attendance by security within the hour
Priority – Attendance by security within 12 hours
Standard – Attendance by security within 24 hours

This is over and above any previous deployment by security at the time of the incident. On attendance, the officer will speak directly to the reporting person and victim (if different) and complete a Key Investigations Summary (KIS), and a Victim Needs Assessment (VNA), all of which are located on DATIX within the incident record however are only visible to authorised persons.

These two sections obtain a variety of information, such as assessing whether a crime has been committed and if so which one, what lines of enquiry are available to pursue an investigation, whether there are any safeguarding concerns, or aspects that require immediate review, and the wishes and needs of the victim, from their vulnerability, to whether they wish to pursue a prosecution, amongst others.

Once this has been completed, it is allocated back to a PMVA tutor (or Operational Security Manager in the case of acquisitive crime) for further review whereby it is either filed as no further action, or an investigation is progressed. Where there is additional risk that needs to be mitigated, the review may lead to a request for a warning marker, discussion with the Police, or escalation to the VPR Operational Lead for further assessment.

All decision making is documented and auditable on the single DATIX, and all fields are reportable, meaning that future reports, once there is sufficient volumes of data, will be able to provide much more insight into the types of offences occurring within LTHT, the factors within them, and the action being taken following.

At present, a comms package is being developed to make staff aware of this, details to follow in due course.

2.8.2 Comms Work

As mentioned, there are a range of comms pieces being worked upon, with the main piece being a video production by the VPR team supported by clinical photography and other trust staff/ The intent of this video is for it to be played to all inpatients on admission whereby it details how staff deserve to be treated with respect, and how they can expect to be treated by staff. Further, this video, which can also be shown in bitesize segments, is also intended to be displayed in A&E waiting areas, and around the hospital in various locations.

More detail on this will follow in due course.

2.8.3 Emergency Department Support

Recently there has been an increase in concerns from staff around feeling safe when working in ED. The aforementioned Criminal Incidents Procedure intends to provide support in this area, with incidents from Ed generally scoring higher on the engage aspect of THRIVE, however alongside this Body Worn Video devices similar to those already worn by security in the trust, have been introduced for some clinical staff as part of a trial, and there has been a constant presence by additional G&K security officers in ED to provide additional reassurance and support where needed.

The initial feedback of these interventions has been positive and there is currently one ongoing criminal investigation utilising the footage from an ED trial BWC.

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 because 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 the Violence and Aggression Steering Group are currently under review in light of changes of staff members in various key positions.

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

ASB is now captured in the Criminal Offence Procedure.

Operation Alpine View

Operation Alpine View continues to be progressed, with 3 operations delivered to date (2 x SJUH, 1 x LGI) and a 4th in the current planning stage aligned with Operation Darker Nights.

The results from these operations have been significant, along with the increased relationship and joint working opportunities between the trusts security, facilities hub,

Neighbourhood Policing Teams and the Special Constabulary. It is intended to continue to deliver this operation over the next year.

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

Several 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 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

Agenda item 12.4(iv) (Blue Box)

1. An update the Board on the issues, data and impacts of violence and aggression on staff and services.
2. To inform the Board on the number of physical assaults carried out on LTHT staff.
3. Assurance that the standards are reflective of LTHT's position.
4. Provide assurance to the Board of the on-going work in relation to reducing violence and aggression
5. Inform the Board of the NHS Violence Prevention and Reduction Standard and provide assurance on structures that are in place to meet the standards –
6. The Violence Prevention Reduction Steering Group will provide monitoring and reporting assurance through the WFC
7. 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

Supporting appendices:

Appendix 1 – VPR Horizons

Embedding a culture of Violence reduction in LTHT

