

**Violence Prevention and Reduction**  
**Public Board**  
**28<sup>th</sup> May 2026**

<b>Presented for:</b>	Information and Assurance
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<b>Previous Committees:</b>	N/A

<b>Freedom of Information Act (FOIA) Exemption</b>	<input type="checkbox"/> <b>YES</b> (restricted from the FOIA) <input checked="" type="checkbox"/> <b>NO</b> (available to the public under the FOIA)
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<b>Link to Strategic Objective</b>	Support and develop our people
<b>Link to Provider Capability Assessment</b>	People and culture
<b>Link to CQC Well-led Statement</b>	Governance, Management and Sustainability
<b>Regulatory Impact</b>	Regulation 12: Safe care and treatment

<b>Key points</b>	<b>Purpose</b>
1. This paper is presented to the Board to provide assurance to that Violence and Aggression directed towards staff is being managed in accordance with the Trusts responsibilities under any relevant legislation, guidance, or approved codes of practice.	Assurance
2. This paper provides data around the number of assaults and details around actions and outcomes of those incidents which are reported, along with current activity to mitigate and prevent incidents from occurring.	Information
3. The overall number of incidents is increasing, however so too is the number of staff reporting incidents compared to previous years and the support mechanisms available to them as a result.	Information

<b><u>Risk Appetite Framework</u></b>			
<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Minimal	Operating within
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.	Averse	Operating within
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.	Averse	Operating within
Financial Risk	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust whilst seeking to deliver against Waste Reduction targets but	Minimal	Operating within

	always with a focus on maintaining and enhancing patient safety.		
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

## 1. Summary

This paper 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](#) which refers to Violence and Aggression and its impacts on health and wellbeing and staff engagement.

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.

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. 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.

## 2. Update

Violence and abuse toward staff can have a devastating and lasting impact on health and wellbeing, staff retention, and morale. Incidents can lead to injury and impact on sickness levels.

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.

## 3. Quality and Performance Implications

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

- Reporting mechanisms
- Corporate risk
- 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

## LTHT's responses in the 2025 NHS Staff Survey outlined that:

Q	Description	BM AVG*	2025	2024	2023	2022	2021
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?	14.65%	15.91%	15.51%	13.87%	13.86%	14.94%
Q13b	In the last 12 months how, many times have you personally experienced physical violence at work from managers?	0.76%	0.76%	0.74%	0.57%	0.65%	0.53%
Q13c	In the last 12 months how, many times have you personally experienced physical violence at work from other colleagues?	1.80%	1.87%	1.76%	1.62%	1.64%	1.28%
Q13d	The last time you experienced physical violence at work did you or a colleague report it?	71.88%	72.36%	71.80%	66.56%	62.81%	64.24%
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?	24.59%	26.41%	23.96%	23.49%	24.93%	25.23%
Q14b	In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from managers?	9.20%	8.86%	7.57%	7.66%	8.92%	8.73%
Q14c	In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	17.86%	18.00%	16.73%	17.01%	18.33%	16.36%
Q14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52.88%	54.25%	54.74%	49.11%	46.94%	47.93%
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?	8.58%	9.49%	9.46%	8.45%	7.05%	6.65%
Q16b	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	8.69%	8.95%	8.06%	8.27%	7.57%	7.61%

**\*Benchmarked Median for 2025 (against other acute hospitals)**

### 3.1 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.
- The new Criminal Offence Procedure (built within DATIX) also provides additional data over and above that which was previously available.

### 3.2 Data on assaults in LTHT

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

A 12 month look at incident data from DATIX is presented in:

- Table 1 – assault incidents by month and subcategory for Q2 2025 to Q1 2026.
- Table 2 – the overall number of reported incidents over three year rolling period.
- Table 3 – shows the top 10 areas with highest levels of V&A incident reporting.

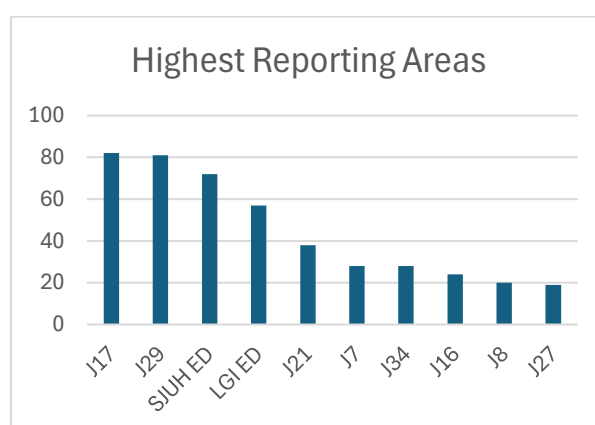
**Table 1 – Number of Assault incidents by month and subcategory for April 25 / March 26**

	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Total
<b>Non-physical Assault</b>	26	50	41	33	44	48	48	69	48	53	38	49	<b>547</b>
<b>Physical Assault</b>	91	111	132	58	81	56	52	70	65	62	41	56	<b>875</b>
<b>Sexual Assault</b>	4	7	2	3	3	5	4	1	5	5	2	1	<b>42</b>
<b>Sexual Exposure</b>	0	0	2	0	0	1	0	0	1	0	0	0	<b>4</b>
<b>Total</b>	<b>121</b>	<b>168</b>	<b>177</b>	<b>94</b>	<b>128</b>	<b>110</b>	<b>104</b>	<b>140</b>	<b>119</b>	<b>120</b>	<b>81</b>	<b>106</b>	<b>1468</b>

**Table 2 – Number of assault incidents by quarter for 23 – 24 and 25 – 26**

	Q1 '23-'24	Q2 '23-'24	Q3 '23-'24	Q4 '23-'24	Q1 '24-'25	Q2 '24-'25	Q3 '24-'25	Q4 '24-'25	Q1 '25-'26	Q2 '25-'26	Q3 '25-'26	Q4 '25-'26	Total
<b>Assault/Aggressive or Threatening Behaviour</b>	<b>168</b>	<b>340</b>	<b>307</b>	<b>338</b>	<b>326</b>	<b>412</b>	<b>324</b>	<b>351</b>	<b>466</b>	<b>332</b>	<b>363</b>	<b>307</b>	<b>4034</b>

**Table 3 – Highest reporting areas since April 25 / March 26**



**Table 3 CSUs**

**Urgent Care** - SJUH Emergency Dept, LGI Emergency Dept, Ward J27.

**S.I.M.** – Ward J17, Ward J29, Ward J21, Ward J7, Ward J16, Ward J34, Ward J8.

It is expected that the number of incidents shown in the above graphs are underestimated. Nationally, it is believed that around 2 in 5 incidents go unreported, which is supported by the NHS Staff survey benchmark of 72%. Importantly, the 2025 staff survey results show a steady increase in reporting over the last five years with the last two years showing LTHT as being above the national benchmarked median. 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 and the test of their effectiveness will be in the next staff survey outcomes.

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 benchmark median by 1% consistently for the second year running.

### **3.3 Corporate Risk Register**

There is a risk, 9618 “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.

This risk is currently being reviewed due to an increase in the number of assaults on staff, particularly security officers, which have resulted in injury.

### **3.4 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>

At present, the Integrated Care Board no longer provides its VPR regional group via the Trauma and Resilience programme, and although there is a community of practice established, this does not provide any oversight or input around the standard. Currently there is no national or regional oversight around the VPR Standard. Further with a lack of ICS engagement, some indicators in the VPR Standard cannot be met due to a reliance on the ICS being required to meet said indicators.

### **3.5 Staff training**

#### **PMVA Training**

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

The PMVA training currently consists of four modules, with an aim to bring a 5<sup>th</sup> module online in the future once the majority of staff have received updated training, potentially linking in with the Enhanced Therapeutic Observation and Care (ETOC) pathway. As a reminder, the Modules currently offered to all LTHT staff are:

- **Module 1** – A 20-minute virtual session delivered on induction raising awareness of the team, and signposting staff to the correct training. **19,696 staff, compliance 99%**
- **Module 2** – 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.
- **Module 3** – A half day practical package which adds on to module 2 by providing physical breakaway techniques. **Module 2/3 – 4,632 staff, compliance 81%**
- **Module 4** – 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. **1,278 staff, compliance 11%**

Currently, 458 staff have completed modules 2 and 3 since April 2025, and a further 139 have completed Module 4.

Currently the compliance with NHS Conflict Resolution (module 2/3) is 81%. It should be noted that whilst this figure is lower than would be wanted, the move from an e-learning only course to a full day's face to face package which provides a significant increase in quality is expected.

	J17	J29	SJUH ED	LGI ED	J21	J7	J34	J16	J8	J27
<b>Staff needing training identified by TNA</b>	45	40	125	107	43	47	34	42	43	45
<b>Training compliance</b>	39 87%	36 90%	109 87%	91 85%	36 84%	40 85%	25 74%	31 74%	29 67%	38 84%

### 3.6 Local Prevention and Staff Wellbeing Support

As previously reported, LTHT's Staff Survey results demonstrated that the reporting of violent experiences remained above the national benchmarked median (for Acute and Acute & Community Trusts) and has done so now for the second year in a row. It is worth noting here that the national benchmarked median has also increased year on year, therefore not only has the Trust caught and passed that national benchmark, but it has also continued to improve progressively.

### 3.7 Criminal Offence Procedure

The development and implementation of the Criminal Offence Procedure has enabled renewed focus on the support offered to staff post incident.

The Criminal Offence Procedure, satisfies the Trusts obligations to investigate and support victims of abuse and criminality, and fulfils the NHS England Violence Prevention and Reduction Standard indicators:



1.10 - Staff receive timely responses to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management, and relevant stakeholders,

and

6.8 - All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable time limits. Where this is prolonged by investigations and or staff support interventions being put in place, this is recorded and communicated to the Board, relevant staff, and stakeholders.

The procedure also supports delivery of indicators 1.6, 1.7, 1.8, 2.3, 3.1, 4.2 and 6.4. This procedure provides assurance that all incidents reported are reviewed and staff supported. The procedure is victim led with a range of outcomes from each incident being possible. These could be, but not limited to:

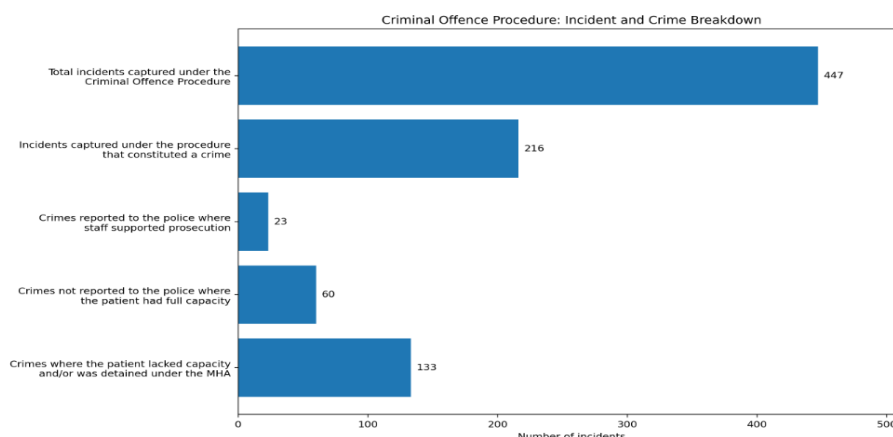
- Considering warning markers
- Raising concerns with the VPR Lead appropriately
- Making contact themselves with the affected staff member
- Liaising with the police if appropriate
- Liaising with other stakeholders, who could include Safeguarding, risk Management, Leeds Anti-Social Behaviour Team (LASBT) etc.

The procedure ensures that the minimum is achieved in all reported instances of abuse of staff:

- A welfare check for affected staff following an incident, which can encourage incident reporting and help staff feel more supported at work.
- Staff made aware of their options around accessing the criminal justice system
- Staff who do wish to access the CJS are supported and guided through the process.
- Police are engaged with where appropriate, and investigations supported and progressed proportionately.
- Feedback loop between incident and PMVA training is established and ensured.

As of the 23/04/2026 there have been **447 incidents** captured via this procedure and currently **21 ongoing investigations** awaiting court dates and **2 incidents awaiting court appearance**.

Initial feedback has been excellent. Clinical staff have expressed that they feel supported with the support they now receive post-incident. The table below provides an overview.





### 3.8 Comms Work

The support material for communicating key messaging around violence and prevention is currently being reviewed.

### 3.9 Emergency Department Support

Additional security is currently deployed within both EDs 24/7 and Body Worn Cameras (BWC) have been provided to clinical staff. The initial feedback of these interventions has been positive and there is currently one ongoing criminal investigation utilising the footage from an ED BWC. BWC are also being prepared for use in SIM.

### 3.10 Ongoing projects and horizon scanning

Currently, the PMVA team is exploring additional capabilities. One area being explored is the use of mechanical restraint as an additional response to higher or more challenging levels of aggression and violence. This field has developed significantly in the healthcare world recently, with advancements in equipment and other NHS Trusts exploring the benefits of using this equipment to reduce the overall risk to both staff and patients/members of the public. Further information on this work will follow.

### 3.11 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 – Chief People Officer - 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 however this will be reinstated by July 26.

### Proposal

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

### **3. Quality and Performance Implications**

There are no quality or performance indicators noted.

### **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, 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. Improving Health Equity**

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 has been made available under the Freedom of Information Act 2000.

### **9. Recommendation**

This paper is intended as

1. This paper is presented to the Board to provide assurance to that Violence and Aggression directed towards Staff is being managed in accordance with the Trusts responsibilities under any relevant legislation, guidance, or approved codes of practice.
2. This paper provides data around the number of assaults and details around actions and outcomes of those incidents which are reported, along with current activity to mitigate and prevent incidents from occurring.
3. The overall number of incidents is increasing, however so is the number of staff reporting incidents compared to previous years and the support mechanisms available to them as a result are continually developing.

## **10. Supporting Information**

Supporting appendices:

Appendix 1 – VPR Horizons

## Appendix 1 – VPR Horizons

### Embedding a culture of Violence reduction in LTHT

