National Regional Group Meeting

7 May 2019

NHS England and NHS Improvement
Reducing incidents of violence & aggression

NHS Staff Survey 2017

- 74,329 people (15.24%) reported that had experienced physical violence & aggression from patients, relatives or public in the last 12 months.

- The issue is especially acute in Ambulance Trusts where an average of 6,312 people (34%) of staff reported that they had experienced physical violence/aggression from patients, relatives or public in last 12 months.

NHS Staff Survey 2018

- 14.5% staff reported physical violence (improvement)

- 33.3% ambulance staff

- Mental Health / Learning disability trusts also continue to have higher than average incidences of violence, with 1 in 5 staff having experienced violence from the public while at work in the past year (20.2%)
Reducing incidents of violence & aggression

• The Government made a manifesto commitment to tackle violence and abuse against NHS staff. MP Chris Bryant’s Private Members Bill to protect emergency workers became effective in law in November 2018.

• NHS Protect provided security management oversight and collected data on such assaults across the system but ceased to exist in October 2017. Trusts are responsible for their own security management systems and the subsequent training and standards surrounding them with contractual oversight by NHS England.

• The NHS Long Term Plan commits to a programme to tackle violence against NHS staff.
HSJ and Unison Data 2016/17

• Until the abolition of NHS Protect, national figures on assaults were produced annually that were used by NHS organisations to analyse trends.

• Earlier this year, research by HSJ and Unison found an absolute increase of 9.7 per cent in violent attacks on NHS hospital staff.

• The data gathered showed 56,435 reported physical assaults on NHS staff in 2016-17. Extrapolating numbers from this sample to cover the whole NHS in England, this suggests there were an average of just over 200 reported physical assaults on NHS staff every day.

• When measured per 1,000 staff (to account for growth in the NHS workforce), reported attacks rose by 6 per cent between 2015-16 and 2016-17. The absolute increase between the two years was 9.7 per cent
Scoping

Assessment activities
Violence and Abuse Scoping Exercise

Explore and evaluate examples of good practices
Revise and update the security management standards
Assess the system interactions and interoperability to mitigate the risk of violence, abuse and bullying against staff
Appraise the Board Level understanding and awareness of violence, abuse and bullying against staff
Assess provider violence and abuse incident data
Assess the value and benefits of a public awareness campaign
Evaluate de-escalation training in provider settings
Evaluate breakaway and restraint training in provider settings
Evaluate post incident management training and debriefing
Evaluate incident investigation methodology

Scope of the exercise

WHAT
What do NHS funded providers require to mitigate, support, manage and reduce violence and abuse against NHS Staff?

WHY
Why do NHS funded providers require any centralised support and guidance?

HOW
How are the requirements most effectively delivered?

WHO
Who is best placed to support and deliver the requirements?

WHEN
When will the requirements be delivered?
Costs of violence

The number of successful claims closed, or settled as a periodical payment order relating to NHS staff where one of the causes is assault and associated payments. Information provided by NHS Resolution.

<table>
<thead>
<tr>
<th>Trust Type / Incident Year</th>
<th>Nr of Claims</th>
<th>Total Damages</th>
<th>Total Defence Costs</th>
<th>Total Claimant Costs</th>
<th>Total Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance Trust</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>26</td>
<td>777,985</td>
<td>132,511</td>
<td>278,036</td>
<td>1,188,532</td>
</tr>
<tr>
<td>2014/15</td>
<td>15</td>
<td>270,800</td>
<td>34,631</td>
<td>106,733</td>
<td>412,164</td>
</tr>
<tr>
<td>2015/16</td>
<td>11</td>
<td>41,773</td>
<td>7,570</td>
<td>22,986</td>
<td>72,329</td>
</tr>
<tr>
<td>2016/17</td>
<td>13</td>
<td>79,955</td>
<td>2,000</td>
<td>45,350</td>
<td>127,305</td>
</tr>
<tr>
<td>2017/18</td>
<td>7</td>
<td>75,400</td>
<td>1,500</td>
<td>38,000</td>
<td>114,900</td>
</tr>
<tr>
<td><strong>Independent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>2</td>
<td>7,500</td>
<td>9,070</td>
<td>29,707</td>
<td>46,278</td>
</tr>
<tr>
<td>2015/16</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other NHS Trust</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>612</td>
<td>6,295,255</td>
<td>1,300,937</td>
<td>4,245,500</td>
<td>11,841,693</td>
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<tr>
<td>2014/15</td>
<td>632</td>
<td>6,443,271</td>
<td>990,480</td>
<td>3,630,434</td>
<td>11,064,185</td>
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<tr>
<td>2015/16</td>
<td>582</td>
<td>5,894,386</td>
<td>543,785</td>
<td>2,663,319</td>
<td>9,101,490</td>
</tr>
<tr>
<td>2016/17</td>
<td>588</td>
<td>5,636,019</td>
<td>298,943</td>
<td>2,791,337</td>
<td>8,726,300</td>
</tr>
<tr>
<td>2017/18</td>
<td>405</td>
<td>4,185,639</td>
<td>117,610</td>
<td>2,328,575</td>
<td>6,631,824</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>2,894</td>
<td>29,707,984</td>
<td>3,439,038</td>
<td>16,179,977</td>
<td>49,326,998</td>
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</tbody>
</table>
What the evidence tells us

- Staff who experience violence at work are 4 times more likely to take sick leave than those staff experiencing any other work injury (Brophy, Keith and Hurley, 2018).

- Specific interventions can have a positive impact on reducing the number of violent incidents against healthcare workers. The key areas identified have been organisational commitment, de-escalation techniques, training staff in key areas such as advanced communication skills and environmental changes (Hahn et al, 2012).

- The World Health Organisation published guidelines for addressing workplace violence in the health sector which supports the research. The key areas the guidelines focuses on are:
  - Organisational interventions e.g. management style, communication, working with patients and the public
  - Environmental interventions e.g. physical environment, space, waiting areas
  - Individual focused interventions e.g. training, counselling, well-being
  - After the event interventions e.g. response plans, reporting, recording and de-briefing

- Senior level and organisational commitment to tackling violence at work provides staff with a sense of security and gives them the confidence to report incidents (Ashton, Morris and Smith, 2018).

- The costs of violence and abuse go beyond the £49,000,000 paid out via litigation and £192,000,000 for security services to protect staff.
System changes

National

• National changes to the system – 2016 to now
• Structures and legislation
• Data collection and reporting
• Understanding variation
• Clarity on roles and functions
• Position of Social Partnership Forum
• Guidance, training and support
Organisational health and culture

- Links to organisational culture
- UNISON/HSJ FoI data for 2015/16 – 2016/17
- Reported physical assaults ↑9.7%
- Performance (Activity & financial) vs. safety
  - Trusts doing elective ↑18%
  - <90% RTT ↑36.2%
  - >£20m deficit ↑23%
  - £20m – £0 ↑13%
  - £0 - £5m surplus ↑10%
  - >£5m surplus ↑1.5%
Organisational commitment

- Appropriate line manager support
- Perception/value of reporting
- Organisation’s motivation to protect and prevent
- People around them are properly trained
q12d - The last time you experienced physical violence at work, did you or a colleague report it?

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>National Average</th>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>71.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>2015</td>
<td>71.5%</td>
<td>64.5%</td>
</tr>
<tr>
<td>2016</td>
<td>71.8%</td>
<td>63.9%</td>
</tr>
<tr>
<td>2017</td>
<td>72.3%</td>
<td>65.2%</td>
</tr>
<tr>
<td>2018</td>
<td>70.7%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>
Content of violence training

1. Legal context
Understanding the legal context (including, the right to protect yourself and the use of reasonable force

2. Models of violence
Information and models about why and how violence occurs (including, defining violence)

3. Non-physical skills
Non-physical management of violence (including, customer care, diffusion/de-escalation, verbal communication skills, non-verbal skills, cultural, diversity)

4. Physical interventions
Physical intervention/management skills (including, breakaway and control & restraint techniques)

5. Organisational capacity and procedures
Organisational Policy & relation to work-related violence (including, roles and responsibilities of management and staff, reporting and emergency action plans)

6. Post incident reactions
Post-incident reactions and support (including, how you might feel after an incident, how to get help internally and externally)
Prevention is better than cure

- Proactive versus reactive
- Early engagement with staff and their representatives
- What can be done to make the work safer?
- Look at systems, not just individuals
- Don’t rely on legislation and PPE to deal with violence
Health and safety reps

• Roles
  • Investigate potential hazards
  • Consult members on working conditions
  • Lobby employers to improve safety
  • Support members with complaints about safety

• Legal rights of Health and Safety reps
  • Paid time off
  • Approved training
  • Facilities
The learning cycle
Dynamic Risk Assessment

- If a worker is given the skills to be able to carry out a dynamic risk assessment, they would be able to identify hazards on the spot and take action before the situation becomes more serious.

- What information do they need?

- What impacts on the person’s ability to assess?

- Right to withdraw to a place of safety

- Supporting staff decisions
Escalators of violence and aggression

1. Clash of people
2. Lack of progression/waiting times
3. In hospitable environments
4. Dehumanising environments
5. Intense emotions in a practical space
6. Unsafe environments
7. Perceived inefficiency
8. Inconsistent response to “undesirable” behavior
9. Staff fatigue

The Design Council’s “A&E Challenge”
Recommendations

**Governance**
- National role and responsibilities further clarified
- Holding Boards to account i.e. via CQC Key Lines of Enquiry (KLOE)
- Effective data collection and analysis
- Strategic guidance and support

**Staff Support**
- Analysis and evaluation of current training
- Ensuring Executive level commitment
- Consistent support to staff
- National bodies working together e.g. NHS, Crown Prosecution Service (CPS) etc
- Creating safe environments culturally and physically
- Testing of bodycams in the Ambulance sector

**Public Awareness**
- National NHS campaign focused on staff and how we support them
- Clear statement of support

**Physical environments**
- Creating therapeutic environments
- Improving communication
- Environmental reviews
The Long Term Plan

Ambition

To support Providers in achieving a cohesive and systematic approach, which mitigates and reduces the escalating incidental rates of violence, against NHS staff.

For staff to feel supported and safe at work.

What the plan states

We will pilot and evaluate the use of body worn cameras by paramedics. We will not tolerate violence against NHS staff and, where justified, will always seek to prosecute incidents of verbal and physical abuse.

We will invest up to £2 million a year from 2019/20 in these programmes to reduce violence, bullying and harassment for our staff.

We will invest a further £8 million by 2023/24 to pilot the use of body cameras to keep our staff safe.
## Progress to date

<table>
<thead>
<tr>
<th>Theme</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance</strong></td>
<td>Central support infrastructure proposed incl regional support, policy, legal, training, data and intelligence Interim data collection being explored – LSMS network</td>
</tr>
<tr>
<td><strong>Staff Support</strong></td>
<td>State of readiness survey with Ambulance Trusts re BWCs NEAS piloting BWCs BT hot house Rapid review assessment – report 31 March 2019 Edition – de-escalation MH CQC well led domain guidance NHSI KLOE CPS – draft guidance for prosecutors consultation out (NHS, CPS and National Police Chief Council) Best practice case studies e.g. SLAM, ELFT, Sussex</td>
</tr>
<tr>
<td><strong>Public Awareness</strong></td>
<td>Staff stories filming completed – use for board development and training</td>
</tr>
<tr>
<td><strong>Physical Environments</strong></td>
<td>Secure by Design and The Design Council</td>
</tr>
</tbody>
</table>
Next Steps

- Develop a Violence Reduction Strategy with partners and experts
- Agree future training and development for staff
- Develop national staff support packages
- Develop toolkits for Providers to undertake Assessments, develop Interventions and Measure progress (AIM)
- Begin to develop plans for Mental Health Providers
- Commence bodycam pilots
- Undertake public awareness campaign
- Finalise build of national data collection tool
- Begin analysis of incidents and design targeted interventions
- Ensure correlation between sickness, retention and violence is captured
Next Steps

2020/21

- Measure and evaluate progress to date
- Begin to develop plans for Acute Providers
- Continue to analyse national incident data for the purposes of targeted interventions
- Review training provided to staff and assess gaps and issues
- Review bodycam pilots and assess viability of further roll out

2021 onwards

- Full evaluation of programme with options of wider roll out
Questions

1. What is the best way to engage with the RSPFs and local partnerships?

2. What could be done to raise awareness and manage expectations with staff?

3. What are the reasons for variations and what can be done in partnership to reduce it – national, regional, local

4. What best practice do you know of?

5. What additional resources are needed to support the strategy?

6. What are your views on data collection i.e. what key indicators should we be looking at?