

Ways to tackle and reduce violence against NHS staff

An abstract graphic consisting of five white circular nodes connected by thin white lines, forming a network structure on a light teal background.

October 2024

Executive summary

This report has been developed by the national Social Partnership Forum (SPF) working closely with the NHS Staff Council and NHS England. It was compiled in response to a commission arising from the NHS pay deal in 2023 for the SPF to identify ways to tackle and reduce violence against staff.

The SPF brings together NHS Employers, NHS trade unions, NHS England and the Department of Health and Social Care to contribute to the development and implementation of policy that impacts on the health workforce.

This report sets out actions taken by the SPF in response to the commission. This includes mapping work ongoing or planned to tackle violence in the NHS (see appendix).

The SPF also carried out a survey and engaged on the topic with various groups and stakeholders. The findings from this information gathering were used to produce key lines of enquiry. Further engagement on the key lines of enquiry led to the development of the recommendations set out in this report. The recommendations come under five headings:

- Making work and workplaces safer
- Leadership
- Data driven decision making and supporting a reporting culture
- Risk assessment training and support
- The role of partnership working

The government is asked to consider the findings and recommendations in this report.

Introduction

The Agenda for Change (AfC) pay deal, agreed between government and the NHS Staff Council in May 2023, included several non-pay commitments. One of these commitments was tackling violence and aggression. The wording in the deal was:

“NHS staff should work in an environment that is free from deliberate violence, abuse and aggression. The government will ask the existing groups established in the NHS Social Partnership Forum working on violence reduction to work with the health and wellbeing group of the NHS Staff Council to identify ways to tackle and reduce violence against NHS staff.”

An AfC programme board was established to oversee the non-pay elements of the 2023 NHS pay deal. This board asked the SPF to lead on the commission with the expectation of close working with the NHS Staff Council. The focus was to map existing work and assess its impact and identify any further measures that could help reduce violence and aggression towards NHS staff.

The senior responsible officers for this commission were Helga Pile of UNISON and Danny Mortimer of NHS Employers (co-chairs of the national SPF). Alan Lofthouse of UNISON and Rebecca Smith of NHS Employers were the programme leads. The SPF's Workforce Issues Group (WIG) has been the engine room supporting this work with the SPF's violence reduction subgroup acting as the technical reference group.

This commission took a three-stage approach:

1. Map existing work and understand what measures are already being taken – October to December 2023.
2. Assess the impact of current measures and review evidence base – January to March 2024.
3. Identify any further measures that can be taken to reduce violence and aggression towards NHS staff – March to May 2024.

This report sets out the commission's findings and makes recommendations to government. The recommendations were formed following extensive engagement with groups that are part of the national SPF and NHS Staff Council partnership structures, along with an analysis of the existing evidence base and expert input from local and national violence prevention and reduction (VPR) leads.

Background

Preventing and reducing violence against NHS staff is locally led by each NHS provider organisation. NHS staff work in a variety of workplaces, including hospitals, community settings, patients' homes, prisons and other NHS premises.

In 2017, NHS Protect ceased to be the national body responsible for nationally coordinating efforts to prevent and reduce violence and aggression against NHS staff. Through engagement with stakeholders, the commission heard about the value of NHS Protect's work and approach to VPR, which included collaboration and working across employers, government departments, charities and governing bodies to share learning and improve practice. Its focus was on preventing crime, pursuing punishment and offering support.

In 2018 the Assaults on Emergency Workers (Offences) Act 2018 was passed and increased the maximum prison sentence for an offence against an emergency worker. In January 2020, a Joint Agreement on Offences against Emergency Workers was published by the Crown Prosecution Service (CPS) and emergency services. The agreement sets out a "broad framework to ensure the more effective investigation and prosecution of cases where emergency workers are the victim of a crime".

In 2019, the SPF violence reduction subgroup was set up to give a focus on efforts to prevent and reduce violence. This group is a subgroup of WIG and made up of employer and trade union representatives and co-chaired by the NHS England violence lead.

In 2020, NHS England developed and published the VPR standard in partnership with the violence reduction subgroup. The VPR standard provides organisations with a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. The VPR standard also supports delivery of the commitments to violence reduction set out in the NHS Long Term Plan, and the requirement placed on organisations under health and safety legislation.

The standard was launched at the during the height of the COVID-19 pandemic and as such promotion was limited and there wasn't the reinforcement that should have been in place. The standard was supplemented in 2022 with supporting guidance notes.

In 2023, the wording of the NHS Standard Contract was changed from "The provider must have regard to the NHS Violence Prevention and Reduction Standard" to "The provider must use all reasonable endeavours to implement the NHS Violence Prevention and Reduction Standard."

A refresh of the VPR standard was undertaken in 2023 to combine the standard and guidance notes and add some additional content. The refreshed VPR standard makes it much clearer that this issue has to be addressed as part of the NHS People Promise and reinforces that NHS organisations must meet their legal obligations under health and safety legislation.

However, it explicitly states NHS England does not have a specific mandate to enforce the VPR standard, but providers should be mindful that the Health and Safety Executive (HSE) or the Care Quality Commission (CQC) may ask providers how they are addressing violence in the workplace and if they are using the VPR standard to support their violence prevention and reduction strategy. At the time of writing, the refreshed VPR standard is still awaiting publication.

The existing approach to managing violence in the NHS has tended to be reactive, with a focus on protection, security and prosecution. Indeed, the HSE inspected 60 NHS trusts and boards between 2018-22 on management of musculoskeletal disorders and violence and aggression risk.

Inspections identified a range of issues that can be categorised into four broad areas: risk assessment, training, roles and responsibilities, and monitoring and review. The HSE found that while policies and procedures were in place, there was less evidence that these were monitored and reviewed to check they were still effective. The HSE specifically mentioned the crucial importance of leadership in tackling violence and aggression.

Despite the introduction of the VPR standard in 2020, and inspections by the HSE, there has been little movement or improvement in the level of violence, as indicated by the NHS Staff Survey results over the last few years.

Nonetheless, good practice does exist at local and system level where employers implement the standard fully and engage in partnership, giving the right focus using the plan, do, check, act methodology recommended within the current VPR standard and the HSE.

Findings

This commission first mapped existing work on VPR. In addition, a survey on VPR was undertaken which received 159 responses and showed that around 80 per cent of responding organisations were monitoring the impact of violence on staff by characteristics, staff group and location. Only 40 per cent of organisations were approaching reducing and preventing violence in partnership with trade unions. 60 per cent reported being aware of the VPR standard but only 18 per cent felt they were fully compliant. Around 45 per cent said they were working across their system on VPR.

At each stage, the commission engaged with the national SPF and its subgroups along with the Staff Council's Health Safety Wellbeing Group (HSWG) and Equality, Diversity and Inclusion Group.

Through these engagements, other areas of commonality with other emerging and existing workforce factors were highlighted (see fig 1). While this commission focused on violence, it should nevertheless be recognised that work on violence will also influence these other areas. For example, cultural aspects around reporting of incidents, rejection of negative workplace behaviours, along with support and pastoral care for staff.



Figure 1 - emerging and existing workforce factors

Violence and aggression are not always physical, in the workplace or even in working hours. For example, verbal abuse received by 999 and 111 call handlers, or social media abuse, stalking and harassment of NHS staff online.

From the survey responses and existing evidence base, the commission began to explore five initial key lines of enquiry (KLOE):

- making work and workplaces safer
- leadership
- training
- developing a reporting culture
- messaging and action.

The commission also recognised the need to consider equality, diversity and inclusion factors as part of this work to understand how people experience violence and aggression differently based on their background and protected characteristics.

Following engagement with stakeholder groups, these KLOE were refined into recommendations which are set out in the next section.

Recommendations

Making work and workplaces safer


Employers have a general duty of care to protect staff from threats and violence at work. The VPR standard is a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. The standard complements existing health and safety legislation and was developed and endorsed in partnership with the SPF on 15 December 2020.

1. The government should mandate the VPR standard and the collection of data. This could be done within the NHS Standard Contract.
2. NHS England should continue to support system working and a public health approach to VPR as demonstrated by Sussex: Preventing and reducing violence towards our workforce - Sussex Health & Care, with a focus on compliance with the VPR standard and addressing systemic NHS issues that impact on violence and aggression, such as environment, staffing levels and demand on services.
3. The government should work collaboratively and across departments at a national, regional and system level to maximise resources and funding to prevent and reduce violence against staff. As part of this, and in light of Operation Cavell, the government needs to work with the police and CPS to ensure a more consistent approach to police response to violence against health workers, as well as continuing to support the violence reduction units and addressing the recommendations in Violence Reduction Unit's 2022 to 2023 report.
4. In its inspections, the HSE identified the need for greater leadership, monitoring and review around VPR. The CQC, as part of its inspection process, must assure itself that providers have or are in the process of implementing the VPR standard and that appropriate steps are being taken to address violence and abuse directed against staff, and where violence and abuse occurs, staff are well supported. This should be part of the well led domain.

Leadership

Through the NHS Constitution and NHS People Promise, NHS staff should have healthy and safe working conditions and an environment free from harassment, bullying or violence.

Through the review of existing VPR work, the commission found excellent examples of work being undertaken across the NHS to tackle violence and aggression. However, there is a lot of variation, and the work relies too heavily on individual VPR leads, with very little consistency around roles and responsibilities for strategic leads within each employer, including a named strategic lead.

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1. There is a need for a clear strategy setting out the roles and responsibilities for government, NHS England and integrated care systems regarding violence prevention and reduction. This includes how a coordinated approach on regulation, inspection and improvement with the CQC and HSE will be developed and maintained. The strategy must be explicit about how progress will be measured and monitored at a national level.
 2. There is a need to develop consistent messaging for staff and patients, based on the NHS People Promise and NHS Constitution, about the impact of violence and aggression, including early identification of risk and the public health approach to prevention and reduction of violence. This should include specific legislation or guidance on withholding treatment from the general public, and how the Assaults on Emergency Workers (Offences) Act 2018 is used to prosecute those who deliberately harm health and care staff. Consideration should be given to embedding this within the NHS Constitution/Staff Handbook. Separate guidance is needed to support staff in how to respond when dealing with a clinically challenged patient.
 3. NHS England to ensure a more explicit link between the VPR standard, the work of their exemplar programme on staff retention and the People Promise accreditation scheme that is being developed.

Data-driven decision making and supporting a reporting culture

Taking a public health approach to violence and aggression should involve evidence-based interventions using a behavioural science approach to ensuring that promotional work truly dissuades incidents, rather than normalising them. NHS staff want to see action taken after an incident, and they are more likely to report an incident if they feel it could help prevent a future incident against another colleague. Therefore, there is a need to investigate and learn from incidents. Reporting back to staff to show concerns are being taken seriously is essential and in line with the VPR standard.

1. The government needs to ensure a common data standard is in place to identify and measure violence which can support a proactive risk management approach at a local, system, regional and, importantly, at a national level to provide a robust mechanism for tracking progress and assessment of the strategy and commitment to reduce VPR. The common data standard should be co-produced and developed in partnership. Data should also be collected on sanctions from prosecutions under the Assaults on Emergency Workers (Offences) Act 2018.
2. It is important to encourage a reporting culture where all incidents and near misses are reported, to understand the extent and nature of violence and aggression. NHS England should be tasked with leading the development of a digital reporting system which is easier for staff to use (taking learning

from Operation Hampshire), supports a common data standard approach and is created in partnership.

3. Where possible, data on protected characteristics should be collected to fully understand and evaluate the impact of violence from an equality, diversity and inclusion perspective.

Risk assessment, training and support

Through the NHS England Violence Reduction Unit and the SPF Violence Reduction Subgroup, good work has been done in recent years to build the evidence base around the public health approach to VPR. However, the commission is aware of organisational change and cost reductions within NHS England and the integrated care boards which will impact on the ability of the NHS to provide strategic direction for NHS organisations. Some of the work undertaken by NHS England is unpublished and still formative, particularly around the reviewing of statutory and mandatory VPR training.

1. NHS England should be tasked with producing core materials to support risk assessment and core training skills for NHS organisations.
2. NHS England should ensure a sustainable approach for training to upskill violence prevention and reduction leads and security teams.
3. NHS England should produce guidance on safe working practices to support staff and minimise risks when dealing with clinically related challenging behaviours.
4. SPF and HSWG should be tasked with developing a standard approach to post incident support, which NHS England should endorse as part of the VPR standard.

The role of partnership working

Preventing and reducing violence is in everyone's interest. Trade union health and safety representatives have useful information that can help employers identify and correct unsafe conditions and working practices. The commission strongly recommends partnership working to tackle violence and aggression.

1. The national SPF and regional SPFs have a role to support understanding and awareness of the resources available for VPR.
2. At a local level, the implementation, monitoring and view of the VPR standard and ongoing work on VPR must be done in partnership with trade unions.
3. Management and staff side colleagues should adopt the guidance that has been published by HSWG – this includes the importance of partnership working - covering the role of health and safety reps and the role of safety committees - the workplace health and safety standards, and the health

and safety competencies, which are all accessible on the [NHS Employers website](#).

Summary

This commission has found some excellent work being done on VPR. However, as the NHS Staff Survey shows, levels of violence remain at an unacceptable level. More can and should be done to share best practice and encourage greater consistency across NHS organisations to reduce the risk of violence. The NHS needs to go further than mere legal compliance with the Health and Safety at Work Act.

Violence and aggression that NHS staff sometimes face comes in many forms and is not straightforward to address. With the large and complex systems that staff work in, there is a need to provide strong leadership, strategic direction and accountability to make a difference.

NHS staff should not accept incidents of violence or aggression as part of the job and should be encouraged to report all incidents and near misses.

Fundamentally, the NHS needs to provide a more consistent approach which strengthens current practices to deliver greater focus on proactive prevention, high-quality risk management, effective use of data, development of a robust reporting culture, and accountable collaborative working to provide safer workplaces. This work should be done in partnership with trade union and relevant stakeholders at a national, regional, system and local level.

Alan Lofthouse, UNISON

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Appendix

Preventing and reducing violence against staff mapping

The SPF Violence Reduction Subgroup (VRS)

The VRS was established by the SPF in September 2019. Its aim is to prevent and reduce violence against NHS staff, creating a culture of safety to ensure staff are supported, safe and secure at work. The subgroup is made up of representatives from the NHS England health and wellbeing VPR team, trade unions and violence reduction leads from local employers. The subgroup's main objective is to support and inform the delivery of NHS England's VPR work programme.

Resources hub – SPF website

Information and useful resources, identified through the VRS, that can be used by the NHS to help address violence and abuse directed towards their staff, are signposted on the violence reduction web page on the SPF website.

The VPR standard

The VPR standard complements existing health and safety legislation. It delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against violence, harassment and abuse. The standard was co-developed by the VRS. The NHS Standard Contract requires provider organisations to "use all reasonable endeavours to implement the NHS Violence Prevention and Reduction Standard". NHS England has undertaken a refresh of the standard through the VRS to ensure it is up to date and accessible for employers. This combines the original standard and the guidance notes, along with additional information. At the time of writing the refreshed VPR standard is awaiting publication.

Piloting the VPR standard

NHS England worked with six volunteer integrated care boards which were funded to test the VPR standard and implement VPR at a system level. Case studies based on these pilots have been developed by NHS England. At the time of writing these were yet to be published. The systems that took part in the pilot were:

- Lancashire and South Cumbria
- Sussex Health and Care
- West Yorkshire Health and Care Partnership
- Frimley Health and Care
- Suffolk and North East Essex Integrated Care Partnership
- North East and North Cumbria.

VPR strategy toolkit for ICSs

Learning from the pilots is being used to produce a VPR strategy toolkit. This will help ICSs to develop their own local VPR strategies. An example of a locally-developed strategy is [Sussex Health and Care's VPR Strategy](#). The VRS helped develop this toolkit. At the time of writing the toolkit is awaiting publication.

Data Collection

NHS England commissioned Liverpool John Moores University (LJMU) to do an analysis of the costs of violence to the health care system in England, and to carry out a review of work-based violence, harassment and abuse in the NHS and the impact on the safety and wellbeing of NHS staff. LJMU will produce a report on each of the above topics. The university will also produce a cost of violence calculator for NHS organisations. At the time of writing these reports were awaiting publication.

NHS England also commissioned an organisation to undertake an options appraisal for the national collection of incident data on violence.

Body worn camera pilot

A sum of £8.5 million has been allocated to fund a three-year pilot into body worn cameras (BWC), which ended in June 2024. The culture around wearing cameras continues to pose a challenge, alongside wearability. RAND Europe is carrying out a final evaluation at the end of the pilot.

National education/training offer

NHS England has commissioned The Royal Society for Public Health (RSPH) and LJMU to design and develop an integrated educational pathway to build on the work of NHS England's VPR programme and the NHS VPR standard. This pathway consists of accredited qualifications and CPD at levels 3 and 4 (RSPH), and Level 7 CPD (LJMU) which have been co-developed with partners from across the NHS to meet the training needs of VPR leads employed by trusts, as well as other members of the NHS workforce considered to be working in at risk environments.

The pathway takes a public health approach to understand and prevent the root causes of violence and abuse. It equips individuals to support and/or lead on the design and implementation of appropriate principles of practice in responding to incidents involving violence and abuse, with a focus on individual-specific factors such as trauma and distress, and structural, environmental and societal factors, such as the impact of health inequalities and the behaviour of others. Places are funded by NHS England.

Supporting VPR leads

NHS England runs a Preventing Violence Against NHS Staff (PVAS) Network and provides a VPR section on the [Future NHS platform](#)

for those interested and responsible for VPR at organisational and system level.

SPF resource on the process to follow when an NHS staff member is assaulted

An NHS England-led task and finish group, made up of representatives from the VRS and volunteers from the PVAS, was developing this resource using learning from work undertaken by NHS England during the pandemic and best practice from national and regional initiatives and processes used in NHS organisations. NHS England is to determine whether this work should be continued.


Health and Safety Executive (HSE)

The HSE looked at the findings from inspections in 60 NHS trusts and boards between 2018 to 2022 on the management of risk from musculoskeletal disorders and violence and aggression. See the [HSE's letter](#) to all NHS trust and board chief executives sent in March 2023 and [HSE's ebulletin](#) May 2023.

HSE found that, in general, policies and procedures were in place, but there was less evidence to check these are monitored and reviewed to ensure they are effective. The inspections identified a range of issues that can be categorised into four broad areas:

- Risk assessments: These were too generic; high-risk areas were not being identified; they did not include non-clinical workers; and there were inconsistencies in the approach to risk assessment across an organisation.
- Training: This was too generic and there was not sufficient evidence it was based on a training needs analysis. Mandatory training in practice was optional, non-clinical workers exposed to risk were not included in training. There was no suitable assessment of the competency of the trainers.
- Roles and responsibilities: There was a lack of clarity of roles and responsibilities; a lack of wider organisational awareness of who does what; inadequate time and resource given to those with roles and responsibilities; and no suitable assessment of the competence of those with specific roles and responsibilities to carry out that work.
- Monitoring and review: There was a failure to monitor and review control measures to ensure they are effective; insufficient time and resource allocated to monitoring and review; failure to use available data sources in the review process; and a lack of clarity over what should be reported and how, leading to non-reporting.

Innovative practice observed included effective environmental measures to reduce the risk of violence (soothing décor in dementia wards, clear signage, screen-updated waiting times in A&E).



HSE is undertaking an assurance inspection campaign over two steps. Step one is meetings between HSE senior operations managers and NHS chief executives to discuss the organisational measures in place to address findings and the leadership in ensuring sufficient attention, resource and priority is given. Step two includes inspections to assess delivery and effectiveness of those measures.

NHS Resolution's research on work-related violence compensation claims

NHS Resolution should publish the research on work-related violence compensation claims shortly. The research looked at claims between 2010 and 2020. More than 5,000 claims were made in this period, and the value of the claims exceeded £60 million. A draft of the report was shared with the VRS for comment by 10 January 2024. At the time of writing, the final draft of the report was with DHSC for sign off ahead of publication.

Joint Agreement on Assaults Against Emergency Workers

Following the enactment of the Assaults on Emergency Workers (Offences) Act 2018 on 13 November 2018, the Crown Prosecution Service (CPS) led the development of a joint agreement. The Joint Agreement on Offences Against Emergency Workers was published in January 2020. NHS England represented the NHS in collaboration with stakeholders. The joint agreement provides a framework to ensure more effective investigations and prosecution of cases where emergency workers are the victim of a crime, particularly in applying the provisions of the 2018 Act, and sets out the standards which victims of these crimes can expect. Equally, it underpins the provisions outlined within the 2018 Act. The CPS is due to review the joint agreement and will link with NHS England on NHS representation in the process.

NHS Staff Respect Campaign

Materials are available for use in healthcare settings to encourage patients to treat NHS staff with respect by social norming this behaviour. These pre-populated assets feature NHS staff working in NHS settings and carry the message: "We are here to help you. Thank you for treating us with respect". The campaign resources are available on the DHSC website campaigns section and cover primary and secondary care settings.

Guidance on health, safety and wellbeing

HSWG, which is a sub-group of the NHS Staff Council, published guidance in March 2024 on effective partnership working on health, safety and wellbeing at an organisational level.

New set of security standards for healthcare

NHS England is developing these standards. They aim to be published by April 2025.



Anti-Violence Collaborative in Wales

NHS Wales Anti-Violence Collaborative was introduced in 2017 and is a group including all health boards, police forces, the CPS, unions and others in Wales.

Workplace Violence Against Nurses: Challenges and Solutions for Europe

This report, published in November 2023, sets out the results of a mapping exercise by the European Federation of Nurses (EFN) on challenges and solutions related to violence against nurses.



The Social Partnership Forum (SPF) brings together NHS Employers, NHS trade unions, NHS England and the Department of Health and Social Care to contribute to the development and implementation of policy that impacts on the health workforce.

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