

**Violence Prevention and Reduction
Workforce Committee
22 May 2024**

Presented for:	Information
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Previous Committees:	None

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	✓
Strengthen participation and growth in research and innovation	
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	We will deliver safe and effective patient care, through the deployment of resources with the right mix of skills and capacity to do what is required. health and well-being of our staff to retain the appropriate level of resource to continue to meet the	Minimal	↔ (same)
Operational Risk	✓	We will protect the health and well-being of our patients and workforce by delivering services in line with or in excess of the minimum health & safety laws and guidelines	Cautious	↔ (same)
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care to our patients	Cautious	↔ (same)
Financial Risk	N/A	Not applicable to this paper	Minimal	↔ (same)
External Risk	✓	We will comply with or exceed all regulations, retain CQC registration and always operate within the law	Averse	↔ (same)

Key points	
Present this report to update the Workforce Committee/Board on the issues, data and impacts of violence and aggression on staff and services.	Information
To inform the Workforce Committee/Board on the number of assaults carried out on LTHT staff	Information
Provide assurance to the Workforce Committee/Board of the on-going work in relation to reducing violence and aggression	Information
Inform the Workforce Committee/Board of the status of the NHS Violence Prevention and Reduction Standard	Information
Inform the Workforce Committee/Board of the strengthened governance structures being put in place to ensure LTHT meets its responsibilities as set out in the new NHS Violence Prevention and Reduction Standard	Information

Summary

This paper provides assurance to the Workforce Committee (WFC) and 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 LTHT aims to embed a culture where our colleagues feel supported, safe and secure at work.

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

From 2022/23 all NHS organisations operating under the NHS Standard Contract must have regard to the violence prevention and reduction standard (General Clause 5)¹. Twice yearly organisations are required to self-assess their status against it and provide board assurance that they have met the standard.

Commissioners are also expected to undertake compliance assessments as part of their regular contract reviews, twice a year as a minimum, or quarterly if significant concerns are identified. This paper details LTHT's status, regarding compliance with the standard and is intended to meet the requirement for six monthly Board reporting.

In recognition of the importance of ensuring our staff are safeguarded from abuse and violence and aggression, work continues to be undertaken aimed at strengthening our

¹ The national violence prevention and reduction standard complements existing health and safety legislation. NHS England make it clear that employers have a general duty of care to protect staff from threats and violence at work. The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

internal governance framework. This has included the establishment of a multi-disciplinary steering group with responsibility for ensuring LTHT meets the criteria as set out in the standard as well as monitoring on-going compliance.

The completed self-assessments of compliance will be presented to the Workforce Committee twice yearly and subsequently to the Board as required in the standard.

In March 2023 the HSE wrote to NHS organisations with regards to targeted inspections looking at the effects of violence and aggression and musculoskeletal injuries. AS of the time of writing, LTHT has not been selected for audit, however learning points from the previous audits have now been shared with the wider NHS, and these have been considered within the work taking place within LTHT around VPR.

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 been meeting monthly with a view to launching 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 2023 NHS Staff Survey outlined that:

Q	Description	Avg	2023	2022	2021	2020	2019
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	87.3%	87.9%	88.1%	85.9%	87.0%	88.5%
q13b	Not experienced physical violence from managers	99.3%	99.4%	99.3%	99.4%	99.5%	99.7%
q13c	Not experienced physical violence from other colleagues	98.3%	98.3%	98.4%	98.6%	98.4%	96.3%
q13d	Last experience of physical violence reported	70.9%	65.6%	60.8%	62.9%	61.3%	63.0%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74.0%	76.5%	77.4%	75.7%	76.0%	75.1%
q14b	Not experienced harassment, bullying or abuse from managers	89.3%	91.6%	91.0%	90.8%	88.7%	90.5%
q14c	Not experienced harassment, bullying or abuse from other colleagues	80.9%	82.4%	82.3%	83.7%	80.5%	81.1%
q14d	Last experience of harassment/bullying/abuse reported	50.8%	48.8%	45.9%	46.9%	45.8%	50.4%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.8%	92.1%	93.5%	93.4%	94.8%	94.7%
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.1%	91.9%	92.4%	92.3%	92.3%	93.9%

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

The NHS violence prevention and reduction standards seek to address the increase of reported attacks on NHS staff. The standard supports the “work without fear” (formally zero tolerance) message and will be underpinned by:

- A new national reporting system (still to be implemented)
- Greater scrutiny by care inspectors of data, policies and information supporting the reduction of violence and aggression
- A partnership between the NHS, Police and Crown Prosecution Service
- The introduction of the “Protect the Protectors Bill” and subsequent legislation - The Assaults on Emergency Workers (offences) Bill
- Better training for staff in dealing with violence and aggression, especially with regards to Mental Health patients and those with dementia.

NHS Employers have a duty to protect the health, safety and welfare of staff under the 1974 Health and Safety at Work Act. This includes assessing the risk of violence and taking steps to reduce it as required under the Management of Health and Safety at Work Regulations 1999.

The Health and Safety Executive (HSE) defines violence at work as *“any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work”*. This covers the serious or persistent use of verbal abuse, which the HSE say, *“can add to stress or anxiety, thereby damaging an employee’s health”*. It also covers staff assaulted or abused outside their place of work, for example, while working in the community, 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 compliance²

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

² 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

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

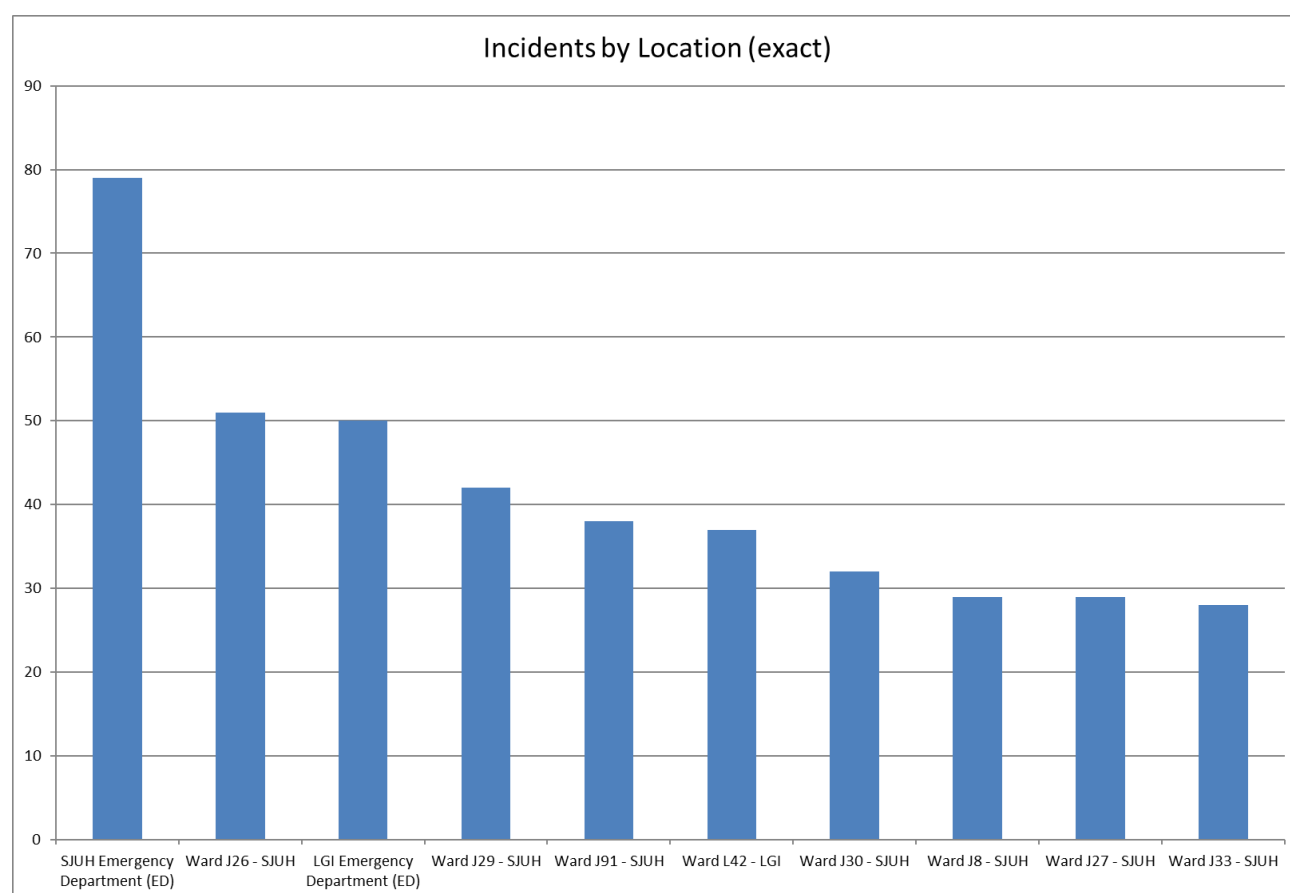
Further, the maximum number of subcategories in any category has been reduced to 12. There has been consultation with several groups to get feedback. A selection of incident DATA from DATIX is presented in Table 1 showing the assault incidents by month and subcategory for Q1 to Q3 2023/24. Table 2 shows 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
- DATIX identifies repeat offenders who carry out multiple assaults during their stay in our care

Table 1 –Assault incidents by month and subcategory for Q1 / Q4 2023-24

	Non-physical Assault	Physical Assault	Sexual Assault	Sexual Exposure	Total
May 2023	33	39	0	3	75
Jun 2023	31	60	0	0	91
Jul 2023	42	80	1	0	123
Aug 2023	45	59	2	1	107
Sep 2023	30	78	4	1	113
Oct 2023	29	86	2	0	117
Nov 2023	27	77	2	0	106
Dec 2023	31	58	3	0	92
Jan 2024	33	56	2	1	92
Feb 2024	49	49	1	1	100
Mar 2024	62	65	4	1	132
Total	412	707	21	8	1148

Table 2 - Highest reporting areas since May 2023 up to March 2024



It is expected that the number of incidents shown in the above graphs and below in appendices is still grossly underestimated. Nationally, its believed that around 2 in 5 incidents go unreported, and indeed the recent staff survey results show that of those who have answered yes to experiencing a violent incident in the last 12 month, only 65% have reported that. Based on that its estimated that within LTHT for every 10 incidents which are reported via DATIX, there are at least 3 more unreported. This evidences that there is still a clear need around engagement of staff to promote positive reporting cultures (see workstreams)

Trust violence prevention and reduction strategy

This is available from the Violence Prevention and Reduction Lead.

2.3 Corporate Risk Register

There is a risk, CRRO3 “Violence due to organic, mental health or behavioural reasons” on the corporate Risk Register which is currently scored at 16. This risk is reviewed and updated on a regular basis by the Head of Mental Health Legislation in conjunction with the Deputy Chief Nurse. The risk was last reviewed at the Trust’s Risk Management Committee in August 23. The Risk Management Committee is provided with information on the controls

in place to mitigate the risk as well as details of further actions being undertaken to reduce the level of risk further.

There is no proposed change to the score of 16 at this time.

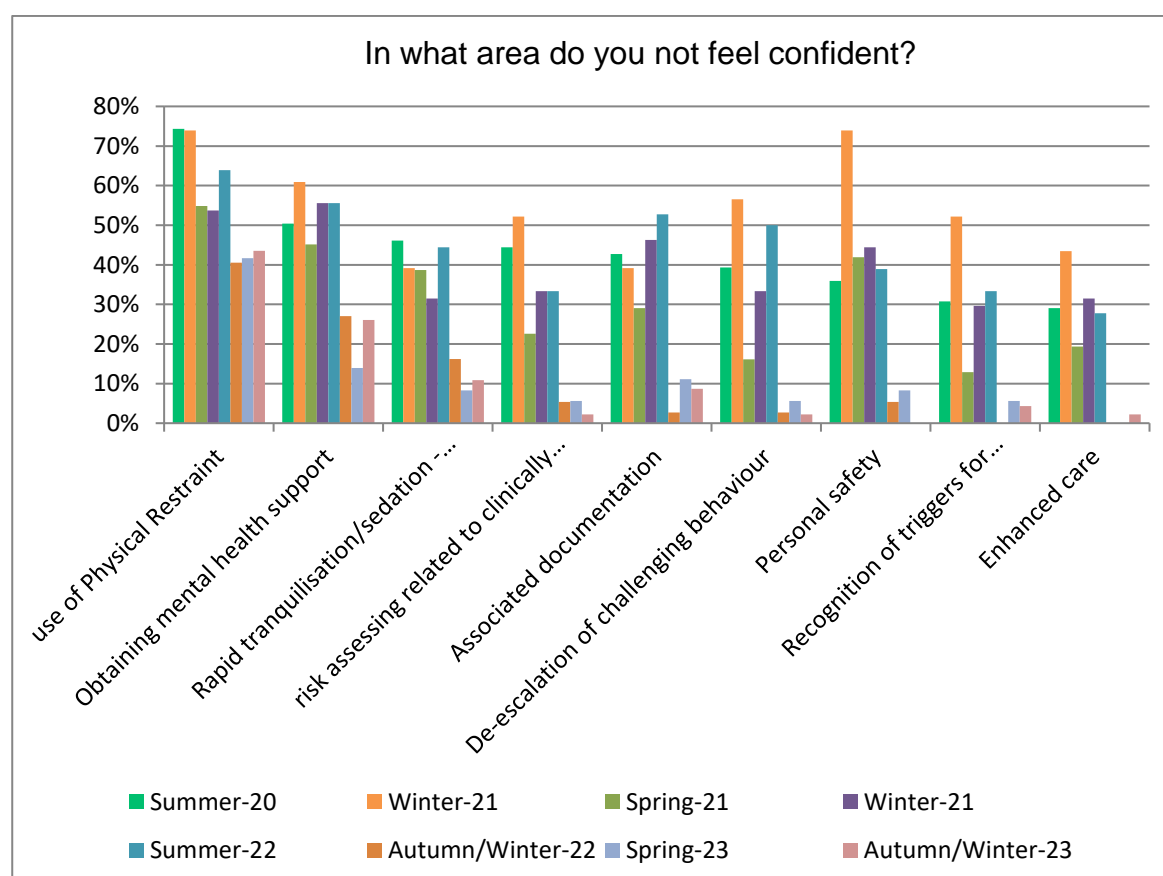
2.4 Quality Improvement Collaborative

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 approach included the establishment of a faculty of members who support and work with the staff in the pilot ward and department areas involved. Faculty members offer support to the staff to deliver their interventions. There is a multi- disciplinary team, patient representative and collaboration with other significant providers e.g., mental health trust. Metrics to measure improvement are reviewed quarterly and fortnightly meetings to update, review and support pilot areas are held. Thus far pilot wards have seen a reduction in colleagues reporting a lack of confidence in managing challenging behaviours and recognising triggers for challenging behaviours.

Table 3 – Areas staff report confidence Summer 2020 – Winter 2023



Work continues with the twelve ward and department areas that were recruited as pilot areas who are developing interventions to try to 'de-escalate' patients' behaviours and improve patients' experience of care. These areas have a high incident of reports of staff assaults due to violence and aggressive behaviour.

Table 4 - cohort wards used as pilot areas

Ward Dept Pilot Areas
L2 and L3 Neuro Critical Care
L35 (L26) A Female Surgical Orthopaedic Ward
L24 Neurosurgery
L10 Major Trauma
ED SJUH
J14 Older Adult Speciality Base Ward Specialising in care of Older Adults
J27 and J28 Acute Medical Admissions Ward
J29 General Medicine
J91, J92 Gastro Wards

When the interventions that have a proven improvement emerge, these are then shared and rolled out across other wards in the Trust. One such example that has been shared across departments has been conversion of ward areas into less 'clinical' environments such as the creation of a diner or tearoom in the day room where patients can go to eat and socialise with others. Additionally, any staff member that has been the recipient of violent and aggressive behaviour receives a letter from the organisation acknowledging this, providing support and signposting to additional sources of help and guidance.

The evaluation of these interventions is now on-going. The different types of challenging behaviour and causes have been much more clearly identified than previously and the wide variety of interventions is starting to demonstrate improvement in patient experience. It has become clear that different interventions are required to help de-escalate behaviour in different patient groups such as patients with dementia, in ICU, recovering from head trauma etc. A smaller cohort of patients (increasing in number) are those who need to remain at LTHT for prolonged physical health care but who also present with on-going psychiatric health needs, particularly in younger adult eating disorders. It is recognised across the partnership with the mental health trust (LYPFT/LTHT) that these patients' day to day mental health needs are less well met whilst they remain in an acute setting.

The education requirement analysis for clinical and non-clinical patient facing staff across the organisation is in progress. A level one e-learning package for staff has been developed and is now live on organisational learning platform, the team are in the process of formulating which staff groups this should be part of their priority training.

A level two face to face training provider for clinical staff has continued and dates are now available for 2024-2025. Dates for 2024 are fully booked. Feedback from staff following this training has been excellent.

A longer-term plan to deliver level 2 training for the organisation is now being progressed supporting the personal development of an LTHT colleague to gain the required

competencies for this. This will form part of the long-term plan for staff education and training for the organisation underpinned by the mental health learning needs analysis.

Croma Vigilant Bed Watch

The Corporate Nursing Teams are working to reduce reliance on Croma bed watch services through the development of new model of enhanced care and risk assessment. The workforce aligned to the enhanced care risk assessment will be part of the mental health learning needs analysis and CSU Clinical Support Worker (CSW) skill mix reviews that have taken place. In total 600 band 2 CSW posts will be uplifted to a band 3 Senior CSW role. The Senior CSW role will have increased responsibility for the co-ordination of enhanced care through additional training, knowledge and skills. Recruitment to the uplifted posts will be undertaken through Q1 and Q2. Once completed CSU's will be asked to reduce Croma Bed Watch utilisation by 75%.

2.5 Aggression and violence by patients who lack mental capacity and/or present with mental ill health:

The Trust continues to see a year-on-year increase in the number of patients admitted and requiring enhanced supervision, restrictive interventions amounting to a deprivation of liberty (DoLS).

Less easy to accurately quantify, is the acuity and risk profile of these cohorts of patients. Nonetheless, the increased need to use DoLS and MHA does appear to closely map to the increase in reported agitation/aggression from patients who lack mental capacity over the same period.

There is evidence from a variety of triangulated data sources, (e.g., restraint incident reporting/rapid tranquilisation incident reporting), that there has also been a combined increase in acuity and length of stay especially across Urgent Care, and Specialty Integrated Medicine (SIM) CSUs with a resulting increase in clinically related behaviours that challenge, including agitation, aggression and violence.

Bed availability across the national and local mental health bed base has been an even more acute issue recently and has clearly contributed to;

- Longer stays in SIM and Urgent Care for patients not requiring acute hospital admission but awaiting psychiatric placement
- Admitted patients awaiting psychiatric bed after becoming medically fit for discharge

Work streams

In addition to the work being undertaken through the Quality Improvement Collaborative set out in 3.4 above, there are several additional work streams on-going aimed at reducing the incidence of abuse, aggression and violence against staff and managing the impact of such behaviours. These include:

- Increased staff wellbeing offer, including the roll out of mental health first aiders - with a commitment that every ward has at least 2 trained first aiders.
- Trust wide nursing mental health Learning Needs Analysis
- Chief Nurse CSU is developing a new model for enhanced care to reduce reliance on security services through the development of the Senior CSW role.

- Improved guidance produced regarding de-escalation skills, safe restraint and restrictive intervention / use of rapid sedation for agitation

2.6 Position statement against the Violence Prevention and Reduction Standard

As highlighted in the introduction, the purpose of the Violence Prevention and Reduction Standard is to provide a risk-based framework which supports our staff to work in a safe and secure environment and safeguards against abuse, aggression and violence.

There are 32 criteria to meet within the standard.

Supporting guidance is at;

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B0989-NHS-violence-prevention-and-reduction-standard-guidance-notes.pdf>

The Violence Prevention and Reduction Steering Group will constantly review the standard and produce a set of actions to continually improve compliance against the standard.

The action plan for compliance with the standard is at Appendix 2. The full standard is available from the Associate Director of Estates, Fire and Security.

Stakeholders from across the Trust have undertaken a self-assessment against the criteria within the standard. The on-going assessment indicates the Trust is mostly compliant with the standards with some areas of partial compliance and no non-compliant element of the standard. The assessment is subject to on-going validation by the stakeholders and following this an action plan has been developed. These updates to the WFC/Board will provide the outcome of the validated self-assessment and the action plan to address areas of none and partial compliance. Appendix 2 contains the self-assessment action tracker and this is provided as assurance to the WFC/Trust Board that compliance with the standard is a key part of the Violence Prevention and Reduction Steering Groups work.

The Violence Prevention and Reduction Steering Group has responsibility for overseeing compliance with the standard and monitoring implementation of the actions to address any shortfalls.

As part of the initial work around Violence Reduction, the VPR Coordinator has used the current VPR Strategy and shown this visually as a plan on a page, referred to in Appendix A as LTHT VPR Horizons

2.7.1 Staff training

Currently the Trust delivers two levels of personal safety training to patient facing staff. Level one is an e-learning package and is delivered to staff in areas identified as posing a lower risk of violence and aggression. Level 3 training is delivered face to face, is more comprehensive and is aimed at staff working in areas assessed as posing a high risk of violence/aggression. The Trust has reviewed the competencies, frequency and content of training through a dedicated training work stream that is aligned to the Violence Prevention and Reduction Steering Group. This subgroup consists of representation from;

- Estates and Facilities
- Mental Capacity Team
- Corporate Nursing
- HR and Organisational Learning

The purpose of this subgroup is to undertake a Training Needs Analysis to ensure that all staff are assigned the appropriate levels of Personal Safety and De-escalation Training. A review of staff requiring level 3 training was carried in Q4 2022/3 and it was assessed that the TNA was correctly assigned to staff and CSU's.

The tables below show the level of compliance as of 27th April 2023. The 81% compliance with Level 3 training is a focus of Organisational Learning and the Quality Improvement Collaborative to increase compliance. Since the last paper there has been an increase of 6% in this area due to focus with the Tri-Teams.

Personal Safety Compliance

Competence	Trained	Not trained	% Compliance	% Change since last Q
Personal Safety Lower Risk	19608	212	99%	-
Personal Safety Level 3 Conflict Resolution	3534	546	87%	+ 6%

2.7.2 Introduction of PMVA Training

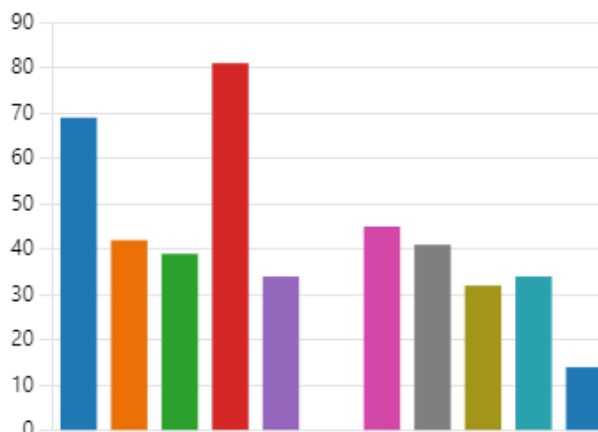
Following assessment of the training being offered within LTHT, in comparison to the number, circumstances and acuity of incidents occurring, the training provision currently offered will be changing shortly.

Work is currently underway to map out new training which is based upon an effective training needs analysis. At present, the system of training, Safer Schools, is not meeting the complex needs of LTHT and those patients present increased levels of risk and require restrictive interventions. This can be evidenced by the number and level of interventions carried out by security officers when attending violent patient calls. When officers use force to manage risk, they are required to complete a Use of Force recording form, and a statement detailing what and why they used force. These are then attached to the relevant DATIX form.

15. Reason for using Force (please select all that apply)

[More Details](#)

Protect self	69
Protect public	42
Protect subject	39
Protect other officers/staff	81
Prevent offence	34
Secure evidence	0
Prevent harm	45
Prevent escape	41
To allow care to be given	32
To allow medication to be given	34
Other	14

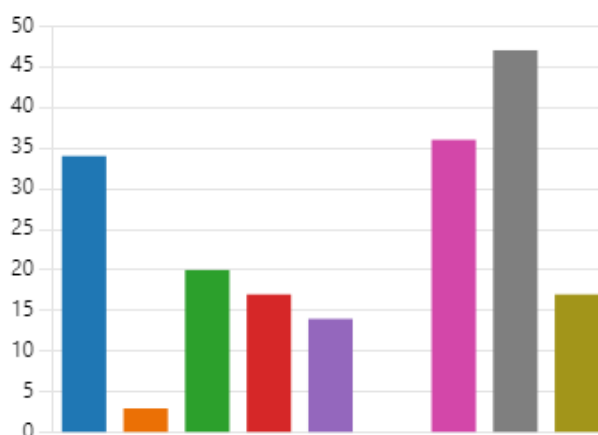


Most occasions that force is used is initially to protect officers and staff. In a large proportion of cases, force is required to enable care to be given or for medication to be provided. As such there are many cases where securities involvement is to enable clinical care to take place.

36. What subsequently happened to the subject (please select all that apply)

[More Details](#)

Removed from site	34
Made off/Escaped	3
Arrested	20
Hospitalised	17
Detained - Mental Health Act	14
Fatality	0
Care given successfully	36
Medication given successfully	47
Other	17



The outcome of the use of force clearly shows that the majority receive medication and have care provided successfully. This is closely followed by removal from site.

The evidence above clearly shows that security is used more for enabling clinical care to be provided, rather than for the security of the hospital sites and management of anti-social behaviour. Considering the ethos of the current right care right person approach, it would be

reasonable to suggest that security is being used inappropriately in this area. The likelihood for that is down to insufficient training within clinical teams to manage violence and aggression to a safe level to enable them to carry out clinical interventions such as administering medication. There will, of course, always be a place for security to support clinical staff in the more complex and high-risk individuals they encounter, however this should be the exception rather than the norm. This is reflected in the risk CRR03.

Therefore, the trusts personal safety tutor has completed 4 weeks of intensive training and qualified as a tutor with the General Services Association (GSA) as a prevention and management of violence and aggression tutor, and recruitment for at least one more GSA qualified tutor is currently underway. There is funded provision for the equipping of a dedicated training room to provided high quality PMVA training, over and above anything that has been provided in LTHT previously, and this will be compatible and allow for interoperability with our neighbouring mental health trust LYPFT, as well as bringing the benefits of being aligned to a large-scale industry leader in the GSA. Further, the training will be developed in line with the Restraint Reduction Network (RRN) training standards for providers, and the ambition is for LTHT to be the first acute trust with RRN approved training centre certification.

We hope to be able to provide more information, including an LTHT Course prospectus in the next board paper.

West Yorkshire Reducing Violence against Staff Pilot Working Group

This Group has been established as part of a pilot being sponsored by NHSE. The Trust is part of this Group. The Group has met twice and is being overseen by the ICS / ICB. The group are interested in the work LTHT are doing and the VPR Steering Group the Trust has established. LTHT appear to be in line with what NHSE expectations are.

2.8 Local Prevention and Staff Wellbeing Support

As previously reported, LTHT's Staff Survey results demonstrate that the *reporting* of violent experiences remains below the national average (for Acute and Acute & Community Trusts) and has done for several years. Following a subsequent Wayfinder conversation, titled Creating Positive Working Environments, and follow-on Advisory Group, the following actions have been implemented to support improvement across the below identified challenges. These are managed via the Challenging Behaviours Steering Group:

Challenge	Actions	Update	Progress
Length/complexity of reporting (via Datix)	1. Review and simplification of Datix reporting system		Complete
Litigation proceedings don't always feel appropriate for all circumstances	2. Rebranding from 'Zero Tolerance' to 'Work without Fear'		Complete
Consistent and holistic Trust and local welfare and prevention support / processes	3. Design and launch of 'Report for Support' – a. A 'one stop shop' process, intranet page, and contact	2. Following a PDSA cycle, and the launch of the actions, the localised resources and Datix pop up	Complete

Build confidence and purpose in reporting	details, to ensure a centralised, holistic and consistent Trust support. b. Localised resources (line manager and individual checklists), Datix pop up trigger (ensuring all involved receive a letter informing of Trust support available, and required local action/support)	trigger, have recently been updated to incorporate staff feedback which we believe will further increase reporting and local support received: changing some of the language used, and creating more intranet link formats (QR code and hyperlink). To review data in another 3 months.	
Increase feedback loop/communications with individual	4. Design and launch communications strategy and campaign	Posters have been redesigned and uploaded to the intranet page with a downloadable link. New versions of posters will be distributed directly to ward and clinic areas, and available to order. Launch at Team Brief – Wednesday 1 st May	Ongoing

These actions aim to *increase* reporting initially, to ensure we have an accurate reflection of instances occurring, given we understand from the NHS Staff Survey results that instances are under-reported. Data currently suggests:

Since implementing the above actions, we have seen the following improvements:

Statistically significant increase from 62.79% to 66.29% in the 2023 NHS Staff Survey Q13d *the last time you experienced physical violence at work, did you or a colleague report it?*. However, this result remains under the national average (69.76%) but has increased at a quicker rate than the average and the best performing Trust.

Given actions 2 and 3 were implemented within October, and the Survey window is Oct-Nov, we expect to see the full impact reflected within the 2024 Staff Survey results.

Please Note: Q13d 2023 results data is currently under national review for all trusts, following the identification of possible small data errors. However, LTH has been advised that this should not have a large impact for our Trust.

The below table demonstrates the increasing trend in the reporting of instances since April 2023, the possible correlation with actions implemented, alongside the translation to the number of visits to the intranet page and localised resources:

Month	No. of reports on Datix	No. of Intranet Page Views
April 2023	58	NA
<i>Datix Amendments Implemented</i>		
May 2023	73	NA
June 2023	94	NA
July 2023	115	NA
August 2023	113	NA
<i>Intranet page launched</i>		
September 2023	113	58
<i>Datix trigger implemented (letter with link to intranet page & resources)</i>		

October 2023	112	92
November 2023	107	40
December 2023	88	36
January 2024	99	23
February 2024	96	54
March 2024	142	24
<i>Improvements to Datix trigger and localised resources made</i>		

Please note click's through to the intranet page may not be necessary each time if resources have been downloaded and saved locally.

Following the implementation of action 4 (Communications campaign launch), and the further improvements we have made to the localised resources from staff feedback (April 2024), we will review the above data again as part of the continued PDSA cycle, and consider any further action required to improve the accuracy of reporting.

Once achieved, as measured and assured by the NHS Staff Survey results, the Challenging Behaviours Steering Group aims to conduct a root cause analysis, utilising the increased/accurate reporting Datix data, to learn from and inform improvement activity, to then reduce such instances occurring in the first place.

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 have been agreed to enable all three strands of work to be monitored, good practice shared and to ensure the Trust meets the criteria as set out in the new NHS Violence Prevention and Reduction Standard.

The reporting structure and governance and assurance arrangement is detailed in Appendix 3.

In August 2022 PwC started an Internal Audit review of violence prevention and reduction. The Audit has had final closure by PwC and the Audit Committee.

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

The LTHT Security Service continues to monitor persistent offenders, the majority of whom are transient visitors, often with deep rooted issues around drug addiction, poverty, homelessness and psychiatric health. As a pragmatic and responsive service Security tries to engage positively with these people and encourage them to seek help from the various community services and charities that are available. The Trust has support from street outreach workers and a range of public sector, private enterprises and other partners with the charity and voluntary sectors, as well as West Yorkshire Police and Safer Leeds. For those that continue to offend, injunctions are pursued and breaches of the injunction prosecuted for the maximum penalties. Our two main sites are now protected by a special status, Public Space Protection Orders, which prohibit anti-social behaviour, drinking alcohol and using drugs at LGI and SJUH. Recently the trust was able to secure a 5-year Criminal Behaviour Order against a known repeated offender against a backdrop of complex social and clinical needs.

Priorities over next three months - this table shows the six priorities

Q2 Priority Objectives – all stakeholders	Link to Annual Commitments
Now appointed the VPR Co-ordinator will review several areas of VPR and work with stakeholders on continued risk reduction / root cause analysis and report to support	Staff retention
Review the reporting metrics for the Exec Director Lead	Staff retention
Progress the GoodSense de-escalation training	Staff retention
Work with the ICS violence prevention and reduction steering group to address system wide issues	Staff retention
Review feedback from Teams re improvements to service / staff engagement with regards to violence reduction and prevention and DATIX use	Staff retention
Validate and provide a gap analysis of the self - assessment against the VPR Standard and devising action plan to address areas of non / partial compliance for Board approval	Staff retention

Actions completed by VPR Coordinator to date

1. Reviewed the VPR standards and update as necessary
2. Reviewed the corporate risk with regards to VPR and develop an action plan
3. Initiated review and rewrite of conflict resolution policy
4. Engaged with Liverpool John Moores University to support on set up of regional VPR Network
5. Developed, introduced and embedded Use of Force monitoring with security

6. Implemented weekly 'bitesize' training for security officers covering a broad range of subjects
7. Reviewed training across the trust and began development of a central PMVA training facility
8. Reviewed the NHSE Sexual Assault letter and supported the DASV Steering Group as co-chair
9. Reviewed the Risk Management Committee paper on Security and Board paper on VPR
10. Set up collaboration with the Trust ICB contact
11. Carry out a thematic review of the last 12 months DATIX and began work to significantly improve data and risk management/support post incident

3. Proposal

1. It is requested that the WFC/Board support the work that is on-going with regards to violence and aggression and challenging behaviours
2. It is requested that the WFC/Board is assured that the violence prevention and reduction standard have been reviewed and where there is any outstanding compliance to meeting the standard an action plan is in place. There are currently no items for escalation

4. Financial Implications

There are no financial implications with regards this paper.

5. Risk

There is a risk on the Trust's Corporate Risk Register with regards to conflict resolution and violence and aggression. This is detailed earlier in the paper. This paper also sets out the work streams that are on-going to mitigate this risk.

6. Communication and Involvement

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

1. An update the WFC/Board on the issues, data and impacts of violence and aggression on staff and services.
2. To inform the WFC/Board on the number of physical assaults carried out on LTHT staff.
3. Assurance that the standards are reflective of LTHT's position.
4. Provide assurance to the WFC/Board of the on-going work in relation to reducing violence and aggression
5. Inform the WFC/Board of the NHS Violence Prevention and Reduction Standard 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 WFC/Board of the strengthened governance structures being put in place to ensure LTHT meets its responsibilities as set out in the new NHS Violence Prevention and Reduction Standard

10. Supporting Information

Supporting appendices:

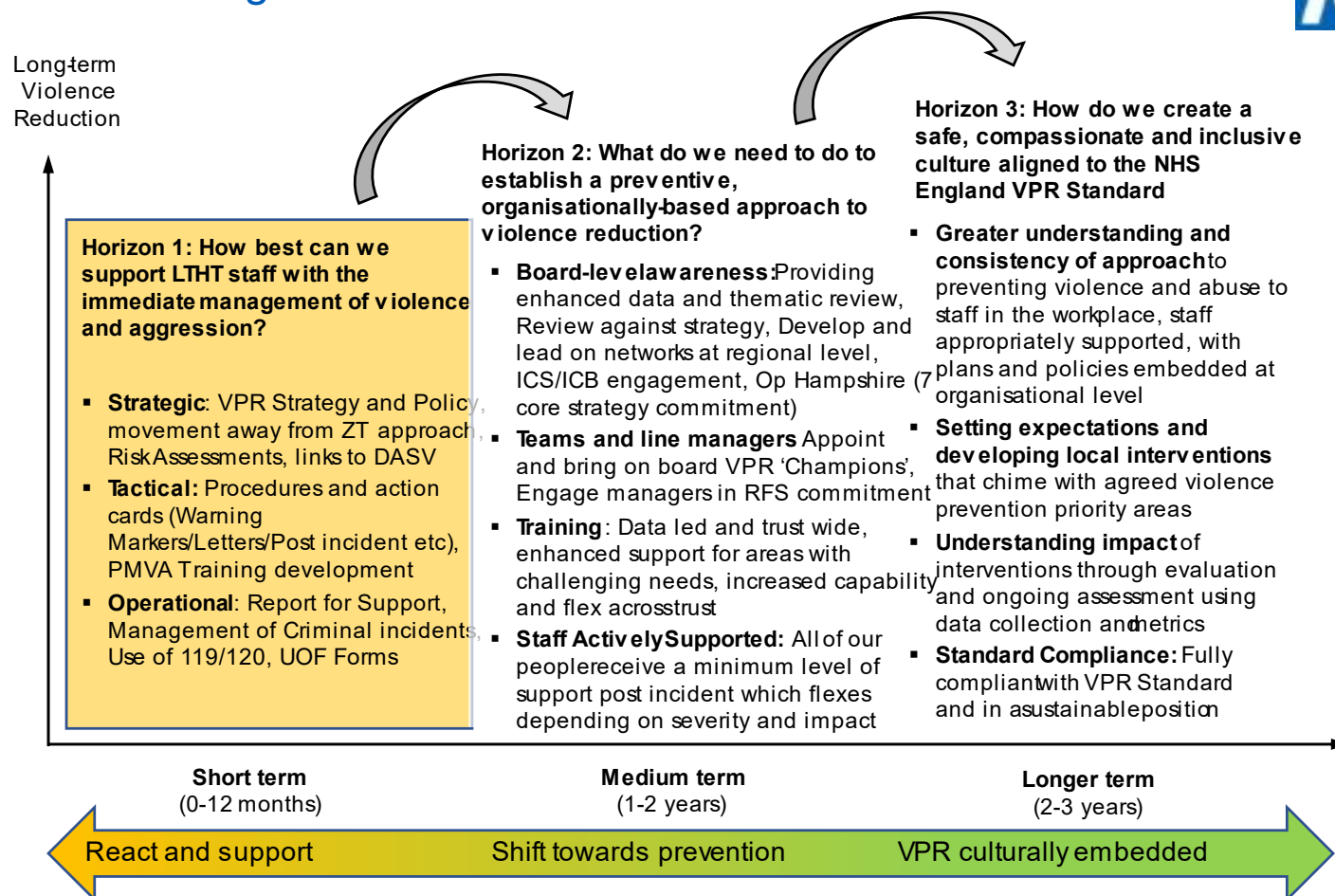
Appendix 1 – VPR Horizons

Appendix 2 - Action Tracker - Violence Prevention and Reduction Standard

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

Appendix 1 – VPR Horizons

Embedding a culture of Violence reduction in LTHT



Appendix 2 Violence Prevention and Reduction Standard - Self Assessment - Action Tracker

Indicator	Action required	Review date	Review	Work stream / lead	Completed
The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the Sustainability and transformation partnership (STP) or integrated care system (ICS) .	Specific training needs analysis is to be developed to ensure face to face restraint training is targeted at high-risk staff areas. Update Aug 23 - this is being done as part of work with ICS/ ICB and the west Yorkshire Reducing Violence Against Staff Pilot Working Group. VPR Co-ordinater will review	Aug 23	30th October 2023	Security Peter Aldridge	Completed but on-going
There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.	More detailed work is required on metrics, discussed at Jan 23 Steering Group and metrics need to be agreed and monthly process for report out needs agreeing Update Aug 23 - metric report is available in DATIX that details incidents associated with DATIX entries. This will be monitored by the VPR Steering Group and Exec Lead	Aug 23	30th October 2023	Security Peter Aldridge	Completed but on-going
Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	There are various work streams on-going that are looking at all areas of violence prevention and reduction. A group to oversee all the work has established. A ToR is agreed and the group reports to the Workforce Committee and bi-annually. Once in place the VPR Co-ordinater will lead on the thematic review or objectives and reduction plans	Aug 24	30th August 2023	Clinical Katie Robinson	

Indicator	Action required	Review date	Review	Work stream / lead	Completed
	Update Feb 24 – Conflict Resolution Policy currently under review by VPR Lead.				
Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an on-going process and documented in the appropriate organisational risk registers. Improvements: lessons learnt and updated risk assessments, annually as a minimum schedule.	<p>Each CSU reviews and completes a new risk assessment and records it within their CSU risk assurance arrangements All areas to have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review</p> <p>Update Aug 23 - this program is @90% complete with colleagues from the H&S Team assisting in chasing CSU's that have not yet completed</p>	Aug 24	30th August 2023	Security Peter Aldridge	
The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents.	<p>Currently this is taking place. As the VPR Steering Group, Workforce Committee and Board.</p> <p>Update Aug 23 - the VPR Steering group is established, reporting to WFC and Board bi-annually. HR have developed staff support mechanisms</p> <p>Update Feb 24 – The VPR lead in partnership with HWB leads is supporting staff support mechanisms, establishing a more effective process for support post DATIX, and also the roll out of the work</p>	Aug 23	30th October 2023	HR Peter Aldridge	Completed but on-going

Indicator	Action required	Review date	Review	Work stream / lead	Completed
	without fear/report for support posters and campaign material.				
A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	<p>Update May 23 - More work is required on metrics and report out. A DATIX dashboard has been established in the DATIX system and a report that analyses the output of the reports and root cause analysis of incidents needs to be established. Each DATIX is investigated, but an overall thematic review of trends is required</p> <p>Update Feb 24 – VPR Lead has established use of force forms which provide thematic data on security use of force. Work currently underway to establish more effective investigative procedure, aligned to CR policy review, that will provide a range of data options from DATIX in time.</p>	Aug 24	30th August 2023	HR Chris Carvey	
The audit outcomes inform a regular senior management review held at least twice a year.	Update Aug 23 - More work is required on metrics and report out - see note above	Aug 23	30th October 2023	HR Chris Carvey	Completed but on-going
A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction program, the findings of which are shared with the board.	<p>Findings from Steering Group will be shared with metric agreed and papers to WFC / Board</p> <p>Update May 23 - reports go to WFC and Board bi-annually to review / comment on</p>	Aug 23	30th October 2023	Security Peter Aldridge	Completed but on-going

Indicator	Action required	Review date	Review	Work stream / lead	Completed
	VPR work within LTHT				
Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes.	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board Update May 23 - occurs as necessary with report out to the VPR Steering Group	Aug 23	30th October 2023	Security Peter Aldridge	Completed but on-going

Appendix 3

LTHT Challenging behaviours (violence prevention and reduction)

Governance/reporting structure

- Trust position – “work without fear” and policy for V&A
- 3 key pillars to managing challenging behaviours and violence and aggression in the Trust, each requiring specialist oversight.
 1. Challenging behaviours displayed by patients with or without capacity [Corporate Nursing HC]
 2. Challenging behaviours displayed by non-Patients [Security CR]
 3. Non-respectful behaviours displayed by staff on staff [HR; JL]

Governance structure

