

Board of Directors

Subject:	Reducing Violence, Aggression and Restraint Assurance Report		Date: 1 st October 2020	
Prepared By:	Julie Hogg, Chief Nurse & Ben Widdowson, Associate Director of Estates and Facilities			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Chief Nurse			
Purpose				
The purpose of this paper summarises our progress to date with national violence prevention and reduction standards. It provides details on our plan to meet these standards over the coming 12 months.			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	X	x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Risks/Issues				
Financial	No financial risks identified			
Patient Impact	We will need to change our approach to patients who are violent and aggressive to staff.			
Staff Impact	Our staff are at risk of harm from patients who are violent and aggressive			
Services	No service Delivery risks identified			
Reputational	No Trust reputational risks identified			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The purpose of the Violence Prevention and Reduction Standards 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.</p> <p>There are 32 standards to meet; a gap analysis demonstrates we have made reasonable progress but have a significant amount of work to do at SFH to meet these newly developed standards.</p> <p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • Note the detail of the gap analysis • Support the proposed actions • Receive a progress update in January 2021 				

1. Violence Prevention and Reduction Standards

The purpose of the Violence Prevention and Reduction Standards 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.

NHS Trusts have a statutory duty of care to prevent and control violence in the workplace. NHS England and Improvement have developed benchmarking standards to reduce violence against staff.

The Violence Prevention and Reduction Standards have been developed using the plan, do, check, act approach. PDCA is an iterative four-step management method used to validate, control and achieve continuous improvement of processes. It is also known as the Deming cycle. The PDCA methodology is utilised throughout the NHS, hence this supports a common approach.

Plan - NHS provider and NHS Commissioning organisations should review the status and identify their future requirements. To do this, we need to understand, what needs to be achieved and how, who will be responsible for what, and the associated measures for success. This part of the process includes creating or updating policies and plans to deliver the aims.

Do - During this phase of the cycle the organisation assesses and manages risks, organises and implements processes to deliver plans by communicating and involving NHS staff and key stakeholders and providing adequate resources and training.

Check - NHS organisations must make sure that plans are being implemented successfully and assess how well the risk of the controlled and if the aims have been achieved, for example through audit measures. As part of this process the NHS organisation will routinely assess any gaps and ensure corrective action is undertaken swiftly.

Act - The NHS organisation should review its performance which enables the senior management team to direct and inform changes to policies or plans, in response to any lessons learnt and data collected in respect of the violence prevention and reduction or overall cycle. Key findings should be shared with internal and external stakeholders.

2. Progress against the standards

There are 32 standards to meet; a summary of the gap analysis demonstrates the following compliance with these standards:

- Fully compliant - 18
- Partially compliant - 10
- Not compliant – 4

Full detail is provided in appendix 1.

3. Next Steps

In order to achieve full compliance with the standards and support our staff to work in a safe and secure environment the following actions have been agreed by the executive team.

- Risk Assessment – we will commission an external comprehensive risk assessment to consider the associated factors of violence within the organisation as we do not have the relevant expertise internally.
- Develop Trust strategy for Violence Prevention and Reduction, with agreed objectives based on the findings of the risk assessment
- Increase awareness and promotion of violence reduction strategy/agenda and policy to the wider organisation

- Work with the Director of Culture and Improvement to develop a bespoke Violence and Aggression Campaign across Mid Nottinghamshire.
- Commission a review of mental health care for patients at SFH focusing on environment, ligation risk, confidence and competence of staff. Terms of reference are provided in appendix 2.
- Complete capital works to reduce ligation risks currently identified. Capital funding has been identified.
- Review the programme of restrictive practices training to ensure face to face training is prioritised for staff identified as requiring de-escalation and physical intervention training

4. Recommendations to the Board of Directors

It is recommended that the Board of Directors:

- Note the detail of the gap analysis
- Support the proposed actions
- Receive a progress update in January 2021

Appendix 1 – Gap analysis of the Preventing Violence and Aggression Standards

	Action Description	Fully compliant	partially compliant	not compliant
PLAN – Violence Prevention and Reduction	The Board have approved the violence prevention and reduction policy within the last twelve months.	Green		
	The violence prevention and reduction policy details compliance with legal or statutory requirements.	Green		
	The violence prevention and reduction policy enable specific objectives, performance measures and mitigation requirements.	Green		
	The violence prevention and reduction policy has been developed based on comprehensive risk assessments.	Green		
	The violence prevention and reduction policy is maintained and updated annually in conjunction with senior management.		Yellow	
	The violence prevention and reduction objectives and targets are communicated and understood throughout the organisation.			Red
	A comprehensive risk assessment is undertaken to consider the associated factors of violence within the organisation.		Yellow	
	The outputs from the violence prevention and reduction risk assessment informs the mitigation strategies and operational processes.	Green		
	The violence prevention and reduction plans for achieving the objectives and targets are implemented and maintained.			Red
	All processes and procedures set out in the violence prevention and reduction policy have clearly defined performance measures.	Green		
	The violence performance measures are specific, measurable, achievable and relevant.	Green		

	Action Description	Fully compliant	partially compliant	not compliant
DO – Violence prevention and reduction	A designated Executive Violence prevention and reduction Lead ensures that appropriate financial resources to support the organisations delivery of violence prevention and reduction programme, the appropriate level of resourcing will be determined locally and should be aligned to the organisational violence risk assessment.			
	A designated Operational Violence prevention and reduction Lead is formally accountable for the design, maintenance, documentation and improvement of the organisational violence prevention and reduction systems and processes.			
	The violence prevention and reduction system are reviewed and updated in relation to any significant organisational changes and in consultation with trade union & safety representatives.			
	Changes to the organisation are documented and reflected as part of the violence prevention and reduction risk assessment process.			
	Clear roles and responsibilities are defined in relation to the violence prevention and reduction strategy throughout the organisation.			
	Organisational functions that are necessary for achieving the delivery of the violence prevention and reduction strategy, objectives and plans have been identified.			
	A documentation system has been established and is maintained to incorporate the violence prevention and reduction policy, risk management assessments, performance records and associated policies and plans.			
	The violence prevention and reduction strategy and policy are communicated to all staff, including incident reporting mechanisms.			

	Action Description	Fully compliant	partially compliant	not compliant
CHECK – Violence prevention and reduction	Procedures to monitor and measure organisational performance pertaining to violence prevention and reduction are established or maintained.			
	The frequency for measuring and monitoring the performance measures is proportional to the risks noted in the violence risk assessment and analysis of incident management data.			
	Performance monitoring and measurement is suitable and sufficient to facilitate subsequent corrective and preventative action analysis.			
	Data pertaining to violent incidents is traceable retrievable and accessible on the risk management system.			
	There are controls in place to ensure the quality of the performance data is assured.			
	There is an established audit process to help ensure that violence prevention and reduction is efficient and effective.			
	All incident data pertaining to violence, nonconformities and audit findings are reviewed in a timely manner and shared with relevant groups within governance structure (e.g. health and safety committee).			
	Departmental or corporate risk registers which note risks pertaining to violence are reviewed and updated following any nonconformities incidents or audit findings.			
	Proposed corrective and preventative actions are assessed and implemented in a timely fashion.			

	Action Description	Fully compliant	partially compliant	not compliant
ACT – Violence prevention and reduction	A designated Executive Violence Prevention and Reduction Lead has a defined role and accountability for reviewing and approving the organisations violence prevention and reduction policy and supporting framework at regular defined intervals.			
	Records of senior management reviews are retained as part of the violence prevention and reduction framework documentation system.			
	Any lessons learned are captured and considered by the organisation and subsequent changes are made to the violence prevention and reduction policy and supporting framework, as required.			
	The senior management has all the relevant information required to make informed decisions regarding the violence prevention and reduction policy and supporting framework.			