

Executive Team

Subject:	Reducing Violence, Aggression and Restraint - progress update		Date: 23 rd April 2021	
Prepared By:				
Approved By:				
Presented By:				
Purpose				
The purpose of this paper summarises our progress to date with the implementation of the recommendations from the externally commission risk assessment to understand the drivers of violence and aggression at SFHFT.			Approval	
			Assurance	
			Update	x
			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>A key part of these standards is the completion of a risk assessment to understand the drivers of violence and aggression at SFHFT. This review was commissioned externally and identified clear opportunities for improvement under the following themes:</p> <ul style="list-style-type: none"> • Fundamentals of security management • Training of staff in the Managing Challenging Behaviours and Restrictive Practices • Identification of patients known to present risk to staff • Workforce supporting the operationalization of Managing Challenging Behaviours and Restrictive Practices at SFHFT <p>The paper demonstrates we continue to make good progress to date with implementation of the recommendations. There are no items to escalate.</p> <p>The Executive Team is asked to note:</p> <ul style="list-style-type: none"> • Note the content of the report 				

- Support the proposed actions
- Receive a progress update in July 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 43 standards to meet; a summary of the gap analysis demonstrates the following compliance with these standards:

- Fully compliant - 35
- Partially compliant - 3
- Not compliant – 5

Full detail is provided in appendix 1.

3. Steps taken

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 previously been agreed by the executive team.

- Risk Assessment – this was carried out in January and the Security team are working through the recommendations, with oversight by the Executive lead.
- We continue to raise and increase awareness by promoting zero tolerance with a campaign via social media and on-site posters.

- Working with the Director of Culture and Improvement we are developing a bespoke Violence and Aggression Campaign across Mid Nottinghamshire.
- Commissioned a review of mental health care for patients at SFH focusing on environment, litigation risk, confidence and competence of staff.
- There has been progress in schemes to reduce violence by “marking” visitors who exhibit unacceptable behaviours across SFH sites.
- There is an acceleration of training for staff in key areas on managing challenging behaviours and conflict resolution.

Next Steps

- Develop a Trust strategy for Violence Prevention and Reduction, with agreed objectives based on the findings of the risk assessment.
- The objectives need to be clearly defined within the Management of Violence and Aggression Policy
- An update of the MVAP to be completed by the end of June
- Implementation of the aggressive visitor marker scheme
- Continued roll out of training in managing challenging behaviours
- Actions to be completed by end of June 2021

4. Recommendations to the Board of Directors

It is recommended that the Board of Directors:

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

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

The new official standards were produced in draft form in December 2020 and published in April 2021. It should be noted that the updated version does differ from previous updates provided to the Executive team..

Action Description	Fully compliant	partially compliant	not compliant
The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance.			
The organisation has developed a violence prevention and reduction policy which has been endorsed by the board and its underpinned by workforce and workplace risk assessments.			
The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders.			
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).			
The senior management (the Chief Executive and board) is accountable for the violence prevention and reduction strategy and policy, and this is clearly set out in both documents.			
Senior management is informed about any disparity trends for violence and aggression against groups with protected characteristics, and a full equality impact assessment has been developed and made available to all stakeholders.			
The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.			
There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management in consultation with key stakeholders.			

The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, i.e. via the organisation's auditors.			
Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is clearly referenced in the equality impact assessment.			
Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.			
The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.			
Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders.			
The plans are reviewed in consultation with subject matter experts pertaining to the equality Act 2010.			
The senior management assesses and provides the resources required to deliver the violence prevention and reduction objectives.			
A designated board-level (director) manages the violence prevention and reduction work stream and ensures appropriate and sufficient resources are allocated to the function (which is underpinned by an organisational risk assessment).			
The senior management team regularly provides accessible communications on the violence prevention and reduction objectives and priorities.			
Communications cover all staff groups and functions within the organisation.			
The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives.			
A diversity lens is applied to objectives development, to provide due diligence for Public Sector Equality Duty, and this is validated by the subject matter expert pertaining to the Equality Act 2010.			

The organisational roles and responsibilities across all levels are clearly set out in a violence prevention and reduction policy.			
A training needs analysis (violence) informed by the risk assessment has been undertaken, and suitable and sufficient training and support are accessible and provided to all staff.			
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.			
Violence risks are coordinated across the organisation, and are accessible and shared with senior management and all appropriate stakeholders.			
Indented violence risks and their mitigations/controls are communicated to all staff in regular bulletins.			
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.			
The senior management is directly accountable for ensuring that the system is working effectively and providing assurance that the violence prevention and reduction objectives are being achieved.			
Staff members are actively encouraged to report all incidents, including near misses.			
Violence data is managed in accordance with the General Data Protection Regulations (GDPR)			
Violence data is frequently analysed using primary metrics to support the violence prevention and reduction assessments and inform the audit process.			
Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation.			
The protection and storage of data about violence follows the organisations information governance policies.			

Data collected about violence assures that the processes are effective and identifies where lessons can be learnt and that the policy objectives are being achieved.			
A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.			
The audit outcomes inform a regular senior management review held at least twice a year.			
All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable timeframes, and where this may be prolonged by investigations and or staff support, this is recorded and communicated to senior management, relevant staff and stakeholders.			
The violence prevention and reduction risk registers are updated accordingly.			
A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the board.			
Inputs to the process include: <ul style="list-style-type: none"> - local risk management system (data about violent incidents) - risk registers - audit and governance reports that include violence performance - lessons learned (STP and ICS level) - review of the violence prevention and reduction processes - risk assessments (workplace and workforce) - triangulated with WRES and WDES - staff experiences (causation themes, impact on health and wellbeing, consequences, etc.) - serious incidents - NHS staff survey, local or pulse surveys - local HR intelligence (staff recruitment and leavers rates, absenteeism or retention rates) - key stakeholders - trade union concerns raised through the health and safety committee - meetings with chief constable or designated representative, police and crime commissioners, etc. 			

<p>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.</p>			
<p>Senior management has enough information from the violence prevention and reduction performance inputs to make informed decisions about the violence prevention and reduction policy, and this information is based on credible intelligence and risk assessments.</p>			
<p>Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process and is closely aligned to the STP and ICS planning arrangements.</p>			
<p>Staff receive timely responses to incident to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management and relevant stakeholders.</p>			

Appendix 2
Summary Table of Non-compliant Areas

Violence and Aggression - Gap Analysis to National Standards April 2021				
Item	Action Description	Rating	Action Required	Target Date
Plan 1	The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance.	Non-Compliant	Management of Violence and Aggression Policy to be updated to include strategic objectives	30.06.2021
Plan 4	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).	Partially Compliant	This will be added as a standing agenda item in the quarterly ASMS meetings of ICS partners, the next one due in June 2021	30.06.2021
Plan 7	The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.	Non-Compliant	Management of Violence and Aggression Policy to be updated to include performance criteria	30.06.2021
Plan 11	Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	Non-Compliant	Management of Violence and Aggression Policy to be updated to include objectives and outcomes	30.06.2021
Plan 12	The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.	Non-Compliant	Updated policy to set clearly set out this process	30.06.2021
Check 6	Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation.	Partially Compliant	DATIX reporting system to be amended to allow for categorisation by protected characteristics	30.06.2021
Act 2	Inputs to the process include:	Partially Compliant	All areas compliant apart from reference to WRES and WDES. ASMS to provide detailed advice on measures required for full compliance	30.06.2021
Act 5	Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process and is closely aligned to the STP and ICS planning arrangements.	Non-Compliant	To be aligned upon completion of policy update and attendance at regional forums by end of June 2021	30.06.2021