

# **The Welsh Assembly Government's response to the National Assembly Audit Committee's report on Protecting NHS Staff from Violence and Aggression - Update as at December 2009**

Below is detailed the requirements from the Audit Committee's report on the above along with the Welsh Assembly Government response:

The Committee further recommends that the Welsh Government in addition to its usual response to this report provides an update on progress at the end of this year by which time it should be able to demonstrate that all the action dependent on the new Health Boards being in place should have been implemented and is showing results
Accepted: The Welsh Assembly Government will provide the Audit Committee with an update on all actions taken to address violence and aggression against NHS Staff and evidence to support them by the end of December 2009.
Timescales: December 2009

## **1 Introduction**

- 1.1 In September 2005, the Wales Audit Office published a report 'Protecting NHS Trust staff from violence and aggression'. The report was considered by the Audit Committee in 2006.
- 1.2 In February 2009, the Auditor General published an update report which concluded that whilst some progress has been made there are still problems that need addressing. Two witness sessions took place in Spring 2009 and the Audit Committee then produced their report in July 2009.
- 1.3 This report provides the Public Accounts Committee with progress since July. The information is presented to align with the order and subject headings of the July report. The following provides a response and does not repeat the findings contained in the report.

## **2 Reporting of violence and aggression.**

### **2.1 Under-reporting**

To address the under-reporting of incidents by staff the following has been implemented.

- A simplified incident reporting form specifically for violence and aggression incidents has been developed. The form is currently being trialled in Cardiff and Vale University Health Board for three

months from January – March 2010. On completion of the trial, it is expected that the form will be implemented across the rest of NHS Wales.

- To promote incident reporting, Health Boards and Trusts have all reviewed their incident reporting policies and procedures and have included information on their web pages and staff newsletters to guide staff to the importance of reporting. Incident reporting has also been included in management training.
- All Health Boards and Trusts highlight to staff the importance of reporting incidents, as part of induction and ongoing statutory and mandatory training courses.
- To further promote incident reporting and investigation amongst managers, Management Appraisals now include this as part of the KSF Outline and core Health and Safety dimension.

## 2.2 Data and coding

As part of routine monitoring of violence and aggression incidents in NHS Wales, Welsh Assembly Government officials have undertaken a more in depth review of violence and aggression incidents. It is interesting to note that of the 9,172 incidents reported for 2008/9 there are 2,025 which are coded as gratuitous violence (and therefore not related to a clinical condition, drugs etc). This is made up of 864 physical incidents (9.4%), and 1,072 verbal (11.7%). 89 coded as other. In the same period 33% of incidents were not aimed directly at staff. Detailed figures are provided in Annex A.

Headline figures for 2008/9 are:

- In comparison to previous years figures the total Violence and Aggression figures for 2008/09 are 9,172, showing an increase from 7,343 the previous year. This figure includes all types of violence and aggression whether it is to staff, patients, visitors or members of the public. The increase may be partly due to an improvement in staff reporting.
- In 2008/09 a more in depth look at violence and aggression incidents has been undertaken showing that 6,163 of the 9,172 were aimed directly at staff. From these 6,163 staff incidents the patients' mental/medical condition was a causal factor in 3,974 instances. Work is currently being developed with the Directors of Nursing across Wales to identify strategies for managing these patients to aid with the reduction in violence and aggression.

Where weaknesses have been identified in the data, improvements have been outlined in the appropriate Health Board/Trust action plan. Improvement will be monitored. eg Betsi Cadwaladr appears to have a

low total reported figure; WAST and Betsi Cadwaladr training figures require immediate improvement.

A set of all Wales incident recording codes were agreed and as from 1<sup>st</sup> October 2009 all NHS Organisations in Wales are using these codes for recording incidents of violence and aggression. With the introduction of these all Wales codes, an assurance can be given that NHS Wales will be recording violence and aggression incidents in a consistent manner. These new codes will allow an even more in depth comparison of statistics in future years.

All NHS Organisations in Wales are in the process of updating their incident recording software (Datix) to the latest version to allow for the facility of web-reporting. All NHS Organisations in Wales have now purchased, or are in the final stages of procuring, the new software and have agreed to have this new version operational in all wards and departments by 30<sup>th</sup> June 2010.

### 2.3 Board Champions

All NHS Organisations have in place an Executive Director Lead (also known as the Champion) for violence and aggression.

All NHS Organisations have in place a Non Officer/Non Executive Lead for violence and aggression.

### 2.4 Action Plans

**Employer's Action plans** - In October 2009 the newly formed Health Boards / Trusts resubmitted their Employers Action Plans providing an update on actions taken over the period. The Employers action plan consists of 26 separate actions which are standard across all organisations and the All Wales Violence and Aggression Steering Group. The group is under the chairmanship of David Francis, Minister's Champion for V&A in the NHS. The group monitors the delivery of the actions to the agreed timescales.

Headline issues found:

- All NHS Organisations have in place an Executive Director Lead (also know as the Champion) for violence and aggression.
- All NHS Organisations have in place a Non Officer/Non Executive Lead for violence and aggression.
- It is understood that all NHS Organisations have provided quarterly reports to their Health/Trust Boards and employer/staff side meetings outlining the work they are undertaking to address the issue of violence and aggression to staff.

- All NHS Organisations have put in place arrangements to allow for staff to access Occupational Health services no more than 3 days post incident.

**Welsh Assembly Government Action Plan** - Headline actions from the Welsh Assembly Government Action Plan include:

- The appointment of a Senior Assembly Official to lead on the violence and aggression initiative. This is Sheelagh Lloyd Jones, Director of Workforce and Organisational Development, Health and Social Services Directorate General.
- Welsh Assembly Government to commission the National Leadership Innovation Agency for Health (NLIAH) to negotiate with education providers (as part of workforce planning arrangements) to ensure all students on placements in NHS premises receive Violence and Aggression Passport training prior to placement.
- Welsh Assembly Government to develop an all-Wales communications strategy and action plan, to include the funding and delivery of a sustained, high profile awareness raising campaign, targeting both the general public and NHS staff.
- Welsh Assembly Government to ensure an all-Wales approach, with commitment from all NHS Wales employers, resulting in the use of a common electronic web-based system of data collection. Within this data collection, WAG to confirm key performance indicators (KPIs) for NHS Wales for implementation from 1<sup>st</sup> April 2010.
- Welsh Assembly Government to coordinate a comprehensive review of the All Wales Violence and Aggression Training Passport and Information Scheme. The training element will look at evaluating, updating and revising Modules A, B, and C. The information element will focus on mechanisms for modifying patient behaviour eg patient contract, controlling patient access. This is aimed at the small percentage of anti-social patients. This review will commence in January 2010.

### **3 Action to prevent and control violent incidents**

#### **3.1 Training**

The Passport currently has three levels of training available for staff:

- **Module A** – Induction and General Awareness (1 hour training)
- **Module B** – Theory of Personal Safety and De-escalation (half day training)
- **Module C** – Breakaway (half day training)

A new module D, which addresses Restrictive Physical Interventions (previously known as Control and Restraint) was completed in November and is currently undergoing consultation. Following consultation, the new Module should be ready for implementation at the end of February 2010. All NHS Wales bodies currently provide this training to key staff groups e.g. Mental Health and Learning Disabilities, although to date there has been no national standard.

NHS Wales Organisations have been required to provide compliance data for their delivery of violence and aggression training as at the 1<sup>st</sup> September 2009. This is provided at Annex B. This information will be routinely monitored by WAG Officials and will form part of key performance indicators (KPIs) for NHS Wales for implementation from 1<sup>st</sup> April 2010.

As noted from Annex B, some Health Boards and Trusts compliance with their training plans for violence and aggression are at a low level. To achieve a higher compliance level, specific actions have been identified within individual employer's action plans. WAG Officials will monitor these levels over the next six months to identify if improvements are achieved.

### 3.2 CCTV

A CCTV pilot was launched on 15<sup>th</sup> December 2009. The pilot sites are located one within each of the four police authorities in the A&E departments of the Royal Gwent Hospital, Prince Charles Hospital, West Wales General and Ysbyty Gwynedd. Additionally five ambulances based at Blackweir in Cardiff have been included in the pilot.

The cameras are high quality to ensure that they meet the necessary specification to assist in any resultant court proceedings. Recording of images will be carefully managed to ensure adequate information is obtained to assist with the prosecution of offenders, whilst ensuring vigilant compliance with data protection and other relevant legislation.

### 3.3 Lone Workers

Work is progressing on the development of a Business Case for an automated "Lone Worker" alert system. This should be completed by 22<sup>nd</sup> January 2010 with implementation rolling out shortly thereafter.

Actions already taken include:

- Workshop for LHB stakeholders and system provider took place on 9<sup>th</sup> November.
- Staff numbers (informed by risk assessments) to be included have been reviewed and confirmed by incoming Health Boards.
- Identification of geographical service coverage by different telecoms service providers

## **4 Supporting staff in relation to violent incidents**

### **4.1 Security staff – police presence**

There is central guidance within the Security Management Framework (Published: Assembly Government 2005) on training of security staff. Job descriptions for a Security Manager and for a Security Officer are provided.

Area of Assessment 10, on capability, outlines that training should be identical for both internal and outsourced security personnel.

Additionally Annex F of the Framework details security officer training indicating hours for each identified element. Training accreditation is recommended via Counter Fraud and Security Management Services (CFSMS), National Association of Healthcare Security (NAHS) or Security Industry Authority (SIA).

The extent to which an NHS organisation employs security staff is an operational issue which is informed by risk assessments and resource priorities. Some NHS organisations may employ security staff whilst others may seek solutions in collaboration with their local police. This can include joint funding of a PCSO (Police Community Support Officer) or a greater presence of Community Police.

### **4.2 Memorandum of Understanding**

On the 14<sup>th</sup> September 2009 the Minister for Health and Social Services and the Chief Constable for South Wales Police (on behalf of all 4 Welsh Police Forces) signed an MoU which ensures a seamless process between NHS Wales, the Police and CPS when dealing with perpetrators of violence and aggression against NHS Wales staff. This followed a previous MoU with the Crown Prosecution Service (2007).

The MoU allows the Police and NHS Wales to work in partnership in the investigation of allegations of violence and aggression at NHS premises or towards NHS Staff. The MoU will focus on steps necessary to promote the prosecution of violent offenders in circumstances where they assault Welsh NHS Staff. The MoU will increase the number of cases getting to CPS which will increase the number of prosecutions.

The MoU includes protocols on Police and Champion responses to incidents; incident investigation; prosecution policy; the referral of cases to the police; provision of statements of evidence; evidence gathering; the exchange of information; post incident reviews; notification of the progress and outcome of all investigations; support for victims when their case has progressed to court and reconciliation of any disagreements.

#### 4.3 Low level of prosecutions

The observations of the Audit Committee have been noted and as the Case Workers become established it will be possible to collect data on prosecutions following incidents on NHS sites.

##### **An Example of Best Practice**

Cardiff and Vale University Health Board appointed a case manager in February 2009 to work with staff, the police and CPS when incidents of violence and aggression have taken place. In the 10 months since the appointment of their case manager, the Health Board has seen a substantial increase in the number of successful prosecutions of those perpetrators. Since February alone there have been 6 successful prosecutions, whilst others are pending.

#### 4.4 Change to the law

Although the Committee raised the question of whether there was a need for a change in the law to provide greater protection for health staff, WAG has decided to first assess the impact of the improvements in handling violence and aggression (e.g. case workers, CCTV etc) and by making fuller use of the current legislation, before considering whether further legal powers are necessary. The effect and outcomes relating to the two signed MoUs (Police and CPS) will also be considered.

In the meantime, Welsh Assembly Government will review whether there is a need for changes in current Legislation (Emergency Workers (Obstruction) Act 2006) to cover all emergency workers and consider the appropriate timing for the commencement of the Criminal Justice and Immigration Act (sections 119-122) which aim to reduce nuisance and disturbance behaviour on NHS premises.

#### 4.5 Case Workers

Guidance on job descriptions and person specifications for Case Managers has been agreed. Recruitment and/or allocation of duties are progressing with many organisations. With the current reorganisation of the NHS and a number of recruitment tranches being undertaken, it is expected that Case Managers will be in place by the end of Spring 2010.

The types of violent and/or aggressive incidents that should be case managed include:

- Violent and aggressive incidents strongly considered by staff as harming (actual or implied)
- Incidents involving weapons
- Violent and aggressive incidents resulting in significant harm

- Violent and aggressive incidents resulting in Police intervention
- Violent and aggressive incidents resulting in staff sickness
- Sexual/racial incidents of violence and aggression
- Violent and aggressive incidents where staff or line managers have specifically requested support



## Violence and Aggression Statistics for 2008-09 All Wales Data

	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Velindre	Powys	WAST	C & V	TOTAL
1. Total Number of V&A Incidents for 1st April 2008 to 31st March 2009	1217	751	2185	1466	1164	49	475	176	1689	9172
2. Total Number of V&A Incidents to Staff*	751	446	1035	1075	703	38	273	169	1673	6163

The following table provides figures for incidents where a patient's clinical condition was a causal factor. Work is currently being developed with the Directors of Nursing across Wales to identify strategies for managing these patients, and to aid a reduction in these type of incidents.

3. Total Number of V&A Incidents to Staff where the assailant's clinical/mental condition was a causal factor	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Velindre	Powys	WAST	C & V	TOTAL
	626	443	655	696	359	8	238	5	944	3974

The following three tables provide details on those incidents which are classed as gratuitous and consequently where prosecutions are more likely to be considered. The first table gives the overview. The second table gives a breakdown by clinical area for incidents of gratuitous physical incident. The last table gives a breakdown by clinical area of gratuitous verbal incidents.

4. Gratuitous - those incidents defined as 'physical'	89	3	216	56	156	1	7	Note 1	336	864
5. Gratuitous - those incidents defined as 'verbal'	36	0	75	323	188	29	28	Note 1	393	1072
6. Other	0	0	89	0	0	0	0	Note 1	0	89
7. Total Number of V&A Incidents to Staff where gratuitous violence occurred (Total rows 4, 5 & 6)	125	3	380	379	344	30	35	164	729	2189

Note 1: Breakdown currently being confirmed

8. Breakdown of line 4 above (physical)	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Velindre	Powys	WAST	C & V	TOTAL
Mental Health	0	0	0	6	23	0	0	0	18	47
A&E	2	0	16	28	10	0	1	0	13	70
Midwifery	0	0	1	0	1	0	0	0	28	30
Care of the Elderly (including EMI)	11	0	0	0	26	0	4	0	104	145
Medicine	59	3	59	10	44	1	1	0	65	242
Surgical	17	0	3	5	19	0	0	0	103	147
Community	0	0	94	7	0	0	1	0	5	107
Other	0	0	43	0	33	0	0	0	0	76
	89	3	216	56	156	1	7	0	336	864

9. Breakdown of Line 5 above (verbal)	Hywel Dda	Betsi Cadwaladr	Aneurin Bevan	ABM	Cwm Taf	Velindre	Powys	WAST	C & V	TOTAL
Mental Health	0	0	0	16	21	0	0	0	46	83
A&E	11	0	8	160	92	0	0	0	44	315
Midwifery	1	0	3	20	5	0	2	0	30	61
Care of the Elderly (including EMI)	5	0	0	2	0	0	16	0	108	131
Medicine	12	0	13	75	29	18	4	0	61	212
Surgical	6	0	4	10	19	0	0	0	71	110
Community	1	0	26	40	0	11	6	0	33	117
Other	0	0	21	0	22	0	0	0	0	43
	36	0	75	323	188	29	28	0	393	1072

\*This includes V&A incidents to staff from Patients, Visitors or Members of the Public

## ANNEX B

### Violence and Aggression Training Passport - Compliance Figures\* for Health Boards and Trusts as at 1st Sept 2009

	Module A	Module B	Module C
Abertawe Bro Morgannwg	81%	81%	86%
Aneurin Bevan	56%	56%	87%
Betsi Cadwaladr	40%	51%	45%
Cardiff & Vale	99%	84%	84%
Cwm Taf	100%	92%	89%
Hywel Dda	100%	36%	36%
Powys	30%	33%	30%
Velindre	90%	60%	41%

Welsh Ambulance Services Trust	Module A	Module B	Module C
Paramedic staff	56%	56%	56%
Emergency Medical Technician	44%	44%	44%
High Dependency Staff	0%	0%	N/A
Patient Care Service	78%	78%	78%
Other Staff Groups	100%	N/A	N/A
NHS Direct	91%	91%	N/A

\* The Compliance Figure is shown as a percentage of the number of staff requiring training as required for compliance with the Violence and Aggression Training Passport, to actual numbers trained.

Module A = Induction and Awareness Raising

Module B = Theory of Personal Safety and De-escalation

Module C = Breakaway Training

All Health Boards additionally provide various models of Restrictive Physical Interventions Training to staff working in Adult Mental Health. A draft Module D has been developed to standardise this training and is currently being consulted upon. This Module will be available in early 2010.