

Cover Sheet

Trust Board Meeting in Public: Wednesday 8 March 2023

TB2023.25

Title: No Excuses: Reducing violent and aggressive behaviour

Status: For Discussion

History: A patient story and perspective is presented at each Trust Board

Board Lead: Chief Nursing Officer

Author: Caroline Heason, Head of Patient Experience

Confidential: No

Key Purpose: Strategy, Assurance, Policy, Performance.

Executive Summary

1. The purpose of the paper is to provide background and context to the staff story and give assurance to Trust Board on the progress of the Quality Priority 2022/3 to reduce and minimise violence and aggression within clinical and nonclinical services.
2. The Band 7 nurse describes the challenge of supporting patients in the emergency department (ED) when there is a risk of violence and aggression. The nurse wore a body camera whilst he looked after his patient, and he describes using it to highlight the impact of violence and aggression. He reflects on the cumulative impact for all the team and the formal and informal support for each other in the department.
3. A Band 5 nurse looked after a patient who was mentally very unwell and needed 1:1 support for their safety. The patient attacked her and pushed her to the floor. She reported the incident to the nurse in charge and made a statement to the police who suggested getting additional support from Victims First.
4. The Trust's 'No Excuses' campaign was extended to become a Quality Priority during 2022/3. This successful three phase programme has implemented body worn cameras, lone worker devices and the Trust wide coordination to drive the reduction of violence and aggression.
5. All violent and aggressive incidents in ED are reviewed in a fortnightly meeting and learning fed back to staff via the ED Clinical Governance meeting. The ED Matron writes to all ED patients who have been violent/ aggressive. This letter is designed to be compassionate whilst confirming the impact of their behaviour in ED on other patients.
6. The six dimensions of Wellbeing detail the available physical, emotional, psychological, social financial, intellectual, and finally environmental wellbeing support. The range and flexibility of support offered recognises the complex short and long-term impact of violence and aggression on individual staff and teams.
7. The Security Team play a vital support to the clinical teams and are highly valued as colleagues. Their primary objective is to try and verbally de-escalate the incident with physical intervention as a last resort. Staff are encouraged to call the Security Team at the earliest sign of an incident developing, as their presence will often be enough to deter a person from escalating their behaviour.
8. **Recommendations:** The Trust Board is asked to note the contents of the paper.

Contents

Cover Sheet 1

Executive Summary 2

1. Purpose 4

2. Background 4

3. Our story..... 5

4. No Excuses campaign..... 7

5. Quality Priority 2022/23 8

6. Wrap around support:..... 9

7. Conclusion..... 10

8. Recommendations 10

No Excuses: Reducing violent and aggressive behaviour

1. Purpose

- 1.1. The purpose of the paper is to
 - Present the staff stories relating to violence and aggression.
 - Assure Trust Board on the progress of the Quality Priority 2022/3 to reduce and minimise violence and aggression within clinical and nonclinical services.

2. Background

- 2.1. “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)
- 2.2. Violence and aggression towards NHS colleagues is a growing problem, with Health and Safety Executive (HSE) reporting that violent and aggressive incidents are the third biggest cause of injuries reported under RIDDOR from the health and social care sector¹.
- 2.3. In recognition of the lasting negative impact on the health and wellbeing of NHS staff, the NHS Long Term Plan and the NHS People Promise have both demonstrated a commitment to the prevention and reduction of violence and abuse toward NHS colleagues. This commitment was strengthened in January 2021, as NHS England and the Social Partnership Forum published a national violence prevention and reduction standard to embed a safe and secure working environment and culture for NHS staff.
- 2.4. The 2021 NHS Staff survey, (600,000 responses from 220 NHS trusts), found that:
 - 14.3% of NHS staff have experienced at least one incident of physical violence from patients, service users, relatives, or other members of the public in the last 12 months.
 - In the ambulance sector, our paramedics have experienced a much higher volume of abuse (31.4%).
 - The impact on staff is significant, with violent attacks contributing to 46.8% of staff feeling unwell because of work-related stress in the last 12 months, with 31.1% said thinking about leaving the organisation.

¹ [Health Services - Workplace violence](#)

- 2.5. Chart 1, below, shows the previous three-year trend data showing violence and aggression against staff, recorded in the Trust clinical incident system.

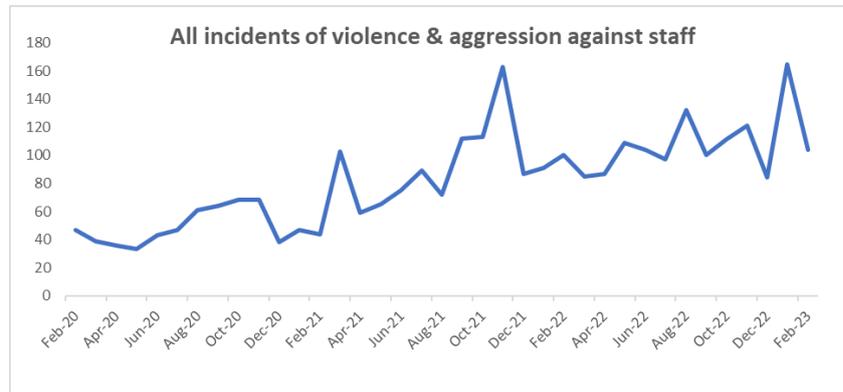


Chart 1: All incidents of violence and aggression against staff. February 2020 – February 2023.

3. Our story

Band 7 Team Leader:

I was supporting a patient who was very distressed, argumentative, and physically violent. I was wearing a body camera and it recorded everything. We wear them every day activating them frequently, helping us capture data. Sometimes, patients don't process the impact of learning to calm down, some do respond to the escalation prior to being filmed.

The impact of supporting patients in extreme crisis is enormous and we need prosecutions to help stop the behaviour. The Security Team are fabulous and very supportive despite the abuse from patients so zero tolerance and nipping it in the bud is important. When people daily call you horrid names in your ear all day, it is too much, and it becomes cumulative and wearing.

We run our own departmental wellbeing and we talk through everything, both nice and awful. I let all my team know if they are in crisis from a shift, to phone the Employee Assistance programme. We have staff advocates where staff ask how their colleagues are. If staff are struggling, we will place them in a different area. I can talk with the senior sisters; they are my friends and support at work.

In COVID the lack of social outlets had a big impact, but it is coming back (we have our own rugby club for de-stressing), it's about going to the pub and having a laugh.

I get up in the morning put my scrubs on and get on with my day. Sometimes a relative will be lovely and give you a packet of biscuits - and that intuitive support is wonderful.

Band 5 Nurse

I am a Band 5 nurse, and my story happened in Majors 1 in ED; specifically designed with no ligature points and a security bell. You have to be in two different modes to try and keep everyone safe.

The patient was very unwell, had a mental health act assessment and they were still waiting for a mental health bed after being looked after in the department for over 40 hours.

I was covering a break for the Health Care Assistant as the patient was receiving 1:1 supervision. They were very erratic and jumbled, we had walked around the department, and by this time, was sitting on the floor, the cubicle door was open, and I was sitting on a chair next to the door. The patient attacked me and pushed me onto the floor. I reported the incident to the nurse in charge; I cried a lot, and I was moved out. Speaking with my colleagues the patient had been inappropriate but not as bad as with me.

I reported it to the police and made a statement last week. The police officer was supportive and recommended Victims First.

I often think we expect a certain amount of abuse as we work in ED, but we shouldn't; this wasn't easy to brush off, I was at work to help.

Emergency Department (ED) Nurses: "People sometimes find it hard to see us in uniform and they seem to forget that we have feelings. We've had people come to us saying they know their rights, that treatment is their right...they are correct, but with those rights come responsibilities – and the responsibility isn't much to ask. It's simply to treat us with respect."

Administrative team: "A patient contacted us about a time-sensitive appointment, which we were understanding about...but this did turn into an upsetting conversation...the patient didn't think they should have had to wait that long for their treatment. They implied that if anything bad came of their condition it was potentially my fault...it was really upsetting, and I felt personally attacked."

Team Manager: "As a manager, it's never easy to see your staff being on the receiving end of abusive or aggressive behaviour. It is so important to support and acknowledge them and escalate the situation early – but it's often hard to see my team doing all that they can to provide compassionate care when they are being treated in such a way."

4. No Excuses campaign.

- 4.1. Following 100% increase in reports of abusive and aggressive behaviour towards our staff, the Trust's 'No Excuses' campaign started in January 2022 as a three-month trial of body cameras for nursing and medical staff in the ED at the John Radcliffe Hospital². The poster is shown in figure 1, below.



Figure 1: No Excuses campaign poster

The cameras are worn in clear view and switched on when an individual is being violent or abusive, and after they've been told that they will be recorded. The cameras aim to prevent violent or abusive behaviour and to identify and prosecute any offenders, creating a safer environment for everyone (patients, staff, and relatives)³. Figure 2 shows the escalation process prior to switching on the body camera recording.

Activate incident recording with sound and vision.



Staff attempt to defuse, de-escalate, and deter.



Staff give a pre activation warning.



Figure 2: Activation of the body camera in escalating situations

² Originally worn just by Security staff, designated medical and nursing staff will also wear body cameras to keep themselves and patients safe.

³ The data is stored securely on the Trust server and is compliant with Information Governance requirements.

- 4.2. There was extensive local and national media coverage following the launch of the campaign and included the ED matron discussing the campaigns and the impact of aggressive and abusive behaviour.
- 4.3. All violent and aggressive incidents in ED are reviewed in a fortnightly meeting with key representatives from the EDs, Emergency Assessment Units (EAU), Security and the MRC Division, facilitating quick learning between the teams and overall coordination to reduce violence and aggression across the departments⁴. This is fed back to staff via the ED Clinical Governance meeting and the team plan to update the Band 7 team to disseminate to their teams.
- 4.4. Appendix 1 shows the draft letter sent from the ED Matron to a patient where they have been violent/ aggressive in ED. This letter has been drafted in conjunction with the Complaints Team and is designed to be compassionate and also confirming the impact of their behaviour in ED on other patients and staff and to remind them of the required behaviour in future.

5. Quality Priority 2022/23

- 5.1. The Quality Priority was developed from the initial campaign and aimed to understand the scale of and contributory factors to violence and abuse, implement interventions and reduce the frequency of these incidents and the impact they have on both patients and staff.
- 5.2. Phase 1 established the baseline position of security and divisional issues with a stock take of violence and aggression training, the uptake of wellbeing offers, triangulation of staff survey data with incident reporting and a review of the BOB position for sharing and learning opportunities. The monthly Violence and Aggression Reduction group (VAR) was formed chaired by the Chief Nursing Officer.
- 5.3. In phase 2, incident reporting was used to inform deployment of clinically worn body worn cameras in both EDs, Specialist Surgery inpatient ward, Neurology wards, Gynaecology, SEU Wards, Renal ward, Trauma 2A & 3A. The Lone Worker devices for 'at risk employees'⁵ were evaluated in July 2022, and the Trust is awaiting delivery of 500 devices for implementation across the Trust.⁶ Over 100 NHS Trusts are currently using these devices to

⁴ those involved in the meeting find it very rewarding that we are really focusing on the issues and looking at how we can make a difference.

⁵ as defined by the HSE 'those who work by themselves without close or direct supervision'.

⁶ Lone Worker devices are small with a single button operation and supported by a call centre which is staffed 24/7 and 365 days a year. A pre-agreed escalation process is then followed to contact

ensure a robust and reliable solution to provide added reassurance to our staff.

- 5.4. In phase 3 (due to commence in March 2023), phase 2 interventions will be evaluated with a view to rolling out those proven interventions across the Trust. The violence and aggression policy will also be re-launched.
- 5.5. Figure 3 shows staff views, pre- and post-trial, for wearing body cameras.

PRE TRIAL

- 63.33% agree or strongly agree there's a need for body cameras
- 53.33% agree or strongly agree that body cameras will have a positive impact in my organisation
- 60.00% agree or strongly agree that body cameras will help and reassure both staff and patients.
- 78.5% agree that the cameras act as an effective deterrent

POST TRIAL

- 96.43% agree or strongly agree there is a need for body cameras
- 85.71% agree or strongly agree that body cameras have had a positive impact in my organisation
- 82.15% agree or strongly agree that body cameras help and reassure both staff and patients
- 96.43% agree that they want to continue using the cameras



Figure 3: Staff views pre- and post-trial.

6. Wrap around support:

- 6.1. Staff Wellbeing: The OUH People Plan has a clear vision, 'Together we make OUH a great place to work where we all feel we belong'. In particular Theme 1, Health, Wellbeing and Belonging for All Our People has a sub theme which aims to ensure we have 'A physical and psychological environment that enhances wellbeing. The work are doing on reducing violence and aggression feeds into this section of the People Plan.

In addition to the People Plan we have our Growing Stronger Together (our People Recovery Programme) and the OUH Guide to Health and Wellbeing. Appendix 1 shows the Six Dimensions of Wellbeing from the Guide including the detail for Physical, emotional, psychological, social financial, intellectual, and finally environmental wellbeing. The range and flexibility of support offered recognises the complex short and long-term impact of violence and aggression on individual staff and teams.

identified personnel in the Trust and raise an alert, with a Police alert and request to attend the device's GPS location if needed.

- 6.2. **Role of the Security Team:** The Security Team attend incidents of violence and aggression to protect staff and patients with the primary objective to try and verbally de-escalate the incident. Physical intervention is always a last resort, but the Security Team is fully trained to restrain an individual where there is a risk to the patient or others.

The majority of incidents that Security attend are due to the clinical condition of the patient, where they lack capacity, with aggression often the result of confusion or because the patient is attempting to leave, and it is not in their best interest to do so. Staff are encouraged to call the Security Team to their department at the earliest sign of an incident developing, as their presence will often be enough to deter a person from escalating their behaviour.

7. Conclusion

- 7.1. This paper has presented stories describing the impact of violence and aggression on staff.
- 7.2. The supporting paper has described the Trust collaboration and activity to reduce violence and aggression and its impact on staff and provided assurance to Trust Board on the progress of the Quality Priority 2022/3 to reduce and minimise violence and aggression within clinical and nonclinical services.

8. Recommendations

- The Trust Board is asked to note the contents of the report.

Appendix 1

The John Radcliffe
Headley Way
Headington
Oxford
OX3 9DU
Tel: 01865

DATE

Dear

I am writing to you following your recent attendance to the Emergency Department (ED) at the (John Radcliffe Hospital/Horton General Hospital – *delete as appropriate*). I understand that you attended the ED as you required medical assistance from our staff. However, as I am sure you recall, while you were in the ED, your behaviour was noted to be aggressive and/or violent towards our staff, causing distress to everyone involved and disruption to the work of the team.

We fully appreciate and understand that attending hospital can be a difficult and, in some cases, traumatic event for some of our patients, however, our staff can only provide patients with the care they require and deserve if they are able to work in an environment that is free from abusive behaviour and without the fear of violence and aggression, which will not be tolerated under any circumstances.

I hope that you have recovered well following your attendance to the ED. Should you require the services of the ED in future, I ask that you act in a more understanding and appropriate manner towards the staff who are trying to care for you.

Yours sincerely

Matron
Emergency Department

Appendix 2

NHS
Oxford University Hospitals
NHS Foundation Trust

Supporting Your Wellbeing...

Scan the QR code to view our full range of services in our **Guide to Health and Wellbeing**

Key highlights include:

Physical Wellbeing

Here for Health
Support for a range of lifestyle areas
01865 221429 hereforhealth@ouh.nhs.uk

Occupational Health
Work health assessments and musculoskeletal concerns. 01865 223325
occupationalhealth@ouh.nhs.uk

Emotional and Psychological Wellbeing

Care First
Free, confidential advice and counselling 24/7
0800 174 319

You Matter
Our local NHS mental health hub
0800 145 6568
youmatter@oxfordhealth.nhs.uk

Financial Wellbeing

Salary Finance
Financial education and services
www.salaryfinance.com

Environmental Wellbeing

Oxford Hospitals Charity
Small grants available for improving staff areas
ouhcharitysupport@ouh.nhs.uk

Occupational and Intellectual Wellbeing

Coaching and Mentoring
Coaching and mentoring to support personal and professional development
culture@ouh.nhs.uk

Social Wellbeing

Staff Networks
BAME, LGBT+, Women's, Disability and Accessibility, and Young Apprentices Networks
culture@ouh.nhs.uk

Chaplaincy
Spiritual and pastoral support
01865 857921
chaplaincy@ouh.nhs.uk

SIX dimensions of Wellbeing

Wellbeing Champions promote the wellbeing support available to colleagues
Mental Health First Aiders are listed by division on the **Growing Stronger Together** intranet pages
Wellbeing Check-ins are available for all team members with their line manager or 'nominated other individual'

GROWING STRONGER TOGETHER

For queries, please contact wellbeing@ouh.nhs.uk

Supporting Your Wellbeing - 18.10.2022 - DM1 80971