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Protecting NHS Staff from Violence and Aggression - An Update



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I have prepared this report for presentation to the National Assembly under the Government of Wales Acts 1998 and 2006.

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Assembly on 18 February 2009**



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Summary

1 This report provides an update for the Audit Committee of the National Assembly on whether the NHS has made good progress since it last reported on protecting NHS staff from violence and aggression. In March 2006, the Audit Committee published its report on this subject¹, noting that NHS staff were facing unacceptable levels of violence at work. Based on a report by the Auditor General², and oral evidence from the then Head of the Assembly Government's Department for Health and Social Services and the Chief Executive of Conwy and Denbighshire NHS Trust, the Audit Committee concluded that:

- data on the incidence and causes of violence and aggression was not yet fully comprehensive;
- an all-Wales approach to violence had started with the introduction in 2005 of the All Wales NHS Violence and Aggression Training Passport and Information Scheme (the Passport Scheme) (see **Box 1**) and performance management was improving; and
- NHS trusts were complying with their legal obligations and good practice guidelines to protect staff but needed additional support in key areas.

2 The Audit Committee's report contained six recommendations for action by the Assembly Government and NHS trusts (see **Appendix 1**). In May 2006, the Assembly Government accepted these recommendations in full and informed the Committee about how it intended to implement them. By February 2009, the Assembly Government reported that it had implemented four of the six recommendations with the remaining two expecting to be discharged by September 2009.

Box 1 - All Wales NHS Violence and Aggression Training Passport and Information Scheme (the Passport Scheme)

The Passport Scheme was issued in September 2004 and formally launched in 2005 to all NHS trusts. It was developed by the All Wales NHS Steering Group for the Management of Violence and Aggression (the Steering Group) (see **Box 2**) to provide tools and guidance to help trusts tackle violence and contains:

- recommendations on a common definition of violence and aggression;
- guidance on carrying out risk assessments and developing action plans;
- minimum requirements for the first three levels of training, namely induction and awareness raising, personal safety and de-escalation, and breakaway techniques;
- a withdrawal of care policy; and
- a lone working policy pro-forma and a specification for an electronic lone worker tracking system.

It is called a passport because it allows all staff who have completed a training course in one NHS Trust to be able to use it if they change jobs to another trust in Wales.

¹ Audit Committee, the National Assembly for Wales, *Protecting NHS staff from violence and aggression* (March 2006).

² Wales Audit Office, *Protecting NHS Trust staff from violence and aggression* (September 2005).



- 3 In October 2007, the Minister for Health and Social Services announced the establishment of a Ministerial Task Force ‘to look at a range of issues to improve the protection of staff working in the NHS in Wales’. The Task Force’s objectives were to set practical standards to protect staff, set timescales to implement the standards, and to monitor their implementation. The Task Force would consider violence and aggression across all sectors of NHS Wales and was specifically asked to address these key elements related to violence and aggression:
- incident reporting;
 - prosecution of perpetrators;
 - support for staff who are victims;
 - lone working; and
 - how Accident and Emergency (A&E) staff should respond to people attending A&E while under the influence of alcohol³.
- 4 On 8 April 2008, the First Minister announced in Plenary that the Task Force had produced its main conclusions and over 50 recommendations. The First Minister said that the Task Force was putting together a ‘costed action plan’. In May 2008, the Minister for Health and Social Services appointed an all-Wales champion to help take forward the recommendations of the Task Force. By November 2008, the Minister’s nominated lead and the new director ‘champions’ from each NHS Trust had drafted an employers’ action plan with 26 specific actions to be taken forward by health bodies. Each NHS Trust is expected to have agreed a detailed action plan by the end of February 2009 setting out how they will deliver those specific actions that have been agreed by the Minister’s nominated lead.
- 5 We concluded that, three years on, some of the Committee’s concerns remain, although the work of the Task Force is providing fresh impetus for improvement across the NHS to enhance protection for staff. The reasons for this conclusion are set out below:
- **The Assembly Government and health bodies are improving their systems for collecting and monitoring data on incidents but under-reporting is an unresolved concern.** Under-reporting is still a problem, with staff continuing to be reluctant to report all incidents of violence and aggression. There have been improvements in the consistency of recording of incidents in Wales, with all NHS trusts having adopted a common definition of violence and aggression, the same reporting system and the recent adoption of a single set of incident reporting codes. Going forward, these improvements should provide more consistent and reliable data on violence and aggression that health bodies and the Assembly Government can use for benchmarking incident levels. However, comparisons with England and Scotland are difficult due to the use of different definitions within the UK.
 - **Health bodies have implemented some actions to prevent and control violent incidents but many are still not in place.** Not all trusts had provided the required levels of training to staff, as set out in the Passport Scheme, and further work is needed to develop guidance and training for staff that need to use restrictive physical interventions. Actions to improve the physical environment to help prevent incidents occurring include a trial of high-quality Closed Circuit Television (CCTV) cameras in four A&E departments

³ Ministerial Task Force on Violence and Aggression in NHS (Wales), Interim report and recommendations, March 2008.

and the development of guidance to help ensure that the safety of staff, patients and visitors has been properly considered as part of any new developments to the health estate. However, less progress has been made in the protection of lone workers as not all trusts have an automated lone worker tracking system. Assembly Government officials are now seeking funding for an all-Wales lone worker tracker system.

- **The Assembly Government, health bodies and other partners are developing better ways to support staff after incidents.** The Steering Group is developing better training for security staff. There have been improvements in the way in which trusts work with the police, with an increase in local police presence at health sites and a new focus on working in partnership with the police to tackle violent incidents. However, health bodies need to improve the speed with which staff receive support following incidents, such as appropriate counselling and occupational health. The Assembly Government has agreed a Memorandum of Understanding with the Crown Prosecution Service (CPS) which should help to improve the historically low rates of prosecution of the perpetrators of violence and aggression against NHS staff. The Assembly Government is also seeking to agree a Memorandum of Understanding with the police to help increase the number of incidents referred to the CPS. There is scope to reduce personal injury claims against health bodies through providing better support and feedback on progress and outcomes to those staff that have experienced incidents of violence and aggression.



Part 1 – The Assembly Government and health bodies are improving their systems for collecting and monitoring data on incidents, but under-reporting is still a problem

Staff continue to be reluctant to report all incidents of violence and aggression

1.1 The 2005 Auditor General's report found that, whilst staff would usually report serious incidents, there were many incidents that they would not report, primarily because:

- the incident report forms took too long to complete;
- of professional pride;
- of a lack of confidence that reporting would make any difference; and
- some staff accepted a certain level of abuse as part of the job⁴.

1.2 The National Assembly's Audit Committee was concerned that the gaps in reporting would result in the NHS being unable to understand the nature and causes of incidents. The Committee recommended that NHS trusts find ways to encourage staff to report more incidents by seeking to reduce the burden of form filling for front-line staff⁵.

1.3 However, under-reporting remains an issue. The Task Force looked at evidence on reporting from a number of sources: the most recent NHS staff survey; interviews with staff who had been the victims of incidents; interviews with Trust health and safety leads; and the number of reported incidents. Staff interviewed said they were reluctant to

report incidents due to pressure of work, lack of support from managers, and acceptance of verbal abuse in A&E departments.

1.4 The Task Force made 17 recommendations to increase the rate of reporting, with particular emphasis on the role of managers in promoting the reporting of violence by staff and by investigating and reporting back to victims the outcome of all reported incidents. It also highlighted the importance of training for staff so that they understand the reasons for reporting and how to go about reporting incidents.

1.5 Health communities are currently working to agree an action plan by the end of February 2009 (see paragraph 4 of the Summary). The draft action plan requires that trusts provide training for all managers to a level commensurate with their role or responsibility. In particular, that would include the effective recording and management of all incidents of violence and aggression and the support and management of victims. In addition, trusts should put in place interim procedures that ensure that all reported violence and aggression incidents are monitored on a daily basis and that earliest contact is made with all victims (at the very latest within three days of incident).

⁴ Wales Audit Office report, paragraphs 1.31 to 1.35.

⁵ Audit Committee report. Recommendation i.a).

Improvements to recording of incidents are being introduced

Trusts have now adopted a common definition across Wales

1.6 At the time of the Auditor General's report, there were seven different definitions for violence and aggression in use across NHS trusts in Wales⁶. Not all of these definitions included verbal abuse, which is an abuse in its own right, and could be a risk factor for physical violence in the future. The Audit Committee found that while trusts had historically used inconsistent definitions, the Passport Scheme provided a standard definition for all trusts to adopt which is:

any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example, verbal violence.

1.7 Assembly Government officials have confirmed that all trusts have now adopted the common definition as set out in the Passport Scheme. The definition in Wales includes verbal abuse, which sets it apart from the definition in England where the NHS Security Management Service developed separate definitions for physical and non-physical assaults and a national reporting system which collects information on physical assaults⁷. NHS Scotland uses the Health and Safety Executive (HSE) definition from 1997⁸ which is similar to the one in use in Wales but

is still different⁹. This variation in definitions makes it difficult to compare rates of violence between the countries of the United Kingdom.

All NHS trusts are using the same incident reporting system which, together with the new single set of incident recording codes, should help provide more consistent and reliable data

1.8 In 2005, we found that NHS trusts were struggling to analyse data on reported incidents in a consistent way, because they did not have any standardised coding and a number of different software programs were in use across Wales¹⁰. This meant that the Assembly Government was unable to collate reliable figures from all trusts to understand the full extent of violent and aggressive incidents. The Audit Committee made recommendations to improve data collection, and the use of data, focusing on reducing the burden on form filling for front-line staff¹¹.

1.9 The Task Force was concerned that an all-Wales solution be brought in to provide a common, electronic, web-based system of data collection, which would reduce bureaucracy for staff reporting incidents and make data analysis more straightforward.

1.10 Assembly Government officials told us that, although there is not an all-Wales system, all trusts now use Datix healthcare risk management software for reporting incidents, albeit that they currently operate different versions of the software. Furthermore, trusts had adopted different approaches to coding incidents which has made it difficult to analyse reported incidents across trusts.

⁶ Wales Audit Office report, paragraph 1.30 and Appendix 6.

⁷ Wales Audit Office report, paragraphs 2.4 to 2.5.

⁸ NHS Scotland and Partnership Forum, *Managing Health at Work Partnership Information Network (PIN) Guideline 6: Protecting against violence and aggression at work*, January 2003.

⁹ Work-related violence has been defined as: 'Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment.' (HSE 1997).

¹⁰ Wales Audit Office report, paragraph 1.12.

¹¹ Audit Committee report, recommendation i.a).



1.11 The Steering Group (see **Box 2**) has now developed a single set of incident recording codes and sub-codes for use by all trusts. The Assembly Government has asked trusts to re-code all incidents from April 2008 to generate reliable and consistent data for 2008-09. However, whilst some trusts have been able to re-code all incidents, others that have recently undergone mergers have had difficulty in re-coding incidents as well as merging their systems for incident reporting. Consequently, Assembly Government officials have asked those trusts to re-code all incidents from 1 October 2008, with the aim of getting six months of consistent data by the end of the 2008-09 financial year.

Box 2 – The All Wales NHS Steering Group for the Management of Violence and Aggression (the Steering Group)

The Steering Group was established in 2001 as a sub group of the Welsh Health Trusts' Health and Safety Advisors' Forum, following the launch of the NHS Zero Tolerance Campaign by the Department of Health. Its objective is to assist NHS employers to develop policies, procedures and documentation to enable NHS employers to identify and manage the risk of violence and aggression against staff working across the NHS. The membership of the Steering Group is made up of representatives from NHS trusts, the HSE, the Assembly Government, the Royal College of Nursing, and the British Medical Association.

The Steering Group developed the Passport Scheme (see **Box 1** on page 6) that was issued in 2005 to all trusts. It continues to meet to consider updates to the Passport Scheme and carry out any other work to assist in the protection of staff from violence and aggression.

1.12 The most recent version of the Datix software supports a web-based reporting system, intended to make it easier for staff to complete incident reports online. Some trusts have already started using the web-based system but many do not have the most up-to-date version of the software. As and when health bodies come to renew their software contracts, Assembly Government officials told us that they will work with health bodies to ensure they are all using the most recent version, which has a web-based reporting function.

The new violence and aggression champions should provide a fresh impetus and leadership for monitoring progress

1.13 The Auditor General's report emphasised the importance of senior management commitment and leadership for the effective management of health and safety risks. We found that all NHS trusts had designated a senior member of staff, frequently the head of Human Resources (HR), with responsibility for tackling violence and aggression against staff. Most, but not all, trusts discussed violence and aggression at Trust Board level every year while fewer than half discussed it quarterly¹².

1.14 The Task Force recommended that NHS bodies appoint an appropriate executive level person as a 'Violence and Aggression Champion' to be responsible for monitoring performance and reviewing incidents of violence and aggression. The champions would be expected to update the Trust Board at least quarterly.

¹² Wales Audit Office report, paragraphs 2.16 to 2.17.

1.15 In May 2008, the Minister announced that the then Chair of Cwm Taf NHS Trust (currently interim Chair of Cardiff and Vale NHS Trust), and a former Deputy Chief Constable of South Wales Police, would be the champion for helping to protect staff across the whole NHS in Wales from violence and aggression. All trusts have now got either an executive director or a corporate director at Board level who is their champion for violence and aggression. The champions attended their first conference in October 2008 where they developed a number of proposals to help to deliver the Task Force's recommendations that have been agreed as the main priority with the Minister. These proposals included a draft action plan for health communities as well as a communications plan. This action plan proposes that, in addition to Board level executive responsibility, all trusts should nominate a non-executive director with specific focus on protecting staff from violence and aggression.

The Assembly Government is monitoring incident levels but is still unable to provide benchmarking data for health bodies

1.16 The Auditor General's report found that the Assembly Government had not developed a full picture of the levels of violence and aggression across NHS trusts¹³. Our survey of trusts provided the first all-Wales data on the number of incidents of violence and aggression, which provided a good indication of the extent of the problem facing staff in trusts, notwithstanding the problems with under-reporting and inconsistency in the use

of definitions. In 2003-04, trusts were reporting nearly 8,000 incidents a year, equivalent to over 20 incidents every day¹⁴. Of these incidents, 66 were serious enough to be reported to the HSE under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995; seven for major injuries; while the remaining 59 incidents led to absences of over three days¹⁵.

1.17 The Audit Committee expressed concern about the Assembly Government's lack of monitoring of the problem although it recognised that violence and aggression had been introduced as part of each NHS Trust's performance management balanced scorecard for 2005-06, which required trusts to comply with Welsh Risk Management Standards to improve safety for staff, patients and visitors¹⁶. The Audit Committee recommended that the Assembly Government used its performance management system to provide all trusts with benchmarking data to enable them to compare their violence statistics with those from similar trusts and departments on an annual basis and to assess their rates and performance in handling violence and aggression¹⁷. The Assembly Government has confirmed that this recommendation has now been implemented.

¹³ Wales Audit Office report, paragraph 1.8.

¹⁴ Wales Audit Office report, paragraph 1.9.

¹⁵ Wales Audit Office report, paragraphs 1.13 to 1.15.

¹⁶ Audit Committee report, paragraph 15.

¹⁷ Audit Committee report, recommendation ii.



- 1.18** Assembly Government officials told us that they have been collecting data on incidents of violence and aggression since 2005. The figure released by the Department for Health and Social Services for 2005-06 was 6,788¹⁸ but officials expressed concerns about the consistency of reporting across trusts. The accuracy of this data should improve with all trusts applying the same definition and once the unified coding system is fully implemented (see paragraph 1.11).
- 1.19** The HSE has provided updated figures for RIDDOR incidents at NHS trusts in Wales ([Exhibit 1](#)). Whilst the figures provided show an increase from the 66 major injuries reported in 2003-04, HSE officials emphasise that there are some coding difficulties they have been trying to resolve. For example, some incidents of violence and aggression were recorded by HSE administrators as manual handling incidents, which may understate these figures in [Exhibit 1](#).

Exhibit 1 - RIDDOR injuries as a result of assaults and acts of violence reported to the HSE by NHS trusts

	Non-fatal major injuries	Over three-day injuries	Total
2006-07	5	85	90
2007-08	8	69	77

Note: data provided for 2007-08 is provisional

Source: *Statement of Internal Control 85111 (NHS), HSE Wales*

¹⁸ National Assembly for Wales, Record of Proceedings, 13 June 2007.

Part 2 – Health bodies have implemented some actions to prevent and control violent incidents but many are still not in place

The Assembly Government launched the training passport in 2005 but it has not resolved all training issues

Not all health bodies have ensured that their staff have received training as set out in the passport

2.1 The Steering Group (see **Box 2** on page 11) considered the implementation of violence policies in trusts across Wales and developed strategies for dealing with legal issues, risk assessments, lone working, and the development of appropriate training. The Steering Group developed the Passport Scheme (see **Box 1** on page 6) which, in 2005, the Assembly Government issued to NHS trusts. The Passport Scheme set out minimum requirements for the first three levels of training namely:

- module A induction and awareness raising;
- module B personal safety and de-escalation; and
- module C breakaway techniques¹⁹.

2.2 The Auditor General's report noted the concerns expressed by trusts about the difficulties they faced in releasing staff for training²⁰. The then Head of the Assembly Government's Department for Health and Social Services told the Audit Committee that all trusts were expected to report the results

of their training assessments to the Assembly Government. She said that for some trusts, it would take until 2008 to fully implement the required training for all staff. She added that Assembly Government officials were working with trusts to prioritise training for those staff most at risk. She acknowledged the difficulties that trusts have in releasing staff for training and thought that Agenda for Change and the consultants' contract should provide sufficient time for key training including all elements of health and safety²¹.

2.3 The Assembly Government told trusts that the HSE would consider progress against the passport in its routine audits of trusts and recommended that trusts develop action plans to implement the passport by 31 March 2006²². However, the Task Force reported that many trusts were not yet compliant with the Passport Scheme. They recommended that the Passport Scheme be accepted as the minimum standard of training by all NHS employers. More specifically, the Task Force recommended that:

- module A be mandatory for all staff without exception;
- module B be mandatory for all staff who have direct patient and public contact;
- the passport is a key component of induction training for new staff;
- mandatory updates are required for all staff every two years in compliance with the Passport Scheme;

¹⁹ The All Wales NHS Steering Group for the Management of Violence and Aggression, All Wales NHS Violence and Aggression Training Passport and Information Scheme, 2005.

²⁰ Wales Audit Office report, paragraphs 2.6 to 2.7.

²¹ Audit Committee report, paragraph 12.

²² Audit Committee report, summary, page 2.



- all third-party employees, such as agency and locum staff, are appropriately trained and that this is part of the contractual agreement with external contractors; and
- all students on placement in NHS premises have received violence and aggression passport training prior to any placements.

2.4 Assembly Government officials told us that training in modules A and B is now mandated for appropriate staff; namely, all staff should get module A and all staff with direct patient and public contact should get module B. Assembly Government officials told us that module C training on breakaway techniques is recommended for staff whose training needs assessment suggests they would benefit from it, but the Steering Group is currently reviewing the course content given that the sorts of scenarios where staff might need to use breakaway techniques rarely occur.

2.5 The Assembly Government has been working with the HSE to develop an audit of health bodies on the management of violence and aggression, which is due to start in January 2010. Whilst the HSE will primarily check for compliance with the Health and Safety at Work etc. Act 1974, they will be using the passport as a basis for assessing compliance. As well as raising issues with individual health bodies (including taking enforcement action where appropriate) they intend to produce a composite report highlighting learning points on conclusion of the audit programme.

Module D of the training passport has still not been developed causing a lack of clarity for psychiatric units that need to use restrictive physical interventions

2.6 At the time that the Passport Scheme was launched, it did not contain any guidelines for the delivery of module D training on restrictive physical interventions to manage disturbed or violent behaviour. The National Institute for Clinical Excellence (NICE) published guidelines in February 2005 on the short-term management of disturbed (violent) behaviour in inpatient psychiatric settings. The Assembly Government also produced guidance in March 2005 – Framework for restrictive physical intervention policy and practice – but this was not incorporated into the module D training. At the time of our earlier report being published, the Steering Group was debating whether to develop a single training scheme for physical restraint in the future²³.

2.7 The Audit Committee asked whether zero tolerance applied to all parts of the NHS including mental health settings. The then Head of the Assembly Government's Department for Health and Social Services said that work was being done to develop training for this client group based on reports prepared by the Healthcare Commission and Royal College of Psychiatrists on the management of violent patients²⁴.

²³ Wales Audit Office report, paragraph 2.29

²⁴ Audit Committee report, paragraph 11.

2.8 However, Assembly Government officials told us that module D training is still in draft and has not reached approval primarily because it is a very difficult area on which to get agreement by all parties as to which are the safest and most effective methods of restraint. Many trusts are therefore continuing to use whatever techniques they used in the past. Assembly Government officials are continuing to work with NHS Wales on this important area although they are still some way from reaching agreement.

Actions are in place to make environments safer but the arrangements for lone workers are not yet satisfactory in all cases

The physical environment is being improved

2.9 The Auditor General's report looked at the importance of the environment on visitors and patients and what could be done to minimise the risks of violence associated with poor environments. At that time, NHS trusts said they were undertaking improvements to their physical environments if it was highlighted as necessary after carrying out a risk assessment, although some stated that they did not have the resources to implement all the initiatives they required. CCTV was available in some Trust A&E departments and for outside areas such as car parks²⁵.

2.10 The Task Force reported that the use of good quality CCTV cameras would allow for better detection and prosecution of perpetrators. It recommended that a national initiative is undertaken to improve CCTV within A&E departments in all large hospitals. A survey by

Welsh Health Estates in April 2008 found that 17 out of 18 hospitals had CCTV cameras installed in their A&E departments. However, only three of these were confident that their cameras met industry standards in terms of the ability to use stored data to support prosecutions of the perpetrators of violence and aggression.

2.11 The Task Force also recommended that all future 'new builds' and significant upgrades/renovations to existing NHS facilities should be compliant with 'secure by design' and 'safer hospital concepts', which require that plans are subject to approval by qualified staff at Welsh Health Estates and police architectural officers. In addition, the Task Force recommended that all smaller schemes commissioned by all-Wales employers should be subject to 'secure by design' suitability checks.

2.12 Assembly Government officials told us that they are pursuing three ways to improve the environment:

- They are considering funding a trial which will put high-quality CCTV cameras into four A&E departments (one in each police area) to help both as a deterrent and to assist with prosecutions. Surveys of these sites are being undertaken jointly by Welsh Health Estates and the police.
- A process mapping exercise in A&E departments (with representatives from the police, ambulance service, CPS and the primary care sector) to look at how an incident progresses and what can be done at every stage to ensure that any capital investment will result in environments that minimise the risk of violence.

²⁵ Wales Audit Office report, paragraphs 2.33 to 2.34.



- In partnership, the police in Wales and Welsh Health Estates are working together to produce joint guidelines/protocols that will better incorporate 'secure by design' principles into health estate developments.

Lone worker policies are in place but not all workers are covered by an automated alert system

2.13 The Auditor General's report set out the risks faced by lone workers such as community midwives and district nurses, who regularly work in different environments, for example community clinics and patients' homes. Lone workers face a particular risk from violence from patients or their relatives as they may encounter difficulties in getting assistance in the event of an incident. Issues may arise for lone workers when they visit a property for the first time to assess a new patient as they will have only limited information about them. At the time of the report, trusts had developed lone worker policies but not all were adequate. Particular concerns were the lack of availability of mobile phones and that logging systems (so that someone else knows where staff are working) were of variable quality and were often set up differently in each department of a particular Trust. The Passport Scheme contained a lone working policy pro-forma for trusts to use to develop their own lone worker policies and a specification for an electronic lone worker tracking system²⁶.

2.14 The then Head of the Assembly Government's Department for Health and Social Services told the Audit Committee that there was an all-Wales development of a lone worker scheme and an accompanying alarm system. However, little progress had since been made on this front, and Assembly Government officials told us that the business case for the lone worker tracking system was rejected in 2006, because the Assembly Government thought that trusts should procure their own systems as they have a statutory duty to protect their staff.

2.15 However, this thinking has now changed following the recommendations by the Task Force. Assembly Government officials have developed a business case to secure funding for an all-Wales lone worker tracking system, and submitted it for approval under the 2009-10 capital funding round.

²⁶ Wales Audit Office report, paragraphs 2.22 to 2.25.

Part 3 – The Assembly Government, health bodies and other partners are developing better ways to support staff after incidents

Health bodies have made progress in the ways they deal with incidents of violence and aggression

Better training for security staff is being developed

3.1 The Auditor General’s report found that not all trusts had security staff available to help when an incident occurs in the medical and surgical directorates of hospitals, including A&E departments. We also found that not all trusts that employed security staff had trained them in how to manage violence and aggression from patients and visitors²⁷. Even in trusts that employed security staff, not all trusts were satisfied with the way that security staff managed violent incidents. The Assembly Government had published guidance to trusts²⁸ but this guidance did not address all the issues relating to the deployment of security staff.

3.2 The Steering Group has recognised the need to review the current roles and responsibilities of security staff across Wales, in so far as they relate to tackling violence and aggression. One consideration is to establish an all-Wales standard and accreditation scheme, which could include training similar to that given to police community support officers.

Arrangements with the police have improved

3.3 Our report found that the majority of trusts called the police to their A&E departments more than once a week while other departments were calling on the police to assist them less frequently. Some trusts were unhappy with the response of the police when they called them because: the police did not turn up sufficiently quickly when called to an incident; the intervention used by the police was not appropriate for the situation; or the police left before the situation had been fully resolved. Some trusts had started working with the police setting up local arrangements to improve the policing of trust sites²⁹.

3.4 The Audit Committee heard that the then Head of the Department for Health and Social Services had asked officials to seek ways to improve trusts’ relationships with the police by participating in community partnerships³⁰.

3.5 The Task Force subsequently found that several trusts had reported that violent incidents had decreased significantly when the police were sited in A&E departments. It recommended that:

- a local police presence on NHS premises be introduced in specific areas following the success of other similar initiatives; and
- implementing and funding the stationing of police officers in key NHS Wales areas be funded and nationally agreed/negotiated.

²⁷ Wales Audit Office report, paragraphs 2.36 to 2.37.

²⁸ The Welsh Assembly Government, *Security Management Framework for NHS Hospitals in Wales*, July 2005.

²⁹ Wales Audit Office report, paragraphs 2.40 to 2.41.

³⁰ Audit Committee report, paragraph 23.



3.6 Assembly Government officials told us that there has been a substantial improvement in the way that trusts work with the police. A recent Welsh Health Estates survey found that four hospitals have a police officer based on site on a part time basis. The police are also including hospitals as part of their regular community policing beat – in the past, some hospitals were excluded. In addition, the new group of Trust champions, working in close liaison with the police, is focusing its attention on strengthening the joint police/health approach to violent incident management, in particular defining their respective responsibilities towards victims.

Health bodies need to improve the speed with which staff receive therapeutic support following incidents

- 3.7** Post-incident support and counselling were available for staff at all trusts at the time of the Auditor General's report. However, less than half of trusts always offered support services such as a referral to occupational health, counselling, or a follow-up meeting with a manager³¹.
- 3.8** The Task Force was concerned that support to staff after an incident was inadequate. They found that access to cognitive behavioural therapy, which can help with the psychological injury after an incident, was limited with an average waiting list of nine months as well as long waits for physiotherapy and other therapeutic interventions. The Task Force said that staff who can access speedier NHS support following incidents for both physical and psychological injury, will be likely to have much better recovery rates resulting in lower

costs related to sickness absence. It recommended fast track access to physiotherapy for staff and prompt referrals to occupational health and counselling.

- 3.9** Assembly Government officials told us that Directors of HR know that they have to arrange for Occupational Health to be available promptly after an incident. The Deputy Directors of HR Group is researching what forms of counselling are best for traumatic incidents as the wrong response can exacerbate post traumatic stress.
- 3.10** The Auditor General's recent report on the management of sickness absences reported that the NHS Wales Attendance Management Steering Group provided guidance on the fast tracking of NHS staff, pointing to the fact that trusts should consider the merits of dedicated pathways or fast tracking to physiotherapy services for staff with musculoskeletal injuries (applicable to staff who are off sick or those still in work but affected by an injury). Several trusts now provide a physiotherapy service as part of the wider Occupational Health service while others had agreed arrangements to fast track to the wider NHS service, particularly where there were opportunities for staff to fill appointments cancelled by members of the public³². In addition, Cardiff and Vale NHS Trust provides a specialist service for staff who are diagnosed as suffering from post-traumatic stress disorder following work-related incidents while Gwent Healthcare NHS Trust provides confidential debriefing to teams following difficult incidents³³.

³¹ Wales Audit Office report, paragraphs 2.38 to 2.39.

³² Wales Audit Office, *The Management of Sickness Absence by NHS Trusts in Wales – Follow Up Report, January 2009*, paragraph 2.7.

³³ Wales Audit Office, *The Management of Sickness Absence by NHS Trusts in Wales – Follow Up Report, January 2009*, Case Study H.

Rates of prosecution can be expected to improve if all proposed actions are implemented

- 3.11** At the time of the Auditor General's report, trusts had achieved mixed results from working with other agencies to protect the victims and tackle the perpetrators of violence and aggression. Many trusts said that it was difficult to obtain successful prosecutions after incidents and that they rarely or only sometimes prosecuted offenders³⁴.
- 3.12** The Assembly Government and the CPS agreed a Memorandum of Understanding, which took effect on 21 March 2007. The Memorandum of Understanding has been agreed to ensure the effective prosecution of cases involving violence and abuse (whether physical, verbal or sexual, and including assaults which are religiously or racially motivated) against any member of NHS staff. The agreement only covers investigations that get as far as being referred to the CPS by the police. The CPS will work with the police to ensure that any cases of violence or abuse against NHS staff are treated with the seriousness that they deserve and encourage a robust charging policy to be applied by prosecutors. In the event that the CPS decides not to charge, or discontinues a case, or recommends a caution, or a conditional caution, for an assault against a member of NHS staff, the health body may decide to instruct Welsh Health Legal Services to consider a private criminal prosecution or issue civil proceedings against the perpetrator.
- 3.13** The police are responsible for investigating allegations of crime and for gathering evidence about what occurred. However, Assembly Government officials reported that there have been a number of occasions when the police inappropriately caution, which may mean that the incident has not been fully investigated or recorded. Alternatively, the perpetrator may be issued with a fixed penalty fine, again meaning that a full investigation will not occur. Furthermore, the victim may not know what happened to the perpetrator and whether the case was dropped or went to court. These weaknesses in the investigative response are often compounded by inconsistent and inadequate responses by some trusts. The group of Trust champions is targeting this area as a high priority.
- 3.14** A Memorandum of Understanding between the Assembly Government and the four Chief Constables in Wales has been drafted but not yet agreed. If implemented, this Memorandum of Understanding could help to increase the numbers of cases that get to the CPS and ultimately should increase the number of prosecutions.
- 3.15** Another action that should help to increase prosecution rates is a project between the Assembly Government and trusts to place caseworkers in each trust who can liaise closely with the police and CPS. The caseworker would be empowered to investigate all incidents, ensure reporting is correctly done within the trust, support the victim and collect the evidence from witnesses. Currently, the four trusts participating in the CCTV trial are planning to employ a caseworker, one within each police area. The group of Trust champions is considering how best to develop case management in each health community and has agreed to draw up best practice guidelines on case management by March 2009.

³⁴ Wales Audit Office report, paragraph 2.48.



There is scope to reduce personal injury claims against health bodies through better support to staff who have experienced incidents of violence and aggression

- 3.16** The Auditor General's report estimated that legal costs and compensation related to personal injury claims by staff as a result of injuries sustained from violence and aggression was around £2 million in 2003-04 based on 60 cases at £33,000 per case³⁵. The number of cases Welsh Health Legal Services are responsible for (which excludes those from Welsh Ambulance Services NHS Trust and Cardiff and Vale NHS Trust because their contract for legal services is with a private firm) is currently 54 for 2007-08 which is 11 per cent of all their personal injury claims. Welsh Health Legal Services estimate that the average cost of personal injury claims has fallen to £16,500 per case giving a total of less than £1 million for the trusts for which they have responsibility.
- 3.17** The Task Force concluded that victims who experienced a lack of feedback after an incident could have negative perceptions about their employer's commitment and support. In addition, if investigations are undertaken and staff receive no updates on progress or outcomes they can feel undervalued and uncertain of action taken. The Task Force recommended that managers must investigate all reported incidents and provide feedback promptly to victims.

- 3.18** Welsh Health Legal Services were concerned that by not providing staff with support post incident, injured staff would be more inclined to pursue a case for damages against their employer, thereby increasing the costs to the NHS. Trusts need to ensure that they have done all that is reasonable to protect staff, through risk assessments and training, as well as sufficient staffing numbers and patients being located in the right setting, to be able to defend cases successfully.

³⁵ Wales Audit Office report, Figure 13

Appendix 1 – Audit Committee recommendations, March 2006, with an update by the Assembly Government on progress as at February 2009

No.	Audit Committee recommendation	Assembly Government update on progress in implementing the Committee recommendations	Target date
i. a)	<p>Although the Assembly Government has clarified the definition of violence and aggression and increased levels of training through the Passport Scheme, some staff are still reluctant to report every incident of violence and aggression. There are gaps in the information collected about the nature and causes of reported incidents, and a lack of information on the demographics of the staff concerned. Nor are sickness absence reporting systems sufficiently robust to identify the level of staff sickness absence that is related to violence. We recommend that:</p> <p>NHS trusts encourage staff reporting of incidences of violence and aggression by seeking to reduce the burden of form filling for front line staff, for example by encouraging security or administrative staff to complete the forms.</p>	<p>The Assembly Government has issued a set of incident recording codes and sub-codes for use in all NHS incident recording databases. These codes will enable NHS bodies to record the incidence of violence and aggression in a consistent manner. To ease the burden of form filling, trusts are currently further developing their incident recording databases to allow incidents to be recorded electronically via their intranets. Work is also underway to develop a specific incident form for violence which will be shorter and ease quick capture of incident details. All NHS bodies have agreed to apply Case Management principles for all incidents involving violence. This will see incidents being reviewed within three days, appropriate actions taken to support staff and investigation of all incidents. Where appropriate action against the perpetrator will be pursued by the NHS body.</p>	Discharged February 2009
i. b)	<p>All information on the causes of incidents of violence and aggression – for instance, where an interview with a manager has taken place after an incident, or as part of an exit interview with staff leaving the Trust’s employment – should be passed to the Trust’s health and safety lead, who should analyse the causes of violence and share any emerging trends with the Trust Board.</p>	<p>The All Wales Violence and Aggression Steering Group have considered the matter of using information gained from incidents or exit interviews, where the cause has been identified as violence and aggression, to investigate and provide reports to Trust Boards. Trusts have arrangements in place for the reporting of incident data to their Trust Board, which is assessed as part of the Welsh Risk Pool’s annual audit process (Welsh Risk Management Standard 3 – Incident and Hazard Reporting – see areas for assessment 11 and 14).</p>	Discharged July 2007
i. c)	<p>The Assembly Government and NHS Trusts should develop sickness absence reporting systems that record work-related violence as a reason for absence.</p>	<p>Violence and aggression is included as part of the standard reporting codes under sickness absence on the NHS Electronic Staff Record (ESR).</p>	Discharged February 2009



No.	Audit Committee recommendation	Assembly Government update on progress in implementing the Committee recommendations	Target date
ii.	<p>NHS trusts are required to provide annual statistics for violence to the Assembly Government's Health and Social Care Department as part of the balanced scorecard for 2005-06. We recommend that:</p> <p>The Assembly Government uses its performance management system to provide all NHS Trusts with benchmarking data to enable them to compare their violence statistics with those from similar trusts and departments on an annual basis and to assess their rates and performance in handling violence and aggression.</p>	<p>As part of the work the Assembly Government is doing with Trust Human Resource Directors, statistics on violence and aggression now form part of the returns expected under the HR Matrix from the Designed for Work Strategy. The format of these statistics will be far more comprehensive now that item number i.a) (above) is fully implemented</p>	Discharged February 2009
iii.	<p>Delays in discharging patients exhibiting disturbed behaviour, such as elderly patients with dementia, may increase the risk of violence and aggression to staff. Trusts do not have data on the number of incidents caused by elderly patients delayed on wards due to a lack of alternative care. We recommend that:</p> <p>Trusts should seek to reduce the risk of violence and aggression by carrying out risk assessments on the impact of any delayed transfer on a patient's mental health, and that ward managers ensure that staff are adequately supported where a delayed transfer of care exacerbates the risk of violence from patients.</p>	<p>The All Wales Steering Group on Violence and Aggression is addressing this as part of its work with the Assembly Government's Chief Nurse and the NHS Directors of Nursing Group. NHS bodies' clinical risk assessments will be reviewed to further address the risks.</p>	September 2009
iv.	<p>The Auditor General's report highlighted a number of legal issues that NHS trusts were wrestling with, namely, how to increase the number of successful prosecutions, working more effectively with the police, and the data protection and human rights issues that surround tagging the notes of repeatedly violent patients and sharing this information across agencies. The Assembly Government is carrying out work in each of these areas to provide further support and guidance to trusts. We recommend that:</p> <p>The Assembly Government issues guidance to NHS trusts on increasing prosecutions, working with the police, and the data protection and human rights of patients. The Assembly Government should monitor the impact of this guidance on staff well-being and on the development of effective management systems by trusts.</p>	<p>A Memorandum of Understanding between the Assembly Government and the Chief Constables for Wales has been developed. It aims to ensure incidents of violence and aggression to NHS Wales's staff are appropriately investigated and robust cases passed to the CPS for prosecution. Alongside this Memorandum, a policy for NHS bodies along with guidance has been developed. Work is underway to implement the changes these documents contain.</p> <p>All trusts and local health boards have appointed 'Local Champions' who will be each expected to develop local community action plans. All trusts and local health boards will also undertake a review of incidents and update their staff on initiatives they are undertaking to address violence and aggression at a local level.</p>	July 2009

Note: Recommendation i.b) was recorded as being discharged in the Corporate Governance Committee update for February 2008

Source: Update on progress against the Audit Committee's recommendations provided to the Assembly Government's Corporate Governance Committee, February 2009