

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 September 2017

Title and Author of Paper: Reported Physical Assaults for Northumberland Tyne & Wear NHS Foundation Trust - 2016 - 2017 - Tony Gray – Head of Safety & Security

Executive Lead: Gary O'Hare – Executive Director of Nursing and Operations – Security Management Director

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This report has been adjusted and now only includes the reported activity for the Trust for financial year, 2016 -2017, this is due to the fact that as previously reported to board in the Annual Security Management Report in May 2017, NHS Protect no longer have national operational responsibility for security and as such there is no requirement for Trust's to report physical assaults on staff to them, and there will be no nationally published data. This may be reviewed in future by Department of Health.
- It is important that Boards still have sight and gain assurance from this report irrespective of national changes, as aggression and violence accounts for over 30% of the Trust's incident activity, and results in a number of employer's liability claims each year.
- The last nationally published data has been included in this report purely as a historic reference point.
- For the period April 2016 – March 2017 there were 3,825 reported physical assaults, this is an increase of 110 incidents or 1% of the activity from the previous year, it is important to acknowledge that all incident reporting has increased by 13.5% due to the full embedding

Report Title	Board Date
Safer Care Report Q1	July
Physical Assaults on Staff Annual Report	September
Safer Care Report Q2	October
Mortality Report	November
Safer Care Report Q3	January
Lone Working Annual Report	February
Safer Care – Forward Plan – Annual Review	March
Safer Care Report Q4	April
Annual Security Management Report	May
Positive & Safe Annual Update	June

of an electronic reporting system.

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No If Yes please outline NO

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Noted for information

Link to Policies and Strategies: Security Management Strategy / Positive and Safe (Talk First Strategy). Prevention and Management of Violence and Aggression Policy, Security Management Policies and Practice Guidance Notes.

Reported Physical Assaults September 2017

Reporting Period: April 2016 – March 2017

Shining a light on the future



Introduction

Up until March 31st 2017 NHS Protect had policy and operational responsibility for the management of security in the NHS. This included tackling physical and non-physical assault against staff. As previously reported in the Annual Security Management Report received by the Board in May 2017, this now solely sits with Trust's and there is no longer a requirement to report into national systems. This effectively means that there is now no national way of knowing the true number of physical assaults that occur in the health sector, from April 2016 onwards for published data.

It has previously been agreed that irrespective of this it is important for the Board and the Trust as a whole to full-fill its' duty of care in line with current legislative requirements and Care Quality Commission Regulations that the Trust has in place safe systems of work to keep staff and others as safe as is reasonably practicable.

Incident Reporting

The Trust has in place a robust and well tested incident reporting system, following internal audits the system currently has a good level of assurance, that staff are complying with the reporting system, and the only objectives not met to achieve significant assurance were relating to authorisation by managers in line with the policy, and there are plans in place to improve this aspect of incident support.

Throughout 2015 the web based incident system was rolled out across the Trust and fully implemented by October 2015, this started to see an increase in incident reporting from the outside, as it had been designed and tested by clinicians to make it easy to report incidents, acknowledging the information they would receive in return, to assist with care planning for patients and learning within teams. The system design was successful in winning a staff excellence award at the Trust awards ceremony.

By the end of the financial year the Trust had reported the highest annual total of 32,029. Of these 3,715 incidents were assaults on staff, 11.6% of the total. It was acknowledged that due to the implementation of the system taking 6 months to complete, a true figure of embedded data would not be achieved until the Trust had a full year of data by 31st March 2017.

Reporting staff have been fully engaged with the system and appreciate the learning that comes from it, this is acknowledged in the staff survey results which indicates a high response rate for staff witnessing incidents and reporting them.

For the completed year April 2016 – March 2017 the Trust reported 36,384 incidents, of these 3,825 were incidents of assaults on staff or 10.5% of the total.

It is acknowledged that the true rate of assaults on staff has increased from the previous year , but the activity has not increased at the same rate of the overall activity of incident reporting.

The Trust must has maintained the standards to ensure that incidents of aggression and violence to staff fall into the following definitions:-

Physical Assault – The intentional application of force to the person of another, without lawful justification resulting in physical injury or personal discomfort.

Non-Physical Assault – The use of inappropriate words or behaviour causing distress and / or constituting harassment.

The National Picture

The table below gives a comparison of the historic published figures for the last five years that data was available.

	2011/ 12	2012/13	2013/14	2014/15	2015/16
Type of Trust	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults
Ambulance	1,630	1,397	1,868	1,861	2,300
Acute	15,536	16,475	17,900	19,167	20,018
Primary Care	1,540	0	1,731	1,616	2,130
MH & LD	41,038	43,699	47,184	45,220	46107
Special HAs	0	0	0	0	0
Total	59,744	61,571	68,683	67,864	70,555

There is now no national comparisons for any provider organisations in the same way this was previously published, and it is important to consider that the previously published reports gave the assault rate against staff ratios, to allow for equal comparison acknowledging that Trust's provided different and complex services. The only information that would be available for comparative purposes in future would be through the Freedom of Information Requests around this activity, or via the submission of all incident activity through to the Care Quality Commission as part of the Provider Information Request in advance of any inspections.

Assaults against staff within the Trust, in comparison to all incidents reported

When looking at the actual activity reported for NTW NHS FT, the following table's breakdown the activity within the Trust by Directorates. This comparison has been broken down over the last 3 full financial years to give some trend analysis, the first table is the Trust reported activity for all incidents, which whilst reported to the board each quarter in the Safer Care report, is useful as a reference point when looking specifically at any increases in reported assault activity.

Directorate	2014/15		2015/16		2016/17	
	Incidents	Assaults	Incidents	Assaults	Incidents	Assaults
Chief Executive	3	0	5	0	3	0
Commissioning And Quality Assurance	31	0	40	0	40	0
Community Care Group	2422	24	3990	22	4901	30
Deputy Chief Executive	140	15	137	2	110	1
In-Patient Care Group	14010	2059	11634	1632	13126	1825
Medical	156	0	62	0	103	0
Nursing & Operations	68	0	114	0	165	0
Specialist Care	14388	1497	16022	2059	17914	1969
Workforce And Organisational Development	23	0	25	0	22	0
Total	31241	3595	32029	3715	36384	3825
%	100%	11.5%	100%	11.6%	100%	10.5%

Assaults on Staff by Actual Harm

It is important to acknowledge that not just physical harm is measured and reported on within the incident activity of the Trust, each incident records the actual harm to the member of staff, and all physical injuries are recorded, including any Police reports for potential prosecutions.

The following information gives the breakdown of the reported assaults on staff over the last 3 years by actual harm.

Actual Impact	2014-15	2015-16	2016-17	Total	%
1 - No Harm	949	1391	1960	4300	38.62
2 - Minor Harm	2365	2179	1774	6318	56.74
3 - Moderate Harm	281	145	90	516	4.63
4 - Major Harm	0	0	1	1	0.01
Total	3595	3715	3825	11135	100.00

Over 95% of incidents are recorded as no or minor harm, with fewer than 5% rated as moderate harm, which would include recorded injuries which would need local, or hospital treatment and which does account for time lost in absence from work. These incidents are also accountable for a number of Employer Liability claims being received for potential breach of duty of care. It is important to note that not all claims are successful, as the Trust has robust systems in place to keep staff safe, to manage the risks associated with aggression and violence.

A number of these incidents are reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 as over 7 day injuries.

The number of incidents reported over the last 3 years are as follows:-

2014-15	2015-16	2016-17
34	19	26

Health & Safety Executive

The Trust was notified formally by the Health & Safety Executive of a concern that had been reported to them on 19th April 2017 in relation to the following:-

Managing Violence and Aggression at the Hopewood Park Site

- Training of staff and the required levels of staffing to implement the training
- Reporting of incidents
- Investigation of incidents
- Action taken following incidents
- How you support staff involved in incidents including return to work

The Head of Safety and Security facilitated a visit / fact find to the site on 25th April 2017, and provided detailed information in advance of the visit. A tour of one of the wards was carried out, where the HSE inspector spoke to staff and patients, and understood the complexities of a mental health service and the Trust strategy in respect to prevention and management of violence and aggression in line with our Positive and Safe Strategy, but also how we report, investigate and learn from activity that occurs. The concern was formally closed without further action on Monday 8th May 2017.

From the activity reported in only 1 incident in the last 3 years has resulted in major harm to staff, and was investigated as a serious incident, this resulted in a number of assaults following an incident in a tribunal room of the Trust , with a detained patient who had deteriorated. The action plan identified a number of learning points in relation to risk assessment, staff attack alarms, training and environmental considerations, which have now been actioned.

Specific information relating to residency of patients who create physical assaults on staff

Services that are provided by the Trust include both locally commissioned by the Clinical Commissioning Groups as well as regional and national services commissioned by NHS England as a result of this when looking at the CCG residency of patients who commit assaults on staff, the activity is far wider than the North East area.

The following is a breakdown of the residency of the patients who created assaults on staff in 2016/17, this is presumed that the CCG residency recorded in the clinical record, is the CCG that commissions the care.

CCG	Number of Assaults	% of total
NHS GATESHEAD CCG	216	6%
NHS NEWCASTLE NORTH AND EAST CCG	348	9%
NHS NEWCASTLE WEST CCG	256	7%
NHS NORTH TYNESIDE CCG	86	2.5%
NHS NORTHUMBERLAND CCG	1020	27.5%
NHS SOUTH TYNESIDE CCG	171	5%
NHS SUNDERLAND CCG	482	13%
Total Assaults for Local CCG's	2579	70%
Total Assaults for all other CCG's / Healthcare Commissioners	1125	30%

Learning from violent activity and working to reduce risk of assaults on patients, staff and others.

The Trust has in place a Positive and Safe Strategy this was approved at the Board of Directors in January 2016, and the Board received its first annual report on this important piece of work in June 2017. As the new Safer Care Group becomes operational as part of the Clinical Transition in October 2017, more focused work around Talk First and the use of the information to learn from, predict and prevent activity. The dashboards are constantly developing in line with clinical requirements via regular feedback sessions. During 2017-18 the plan is to extend information in a number of key areas such as restraint, seclusion and violence and aggression. In addition to this, preliminary work is underway with Speech and Language Therapy (SALT) professionals to explore the possibility of providing the Talk 1st data in a patient friendly format.

Future Strategic Direction

- The impact of Talk 1st is not expected to be immediate with similar programmes nationally.
- requiring several years of embedding before the benefits are fully realised.
- Momentum and progress towards the embedding of Safewards/Star Wards will be maintained via on going monitoring and review within cohorts and via Talk 1st support forums.

- Models of 'debrief' and effective post incident support will be routinely provided for patients and staff across all wards.
- All staff will be equipped with the knowledge and skills to effectively de-escalate violence and aggression.
- Continue to minimise the use of all restrictive interventions and promote collaborative working and care planning.
- Organisational strategy will help to embed positive and safe values within the culture of our wards.