

## REFLECTIONS FROM THE LAUNCH OF OBLIGATORY RESPONSES TO VIOLENCE IN HEALTHCARE

**21 NOVEMBER 2018**

90 delegates from the NHS, Police, CPS, Welsh Government, Primary Care and Union representatives attended the event at Metropole Hotel in Llandrindod Wells.



**The event commenced with the 'signing ceremony' whereby 'The Obligatory Responses to Violence in Healthcare' was signed**



### **Signatories from left to right:**

Barry Hughes, Chief Crown Prosecutor, Crown Prosecution Service

Dr Andrew Goodall, Chief Executive, NHS Wales

Rhiannon Kirk, Assistant Chief Constable, Gwent Police

Matt Jukes, Chief Constable, South Wales Police

Shane Williams, Detective Chief Superintendent, Dyfed Powys Police



Unfortunately, Karl Foulkes, Chief Constable, North Wales Police, (pictured on the left) was new in post and unable to attend the event and so arrangements were made for him to sign the agreement post launch.

## The event was sponsored by Welsh Government and opened by Dr Andrew Goodall, Chief Executive of NHS Wales



**NHS Anti Violence Collabo...**  
@NHSAntiViolence

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@nhsgoodalla addresses attendees 'The Obligatory responses to violence in healthcare' document comprehensively revises existing measures to facilitate joint working between the #Police #NHSWales @cpsuk ' #EmpowermentThroughPrevention



2:09 am - 21 Nov 2018

Vaughan Gething AM, Vaughan Gething, BMA Cymru Wales and UNISON Cymru/Wales



## The Anti-Violence Collaborative is grateful to Welsh Government for their ongoing support and is delighted that the agreement will achieve Welsh Health circular status.

Cabinet Secretary for Health and Social Services, Vaughan Gething also expressed his support for the initiative via video message which was played to the audience during the event.



**Darren Davies**  
@DarrenMDavies

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@wgcs\_health gives his support to the 'Obligatory responses to violence in healthcare' document agreement undertaken by @NHSAntiViolence



**Message from Vaughan Gething AM, Cabinet Secretary for...**

A short video message from the Welsh Cabinet Secretary for Health & Social Services, Welsh Government, to address attendees at the launch of the 'Obligatory ...  
youtube.com

5:44 am - 21 Nov 2018

5 Retweets 9 Likes



5



9

*"We all deserve to feel safe and supported in our working environments and our hardworking staff should not have to feel fear and apprehension about attending work. This is not a privilege; it is a fundamental right. With this in mind, there is a real sense that NHS Wales staff are front and centre within the 'Obligatory Responses to Violence in Healthcare' agreement. I would also like to take this opportunity to thank the Anti-Violence Collaborative for their immense efforts to bring this agreement to fruition."* - **Vaughan Gething**

## Matt Jukes, Chief Constable of South Wales Police, addressed the audience on behalf of the four Welsh Police Services



**Matt Jukes**  
@CCMattJukes

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@NHSAntiViolence Chair, Andrew Hynes opens important day to relaunch commitments to preventing & tackling violence in healthcare

@NWPolice @DyfedPowys @gwentpolice @swpolice all proud & determined signatories



*"investment in prevention is important"*

*"body worn video is single best investment we have made."*

*body worn video provides a "sense of confidence and safety in front line officers"*

**- Matt Jukes**



## Barry Hughes, Chief Crown Prosecutor, spoke on behalf of the Crown Prosecution Service in Wales



“We must all work together to ensure the safety of NHS staff”

- **Barry Hughes**

The launch of the agreement coincided with the enactment of **Assaults on Emergency Workers (Offences) Act 2018**.



Barry Hughes, Chief Crown Prosecutor, reassures audience that the CPS has changed its approach to assaults on emergency workers in light of the new offence created by the Act.

He predicts that “we will end up with more substantial sentences”

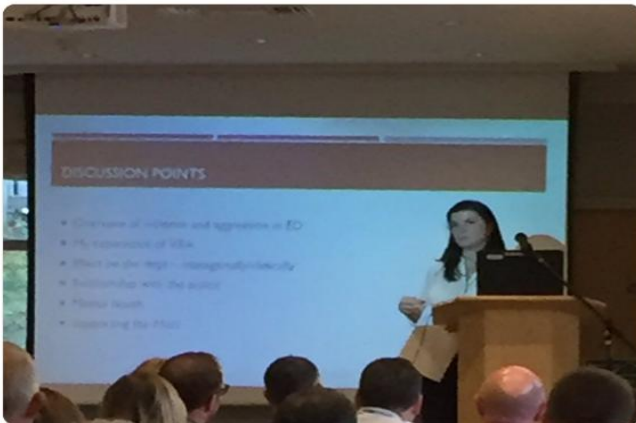
## The Anti-Violence Collaborative would like to extend a special thanks to Rose Davies, Stefan Cartwright, Anna Sussex and Nathan Holman who gave heartfelt accounts of their experiences of violence.



**Lisa Trounce**  
@LTrounce

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Anna Sussex, Professional Lead for Welsh ED Frequent Attenders Network, sharing experiences of V&A, the positives of de-escalation, plus providing an overview of the National frequent attenders network  
@NHSAntiViolence  
#EmpowermentThroughPrevention  
@AneurinBevanUHB #TeamED



4:51 am - 21 Nov 2018

10 Retweets 24 Likes



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Emergency Nurse Practitioner Rose Davies gives attendees a fascinating but harrowing account of her experiences of violence & aggression within #NHSWales 'Not reporting incidents is not an option. People must be held accountable for their actions'



3:16 am - 21 Nov 2018

10 Retweets 14 Likes



1 10 14



**Claire Vaughan**  
@ClaireVWODI

Follow

Important to see @NathanGmbunion on the stage here this afternoon sharing another emotive story of serious abuse against a paramedic from another ambulance service recently shared with him @NHSAntiViolence  
#TakeCareofThoseThatCare  
#EmpowermentThroughPrevention



6:36 am - 21 Nov 2018

Nathan Holman, WAST, calls for the sharing of information relating to 'flagging' between Police and WAST.

**Michael Brown of the College of Policing emphasised that focus should be on 'mens rea' not 'capacity' in the investigation of criminal acts.**



**NHS Anti Violence Collabo...**  
@NHSAntiViolence

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Michael Brown, Chief Inspector from @CollegeofPolice discusses legislation from the viewpoint of #mentalhealth and what staff must be aware of when dealing with violent & aggressive behaviour #EmpowermentThroughPrevention



6:07 am - 21 Nov 2018

15 Retweets 25 Likes



PCC Gogledd Cymru, South Wales Police, HeddluDPPolice and 5 others

1 15 25

People who lack 'capacity' are prosecuted –  
**Michael Brown**

**Carl Ball**, Case Manager, provide great insight into the life of an NHS Case Manager and how the role is essential to the success of agreement



## POSTERS

Posters which we have produced to promote the agreement and encourage reporting were very well received at the event

The posters have hard hitting messages which are aimed at perpetrators, victims and staff

Copies of posters in English and Welsh are available at [\*\*http://www.nwssp.wales.nhs.uk/page/97264\*\*](http://www.nwssp.wales.nhs.uk/page/97264)







To find out more about the work of the Anti- Violence Collaborative follow us on Twitter and view our webpage

Home > NHS Wales Anti Violence Collaborative

NHS Wales Anti Violence Collaborative

This page in  
Welsh/Y dudalen  
hon yn Gymraeg

Grŵp Cydweithredol  
Gwrth-drais y GIG



<http://www.nwssp.wales.nhs.uk/nhs-wales-anti-violence-collaborative>



## NHS Anti Violence Collaborative

@NHSAntiViolence

Yr GIG yn erbyn Trais /All-Wales Collaborative to reduce violence and aggression against [#NHSWales](#) staff  
[#GrymusoTrwyAtal](#)  
[#EmpowermentThroughPrevention](#)

📍 [Wales, United Kingdom](#)

# POTENTIAL FUTURE WORK FOR THE ANTI- VIOLENCE COLLABORATIVE



The following ideas were proposed by delegates during the re-launch event



## OBJECTIVES FOR PUBLICITY OF AGREEMENT

- NHS Case Manager and NHS H&S Staff to promote the agreement with front line Police & NHS Staff including call centre employees at 101 (police), WAST and NHS Direct call centres
- Keep the agreement live and in the public eye by updating mainstream online news sources, newspapers and social media following criminal prosecutions in notable cases
- It is important that directors and middle managers in the NHS are aware of the agreement and take steps to cascade information from the top down to front line staff. (e.g. one Health Board issued an SBAR to Board)
- The agreement should also be publicised to medical and nursing students during their educational teaching. Liaise with **Health Education and Improvement Wales (HEIW)**. HEIW has a leading role in the education, training, development and shaping of the healthcare workforce in Wales
- Chair of AVC, Andrew Hynes, to meet all communications officers in NHS Health Boards and Trusts
- Agreement to be publicised in NHS and union newsletters
- Chair of AVC, Andrew Hynes, to attend NHS Partnership forums

## AREAS FOR FUTURE EXPLORATION BY THE AVC

- Giving the obligatory responses to violence in healthcare welsh health circular status
- Facilitating the annual report to monitor success of the obligatory responses to violence in healthcare
- Petition central government for ring fenced funding for V&A initiatives including designated case manager which is essential for each Health Board
- Consider linking with social services, fire service, frequent attendees in relation to obligatory responses to violence in healthcare

- Improved working between NHS case managers and Health & Safety to prevent disconnect and joined up approach to the obligatory responses to violence in healthcare
- Focus on prevention of incidents of intentional violence
- Manage and deal with verbal assaults as a deterrent to physical assaults
- Embrace technology; body worn videos and CCTV in clinical areas
- Improve information sharing between different Health Boards and NHS and Police;
  - Guidance on information being shared by Police and NHS Case Manager in specific cases; often NHS case managers are told information can only be shared to the victim (legitimate aim under section 115 of the crime and disorder act 1998)
  - Improve communication streams between emergency call systems (fire, police, ambulance) – is there a value in all organisations using the same basic system?
  - Alternatively, Joint control rooms - Police and WAST
  - Imitate mechanisms used by the retail sector to share intelligence on 'suspects', this includes personal data. For example, Gloucester City Safe, app is called 'disc' (<https://www.disc-net.org/gloucester>) The scheme is managed by an Ex-Police officer. More info <http://eprints.glos.ac.uk/4616/7/UoG%20report%20on%20GCS%202017.pdf>
  - Call for multi agency response – sharing of information between NHS, Probation service, CPS, police, GP practice, MH liaison offices i.e. 'flagging'
  - Streamline flagging processes; the sharing of information relating to 'flagging' between Police and WAST. Nathan Holman (WAST) reminded the audience it's important to flag the name of the individual as opposed to the address
  - Consider Hub (observatory) of key SPOCs from NHS with Police to improve prevention strategies – intelligence/information sharing, training, desktop local profiles.
- Create network of peer support for staff affected by V&A and/or called to attend court. To ensure victims receive support after incident a scheme could be set up to create a pathway for post incident intervention i.e. a 'buddy system' following a violent incident. The case manager fulfils this role in some Health Boards; however, you could have individual employees in different directorates who perform this role. NHS employees could volunteer to provide pastoral care and support to their peers after they have been subjected to a traumatic

work incident i.e meet with the victim shortly after the incident to check on them. Previous victims of aggression may want to volunteer to help others that have been victims. Via this scheme victims could be sign posted to occupational health, well being and counselling services

- Improve reporting of incidents;
  - Facilitate reporting of incidents – create smart phone apps which are linked to Datix
  - Datix incident report forms could be modified so that there is a prompt for author of the report to refer the incident to case manager and / or police (this could be mandatory). Case manager and police interventions should be recovered on the Datix report.
  - Make Datix reporting obligatory
  - Address de-sensitisation of NHS staff – educate staff that violence should not be tolerated and encourage them to report incidents on datix and to police
  - Make victims aware of the new legislation (**Assaults on Emergency Workers (Offences) Act 2018**) which effectively increases sentences and imposes fines as this may encourage reporting of incidents to the Police
- Look at the process for the police bringing mental health patients to 'a place of safety' (Section 136 of the Mental Health Act 1983. (<https://mentalhealthcop.wordpress.com/2017/11/25/paca-what-is-a-place-of-safety/>))
- Policies where police convey persons to A&E which allow them to be expedited so they can quickly progress through the department and potentially reduce the risk from volatile patients
- Prioritisation of other emergency services staff on duty (Police) through Emergency Department when subject to an assault or injury
- Implementation of s119 /120 of Criminal Justice and Immigration Act 2008 – 'power to remove' individuals causing nuisance or disturbance on NHS premises. This is not enforce in Wales. WAG would have to issue a commencement order for this provision to apply in Wales. WAG wanted to issue guidance to accompany the order. **What is the present position?** (<http://senedd.assembly.wales/documents/s71186/Research%20Brief.pdf>)
- Tagging crimes 'violence against NHS' - *As soon as someone says they are reporting from NHS to do with V&A we have created a tag so later we can report on them and look at patterns and trends.*
- Invite ambulance and fire service into police control room (initiative in Gwent Police)



- The Health Board should be held to account – appoint a Board Champion

### **POSSIBLE TRAINING REQUIREMENT IDEAS**



- In many cases union reps are contacted by the person who has been assaulted. It could be beneficial for union reps to have training about the obligatory responses agreement to help them support victims.
- Educate healthcare staff and Police that capacity should be presumed even in mental health settings.
- Obligatory responses to violence in healthcare should be part of mandatory e-learning training i.e. every employee in NHS Wales has to study an e-learning module on violence and aggression. The training session should explain the obligatory responses to violence in health care
- Obligatory responses to violence in healthcare should be included in corporate induction training day in every Health Board in Wales and induction for Police and CPS
- Bespoke training re obligatory responses to violence in healthcare should be targeted to high risk areas / environments (specific training, not a blanket approach)
- Share training presentation for police with NHS health boards locally for collaborative
- Police and CPS to work in partnership to deliver a V&A model to educate all staff about how to deal with incidents
- Police and CPS to explain reasons for their decision making to NHS staff to encourage understanding e.g. Police and CPS visited Mental Health Ward in Carmarthenshire and provided input on charging procedure to staff who had been victims of crime and felt let down – it helped to build bridges and educate staff.
- Police to receive training on Mental Health
- More guided work around nurse/medical documentation to provide patient pathways and assessment for clinically challenging behaviour

### **ASSURANCE INTO THE FUTURE**

- Annual report
- How is the CPS decision fed back to the victim?



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