

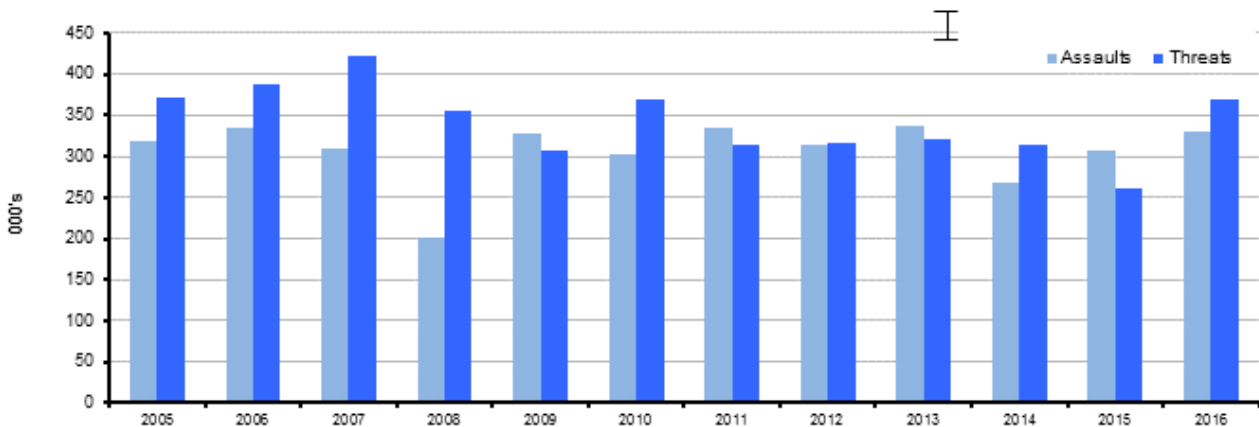
HSE PUBLISHES LATEST VIOLENCE AT WORK FIGURES

Findings from the 2015/16 Crime Survey for England and Wales (CSEW) show that:

- The risk of work related violence is similar in 2015/16 to the last five years, with an estimated 1.4 per cent of working adults the victims of one or more violent incidents at work.
- In 2015/16 350,000 adults of working age in employment experienced work related violence including threats and physical assault.
- There were estimated 698,000 incidents of violence at work according to the 2015/16 CSEW, comprising 329,000 assaults and 369,000 threats. The number of assaults was broadly similar to the last few years however the number of threats was significantly higher

due to the inclusion of work-related online threats for the first time.

- The 2015/16 CSEW found that 1.3% of women and 1.5% of men were victims of violence at work once or more during the year prior to their interview.
- It is estimated that 56% of victims reported one incident of work related violence whilst 18 % experienced two incidents of work related violence and 26% experienced three or more incidents in 2015/16.
- Strangers were the offenders in 46% of cases of workplace violence. Among the 54% of incidents where the offender was known, the offenders were most likely to be clients or a member of the public known through work.
- 67% per cent of violence at work resulted in no physical injury, of the remaining 33% of cases, minor bruising or a black eye accounted for the majority of the injuries recorded.
- RIDDOR reported 4,697 injuries to employees, where the 'kind of accident' was 'physical assault/act of violence' in Great Britain (England, Wales and Scotland). This represents 6.5% of all reported workplace injuries. Of this figure, there was one death. (RIDDOR, 2015/16p).



Source: Crime Survey for England and Wales for year ended March 2016

IMPORTANT NOTICE:

If you are an ICM QAC (Level 1) and are involved in the delivery of training in the health and social care and education sector, you have limited time left to convert to the new accreditation system for health and social care. More details on page 2!

The Health and Safety Executive (HSE) is publishing this annual statistical report as part of its responsibility for developing and implementing policy on reduction of work-related violence. HSE has published a wide range of guidance on the prevention and management of work-related violence, and works in partnership with others (including the Home Office, other government departments, employers, trades unions and local authorities), to raise awareness of the issue and share good practice.

ICM QUALITY AWARD CENTRE ACCREDITATION FOR HEALTH & SOCIAL CARE

Since the inception of ICM's QAC (Quality Award Centre) system, the ICM has been an important stakeholder in the development of standards and national guidance, including the dept of Health's 2014 guidance on "Positive and Proactive Care: reducing the need for restrictive interventions" which "provide(s) a framework to support the development of service cultures and ways of delivering care and support which better meet people's needs and which enhance their quality of life. It provides guidance on the delivery of services together with key actions that will ensure that people's quality of life is enhanced and that their needs are better met, which will reduce the need for restrictive interventions and promote recovery". Whilst there is no one standard that governs standards in health and social care, there is plenty of legislation that governs policy and standard across the health & social care spectrum, legislation that organisations must adhere to. In this regard, the document states: "There are no universally accepted standards for the use of physical restraint although both the British Institute of Learning Disabilities (BILD) and the Institute of Conflict Management (ICM) offer voluntary quality accreditation schemes."

The ICM has developed its new QAC system to help organisations and companies meet those needs, offering 2 levels of accreditation purely for health and social care training. Most current ICM QAC's are on Level 1 which is the standard, generic, original system, covering a variety of sectors. For the health & social care sector, we now we have Level 2 (if you are training with no restrictive interventions) or Level 3 (if you are training in restrictive interventions), both carry an obligation of a site visit by an ICM verifier and in the case of the latter, would look to bring your trainers together to assess their physical skills/restrictive intervention knowledge by way of an interactive workshop.

These new levels give health & social care organisations and trainers a system by which they can map their current practices against various national legislation and guidance governing their work. Feedback from members/trainers has been that this approach is welcomed and allows them to be confident in their training approach.



Please note:

All remaining level 1 Centres engaged in delivering training in health & social and education care must upgrade to either Level 2 or Level 3 by 1st June 2017
You will need to resubmit your portfolios to be accorded the accreditation and continue as a centre.

Current (not exhaustive list) of guidance and legislation QAC's in health & social care will be mapped against:

The Health and Safety at Work Act 1974

The Management of Health and Safety at Work Regulations.

Safety Representatives and Safety Committees Regulations 1977 (a) and

The Health and Safety (Consultation with Employees) Regulations 1996 (b).

The Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR)

National Occupational Standards (Managing Work Related Violence).

Protection from Harassment Act 1997.

Mental Health Act 1983 and current Code of Practice.

Mental Capacity Act 2005 (MCA) & Deprivation of Liberty (DOLS).

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Duty of Care & European Convention on Human Rights.

Data Protection Act 1998. Employment Rights Act 1996.

Offences Against the Persons Act 1861.

The Criminal Justice and Immigration Act 2008.

Corporate Manslaughter and Corporate Homicide Act 2007.

Positive and Proactive Care: reducing the need for restrictive interventions

(Department of Health (DoH) 2014.

A positive and proactive workforce (DoH, Skills for Health/Skills) 2014.

National Institute for Health and Care Excellence (NICE) current guidelines.

NHS Protect current guidelines.

For more details on how to upgrade your current QAC status, contact info@conflictmanagement.org

The RCN is alarmed at the findings of the latest NHS England staff survey which show the pressure nurses and other workers are under.

Almost half (47%) of the 423,000 staff surveyed believe there is not enough staff at their organisation for them to do their jobs properly.

This impacts on the number working unpaid overtime each week (59%) as they fill the gaps in staffing levels. It also affects their own health, with one third of staff (36.7%) feeling unwell due to work-related stress. Additionally, one in six staff (14.9%) experienced violence from patients.

Janet Davies, Chief Executive & General Secretary of the RCN, said: "This is another reminder for the Government of how NHS staff across the board are straining to hold things together. NHS staff are its backbone and the Government cannot hope to keep getting by on their goodwill.

"The Government must give the NHS the money it needs to keep patients safe and wards staffed at the right level. Ministers should offer nurses and health care assistants a pay increase that keeps pace with the cost of living and not another real-terms cut.

"Unless the Government shows it values those working under immense pressure and taking care of patients when they are most vulnerable, people will be deterred from joining the nursing profession and others will feel no choice but to leave it."



Teachers are given "completely inadequate" training to deal with classroom violence, a union official has warned.

Jane Peckham, from the NASUWT union, said she was "horrified" to learn that universities offered as little as one 20-minute session on tackling aggressive or disruptive behaviour from pupils.

The issue of violence in the classroom has been the subject of closer scrutiny since the fatal stabbing of Aberdeen schoolboy Bailey Gwynne in 2015.

Ms Peckham was asked during a fringe event at the SNP conference about the training that teachers receive to deal with violence and abuse they could face in the classroom.

"I find the level of training currently is completely inadequate," she said. "I don't want to create the impression that our schools are violent places, they certainly are not.

"But teachers need the basic tools to be able to manage a very diverse classroom full of pupils and then also to have the confidence to be dealing with these things.

"I have to say that I haven't seen any renewed evidence at that being done at initial teacher stage."

She added there is a "real ad hoc approach" to support for those already on the career path.

Iain Gray, Scottish Labour's education spokesman, said the Education Secretary must act on the union's concerns as a "matter of urgency".

"John Swinney's inbox may be filling up rapidly with problems in the education brief but this one is too important to be sidelined," he added.

A spokeswoman for the General Teaching Council for Scotland said that training "first and foremost" focuses on skills for teaching.

But she said the training "also ensures teachers are aware of challenges they might face in the classroom" and the code of conduct includes guidance.

"Teachers face different situations depending on a range of factors and it is difficult to train people for every possible situation," she added.

A Scottish Government spokesman said they will publish new guidance for teachers on violence and weapons in schools in the spring.

"While universities are responsible for the delivery of Initial Teacher Education, the Scottish Government takes the issue of violence in schools very seriously," she said.

"We recognise that any serious disruptive behaviour or violence towards staff or pupils is unacceptable and we are working with schools and local authorities to actively tackle serious indiscipline and violence."

SIA: Violence Reduction Workshops



The SIA are running a series of events across the UK to promote violence reduction measures within the night-time economy. We want to bring people together to discuss local initiatives, share experiences and good practice to prevent harm of security operatives and the public.

The aim of these events are:

- Share good practice of successful multi-agency violence reduction initiatives/approaches
- Develop a shared understanding that violence reduction includes reducing violence against licensed operatives and so improve the reporting of incidents
- Raise standards of safe restraint by introducing new guidance material for security operatives
- Share best practice for measuring the success of violence reduction initiatives

At each event we will hear from representatives of the Police, local authorities and town centre initiatives.

The briefings are free to attend and will take place at the following locations:

- Ipswich – 25 April 2017
- Brighton – 11 May 2017
- Manchester – 17 May 2017

More events will be added.

Spaces are limited so if you would like to attend then please email us indicating which event you would like to attend stakeholder@sia.gsi.gov.uk

Staff At Betsi Cadwaladr University Health Board have used a forced restraint to control mental health patients 71 times in a year.

(source Daily Post)

The figures show how staff forced patients to lie on their stomach between April 2015 and March 2016.

These types of restraints are controversial as patients and campaigners said they were dangerous and demeaning.

Rhiannon Hedge, senior policy and campaigns officer at Mind Cymru, said: "Prone restraint, when a person is pinned down on the floor, is particularly dangerous, as

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well as extremely frightening. It has no place in modern healthcare.

"We know healthcare staff do a challenging job and sometimes need to make difficult decisions very quickly but physical restraint should only be used as the last resort.

"When someone's life comes crashing down in a crisis they need help, not harm. They may be frustrated, frightened and extremely distressed but even when they seem aggressive and threatening, or refuse treatment, they still desperately need help and compassion. We're



calling for an end to both face-down and prone restraint, and national standards on the use of restraint in mental health units across Wales."

One woman who wished to remain anonymous, said being restrained face down was the worst experience of her life.

She said: "I have bipolar and I went into meltdown on the ward. Six people came running, one woman and five men. The woman stood aside.

"I was dragged into a room, they held me down. I remember looking to the woman and she was saying 'she's cooled down, she doesn't need the injection', but the five men held me down, they stripped my clothes off. They injected me. I was knocked out for around 36 hours. The lady stayed with me, as I drifted in and out of consciousness I remember seeing the look on her face. She was appalled.

"I wasn't in there because I had committed a crime and I needed to be held down. I was ill. People have got to understand it's an illness. It was almost abusive. Well, it was abusive. I didn't sign up for that when I went to get help for my illness.

"I hate to think anyone else could be going through that now. It's inhumane."

Jen French, Betsi Cadwaladr University Health Board's director of nursing for mental health & learning disabilities said: "On rare occasions and only in extreme circumstances it becomes necessary to restrain and manage service users in the prone position. All staff are trained and directed to follow NICE guidelines and ensure prone restraint is only used as a last resort and for the shortest time possible.

"We are committed to complying with NICE guidance, and have partnered with all other health boards in Wales to form the Proactive Reduction of Restrictive Practice Clinical Effectiveness Group. Central to the approach is the involvement of service users in planning and provision of care and ensuring their safety and dignity remains the highest priority."