SAFETY FOR ALL

The Safety For All Conference 2024

Royal College of Physicians, Regent’s Park, London

Tuesday 10 December, 09:00 – 16:00

SAFETY FOR ALL

Navigating the Many Faces of Violence in Healthcare

- **Kim Sunley**, Head of Health, Safety & Wellbeing, Royal College of Nursing
- **Naomi Assame**, Head of Safety & Learning, NHS Resolution
- **Dr Kevin Hambridge**, Lecturer, University of Plymouth
- **Josie Irwin**, Senior National Officer Equality, UNISON

RCN: Work Related Violence

- **64.3%** of all respondents reported they had experienced verbal abuse from patient, service user or relative in last 12 months
- **26%** reported they had experienced physical abuse from patient, service user or relative in last 12 months

> I am based on a suite specialising in care of individuals experiencing dementia, where due to the progressive nature of the condition, it can unfortunately result in demonstrations of physical abusive actions.
>
> *NHS Educator/trainer, England*

> I triage patients over the phone, which is incredibly difficult. It is heartbreaking when there will not be a response by an ambulance, when a patient is seriously ill, but not dying at that moment in time. I have abuse over the phone, from members of the public.
>
> *NHS 111, Scotland*

RCN (2021) **Employment Survey: Workforce diversity and employment experiences**

RCN: Work Related Violence

Royal College of Nursing

Table 1: Reasons for abuse

	Physical abuse	Verbal abuse
Health related/personal problems	49.4%	42.6%
History of violence/abuse	36.1%	25.3%
Intoxicated with alcohol/drugs	31.9%	23.6%
Dissatisfied with service provided	28.3%	63.1%
Discriminatory (in relation to gender, ethnicity, sexuality, age, disability or other factor)	12.5%	13.0%

RCN (2021) Employment Survey: Workforce diversity and employment experiences

What do we want?

- Leadership and partnership working
- Risk Assessment – identify who and how and tackle underlying causes
- Return of national data collection
- Improved reporting – culture shift
- Improved support

Learning from workplace violence claims within the NHS

- Insights from NHS staff claims related to workplace violence
- **5,287** claims received by LTPS (2010/11–2019/20); random sample of 40 thematically analysed
- **43%** increase in workplace violence claims (2010/11–2019/20)
- **37%** of claims closed with damages paid. Total cost of closed claims **£61.4m**
- Total damages paid **£31.2m**

Future areas of focus

- Ensuring suitable and sufficient risk assessments

- Training

- Workforce

- Staff support

- Leadership

- Development, implementation and evaluation of local policies

A survey to investigate violence and aggression sustained by nursing and midwifery students in a UK university

- **Dr Kevin Hambridge**
- **Dr Matt Carey**
- **Francis Thompson**

- **Population**: N=1681 (pre-registration Adult, Child, MH, Midwifery, Nursing Associates)

- Responses: **n=369 = 22% response rate**

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- **54.7%** (n=202) had sustained some form of violence and aggression **in the past academic year**

Most common: Verbal violence or aggression

- **92.7%** (n=190)
- **54.81%** (n=171) by a **patient**
- **75.8%** (n=144) by a **male**

- **46.8%** (n=96) had sustained **Physical violence/aggression**:
- **89%** (n=91) by a **patient**
- **66.3%** (n=63) by a **male**

- **11.3%** (n=23) had sustained **Sexual violence/aggression**:
- all **female students**
- **91.7%** (n=22) by a **patient**
- **88.9%** by a **male**

- **Causes**: Person's **mental health** condition; Lack of **staffing**
- **Psychological effects:** anxiety; loss of confidence; 14.85% PTSD

- **38%** did not report it

- **36%** felt not enough training

2024 Survey of Allied Health Professional students (n=101)

- **39.6%** (n=40) had sustained **some form of violence** and aggression **in the past academic year**

- **Most common: Verbal violence or aggression**
- **97.5%** (n=39)
- **84.6%** (n=33) by a **patient**
- **84.6%** (n=33) by a **male**

- **37.5%** (n=15) had sustained **Physical violence/aggression**:
- **93.3%** (n=14) by a **patient**
- **73.3%** (n=11) by a **male**

- **5%** (n=2) had sustained **Sexual violence/aggression**:
- **100%** (n=2) by a **patient**
- **50%** by a **male; 50%** by a **female**

- **42.5%** (n=17) did not report
- **74.3%** (n=75) felt did not have enough training

Take home messages:

- Student nurses, midwives and AHPs sustain **all types of aggression / violence** in the UK
- From **patients**, carers, hospital personnel
- In many **varied clinical placements**
- **Physical** and **psychological effects**
- Many remain **unreported**
- Improved **support and follow-up**
- **More, improved education, training and preparation for placement**

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UNISON survey on workplace violence 2024

- 22,478 participants, 74% women
- 77.4% had experienced at least one form of violence - physical, verbal, bullying, threats, sexual harassment
- Most common forms - verbal abuse and intimidation (79%), physical assault (62%), and threat of assault or retaliation (49%)
- Top 3 reasons for violence/harassment in last 2 years - staffing shortages, work pressure/workloads, stressful working environment
- Third parties the main perpetrator - 87%, manager/co-worker - 28%
- 78% of female respondents experienced violence/harassment, 80% disabled respondents, over 80% young workers
- Sexual harassment is prevalent, 33% had experienced it, 27% 3+ times

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the public service union

The normalisation of sexual harassment

- 2018 49% of police staff had heard sexualised jokes told repeatedly at work, one in five touched in a way that made them feel uncomfortable
- 2019 survey of NHS staff found 22% had been sexually assaulted
- By colleagues 54%, patients 42%
- Only 20% reported it – felt nothing would be done, feared retaliation, regarded as oversensitive, would harm career
- 2021 survey 60% nurses had experienced – 70% didn't report it
- 2024 similar findings in separate surveys of schools' staff and NHS staff

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What should change?

- Workplace culture?
- Reporting?
- What about body cameras?
- Legislation?
- Will the Worker Protection Act make a difference?

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SAFETY FOR ALL

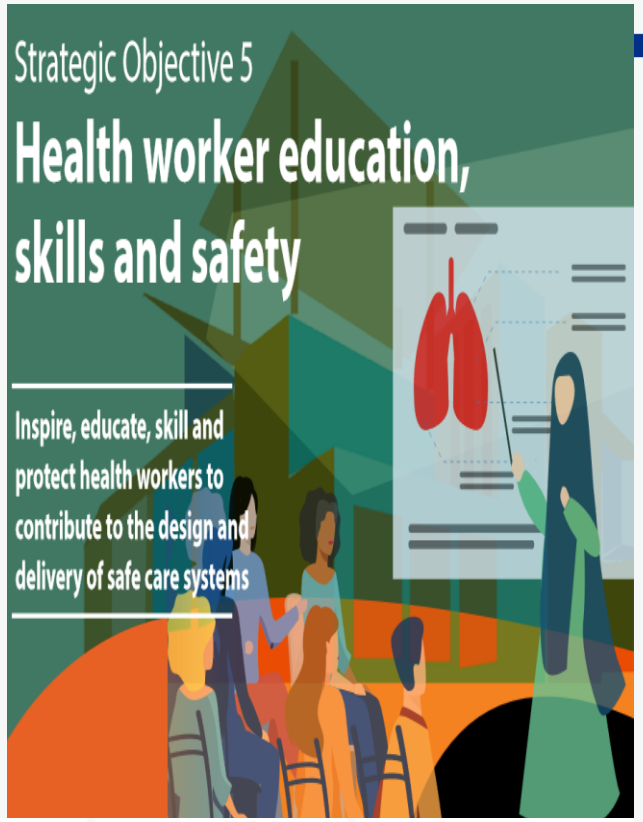
Jane Murkin, Deputy Director Safety & Improvement,
NHS England

A Person-Centred Approach - Why it matters to Safety for All

Jane Murkin

Deputy Director Safety & Improvement – Nursing

Health Worker Safety – A Global Issue & Learning Opportunity



5 Health worker education, skills and safety

- 5.1 Patient safety in professional education and training
- 5.2 Centres of excellence for patient safety education and training
- 5.3 Patient safety competencies as regulatory requirements
- 5.4 Linking patient safety with appraisal system of health workers
- 5.5 Safe working environment for health workers

What's keeping nurses in the profession and what's driving them to consider leaving?

(McKinsey & Company 2022)

THE UNIVERSITY OF SYDNEY

Safety, flexibility, and work environment are top priorities for surveyed nurses.

Factors affecting surveyed nurses' decisions about whether or not to stay in current position,[1]
% of respondents ranking factor as important (n = 710)

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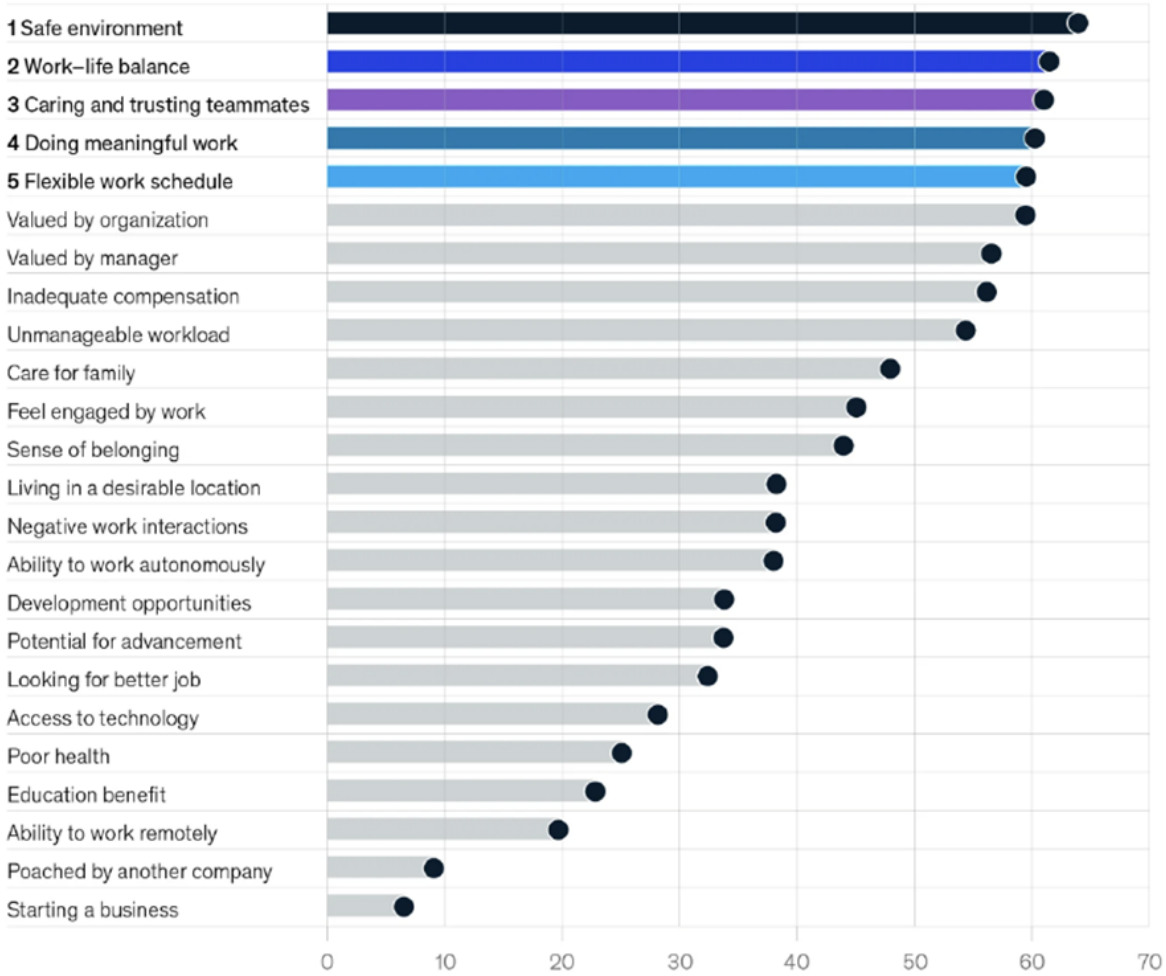


[1]Question: To what extent do the following factors affect whether or not you will stay at your job? Responses were categorized as follows based on respondent ranking: not important (1–2), neutral (3), important (4–5).
Source: McKinsey November 2021 Frontline Workforce Survey

Do we really understand what drives frontline staff?

World View

- Nurses and midwifes are deeply committed to the principles of person centredness.
- Systemic gaps have emerged between the principles, practice and importantly the experience of people, their families and staff

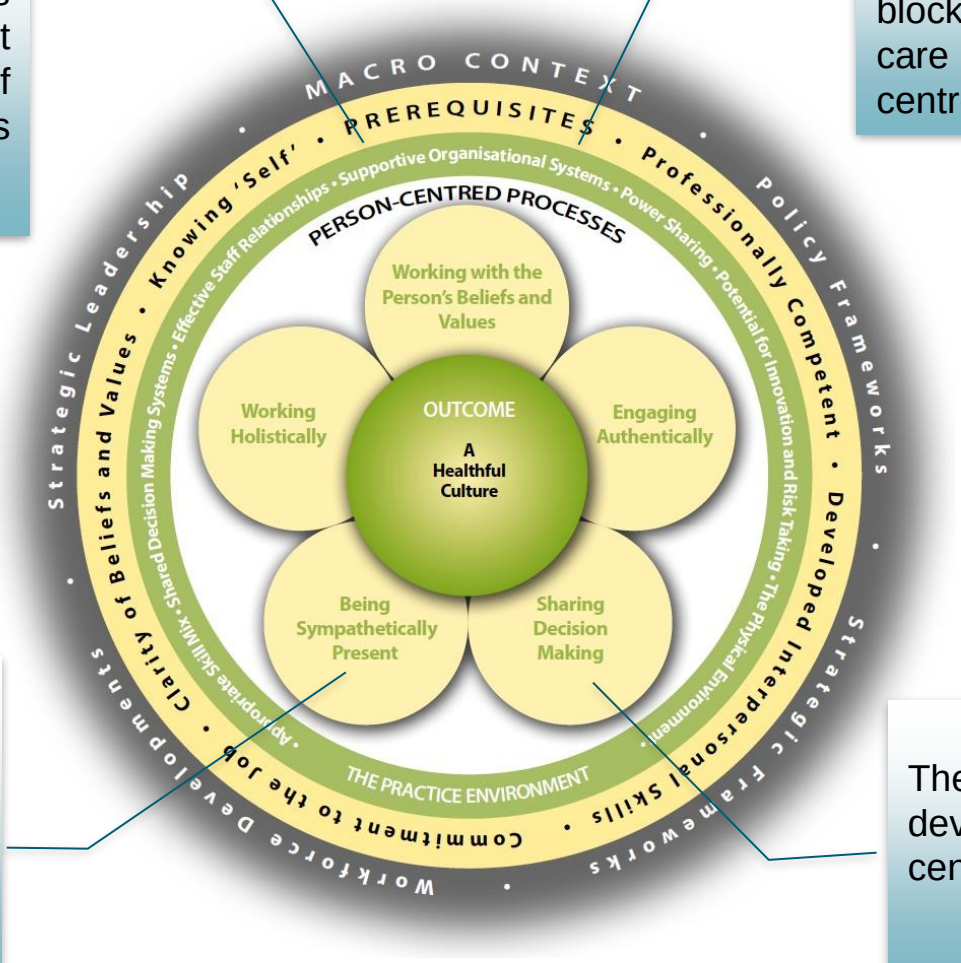
The Person-Centred Practice Framework

PRACTICE ENVIRONMENT

Focus on the context in which care is delivered unless the care. environment is conducive to person-centred ways of working then the true potential of teams cannot be fully realised..

PREREQUISITES

Attributes of staff as a key building block in the development of health-care professionals to deliver person-centred care.



PERSON-CENTRED PROCESSES

Focus on ways of engaging that are necessary to create connections between persons.

OUTCOME

The outcome expected from the development of effective person-centred practice.

(McCance & McCormack, 2021)

Person-centred leadership – skills

- Collective
- **People Centred People First**
- Formulating and setting a co-design direction
- **Authentic**
- Fellowship
- Adaptive
- Art of initiating and letting go
- **Promote others give them space and visibility**
- **Appreciative enquiry**
- Intelligent learning and coaching

Patient, Family & Staff Concern Recognition & Response – Acute Deterioration

Kane Gorny inquest: Hospital neglect contributed to death

13 July 2012

A post-mortem examina

Neglect by medical st
died from dehydratio

Evan Smith inquest: Hospital 'failure' led to sepsis patient's death

7 April 2021

Evan Smith called 999 while in hospital because nurses refused him oxygen, an inquest has heard

A man who suffered a sickle cell crisis and rang 999 from his hospital bed would not have died if medics had offered him a blood transfusion sooner, a coroner has said.

Maddy Lawrence inquest: Student who died from sepsis 'let down' by hospital

7 September 2023

Maddy Lawrence dislocated a hip during a university rugby match in March 2022

By Jonathan Holmes & Richard Greenaway
BBC News

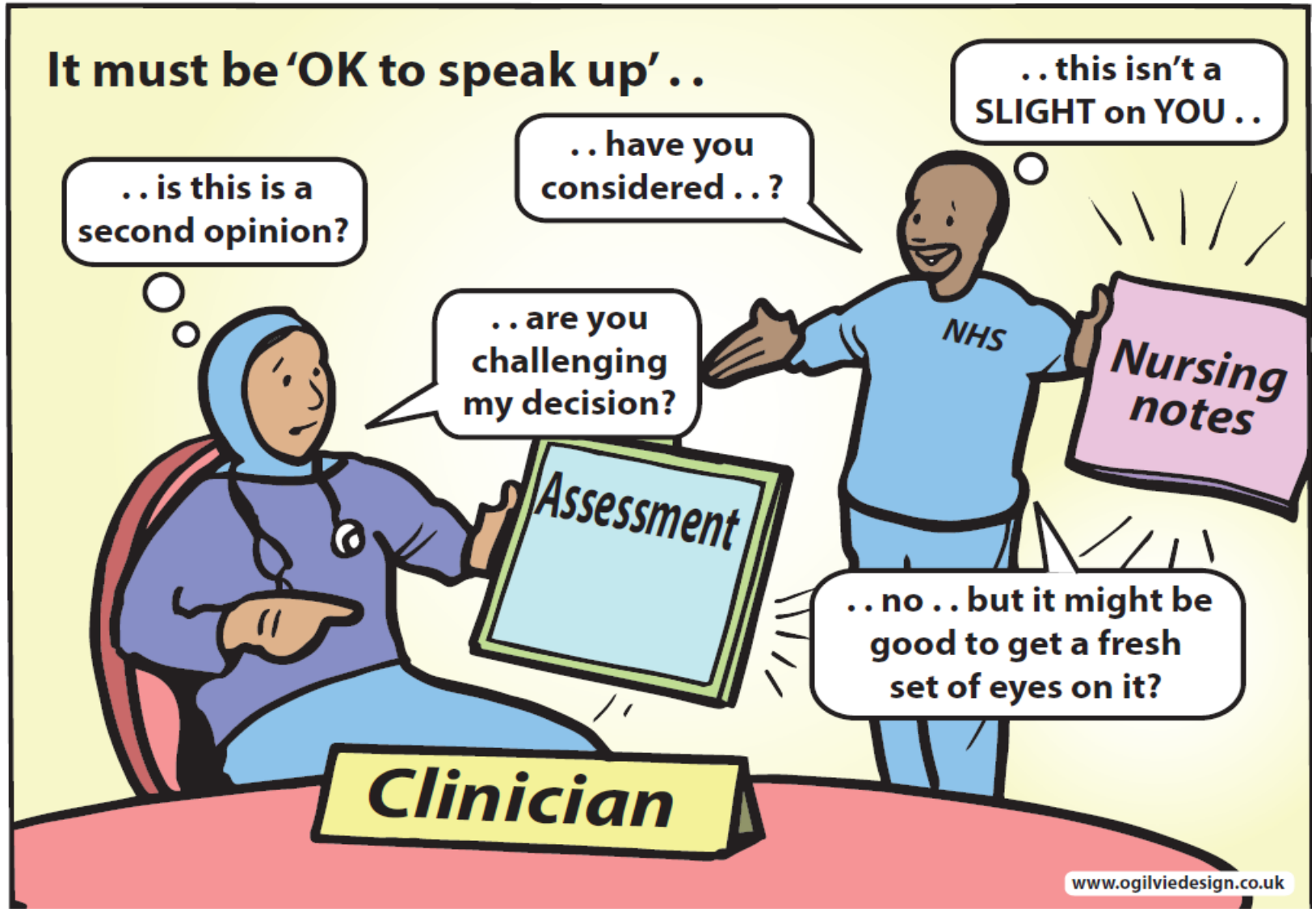
Medical staff giving evidence at an inquest for a student who died in hospital have said she was "let down".

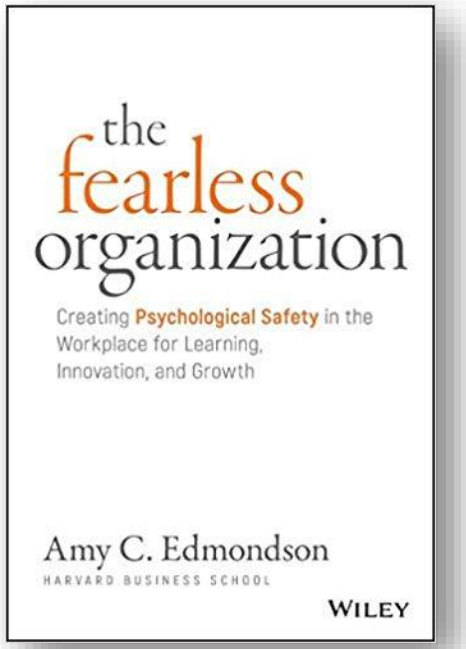
- National Worry & Concern Collaborative
- Marthas Rule

Martha in September 2017, age 10. Photograph: courtesy of Merope Mills. No images to be reproduced without permission

'We had such trust, we feel such fools': how shocking hospital mistakes led to our daughter's death

Psychological Safety





Patient Wellness

Patient Wellness Questionnaire

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

How are you feeling?

Patient Wellness Score
Decision Matrix

2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5	6	7	8	9
6	7	8	9	10

Action based on PW Score	
2-5	Continue to monitor
6-7	Talk to the nurse in charge
8-10	Call Critical Care Outreach Team #6775

How are you feeling compared to the last time we asked (or since you arrived in hospital or on the ward)?

Improving our culture

Undertaking safety culture improvements shows your commitment to the wellbeing of staff and achieves demonstrable benefits

Ways we can help people belong

Explicitly ask to hear different ideas and invite people to join in

Do not respond defensively

Intervene when people talk over others

Notice who or what is silent

Restate the invitation to speak

Our national QI networks contribution to current challenges

Our Healthcare Challenges	Our Achievements
1. Quality & safety of care concerns	1. Uniting nurses & midwives to lead improvements in patient outcomes, quality & safety of care
2. Education, training and leadership development needs	2. Building improvement capability & capacity
3. Global nursing workforce challenge	3. Contributing to retention of our workforce
4. Making nursing an attractive profession	4. Strengthen, develop & empower next generation of leaders
5. Increase number of nurses & midwives in senior leadership positions	5. Influencing national policy & practice

Climate Change and Health

ROB REDDICK SCIENCE MAR 13, 2024 12:58 PM

Climate Change Is Bad for Your Health, Wherever You Are

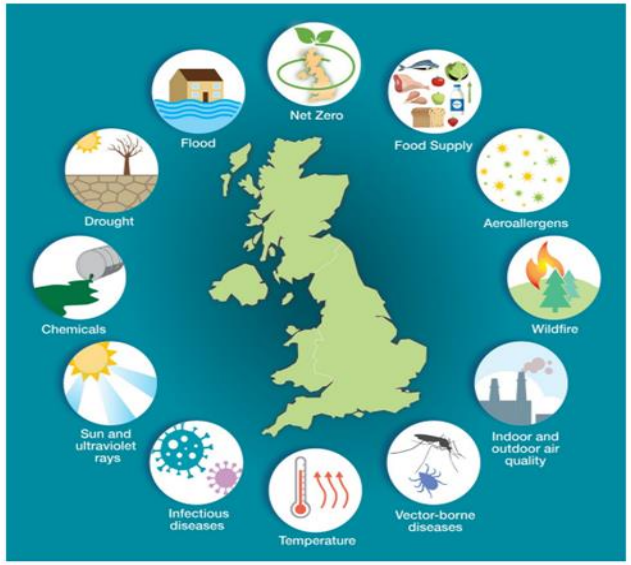
Rising temperatures are a threat regardless of where you live on the planet—they're just dangerous in different ways.

The region of Emilia-Romagna in northern Italy experienced severe flooding in May 2023, resulting in widespread damage and more than a dozen deaths. PHOTOGRAPH: ANTONIO MASIELLO/GETTY IMAGES

UK Health Security Agency

Health Effects of Climate Change (HECC) in the UK

State of the evidence 2023



The future of healthcare depends on our willingness to challenge the status quo and do things differently

Kindness and Compassion

The King's Fund — Ideas that change health and care

The courage of compassion

Supporting nurses and midwives to deliver high-quality care

If you want to be happy, practice compassion.

~Dalai Lama

Autonomy
The need to have control over one's work life, and to be able to act consistently with one's values

Belonging
The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

Contribution
The need to experience effectiveness in work and deliver valued outcomes

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