Yorkshire Ambulance Service NHS Trust

MEETING TITLE		MEETING DATE	
Trust Board Meeting held in Public		26/10/2021	
TITLE of PAPER	Violence Reduction Update: Body Worn Video	**PAPER REF**	TB21.051
KEY PRIORITIES	Create a safe and high performing organisation based on openness, ownership and accountability Equip our people with the best tools, technology and environment to support excellent outcomes		
PURPOSE OF THE PAPER	The purpose of the paper is to update the Board on: • The national Violence Prevention and Reduction Standard • The Body Worn Video pilot project • Other developments relating to the management of violence and aggression		

For Approval	☒	For Assurance	☐
For Decision	☐	Discussion/Information	☐

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DISCUSSED AT / INFORMED BY: –		

PREVIOUSLY AGREED AT:	Committee/Group: N/A	Date:
RECOMMENDATION(S)	It is recommended that the Trust Board: • Notes the proposed timescale for the completion of the Violence Prevention and Reduction standard self-assessment • Notes the current position regarding the BWV pilot	

RISK ASSESSMENT	Yes	No
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☒	☐
Equality Impact Assessment *If 'Yes' – expand in Section 2. / attached paper*	☒	☐
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☒	☐
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☒	☐

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	All 1: Safe
NHSI Single Oversight Framework **Choose a THEME(s)**	2. Quality of Care (safe, effective, caring, responsive) 6. Leadership & Improvement Capability (Well-Led)

1.   PURPOSE / AIM

1.1   The purpose of the paper is to update the Board regarding:

- The national Violence Prevention and Reduction Standard
- The Body Worn Video pilot project
- Other developments relating to the management of violence and aggression against staff

2.   BACKGROUND / CONTEXT

2.1   One significant area of risk faced by the Trust is violence and aggression towards frontline staff, with increasing rates noted since the initial pandemic and it now being the second most commonly reported incident. This is captured in the Board Assurance Framework as one element of the strategic risk regarding the physical and mental well-being of staff, and is managed as the following corporate risk:

> **Risk 42: Violence and aggression towards staff**
> IF YAS staff are not adequately protected against acts of violence and aggression THEN there is a potential for staff to be seriously injured RESULTING IN the potential for physical harm; financial loss; and reputational loss.

2.2   The Trust has various initiatives in place to mitigate this risk, including training and awareness activities, improved safer responding procedures and data flagging processes, and support for staff who do experience violence and aggression and wish to pursue criminal proceeding against perpetrators. This paper updates the Trust Board on recent developments to further mitigate the risk of violence and aggression towards staff.

Violence Prevention and Reduction Standard

2.3   The national Violence Prevention and Reduction Standard for NHS services was published in December 2020. The standard includes new expectations for NHS bodies, covering aspects such as engagement at Board and senior management levels, organisational policies, and operational procedures, planning and resourcing, and governance, assurance and reporting arrangements.

2.4   Many of the detailed expectations within the new standard are already being addressed in existing work within the Trust. Nonetheless, the standard represents a significant raising of the bar regarding what is expected of an NHS trust, and the achievement of full compliance is a significant challenge. This is particularly the case given the limited resource levels available to support this work and the ongoing operational pressures faced across the organisation.

2.5   Implementation of the new standard is being phased in during 2021/22 and 2022/23. Key new requirements include the need to complete an organisational self-assessment of compliance against the standard, and the development of a violence reduction strategy and action plan endorsed by the Board.

2.6   Operational pressures and capacity constraints have reduced the pace at which the Trust has been able to progress the self-assessment work. A final, comprehensive, and validated self-assessment is now due to be completed by the end of 2021/22. Following this, a violence reduction strategy and action plan will be developed and brought to the Board for approval during 2022/23

Body Worn Video

2.7   The Board has previously received reports regarding the national pilot to evaluate the impact and effectiveness of the deployment of Body Worn Video (BWV) to frontline crews. At its March meeting the Board approved the Trust's participation in this pilot. The project is included as a priority in Trust's 2021/22 H2 Plan.

2.8   In March 2021 the Trust received two instalments of funding from NHSE/I for the pilot, totalling £400k. The Trust used this funding to purchase cameras, licenses, and associated equipment for a 12-month pilot across up to 15 stations. During 2021/22 a further sum of £365k has been made available by NHSE/I to the Trust. This funding will be used to extend the period of the initial pilot from 12 months to 24 months, to support wider and more effective usage of the cameras, and potentially, to implement the pilot in additional stations.

Project Status

2.9   The project to date has been organised into two implementation phases. The stations identified for each phase have been selected on the basis of size, geographic location, and historical levels of violence and aggression incidents reported by staff. Cameras are now operational at all five phase one stations:

- Bradford
- Middlewood
- Sutton Field
- Wakefield
- York

2.10   Phase two stations have been identified as follows:

- Leeds
- Hull West
- Harrogate
- Skipton
- Pateley Bridge
- Halifax

- Brighouse
- Todmorden
- Rotherham

- Haxby (to be confirmed)

2.11   A readiness assessment has been carried out at each of these stations, including an assessment of the cost and complexity of enabling works required to put in place the required ICT or other technical infrastructure. Those enabling works are underway and have been completed at most sites. Cameras are expected to be operational at all the phase two sites by the end of November.

2.12   The additional funding made available to the Trust by NHSE/I creates the potential to develop a third implementation phase to extend the pilot to additional stations. Although some early thinking has commenced regarding a possible third phase, for now the focus is on completing the current planned implementations and on embedding camera usage in order to strengthen the benefits realisation at phase one and two stations. Moreover, operational demands and capacity pressures affecting station crews and support teams (such as ICT, PMO, and the Risk and Assurance team) suggest that now is a good opportunity to concentrate on refining operating models and delivering benefits at existing pilot sites rather than extending the pilot to further locations.

Project Issues: Camera Usage

2.13   Usage of BWV cameras by YAS crews has been lower than expected to date. Information received from the NSHE/I team indicates that this is not unusual at such an early stage of the pilot. It is also worth noting that some trusts involved in the pilot have yet to go live with any camera installations. The two Trusts that have seen notable camera usage (North East Ambulance Service, London Ambulance Service) were both early adopters and have been using cameras for more than a year longer than any other ambulance trusts.

2.14   A number of factors contribute to the relatively low levels of usage. These include:

a. Operational Pressures: protracted periods of high demand and intense operational pressures on station crews, making it more difficult for staff to devote time and headspace to develop expertise and confidence with the cameras.

b. Training: feedback from stations suggests that while staff know 'how' to activate the cameras, they are unsure about 'when' or 'where' (in which circumstances) it is appropriate to do so. Additional training and support are in development to mitigate this issue.

c. Uniform: feedback from stations indicates that some staff are experiencing difficulties with the practicalities of affixing and wearing the cameras with their uniform. As part of the pilot multiple alternative fixings, harnesses and clothing options are being provided to mitigate these difficulties.

d. Camera Allocation: The process that supports the allocation or 'signing-out' of a camera by staff is inefficient. The preferred process would see the existing Trust staff identify cards being digitally enabled to sign-out cameras. This has not been possible, and as alternative staff are issued with a separate token (known as an 'RFID Sticker'). These tokens are not resilient and wear out quickly, and the operating model required by the tokens generates a significant administrative burden for the project team. Alternative options are being explored both locally and nationally (note that this issue is affecting many Trusts involved in the pilot, not just YAS)

e. Battery Life: some staff have reported that the camera battery life has not been sufficient to cover the duration of a whole shift. This issue was caused by some cameras being configured to record at an unnecessarily high definition, which reduces the battery life. The supplier (Motorola) has rectified this issue without any resultant degradation of the picture quality provided by the cameras.

f. Cultural: some staff are wary of the cameras and the ways in which recorded footage might be used by the Trust. The policy and operating procedures relating to BWV usage prohibits the use of footage for any purpose other than investigating a suspected crime or supporting a prosecution. Further communications and awareness raising is being put in place to reassure staff about how their recordings will be used.

Project Benefits

2.15 As of the end of September, the reported data shows that staff have activated a BWV camera during an incident on fewer than twenty occasions, although usage is increasing month-on-month. Where cameras have been activated by staff the evidence suggests that this can be effective in either preventing or defusing an incident of violence or aggression. There have been a number of occasions in which being alerted to the presence of a camera has led a violent or aggressive patient to significantly moderate their behaviour and even to apologise to the staff affected.

2.16 This early evidence regarding the potential deterrent and de-escalation effect of BWV cameras is encouraging. Although the sample size is small it does suggest that the use of cameras by frontline crews can reduce or prevent violence and aggression incidents. However, a much broader evidence-base is required in order to reach more robust conclusions. This requires greater levels of camera usage, hence the focus in the next few months is on removing barriers to widespread usage at the phase one and phase two stations before any significant effort is invested in a third phase.

Next Steps

2.17 The next steps for the BWV pilot are:

a. Embed the implementation and support greater levels of camera usage at the phase one stations.

b. Complete the phase two implementation and support rapid camera uptake at the phase two stations.

c. Trial and evaluate alternative forms of fixings and uniform to facilitate easier wearing of the cameras.

d. Increase the levels of engagement and positive messaging about the purpose and benefits of the use of BWV cameras. This will include a structured communications campaign focussed on those stations involved in

the pilot, and the development of bite-size videos to share key messages about good practice.

Other Violence and Aggression Work

2.18 The Trust's violence and aggression agenda includes a number of other components. These include data flags and a review and refresh of conflict resolution training.

Data Flags

2.19 Data flags are warning markers placed on the Trust's information systems in order to provide ambulance crews or other frontline staff with an alert about potential security risks relating to either the individual or the property to which they are attending.

2.20 Following a Rapid Process Improvement Workshop (one component of the Trust's Quality Improvement strategy) the Trust has developed enhanced data flag procedures, including greater automation, better sharing of intelligence, better use of the Datix incident management system, and more consistent application and reviews of data flags. Feedback to date from crews and support staff is positive. A structured post-implementation review will take place in December to formally evaluate the effectiveness of the new processes.

2.21 The Trust's development of enhanced data flag arrangements was highlighted during the 2021 AACE Ambulance Leadership Forum as an area of leading practice, and the Trust has been invited by NHSE/I to share its approach with the national group relating to violence prevention and reduction.

Conflict Resolution Training

2.22 The Trust is carrying out a training needs analysis in respect of the management of violence and aggression. This work includes a review and refresh of conflict resolution training, with a view to providing an updated training programme that supports staff with good practice instruction in how to manage and de-escalate incidents of violence and aggression.

2.23 The Trust's lead for violence and aggression prevention has recently participated in two days with the North West Ambulance Service in order to learn about its conflict resolution training programme, which is delivered in conjunction with an external partner, Health Care Education and Supportive Training (HCEST). The NWAS-HCEST programme is tailor-made for ambulance services, and the YAS Academy is now involved in exploring whether YAS could engage with this partnership in order to apply the training in this Trust and to identify opportunities for collaborative working on the development and delivery of further training resources.

3. RISK ASSESSMENT

3.1 Many aspects of the Violence Prevention and Reduction standard are already built into the Trust's existing processes and plans for the management of violence and aggression towards staff. However, the requirements of the new standard are rigorous and comprehensive, and the achievement of full compliance is likely to be challenging.

3.2 The BWV project creates additional pressure on Trust resources at a time of protracted demand pressures across the organisation. This applies to operational crews at stations and to other support teams (ICT, PMO, Risk and Assurance, Communications). The Trust has made available additional internal budget provision to support implementation, although recruitment to project support posts has not been successful.

3.3 Notwithstanding the impact of operational pressures, which are expected to continue throughout the winter, the violence and aggression agenda is generating increased work demands and expectations on Trust staff more generally.

4.   PROPOSALS/NEXT STEPS

4.1 The Trust will complete its self-assessment against the Violence Prevention and Reduction Standard by the end of 2021/22. Development of a draft strategy and action plan will take place during the early months of 2022/23.

4.2 The Trust will continue with BWV pilot project, with an immediate focus on completing the phase one and phase two implementations and generating greater usage of cameras at those sites.

5.   RECOMMENDATIONS

5.1 It is recommended that the Trust Board:

- Notes the proposed timescale for the completion of the Violence Prevention and Reduction Standard self-assessment

- Notes the current position regarding the BWV pilot