UNISON health and safety – we are the future

GUARDIANS OF HEALTH AND SAFETY

UNISON
the public service union

UNISON national health and safety seminar / Belfast 2019

Violence in the work place

Alan Lofthouse, National

UNISON Health Service Group

Violence at work

- What is violence at work?

"Any incident in which an employee is abused, threatened or assaulted in circumstances related to work" (HSE)

- Who does it affect?

- Why take action?

It's not part of the job

A health and safety guide on tackling violence at work

The Law

- Health and safety law (HSWA and MHSWR)

- Assaults on Emergency Workers (Offences) Act 2018

- 1861 Offences against the Persons Act and Scottish Common Law Aggravation

- Other legislation
  - Emergency Worker (Obstruction/Scotland) Acts
  - Criminal Justice and Immigration Act (Nuisance or disturbance on hospital premises provisions)
  - Protection from Harassment Act

UNISON Campaign aims:

- It is not part of the job

- Same legal protection for all public service staff

- Preventive approach

- Reducing lone working

- Counselling and support

Successful campaigning!

END VIOLENCE AT WORK

UNISON's Violence at Work Charter
Campaigning for an end to violence at work in the community sector

Liverpool signs up to UNISON's End Violence at Work charter

City council becomes first to make union's charter a key part of its commissioning process

Latest news

It's time to end poverty wages
exploitative practices
Posted on **2 March 2019**

UNISON position in the NHS

National

- Lobbying and influencing

- FoI and HSJ work

- National forums (SPF, NASPF)

- Guidance, training and support

Local

- Branches

- H&S representatives

- Partnership working

Organisational health and culture

- Links to organisational culture

- Performance (Activity & financial) vs. safety

- UNISON/HSJ Data gathered from FoI for 2016-17

- Organisational commitment
    - Appropriate line manager support
    - Perception/value of reporting
    - Organisation's motivation to protect and prevent
    - People around them are properly trained

The NHS context

NHS Staff Survey 2017

74,329 people (15.24%) reported that had experienced physical violence & aggression from patients, relatives or public in the last 12 months1

The issue is especially acute in Ambulance Trusts where an average of 6,312 people (34%) of staff reported that they had experienced physical violence/aggression from patients, relatives or public in last 12 months.

NHS Staff Survey 2018

14.5% staff reported physical violence (improvement)

33.3% ambulance staff

Mental Health / Learning disability trusts also continue to have higher than average incidences of violence, with 1 in 5 staff having experienced violence from the public while at work in the past year (20.2%)
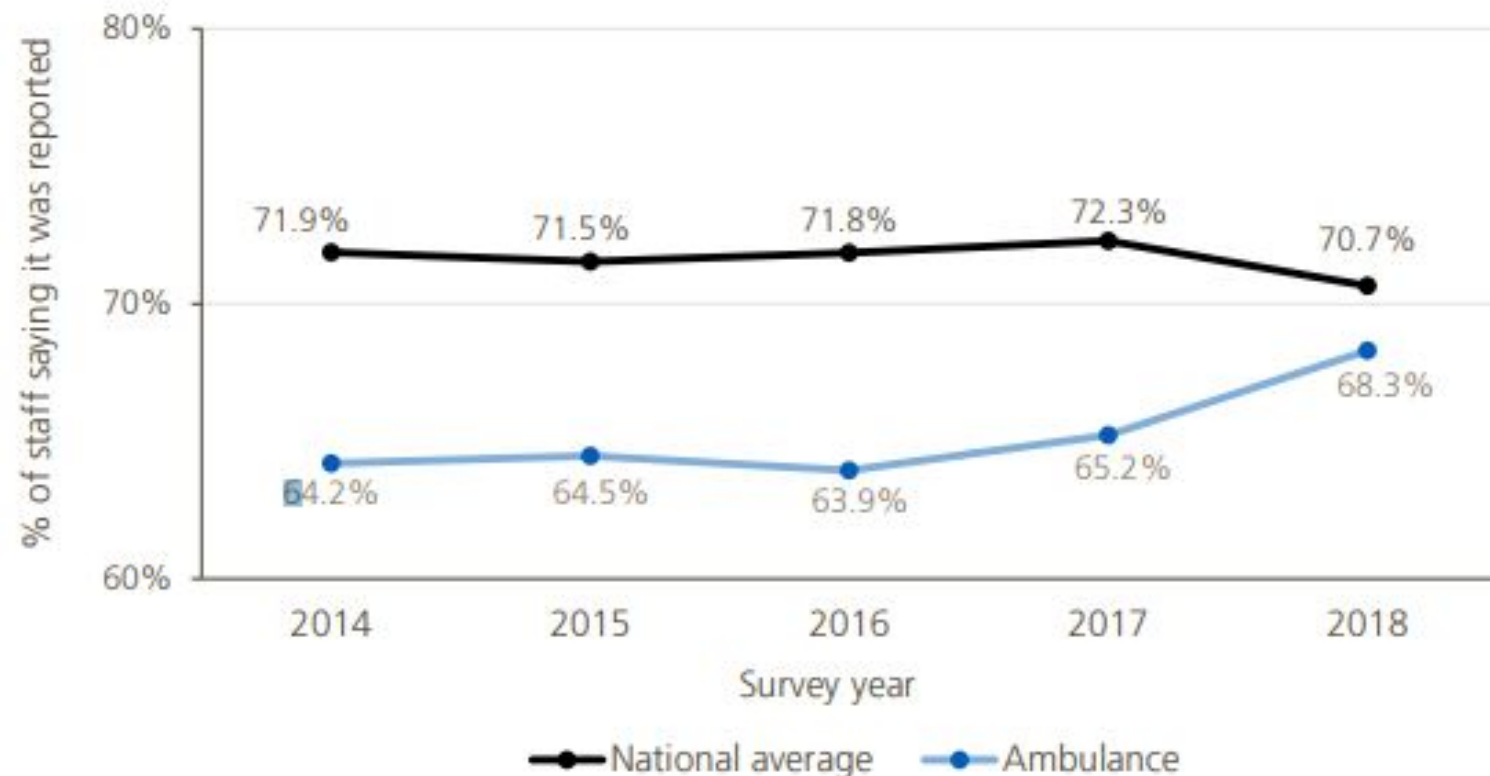
The financial cost

The costs of violence and abuse go beyond the £49,000,000 paid out via litigation[1] and £192,000,000[2] for security services to protect staff.

[1] NHS Resolution, 2018
[2] NHS England

Reporting

q12d - The last time you experienced physical violence at work, did you or a colleague report it?

NHS Recommendations

Governance
- National role and responsibilities further clarified
- Holding Boards to account i.e. CQC, KLOE
- Effective data collection and analysis
- Strategic guidance and support

Staff Support
- Analysis and evaluation of current training
- Ensuring Executive level commitment
- Consistent support to staff
- National bodies working together e.g. NHS, CPS etc
- Creating safe environments culturally and physically

Public Awareness
- National NHS campaign focused on staff and how we support them
- Clear statement of support

Physical environments
- Creating therapeutic environments
- Improving communication
- Environmental reviews

Next steps for the NHS

2018/19

- Agree funding with DHSC
- Agree central support arrangements with DHSC
- Agree CQC monitoring
- Agreement with Crown Prosecution Service (prosecutions)
- Finalise options appraisal in order to commence build of national data collection tool
- Begin to develop plans for all Ambulance Providers

2019/20

- Develop a Violence Reduction Strategy
- Agree future training and development for staff
- Develop national staff support packages
- Develop toolkits for Providers to undertaken Assessments, develop Interventions and Measure progress (AIM)
- Begin to develop plans for Mental Health Providers
- Commence bodycam pilots
- Undertaken public awareness campaign
- Finalise build of national data collection tool
- Begin analysis of incidents and design targeted interventions
- Ensure correlation between sickness, retention and violence is captured

Prevention is better than cure

- Proactive versus reactive

- Early engagement with staff and their representatives

- What can be done to make the work safer?

- Don't rely on legislation and PPE to deal with violence

Health and safety reps

- Roles

  - Investigate potential hazards
  - Consult members on working conditions
  - Lobby employers to improve safety
  - Support members with complaints about safety
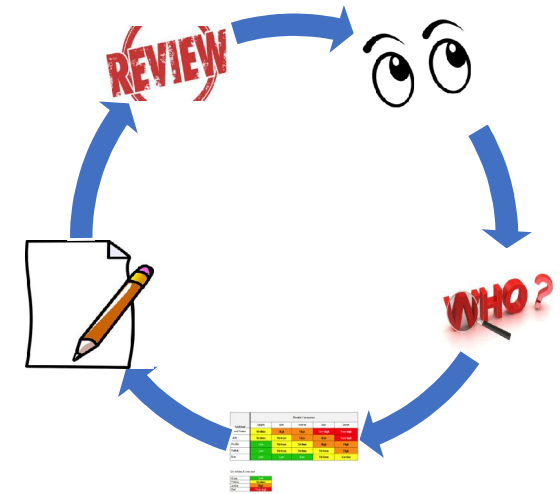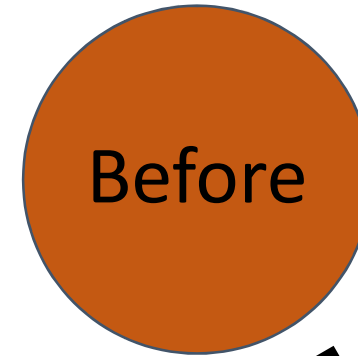
- Legal rights of Health and Safety reps

  - Paid time off
  - Approved training
  - Facilities

The learning cycle

Before

During

After

HSE - The Management Standards

Demands – this includes issues such as workload, work patterns and the work environment

Control – how much say the person has in the way they do their work

Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles

Change – how organisational change (large or small) is managed and communicated in the organisation

Chimp Brain

Content of violence training

1. Legal context

2. Models of violence

3. Non-physical skills

4. Physical interventions

5. Organisational capacity and procedures

6. Post incident reactions

Dynamic Risk Assessment

- If a worker is given the skills to be able to carry out a dynamic risk assessment, they would be able to identify hazards on the spot and take action before the situation becomes more serious.

- What information do they need?

- What impacts on the person's ability to assess?

- Right to withdraw to a place of safety

- Supporting staff decisions

Hierarchy of controls

Elimination - Redesign the job or substitute a substance so that the hazard is removed or eliminated.

Substitution - Replace the material or process with a less hazardous one.

Engineering controls - for example use work equipment or other measures

Administrative Controls - These are all about identifying and implementing the procedures you need to work safely.

Personal protective clothes and equipment - Only after all the previous measures have been tried and found ineffective in controlling risks to a reasonably practicable level, must personal protective equipment (PPE) be used. Workers must be trained in the function and limitation of each item of PPE.

Recommendations

- Organisational commitment on violence and aggression

- Agree safe working practices

- Consult with trade unions reps

- Review risk assessments – including controls

- Be open and honest with staff

- Provide support to those involved in incidents

- Prosecute offenders

- LEARN!

If a member get assaulted make sure:

- It is reported

- The members gets all medical counseling and support required

- Legal advice in case of personal injury claim

- Risk assessments updated/lessons learnt

Activity

In groups

Discuss the issue of workplace violence in your organisation

- How have you approached the issue?

- What successes have you had?

- What are the barriers and how to you plan to overcome them

- Feedback – 1 action to take forward in branch