

Social Partnership Forum - Workforce Issues Group (WIG)
Violence reduction - creating a culture of safety subgroup
Terms of reference - September 2019 (membership updated January 2020)

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| 1. PROJECT TITLE | Violence reduction - creating a culture of safety subgroup of the WIG |
| 2. PROJECT TEAM | <p>JOINT CHAIRS Harprit Hockley, NHSE/I and Alan Lofthouse, UNISON.</p> <p>CORE GROUP Anthony Jackson, Claire Parker, NHSE/I; James Shepherd, Jen Gardener, NHS Employers; Justine Sharpe, NHS Resolution; Kim Sunley, RCN; Sophie-Odile Sauerteig, BMA; Rachel Harrison, GMB; Martin Nicholas, London Ambulance Service; Anne Wright, East of England Ambulance Service; Caroline Drew, Sheffield Teaching Hospitals NHS Trust; Sarah Fereday, Occupational Health; Ragini Patel, Royal Free NHS FT; Nigel Redmond, Central and North West London FT; Craig Jones, Carla Burns, Stephen Mangan, Michael McGee, Michael Morgan, Terence Harris, Liverpool University Hospitals NHS FT.</p> |
| 3. PROJECT SECRETARIAT | Victoria Small |
| 4. AIMS | <p>The SPF is committed to improving the working lives of NHS staff by tackling violence and aggression to create a culture of safety.</p> <p>Alongside the NHS Long Term Plan (LTP), the Interim People Plan and the NHSE/I violence reduction strategy the SPF is ideally placed to bring together employers, system leaders and trade unions to work in partnership to reduce the harm caused by violence against NHS staff.</p> <p>Bring a focus on violence into year three of the SPF's collective call to action on creating a culture of civility, compassion and respect – tackling negative behaviour, bullying and harassment in the NHS.</p> |
| 5. OBJECTIVES | <p>The objectives of this subgroup are to:</p> <ul style="list-style-type: none"> • support and inform the NHSE/I violence reduction strategy • be an expert reference group and inform the WIG on the best way to support the partnership implementation of the violence reduction strategy • support the SPF's commitment to reducing violence and aggression and improve the NHS as a place to work • to produce practical and effective joint products, where possible and appropriate for employers and staff, about workforce implications and staff engagement |

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| | <ul style="list-style-type: none"> • collaborate with parts of the NHS system to test advice, gather ideas, share best practice and consider initiatives that improve workplace cultures and reduce violence in the NHS • promote effective partnership working - nationally, regionally and locally - on the workforce implications of policy • clarify and communicate arrangements to support staff, trade unions, commissioners and employers in undertaking change in the NHS funded health care. |
| 6. DELIVERABLES | <p>NB. This is not an exhaustive list of deliverables; the WIG workplan will be kept updated to reflect current workstreams and deliverables:</p> <ul style="list-style-type: none"> • create a specific violence reduction web page on the SPF website for project • publish cultural messages on safety from senior leaders and voices of staff, including the NHSE/I stories to include on the webpage. • collect and collate existing documents on violence to help inform the work and provide an evidence base to the WIG project <ul style="list-style-type: none"> ○ NHSE/I documents ○ World Health Organisation recommendations ○ NICE guidelines ○ advice from employers and trade unions ○ best practice examples of partnership working ○ Design Council advice on environments. • develop new materials, tools and resources including: <ul style="list-style-type: none"> ○ <i>'Why take action – how to build a business case to encourage action with your board'</i> resource ○ best practice examples on violence related training ○ support for staff involved in incidents ○ innovations around reporting incidents ○ regional SPF partnership toolkit ○ ICS/STP partnership engagement toolkit ○ calculator for savings related to reducing violence. • aspirational actions may include, an accreditation framework based on QI improvement measurements • involvement in the data task and finish group • involvement in the evaluation of phase one of the body worn cameras pilot. This may lead to best practice national policy and governance materials • webinars and events to support violence strategy. |
| 7. BUSINESS BENEFITS | <p>These include:</p> <ul style="list-style-type: none"> • system-wide focus on violence • reassurance for staff • reduction in harm to staff |

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| | <ul style="list-style-type: none"> • reduced absence and improved support to staff • consistency of approach • better industrial relations and better partnership working • better integration between the national SPF and regional SPFs on violence reduction. |
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| 8. LINKS AND DEPENDENCIES | <p>The subgroup reports to the SPF WIG. Other links and dependencies include:</p> <ul style="list-style-type: none"> • SPF wider group and strategic group will want updates on progress • NHSE/I violence reduction strategy – in order to enhance activity and avoid confusion, it is recommended that the WIG actions are co-ordinated with the NHSE/I strategy wherever possible • the SPF’s collective call to action on creating a culture of civility, compassion and respect – tackling negative behaviour, bullying and harassment in the NHS • policy leads across DHSC • NHSE/I & HEE – LTP and Interim People Plan • Health Safety and Wellbeing Partnership Group of the NHS Staff Council (HSWPG) • regional SPFs. |
| 9. POTENTIAL RISKS | <p>These include:</p> <ul style="list-style-type: none"> • funding of the violence strategy • bringing the violence reduction work into the collective call to action may dilute the issues and fail to draw significant clarity between the two • complexity of issues – needs clear co-ordination and agreed expectations from all partners • different perspectives and needs of parties involved • adverse staff or trade union reaction if staff issues not satisfactorily addressed • time and commitment from all partner organisations • lack of impact, difficulty measuring/monitoring the impact of what the subgroup does • difficulty in delivering products within a timeframe likely to optimise impact. |
| 10. MEETINGS | <ul style="list-style-type: none"> • Frequency of meetings – every two months (more if required dependent on agendas) supported by detailed work off-line as required. • These will be a mixture of meeting types, including face to face, teleconference, video conference. |

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| | <ul style="list-style-type: none">• Specific deliverables dependent on policy timescales and resources; processes and timescales to be agreed by partners on each workstream.• The ToR will be reviewed periodically. |
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