Keeping our NHS staff safe

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King's College Hospital NHS Foundation Trust

London SPF Conference 2024

Background

- 1 million patient contacts a year
- Multiple sites
- 15,000 staff
- 6000 incidents of violence, abuse and challenging behaviour a year
- High prevalence of ‘Vulnerabilities’
- Challenges with reporting
- Challenges with data
- Challenges with effective interventions

Year	% of KCH staff who have experienced verbal abuse	SEL average	National average	% of KCH staff who have experience physical assault	SEL average	National average
2018	37.2%	-	28.2%	19.3%	-	14.1%
2019	34.4%	-	28.1%	19.2%	-	14.4%
2020	33.4%	-	26.0%	17.8%	-	14.2%
2021	33.7%	30.6%	27.4%	16.8%	15.5%	14.2%
2022	33.5%	31.6%	28.1%	17.5%	15.8%	15.0%
2023	30.64%	29.2%	25.82%	17.1%	14.6%	13.7%

Approach

Policies

- Supporting Positive Behaviour Policy
- Restraint Policies
- Enhanced Care Policy
- Workplace Violence Risk Assessment
- Inphase Coding adjustments

Projects

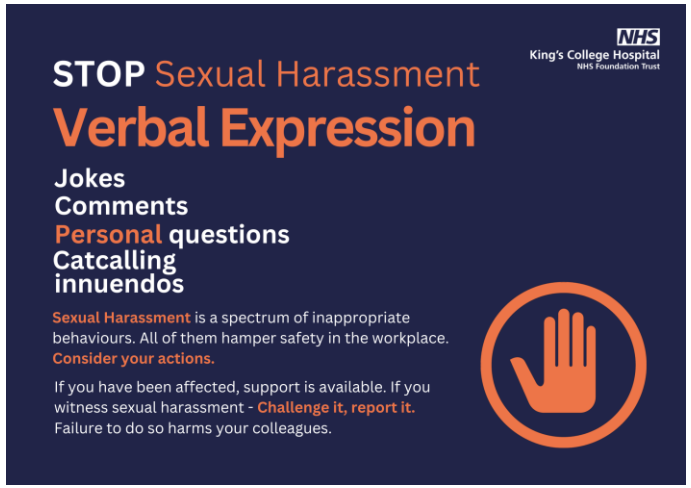
- BWVC Clinical Staff
- DEFUSE
- DASA Project
- ‘Two Lives’
- Talk Down Tips

People

- Matron for Violence Reduction
- Conflict Resolution Training
- Trauma Informed Practice Training
- MH Awareness Training
- Vulnerabilities Clinical Team
- Staff Support Working Group

Supporting Positive Behaviour Group

- Trust PSIRF Priority
- Trust-wide representation
- Staff side representation
- Three key workstreams – Staff Support, Trauma Informed Practice, Identifying Risk



Sexual Safety Steering Group

- Executive Lead
- Signed BMA Pledge

DEFUSE

LET'S DEFUSE THE SITUATION !

D Document DATIX DoLS	**Document** Document the event in detail – who, what, when, where and how? Describe the impact of behaviour, any attempts to intervene Start behaviour chart Review and update patient's care plan **DATIX** Complete DATIX – Copy DATIX report and record the number on EPR **DoLS** Assess patient's capacity If a patient lacks capacity, ensure DoLS in place Escalate to Mental Health Team for MHA if required
E Escalate	**Escalate to seniors** Consultant, Registrar, Nurse in Charge, Ward Manager, Matron, Site Manager **Escalate to relevant teams** Alcohol Care Team, ext 36684 Delirium/Dementia Team, ext 32478 Mental Health Team, bleep 278 (age 18-65), ext 37045 (age 65+) iMobile Team, ext 37725 for additional strategies
F Formulary	Always try to **verbally de-escalate first** Prescribe **regular medications** as recommended by relevant teams Prescribe **PRN medications**
U Think about U Think about Us	**Think about U (Patient)** Contact their family, next of kin, carers or nursing home For those with learning difficulties, initiate/review their hospital passport For those with dementia, delirium or communication difficulties, initiate/review *'This is me'* with carers and family **Think about Us** Ward team to support the individual caring for the patient Emotional support, talking about the situation, relieving of their duties where possible
S Security Supervision	Contact **Security** ext 2444 or 34567 **Supervision** 1:1 or 2:1 (RMN or CSW) Complete Enhanced Care document, escalate to seniors to review Think about additional staffing to support
E Environment	**Suitable and safe environment** Ligature free, remove harmful objects, side room if appropriate Consider intensive care or psychiatric bed if not appropriate on wards
!	Manage violence and aggression as a **multidisciplinary team** by identifying the patient with challenging behaviour at board round using an **exclamation mark magnet**

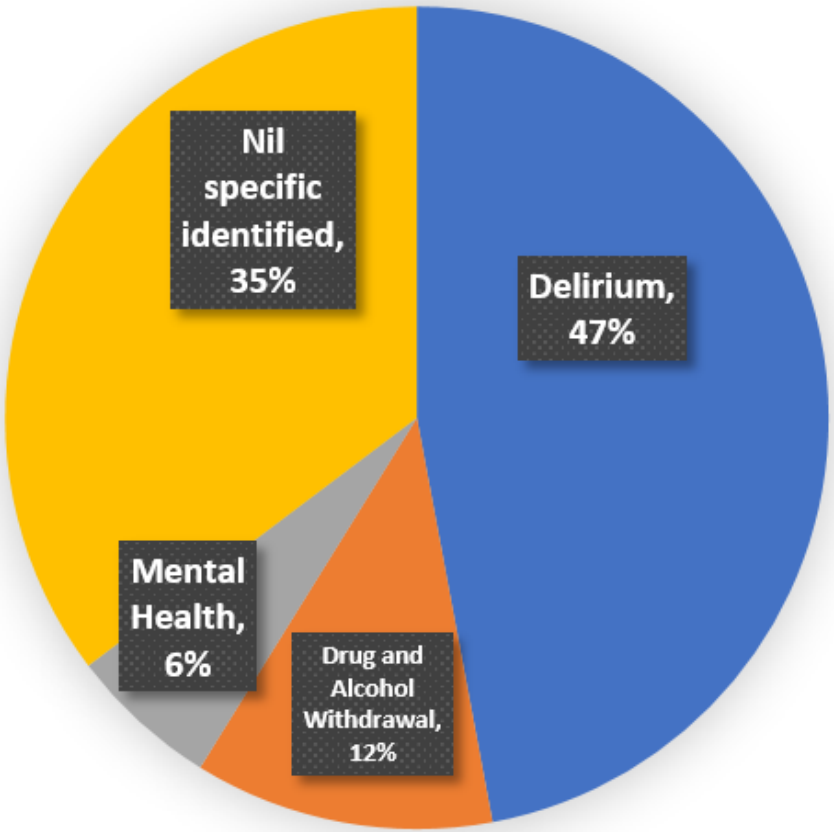
- Developed by Medical MDT
- Enables clear communication and escalation
- Patient's identified at Board Rounds
- Focusses on an MDT approach to managing behaviour
- Standardised approach all MDTs are encouraged to adopt

Dynamic Appraisal of Situational Aggression

- Commonly used in MH settings
- Once a day risk assessment tool – Score out of 7
- Identifies escalating behaviour and encourages earlier intervention
- Similar to NEWS score
- Trialled on 2 AMUs at DH Site
- Further trial on 2 AMUs at PRUH Site – view to Trust-wide rollout

Results

- Average 40.5% compliance with scoring
- 4.6% of patients scored 4 or greater
- 30% of patients scoring 4 or greater were involved in an incident
- 95% of patients scoring 6 or 7 were involved in an incident
- On average (removing 3 outliers) the first high DASA-IV score was within 48 hours of admission



Dynamic Appraisal of Situational Aggression

Violence and Abuse Counter Collection

Over a three week period staff were asked to put counters in a box if they experienced an incident of violence or abuse.

RED = Physical Assault BLUE = Verbal Abuse

Over three week period the following was collected:

- 371 incidents total counters
- 240 incidents verbal abuse
- 131 incidents of physical assault
- 7 Inphases reported

Follow-up with nursing teams involved found that they were not able to, with the exception of a couple of patients towards the end of the three week period, identify any patients that were being violent or abusive in the clinical area.

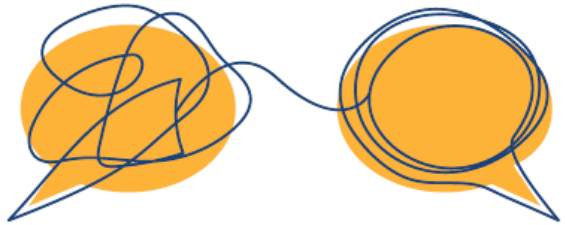
‘Two Lives’

‘Young carer Chloe and Nurse Jada might live very different lives, but they have one thing in common – they both define themselves by their ability to care. On a day when this is brought into question, they react in very different ways – but ultimately a chance encounter restores their sense of identity.

Two Lives is a film commissioned by Kings College Hospital NHS Foundation Trust to create a platform for debate and discussion around the issues connected to violence and aggression against staff. The film will be shown to all staff through series of screenings – online and in person.’

Talk Down Tips

Talk Down Tips



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CONTROL YOURSELF

- Act calmly and confidently. Show no fear, subjection or servility
- Have lowered, uncrossed arms and open hands
- Relax face, don't frown, or purse lips
- No hesitation or uncertainty of speech, use silent statements
- Breathe deeply and concentrate on the situation
- Relax body, no hands on hips or in pockets. Don't finger wag or prod
- Have slow and gentle movements
- Don't corner patients, threaten or make false promises
- Don't judge, criticise, show irritation, frustration, anger or be retaliative. This is not personal and it is not about you
- Don't argue or say they are wrong and you are right
- Don't defend or justify yourself
- Show no reaction to abuse or insults directed at you, partially agree with them
- Prepare responses to typical insults
- Let patients have the last word, so long as they are complying

DELIMIT

- Separate yourself from others/audience/ people at risk
- Move to a quiet place, ask to come aside
- Invite patient to sit down
- Establish aid/support/backup
- Maintain distance

CLARIFY

- Ask what's happening, use open questions
- Sort out confusions
- Use patient's name
- Orient patient to time, place and person
- Speak clearly – say who you are, remind of existing relationships and offer your help
- Wait a second before responding
- Paraphrase and check what they have said

RESOLVE

- Request/ask politely, don't command or be authoritarian
- Give reasons, explain rules, reasoning behind them, be honest, express fallibility (even if unfair)
- Give patient opportunity to control self
- Make a personal appeal, remind them of previously agreed strategies
- Deal with complaint, apologise, make a change
- Outline consequences of different courses of action
- Offer choices and options leaving power with patient
- Be flexible, negotiate, avoid power struggle, compromise
- Ask if anything else you can do that will gain co co-operation, ending positively

RESPECT & EMPATHY

- Show interest, concern and expression congruent with words
- Have a concerned and interested tone of voice
- Listen, hear, acknowledge feelings and needs
- Be sympathetic
- Don't yell over them or shout. Wait until they take a breath
- Make eye contact (taking care not to be confrontational
- Extend self and thinking to understand the patient's viewpoint
- Show sincerity, authenticity and genuineness
- Don't tell the patient what they should or should not feel
- Don't discount, trivialise or undermine their emotional expression
- No advice giving or orders. No *'if I were you I would…'*
- Don't mock or treat like a child
- Don't overly smile or this may be seen as condescending
- Answer all requests for information, no matter how they are phrased
- Empathise with feelings, but not aggressive behaviour

Comms no. 3572

- In addition to formal Conflict Resolution Training.
- Part of 'Safewards' interventions package
- Focus on advanced de-escalation skills
- Quick and simple

KIND RESPECTFUL TEAM

Vulnerabilities Clinical Team

Associate Director of Nursing for Mental Health

Deputy Head of Social Work and Vulnerable People

Matron for Vulnerable People and Violence Reduction

Assistance Director of Safeguarding (Adults)

- Provide clinical response Monday – Friday
- Caseload – in person reviews/virtual ward rounds
- Response phone – rapid initial clinical assessment, liaison
- Focus on psychosocial aspect of admission and not medical care
- Advice on legal frameworks and best interests decisions
- Complex behavioural support incorporating safeguarding and trauma informed practice

Vulnerabilities Clinical Team

Paul

PC: Physical violence towards care home staff, evicted from home

PMH: Autism, OCD

On admission, verbally and racially abusive towards staff, physically threatening. Smashed 5 computers within 48 hours of admission. Police called and MDT considering eviction to the streets.

Interventions:

- Behaviour Support Plan with crisis plan – including identifying triggers (personal property, rituals, claustrophobia)
- Distraction techniques
- Daily visits from team to focus on psychosocial support
- Complex discharge planning

Outcome:

- Remained inpatient for 8 weeks
- Only 3 further isolated incidents as a result of identified triggers
- Discharged to supported accommodation

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KIND RESPECTFUL TEAM