

Workforce Race Equality Standard – Metric 5 Low Secure Services – Staff Focus Group Report

Background:

In February 2019 the Head of Equality was invited to a Quality and Safety Committee to discuss options for handling racial abuse from service users on Low Secure Services (LSS) Inpatient Wards. This was prompted by a specific service users' high level of racial abuse to staff at that time.

A number of options were discussed and agreed. They were;

- The Head of Equality to coordinate some staff focus groups for staff that had been affected by the abuse. These would focus on ensuring that staff knew the support that is available to and the Trusts policies and procedures for managing and preventing abuse from service users to staff; particularly racial abuse.
- To review the care of the specific service user to ensure the abuse was being addressed within the care plan.
- To ensure that staff across the service were aware of the Managing Racial and Other Types of Abuse from Service User and the Public Policy. To explore whether the policy was being used and identify any barriers to the policy being implemented within the LSS setting.

This work fits into the Equality Objectives to deliver the NHS Workforce Race Equality Standard ¹. Metric 5 of the standard which the Trust is required to report to NHS England on annually is;

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

This information is taken from the NHS Staff Survey. In 2018 the data submitted showed that 28.71% of staff from a Black and Asian minority ethnic (BAME) background reported and 28.13% of White staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. It is positive that the gap between the percentage of BAME and White staff experiencing this is very small in this metric, however, it still means that over a quarter of Trust staff are experiencing this within that year reporting period and it is a significant issue that needs addressing.

Update on activity:

Three focus groups were planned over March and April (12th March, 26th March and a summary session on 29th April). The aim of these was for staff to be able to meet with the Head of Equality to share their experiences, talk through what support is available to them and what policies and procedures are in place and how they are being implemented in practice.

The first session on 12th March was not known about by the staff working on the wards. Information about the session had not been shared with the team and as a result no one attended initially. The Thornton Ward manager rang around the wards to encourage staff to

¹ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

attend. There was a mixed message about the session being equality training which it was not.

Feedback about the lack of attendance and awareness of the purpose of the focus group was shared with the service leads.

The second session was better attended although still lower than expected. Four staff attended. Although the number was small a productive discussion was had.

The third session was designed to tag onto a meeting where policy implementation is discussed. The staff at that meeting had this session in their diaries but did not know what it was about. There was some discussion about whether to go ahead, it was decided the session should continue. As the time went on more staff arrived and at the end there were eight members of staff. All in all there were 14 different inputs into the discussion and feedback listed below.

To structure the session the Head of Equality shared the Managing Racial and Other Types of Abuse from Service Users, Relatives and the Public Policy with the attendees with a particular focus on appendix B4 on page 21 (the flow chart at the back of the policy) which outlines a process for dealing with refusal of care on discriminatory grounds and provides a structure for dealing with abuse².

The support available was also discussed; staff were not aware of all of the provision that they could access. The Wellbeing @ Work pages on Connect include all of this information³. That support ranges from; 24 hour confidential telephone assistance, occupational health services, stress management tools and assessments, massage, mindfulness and wellbeing tools. There are also staff networks available for staff to attend or connect with – The Aspiring Cultures Staff Network, the Disability and Wellbeing Staff Network and the LGBT+ Staff Network.

Staff Discussion and Key Points:

All staff had witnessed or experienced abuse of some description. Many of the staff had experienced racial abuse whether they were from a BAME or White background.

What happens now? How is abuse handled?

- Staff are always monitoring service user mood and any deterioration; this is discussed in safety huddles.
- Staff have developed their own strategies for handling abuse that they adapt depending on the service user and their mood or deterioration of mood. Less experienced staff have to learn this.
- The above strategies were described as coping strategies and were not agreed protocols or shared strategies.
- Staff talked about the Importance of deescalating abusive behaviour and situations whilst also maintaining the therapeutic environment.
- There are high levels of tolerance and desensitisation to abuse.
- Importance of tackling abusive behaviour as part of the care plan and responsibility of staff to let SU know that the behaviour breaches the equality act and rehabilitate them from it –

²http://connect.bdct.local/docs/policies/pubdocs/Racial_Dscrmntn_Hrsmnt_Staff_by_Srvc_Usrs_Carers_Rltvs_Policy_v1-08_Final_PDF_03-10-2017.pdf

³ <http://connect.bdct.local/workforcedevelopment/Pages/Staff-Benefits.aspx>

even if they do not have capacity. This is not always happening but some staff talked about it being done well.

- Consistency and systematic approach – not always.
- There needs to be consequences that service users can see and understand exist to this behaviour. That could be police input, police presence or visit to the services user – police perception of mental health impacts on their response.

What do you know about the support that is available to you?

- The support available to staff who have been abused e.g. Employee Assistance Programme is not widely known about.
- Occupational Health intervention / input is seen as a negative thing – that there is some issue with the staff member; staff did not know they could call for advice.
- Staff are not all aware of the staff networks and the support they offer.
- Teams need to build trust and be able to talk freely about what is happening and the impact it is having – building a culture of inclusion and understanding of the impact abuse can have.
- 'I am only a HCA, it doesn't matter if I am abused'.
- People need to feel valued.
- Reluctance and lack of info on how to report incidents as hate crime or hate incidents – culture of minimising if a Hate Crime or incident is reported to the police using that language by ward staff the police respond quickly and supportively – need to know the language to use to trigger that as it is their target to address Hate Crime and Incidents.
- It is important that staff report what is happening, action is taken and then the outcome is feedback to staff so they feel valued and supported. This does not always happen.
- Could we develop some training about how to handle abuse that staff access?

Talking through the process set out in the flow chart what happens, what is missing and what issues do you think there are with implementing it in this setting?

- letters not always sent to perpetrating service users often staff are moved instead; this can leave staff feeling they are the problem.
- Ire's are used to report and escalate incidents of abuse to managers.
- Often Ire's reference the intervention for the SU but not the support and after effect on staff.
- If things happen at the weekend or 'out of hours' there is a delay in the process as senior staff may not be available.
- Formal procedures to send letter to perpetrators whether they have capacity or not needs to happen consistently.
- Does the patient have capacity to understand the impact of their actions? – this is the question in the procedural flow chart – it is easier to say / think no – it goes on that moment of abuse. Even if the answer is no a letter should still be sent.
- Medical staff perception of service user capacity may differ from nursing staff. Staff sometimes feel that medical staff would not support the procedure.
- What is the role of Local Security Management Services? – they are not called as standard as is referenced in the flow chart– what can they do? – what should they do? – need to discuss that with the security team.
- Many staff think they need to wait for their clinical supervision to raise concern or report abuse. It should be clear that it is when needed and they don't have to wait.
- What liaison do we have with the police? Can we enhance that – some staff are trained as special constables but what does that mean and how are they used? Police perception

that as the service user is in a secure environment they are not a danger to the community. What about to staff?

- The Neighbourhood Policing Team are supportive and have a process for reporting and responding to incidents. The local PCSO is available Wednesday 1 – 2. We need to use that route to get their support and build a strong working relationship.
- What happens if a patient is hostile and aggressive – they could be moved to medium secure – or have police intervention. Is abuse of staff seen as hostile and aggressive behaviour – not always.
- Request for staff bank / agency ‘we need a body’ – the staff need to be seen as part of the team, the role is specialised, what induction and inclusion into the team do they have? How can we expect them to be actively involved without it? There are often more agency staff on a night shift.
- Reluctancy to complete Ire’s arduous and so many incidents.
- The flow chart is too vague. We need names, timescales and roles set out to make it happen systematically.

Recommendations:

Following on from the discussions the following things were proposed as being key priorities in;

- Implementing the Managing Racial and Other Types of Abuse from Service Users, Relatives and the Public Policy.
- Supporting staff affected by abuse.

For some of the priorities staff volunteered to take the actions forward. Those staff are names below.

1. The flow chart on the policy is called ‘flow chart for dealing with patients, service users, their carers and families who refuse care from BDCFT staff on racial or discriminatory grounds’. Throughout the flow chart it refers to abuse, threats inappropriate language. The title does not reflect the flow chart which may be why staff are not using it and needs changing to ‘Flow Chart for Dealing with Racial and Other Types of Abuse to staff from Service Users, Relatives and the Public’. **ACTION: Lisa Wright**
2. To develop a flow chart that has all of the same steps as the procedural one but that includes staff roles within LSS, the timescales for actioning each step and named staff with responsibilities, the consequences for perpetrating service users for example a letter, hate incident report, hate crime report, police interaction, moving, reference in care plan and adaption to therapeutic response to support rehabilitation. These actions should not be dependent on perceived capacity; an incident might be reported if the service user did not have capacity and crime reported if they did. The policy states that a letter should always be sent. **ACTION: Sophie Rushworth**
3. *Once the above is developed to launch it and ensure all staff are aware and it is implemented consistently.*
4. To build a strong relationship with the police and neighbourhood policing team; increasing reporting and their subsequent response to incidents, increasing mental health awareness. To liaise with the Hate Crime Reporting Team at West Yorkshire Police and Bradford Hate Crime Alliance. **ACTION Sophie Rushworth - local relationship ACTION: Lisa Wright - Hate Crime Link.**
5. To provide Easy Read information that can be shared with service users and staff. **ACTION: Jon Hague.**
6. Develop a support leaflet for staff on where to go for help. **ACTION: Lisa Wright**
7. *Develop training for staff on managing abuse.*

8. Create a security lead role who can oversee the incident reporting and feedback process.
ACTION: Jon Hague
9. To meet with Local Security Management to discuss the issues raised in the report.
10. *To ensure that incidents are reported, actioned and feedback is given to staff involved in the incident.*

The actions in italics need someone to take them forward.

Author. Lisa Wright – Head of Equality