# #1

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 6:50:35 AM
**Last Modified:** Friday, February 21, 2020 6:53:57 AM
**Time Spent:** 00:03:21
**IP Address:** 184.84.242.103

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Politically correct nonsense

**Q2** Are they clearly defined?

Yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Get rid of the ridiculous half-baked Restraint Reduction Network standards.

**Q7** Are the standards achievable? If not, why not?

No. Impossible to control violence with standards.

**Q8** Are there any standards you would add to the proposals?

Only to scrap them.

**Q9** Do you have any additional comments?

No

# #2

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 7:39:31 AM
**Last Modified:** Friday, February 21, 2020 7:47:38 AM
**Time Spent:** 00:08:06
**IP Address:** 23.212.3.108

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Too prescriptive

**Q2** Are they clearly defined?

Yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes but too many

**Q5** Has there been enough consultation, time to review and pass comment on this document?

maybe but it would have been nice to see some data from pilot schemes to show this is workable and creates positive results

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Not be blinkered to the rest of security management standards previously implemented. Somebody must have thought they were important - why are they not now?

**Q7** Are the standards achievable? If not, why not?

Refer to first, too prescriptive with Im sure some trusts will be spending more time ticking boxes than doing the job

**Q8** Are there any standards you would add to the proposals?

Yes, as per the exercises undertaken to identify relevant existing standards to continue with through NAHS which seem to have been forgotten

**Q9** Do you have any additional comments?

I wish somebody would recognise the 17 years or so work that has been going on to manage violence and aggression - Its not new but seems to be discussed in government as if its a new concept. Disgusting denial and ignorance of the work already carried out.

# #3

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 7:52:49 AM
**Last Modified:** Friday, February 21, 2020 8:03:18 AM
**Time Spent:** 00:10:29
**IP Address:** 92.122.52.63

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Whilst a risk based approach is correct it would have been helpful to at least have some minimum requirements in certain areas. I suspect all this will result in in many Trusts will be the production of a violence reduction strategy and nothing else.

### **Q2** Are they clearly defined?

Yes

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Roles and responsibilities are clear, expectations less so.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes, but the scoring is confusing for non-compliance. Non compliance states compliance with none of the standards bur, for example, for standard 1 you could comply with 6 of the standards and be non compliant

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Disappoint no one is taking responsibility for other aspects of security management. Need a joined up approach. Not clear how these will be monitored, I suspect not at all.

### **Q7** Are the standards achievable? If not, why not?

Yes, you only need to get a policy approved.

**Q8** Are there any standards you would add to the proposals?

I would add minimum requirements around training and resourcing.

**Q9** Do you have any additional comments?

Frankly disappointed as I don't think they take us any further forward

# #4

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 8:39:34 AM
**Last Modified:** Friday, February 21, 2020 8:42:21 AM
**Time Spent:** 00:02:46
**IP Address:** 23.52.0.47

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

very clear guidance for NHS Trust's and security decision makers

**Q2** Are they clearly defined?

Yes and provide a clear structure

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Ownership to be assigned as mandatory

**Q7** Are the standards achievable? If not, why not?

Yes

**Q8** Are there any standards you would add to the proposals?

Not at this time.

**Q9** Do you have any additional comments?

No.

# #5

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 9:17:49 AM
**Last Modified:** Friday, February 21, 2020 9:29:51 AM
**Time Spent:** 00:12:02
**IP Address:** 2.18.248.118

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Poor and is a tick  box process which is more interested in holding organisation to account, rather than innovation and investment.

**Q2** Are they clearly defined?

Yes for what they are, lots of duplication

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, ASMS's are not included

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Open to individual perception

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Security is vast within the NHS- Building standards, theft, asset management, debrief, Counter Terrorism, legal & legislation

**Q7** Are the standards achievable? If not, why not?

Each organisation has higher levels of risk in terms of V&A if there are no solutions to reducing V&A due to clinical assessment, there is no plan or policy that will improve the impact to staff

**Q8** Are there any standards you would add to the proposals?

No to be honest the Plan, Do , Check and Act is condensing as this is what is done now, not worth my time to comment further

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #6

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 9:46:17 AM
**Last Modified:** Friday, February 21, 2020 9:57:24 AM
**Time Spent:** 00:11:07
**IP Address:** 2.16.48.226

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

The standards contain nothing new and in many ways represent a weaker set of arrangements than the Secretary of States Directions & NHS Protect Security Management Standards

**Q2** Are they clearly defined?

Yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

They clearly explain roles but fail to set national standards on levels of training and support that organisations should put in place.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

There should be a requirement that sets out the minimum resources an organisation should devote violence reduction & security management arrangements based on type of organisation, size (by turnover, staff headcount, number of beds, geographic area covered etc or similar quantitive measure)

**Q7** Are the standards achievable? If not, why not?

Subject to there being sufficient external scrutiny to hold Boards to account for being compliant

**Q8** Are there any standards you would add to the proposals?

There should be a standard that requires Boards to set targets for training in relation to violence reduction

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #7

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 9:14:36 AM
**Last Modified:** Friday, February 21, 2020 10:34:30 AM
**Time Spent:** 01:19:54
**IP Address:** 23.52.0.39

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

It looks like they have not been thought through .Do they take into account who will be leading on these? They look very genereic .

**Q2** Are they clearly defined?

No . There is no clarity on any of the areas .

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

no.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

no.

**Q5** Has there been enough consultation, time to review and pass comment on this document?

no.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

They need to trial what they are trying to achieve and set up working groups to see how effective the standards are .

**Q7** Are the standards achievable? If not, why not?

no not in its current form they need much more detail

**Q8** Are there any standards you would add to the proposals?

they should link in with DOLS,MCA,Mental health etc etc

**Q9** Do you have any additional comments?

really unhappy that we have 2 weeks to go over this and the next time we see these will be when all Trusts are trying to implement.

# #8

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 10:30:54 AM
**Last Modified:** Friday, February 21, 2020 10:39:00 AM
**Time Spent:** 00:08:06
**IP Address:** 23.52.0.47

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

there doesnt appear to be substanance to the standards and also whta are the benchmarks for compliance

### **Q2** Are they clearly defined?

no they would appear to have been rushed. althouh the concept is ok the checking and audit part are lacking. to measure these standards as is, would be purely subjective

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

there is mention of a new violence reduction role but a complete lack of reference to LSMS or SMD

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

i am confused about what would be required as there currently isnt a benchmark

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

8 days for a national consultation (launched during half term) is either naive or disingenous to the professional security staff in the NHS

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

consult with the security practitioners who undertake this work on a daily basis. set standards that are achievable and measureable think SMART.

### **Q7** Are the standards achievable? If not, why not?

they fail to recognise that the problems are just in the NHS they are a reflection on society and until those issues are fixed we dont have a hope in hells chance.

### **Q8** Are there any standards you would add to the proposals?

**Respondent skipped this question**

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #9

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 11:31:29 AM
**Last Modified:** Friday, February 21, 2020 2:38:07 PM
**Time Spent:** 03:06:37
**IP Address:** 92.122.52.63

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

The new Violence Reduction Standards are very generic and subjective, there is no way to benchmark consistency, especially from organisation to organisation as there is no reference material. There is mention of 'appropriate' training but what is 'appropriate' and by what standard. The document is purely based on Health and Safety legislation / inspection and ignores the myriad of criminal / civil legislation that we work with every day. A definition of assault is quoted from a 2003 NHS Protect document which is not accurate and does not conform to legislation (s 39 Criminal Justice Act 1988). There is reference to 'engagement with key stakeholders' but no mention of a Security Management Specialist / Healthcare Security Manager ANYWHERE! There are two references to a 'Violence Prevention and Reduction Lead' with no reference to qualifications, training, experience or expertise of that person to discharge these duties. The Scoring Matrix does not make sense e.g. PLAN - GREEN - The organisation is compliant with the eleven indicators, AMBER - the organisation is compliant with seven or more indicators and RED - the organisation is compliant with none of the indicators. Surely if AMBER is seven or more then RED should be nought to six and AMBER seven to ten. These anomalies persist throughout the scoring matrix. It refers to quality assurance through the HSE inspection process which is not based on a regular or planned timetable. I appreciate this is a DRAFT document but it is littered with mistakes, grammatical errors and falls short of what is required.

### **Q2** Are they clearly defined?

Please refer to comment one. No they are nor clearly defined and the document is subjective throughout.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, there is two mentions of a Violence Prevention and Reduction Lead with no reference to: Qualifications, Training, Experience and Expertise. In addition there is reference to H&S staff and risk but no other detail.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

indicators are generic with no reference point also Scoring Matrix does not make sense. E.G. RED is 'fail to meet any indicators and AMBER is seven or more which means RED should be naught to six. This inconsistency is the same throughout.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No, this is pure lip service to a consultation process. This is a national set of standards relating to violence prevention and reduction in the NHS to be adopted throughout the NHS. It has been circulated via a platform monitored by few with a deadline of eight working days. This should have been a national consultation with a minimum three month return sent to all NHS Chief Exec's, Security Management Specialists and associated organisations such as NAHS.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Simply put security management work in the NHS relates to Violence against staff, service users and visitors and protection of property and assets. This set of standards covers violence ONLY and is way short of the standard required and ignores all other MAJOR workstreams required.

**Q7** Are the standards achievable? If not, why not?

As commented before, they are generic, there is no reference point for consistency and the scoring matrix is flawed. No they are not achievable.

**Q8** Are there any standards you would add to the proposals?

As with all security related issues Violence should be monitored by accurate and timely data so that the appropriate control measures can be implemented; which includes: Education and Training - Conflict Resolution, Prevention and Management of Violence and Aggression etc. Physical Security Measures - Access Control, CCTV, Personal Attack Alarms etc. All of which should be managed by a Security Management Specialist / Healthcare Security Manager with appropriate: Qualifications, Training, Experience and Expertise. All this work needs to be benchmarked but there is no reference material supplied by NHS England.

**Q9** Do you have any additional comments?

In 2003, due to increased violence in the NHS, the Counter Fraud and Security Management Service (CFSMS) was established. This laid down Secretary of State Directions for all NHS Trusts to follow. It was mandated that each Trust would have an Exec. Director and Accredited Security Management Specialist to conduct this vitally important work stream. Following changes in the NHS when private healthcare providers started to emerge the requirement for organisations to have 'appropriate security management arrangements' was added to the NHS England Standard Contract and the Security Self Review tool listed 31 RAG rated standards. In 2017 NHS Protect (which replaced the CFSMS) was disbanded and for two and a half years the NHS security industry has eagerly awaited its replacement during which time violence against NHS staff has spiralled. I was heartened by the speech given by the Secretary of State for Health and Social Care last October when he stated he would protect NHS staff from violence and reaffirmed this in a letter this week. However I am extremely disappointed by these standards and their limited remit. We seem to have ignored the lessons learned prior to 2003, ignored the increase in violence to staff and abandoned the concept of an NHS Security Management Service.

# #10

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 21, 2020 3:14:11 PM
**Last Modified:** Friday, February 21, 2020 3:25:13 PM
**Time Spent:** 00:11:01
**IP Address:** 172.232.11.86

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Really poorly thought out document that doesn't highlight anything that is new or not known about already . They are not standards but an ABC guide to Security Management

**Q2** Are they clearly defined?

Yes but nothing new

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes but nothing new

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

As above

**Q5** Has there been enough consultation, time to review and pass comment on this document?

None at all beyond Hancock speaking to the RCN

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Every expectation that was demanded by NHS Protect when they existed. Security encompasses so much more than this and to not recognise this is dangerous. Addressing Violence reduction as on single aspect of the role is akin to regarding Nurses as handmaidens. It is a retrograde step that undermines  expertise in the NHS Security field.

**Q7** Are the standards achievable? If not, why not?

No mention of the finance needed and the  expertise required. Until this is addressed it will be another forgotten intiative

**Q8** Are there any standards you would add to the proposals?

Personal security, Crime Reduction, Property security, Collaborative agency working.

**Q9** Do you have any additional comments?

Really depressing indictment on the lack of understanding when it comes to NHS Security

# #11

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Saturday, February 22, 2020 9:54:35 AM
**Last Modified:** Saturday, February 22, 2020 10:14:14 AM
**Time Spent:** 00:19:39
**IP Address:** 172.232.11.21

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Looking past the draft format, the concept is sound, and will ensure that NHS organisations are taking a consistent approach to violence prevention and reduction.
PDCA is a good framework to build it from, and follows what should be a common and familiar management approach.

### **Q2** Are they clearly defined?

Mostly, some ambiguity to be clarified and amended.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Mostly, but to be too prescriptive will restrict how the standards fit in with an organisations priorities.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Not entirely.
For example, they currently state that BOTH the commissioner and provider need to achieve for the provider to achieve a Green. A provider has no influence over commissioners.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

Yes.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Needs a governance arrangement. Which organisation will drive these standards? Who will verify them, own them and hold providers and commissioners to account?

### **Q7** Are the standards achievable? If not, why not?

Not entirely.
1. A provider cannot be held account for commissioners actions or omissions.
2. If there are no clear consiquences of non-compliance, then there will be no drive to comply against other pressing priorities.
3. Achieving and maintaining these standards are likely to require resources, this will likely be resources from the current establishments, so something else may have to suffer to evidence compliance, and is compliance necessary; for example, if an NHS Trust is already driving down violence in the workplace, their attentions to implement these standards may see operational output compromised.

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### **Q8** Are there any standards you would add to the proposals?

Needs to consider what the SoS has recently announced. If we are going to be pressed back to Joint Working Agreements, then we need to include this in the standards. Similarly, if there is likely to be a reviewed mandatory training course reintroduced then this needs to be considered.
The standards need to be clear and set in stone. If something is not in it (such as any new re-hash of the LSMS course, or CRT) then it needs to be explicit otherwise providers will not be accountable for not delivering this. It needs to be objective, and avoiding any fads or mission creep along the way.

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### **Q9** Do you have any additional comments?

Instead of reinventing the wheel, why do we not adopt the DH/DHSC format of a HTM. This covers training, competence, technical standard, compliance and audit, and risk based approach to delivery.

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# #12

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Saturday, February 22, 2020 1:10:20 PM
**Last Modified:** Saturday, February 22, 2020 1:11:38 PM
**Time Spent:** 00:01:18
**IP Address:** 23.45.12.22

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

awful

**Q2** Are they clearly defined?

no

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

no

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

no

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Absolutely not

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Please provide a bigger box or perhaps listen to NAHS

**Q7** Are the standards achievable? If not, why not?

n/a

**Q8** Are there any standards you would add to the proposals?

n/a

**Q9** Do you have any additional comments?

no

# #13

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Saturday, February 22, 2020 1:54:56 PM
**Last Modified:** Saturday, February 22, 2020 2:03:01 PM
**Time Spent:** 00:08:04
**IP Address:** 85.255.236.99

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

I feel it should remain to ensure nhs staff are protected and supported. There should also be a governing body similar to NHS protect to regulate the security industry in the UK.

**Q2** Are they clearly defined?

They aren't clearly defined at the moment and more clarity is required.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No it doesn't and should be clarified better

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

It doesn't at the moment and would be helpful if it does

**Q5** Has there been enough consultation, time to review and pass comment on this document?

I dont think the time given has been sufficient enough

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

A governing body like nhs protect that regulates and constantly supports the security management work

**Q7** Are the standards achievable? If not, why not?

They are achievable with consistency and clarity

**Q8** Are there any standards you would add to the proposals?

Not at the moment until we see how this pans out

**Q9** Do you have any additional comments?

Bring back nhs protect or an organisation that supports the way they do

# #14

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Saturday, February 22, 2020 3:08:35 PM
**Last Modified:** Saturday, February 22, 2020 3:19:34 PM
**Time Spent:** 00:10:59
**IP Address:** 213.205.194.30

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

There is some good ideas and directions but it feels rushed!?

### **Q2** Are they clearly defined?

It's a massive subject summed up very basically

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, I don't think so - operational lead? Is that a full time person, a bolt on or is if for an LSMS or reduce restrictive practises leads etc?

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

They are basic questions but with no clear explanation, so everyone will do there own thing!?

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No where near enough time, this is an important and complex area with significant work already been completed by many including the LSMS community - this appears to completely ignore this and that role

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Security management is of growing importance in a challenging world and the NHS appears to have very little regard to this and no appetite to develop or enhance it, maybe even the opposite. There needs to be a national team similar to NHS estates and the EPRR teams to run security management in a structured and progressive way and be open to development in any direction. Giving counter terrorism and violence reduction to the security management function with mean it is listened to and allowed to move forward.

### **Q7** Are the standards achievable? If not, why not?

They will be fore some trust with a respected security management set up, with others it will be a nightmare

**Q8** Are there any standards you would add to the proposals?

Detailed & time is needed to understand what's exists already and do the work to make sure it is conplete

**Q9** Do you have any additional comments?

It is sad that the great work is the LSMS community appears to have to completely written out of this and I will see a head of nursing role having to pick this up in most trusts! Or a completely new role
Created to be the operational lead, which is crazy!

# #15

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Saturday, February 22, 2020 11:48:41 PM
**Last Modified:** Saturday, February 22, 2020 11:56:10 PM
**Time Spent:** 00:07:29
**IP Address:** 86.128.179.203

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Concise and will provide the required assurance

**Q2** Are they clearly defined?

Yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Appropriate accompanying training and awareness with full operational guidance

**Q7** Are the standards achievable? If not, why not?

Yes, but will require time to adjust.

**Q8** Are there any standards you would add to the proposals?

General security management standards

**Q9** Do you have any additional comments?

The V&A standards are not perfect but are a defined step forward and can be revised dynamically.

# #16

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Sunday, February 23, 2020 3:21:10 PM
**Last Modified:** Sunday, February 23, 2020 3:31:34 PM
**Time Spent:** 00:10:23
**IP Address:** 92.122.52.13

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Poor. Subjective and lacks clarification of the skills and experience required to complete the role.

### **Q2** Are they clearly defined?

No they are overly subjective and lack clarity

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No. They provide none of this.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

No, again they are far too subjective.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

8 days is not enough consultation. Especially as NHS England have had over two years to formulate standards that should have a positive impact on NHS staff.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Rewritten standards that clearly set out what is required to achieve the standard so we have an objective basis to work with. There also needs to be an effective accreditation of staff trained to deliver these standards or any NHS staff member may be tasked to deliver the standards meaning poorly executed goals.

### **Q7** Are the standards achievable? If not, why not?

Yes as they are subjective anyone could achieve these standards by doing what they believe is enough to meet the standards. There are no clear set out goals for example to achieve a red, amber or green

**Q8** Are there any standards you would add to the proposals?

Yes. I would re-write the standards totally and include some of the old security management standards or key issues like lockdown and training will be ignored. I would definitely add a standard about accreditation of staff delivering the standards, similar to what NHS Protect required.

**Q9** Do you have any additional comments?

I cannot believe NHS England have come up with a very poor set of standards in the amount of time they have had to deliver this; and then quickly try to force them through with an 8 day consultation period. NAHS now needs to take this direct to the Health Secretary or the responsible director at NHS England to expose this set of sub-standard standards.

# #17

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:01:31 AM
**Last Modified:** Monday, February 24, 2020 9:04:10 AM
**Time Spent:** 00:02:39
**IP Address:** 184.84.242.103

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

impressive

**Q2** Are they clearly defined?

broadly, yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

broadly, yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

abandon the BILD/Restraint Reduction Network scam.

**Q7** Are the standards achievable? If not, why not?

Yes, but they are not compatible with the BILD/RRN standards.

**Q8** Are there any standards you would add to the proposals?

no.

**Q9** Do you have any additional comments?

no

# #18

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:01:29 AM
**Last Modified:** Monday, February 24, 2020 9:06:54 AM
**Time Spent:** 00:05:24
**IP Address:** 23.52.0.79

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

A starting point for the re-forming of security management at the top of the NHS tree

**Q2** Are they clearly defined?

So far

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes but need to be enforceable otherwise disparity will occur

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

For me yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Professional qualified staff with a wide background in security and or healthcare

**Q7** Are the standards achievable? If not, why not?

Not all of them as some may not be relevant or risk is carried due to cost, difficulty implementing or time needed to embed

**Q8** Are there any standards you would add to the proposals?

None

**Q9** Do you have any additional comments?

Will use other platforms to further discuss / debate

# #19

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:13:57 AM
**Last Modified:** Monday, February 24, 2020 9:17:27 AM
**Time Spent:** 00:03:29
**IP Address:** 23.212.3.100

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

They are better than nothing and seem ok to me.

**Q2** Are they clearly defined?

It would be useful to have related evidence where they would expect this to come from. But not too much keep it simple stupid KISS

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes they do.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Recognition and a course to provide managers with the skills to carry out the job.

**Q7** Are the standards achievable? If not, why not?

Yes they are.

**Q8** Are there any standards you would add to the proposals?

No

**Q9** Do you have any additional comments?

None

# #20

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:04:51 AM
**Last Modified:** Monday, February 24, 2020 9:19:14 AM
**Time Spent:** 00:14:23
**IP Address:** 23.15.241.198

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

A positive move to help bring the issue forward in the organisations' consciousness.

### **Q2** Are they clearly defined?

They are not prescriptive and allow a degree of interpretation. However, this may not necessarily be a negative factor.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Roles are not as defined/prescribed as perhaps they were previously. However, time moves on and things/priorities change and to survive as LSMSs we need to adapt and survive.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Managing risk is not done by ticking a box. It involves dynamic processes to meet changing needs and seeking constant improvement. Being too prescriptive prevents this.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

How much time and how many comments were able to influence the introduction of Security Management Standards? It is what it is and we need to get and act.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

The priority is reducing the incidence and impact of violence against staff. The rest is an add-on. Do we need standards for this as well, or just do what needs to be done as BAU?

### **Q7** Are the standards achievable? If not, why not?

The standards are iterative - so seeking improvement year on year. Should they actually be achievable? Would achieving them allow organisations to rest on their laurels and slip back?

**Q8** Are there any standards you would add to the proposals?

Can't think of any.

**Q9** Do you have any additional comments?

Not at this stage.

# #21

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:10:40 AM
**Last Modified:** Monday, February 24, 2020 9:19:40 AM
**Time Spent:** 00:08:59
**IP Address:** 23.1.237.23

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

They do not identify or recommend what Procedures for violence prevention and reduction

**Q2** Are they clearly defined?

No, they just basically give you check lists of how reduction is monitored not how we achieve it.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

No

**Q5** Has there been enough consultation, time to review and pass comment on this document?

NO

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Confirmation that the 2016 standards are still extant and is this an additional standard?

**Q7** Are the standards achievable? If not, why not?

There are no recommended practices detailed in the standards. It is all about data, no recommendations to reduce incidents. The standards can be achieved but they will not reduce incidents of violence

**Q8** Are there any standards you would add to the proposals?

That recommended processes to reduce violence are carried out

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #22

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:11:01 AM
**Last Modified:** Monday, February 24, 2020 9:21:01 AM
**Time Spent:** 00:10:00
**IP Address:** 69.31.113.168

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

the standards make no reference to who would be leading this i.e. LSMS , what training and support? the DOH must give guidance on what training i.e. CRT disengagement restraint, no clear support for the LSMS remit.

### **Q2** Are they clearly defined?

nothing!! what plan how do who leads?? where is the guidance for collaborative working i.e. police? reporting systems who when what how?

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

no clear identified roles and responsibilities,

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

no

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

no

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

reinstating training and support for the LSMS remit, I have managed to educe violence and aggression in ED by 70 percent without this plan as it offers no clear guidance on how to achieve it!!!

### **Q7** Are the standards achievable? If not, why not?

no, tell me who is the violence reduction officer? tell me who owns the plan? tell me how the board implement this plan? the plan of action offers no real time solutions, training needs analysis for what? we were told to stop delivering CRT?

**Q8** Are there any standards you would add to the proposals?

The violence reduction network training standards which outline how to reduce violence through effective delivery of violence and aggression training, I would also look at the old standards and use some of the descriptors especially around the LSMS remit. I would also use collective data from trusts around what's working and what isn't.

**Q9** Do you have any additional comments?

this is a complete waste of time lets get back to the LSMS remit and supporting it through proper training and a legal framework that works!!!

# #23

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:02:18 AM
**Last Modified:** Monday, February 24, 2020 9:27:55 AM
**Time Spent:** 00:25:37
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Very woolly, give no consequence for non compliance

**Q2** Are they clearly defined?

as above

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes but do not define the resources needed to fully comply

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

No!

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No!

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Resources, Prosecutions! Police support!

**Q7** Are the standards achievable? If not, why not?

In part as this is what we do day I, day out!

**Q8** Are there any standards you would add to the proposals?

Yes! Process for escalation outside of organisation for non-compliance

**Q9** Do you have any additional comments?

As above

# #24

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:27:54 AM
**Last Modified:** Monday, February 24, 2020 9:54:49 AM
**Time Spent:** 00:26:54
**IP Address:** 69.31.113.177

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

The standards are a positive step forward to help protect staff and to provide objective targets to both improve safety and measure outcomes.

### **Q2** Are they clearly defined?

Yes.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Partially, perhaps in the RAG rating it could be amended in the red rating i.e 5 or fewer standards met in the "Check" section. This would mean you wouldn't need a paragraph explaining the overall assessment.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

Yes, as an LSMS. However should the document also be sent to Executives within organisations? They may feel unprepared if the requirements are issued without any prior consultation/notice themselves?

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

The directions should be fully incorporated into the NHS Standard Contract for both Providers and Commissioners. Similar standards should also be rolled out alongside other areas that NHS Protect covered - theft, burglary, criminal damage etc.

### **Q7** Are the standards achievable? If not, why not?

The standards should be achievable depending on the level of exec buy in from the organisations.

**Q8** Are there any standards you would add to the proposals?

Not at this stage, perhaps using these as a trial and then considering others such as theft as mentioned above.

**Q9** Do you have any additional comments?

Will these also be applicable to non NHS organisations such as Social Enterprises or Community interest companies (Independent Healthcare Providers) that provide NHS services?

# #25

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:26:32 AM
**Last Modified:** Monday, February 24, 2020 10:00:56 AM
**Time Spent:** 00:34:23
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

In respect of VP&R, appear to be a good foundation moving forward with the view that they will be reviewed annually and as required therefore in the passage of time, will be improved upon based on future learning and lessons learnt nationally.

### **Q2** Are they clearly defined?

Yes

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

As a foundation on which to build and improve in the passage of time, yes

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

yes

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

I would like to see the same matrix adopted to monitor security management measures per se thus ensuring all health care providers can evidence they promote pro-security cultures at local level in line with their perceived threat/hazards. In essence, nothing more than a play on words as the VP&R matrix could be adapted in its current form to provide security management standards.

### **Q7** Are the standards achievable? If not, why not?

I believe so but again the proof will be in the delivery but something is better than nothing and improve as we go along

**Q8** Are there any standards you would add to the proposals?

As stated, Security Management Standards i.e. Does the organisation have an asset register, do you monitor crime profiles, do you have an MoU signed with the local constabulary and other key stakeholders ect ect

**Q9** Do you have any additional comments?

Great to see some movement in the right direction since the demise of NHS P Security Management. We just need to be careful that 'security' isn't lost in the violence arena as many health care settings experience local level crime trends as much as they do violence against its staff. We also have to be mindful that we have commitments with regards to lockdown, major incidents, civil unrest ect ect that require a 'security minded' approach/solution that is some what different

# #26

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:42:02 AM
**Last Modified:** Monday, February 24, 2020 10:03:41 AM
**Time Spent:** 00:21:38
**IP Address:** 23.15.240.148

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

To be frank they have had over 2 years to produce a new set of standards and this is the sum of their efforts. to me this is lacklustre and doesn't really reflect the situation that the NHS is in currently. if this is the sum of the standards produced it is clear that very little time and effort has gone in to the production of these and its clear to me that NHS England has no appetite for security management.

### **Q2** Are they clearly defined?

NO to be fair they are a lot of waffle using big words with no actual clarity of what they want to achieve. it is difficult to read and interpret. at least the last standards were clear and concise and you knew exactly what was needed.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

I don't feel that this does at all, there has been no consultation process with ASMS who are doing the role. it seems a knee jerk reaction to needing some sort of standards when they have had 2 years to produce this.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

No I have read it several times and I have struggled to truly understand what it is asking of me it is confusing.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No they have had 2 years to do something I have seen no consultation I have seen no one asking me or other ASMS what they feel is the issues faced. it smells of someone being told to quickly pass some standards and this is what they have produced as a result.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

NHS protect governed both aspects of Counter Fraud and Security Management but as Counter Fraud allows them to get some money back from the offenders it has been retained, as security management doesn't recoup money quite like Counter fraud does it was dropped.

Security management is the first port of call for all aspects of crime, good security management will identify the offenders way before Counter fraud do, CF is a reactive service SM is the preventative service without them working together you will have more incidents of CF and SM ending in more loss of money from the NHS. that's why they work together so well.

**Q7** Are the standards achievable? If not, why not?

hard to say they don't look like they will but they certainly look to be a lot of work for not much benefit standards need to be clear and they need to have an aim if they don't have an aim then they will fail. if people don't see the benefit and you enforce standards that just don't work they will have a detrimental effect towards NHS trusts and not a positive one its why when standards are written they must include consultations and have agreements from all ASMS as to how they should be set.

**Q8** Are there any standards you would add to the proposals?

N/A

**Q9** Do you have any additional comments?

Yes I feel that NHSE should complete a consultation on the standards and give people ample time to review them and comment on where changes can be made.

Listen to all the ASMS out there doing this job and allow them to influence the standards instead of letting a team of people who have never worked in this field to produce what is frankly poor standards

# #27

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 10:11:45 AM
**Last Modified:** Monday, February 24, 2020 10:23:04 AM
**Time Spent:** 00:11:19
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

The new offering doesn't reference security management or the specialist required/employed to manage said security work streams.

**Q2** Are they clearly defined?

In part, definitions of responsibility and provider compliance should include a management structure.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Some BUT again no reference to the requirement for an LSMS.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

As a comparison to the previous standards probably not.

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Investment into the national strategy to assist organisations in complying with their governance obligations by employing an LSMS.

**Q7** Are the standards achievable? If not, why not?

With an experienced manager responsible for submissions - yes.

**Q8** Are there any standards you would add to the proposals?

Strategic Governance - to include the requirement for an LSMS.

**Q9** Do you have any additional comments?

Consideration should be given to employing area specialists.

# #28

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 10:10:46 AM
**Last Modified:** Monday, February 24, 2020 10:33:36 AM
**Time Spent:** 00:22:49
**IP Address:** 23.45.12.22

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Very basic and somewhat limiting

### **Q2** Are they clearly defined?

They are very simplistic

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

to a certain degree but not once is the LSMS (or whatever our names is?) mentioned or referred to within the document....and we have a pivotal role in all this!

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

they define what is to be achieved but they are wholly inappropriate and, to be quite honest, a bit of a nonsense for working within the mental health or learning disability arenas. This really is going to be even more circuitous than the process itself. Not well thought through and very difficult, if not impossible, to apply to a MH or LD setting.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

NO!

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

We need a proper process similar to the EPRR process set purely for Security management and this MUST include all processes as per the previous NHS Protect including violence reduction NOT prevention as the total prevention of violence is really nothing more than a pipe dream!

**Q7** Are the standards achievable? If not, why not?

These standards are very basic and could work in settings such as a school ....but to try and implement violence prevention within healthcare is not achievable due to the natures of physical, mental or learning disabilities....let alone those linked to such things as dementia! The stance that has been adopted has really not been thought through and not enough consultation with those of us actually dealing with these issues daily. Adopting these standards is setting ourselves up to fail.

**Q8** Are there any standards you would add to the proposals?

Most of the previous NHS Protect standards for SECURITY MANAGEMENT and not just focussing on violence "prevention"

**Q9** Do you have any additional comments?

Yes - this needs a total top to bottom rethink....we need to stop this focussing on violence prevention and look at security management in its entirety

# #29

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 9:29:32 AM
**Last Modified:** Monday, February 24, 2020 10:50:12 AM
**Time Spent:** 01:20:40
**IP Address:** 69.31.113.168

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Not entirely sure how they can be devised, once document doesn't fit all.

**Q2** Are they clearly defined?

not really - was this for Mental health, acute, ambulance services?

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

not really

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

nope, no detail to what is required to achieve anything - subjective

**Q5** Has there been enough consultation, time to review and pass comment on this document?

none whatsoever, I was on annual leave and didn't see this until Monday 24th

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

? is this specifically for V&A or the wider remit of security management? V&A is only one part of the role unless a new specific role is being generated?

**Q7** Are the standards achievable? If not, why not?

not immediately as any changes will take time to implement within the organisation. although V&A is a topic for Trusts, these new standards will take time to embed

**Q8** Are there any standards you would add to the proposals?

if this is V&A only, everything to do with this.  staff training compliance, standards for training (CRT wasn't good enough), how will this look across the different areas (MH, Acute etc). annual VAS reporting, audits etc

**Q9** Do you have any additional comments?

very sad that this was rushed through with little, no engagement from those who deal with this daily.  focus groups nationally then a more focused collation of these before the draft goes out again.  each Trust works differently and I am sure many more people should have been consulted - clinical, risk, health and safety

# #30

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 1:05:52 PM
**Last Modified:** Monday, February 24, 2020 1:13:24 PM
**Time Spent:** 00:07:32
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

They are a good set of standards and could be effective provided the operational planning is effective.

**Q2** Are they clearly defined?

would be clearer if there were some scalable metrics included to enable organisations to temperature check their performance.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

The senior management role is clearly defined. It is disappointing the the LSMS role is not mentioned given that they will be the main driving force for the standards operationally

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

A single governing body that encompasses security management work and standards.

**Q7** Are the standards achievable? If not, why not?

Yes

**Q8** Are there any standards you would add to the proposals?

No

**Q9** Do you have any additional comments?

No

# #31

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 1:32:24 PM
**Last Modified:** Monday, February 24, 2020 2:03:26 PM
**Time Spent:** 00:31:02
**IP Address:** 23.212.3.172

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Appear rushed and don't give sufficient detail of Strategy / policy. They do not make it clear if the policy is that of the individual organisation.

### **Q2** Are they clearly defined?

No

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

I do not think so

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No definitely not. SMS's have been asking about this for two years and the result appears rushed!

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

I still don’t see any joined up approach across the sector or support for Violence reduction officers/ASMSs or whatever we will be in the future. What about the other areas of security that we co-ordinate and provide guidance and advice on, the new Joint agreement on offences against emergency workers specifies the ASMS role within it.

With no official direction or comment on any training, are Trusts and CCGs going to have to identify their own needs and appoint accordingly (or not)?

GP surgeries, Dentist etc who were hoping to get some kind of inclusion in new arrangements will be very disappointed.

**Q7** Are the standards achievable? If not, why not?

I am sure people will achieve them, rightly or wrongly!

**Q8** Are there any standards you would add to the proposals?

!

**Q9** Do you have any additional comments?

Great that the SoS has written to all NHS staff re violence and aggression but I don't know of any communication specifically directed to those who are trying to do something about it! I have already been asked what changes are happening now this letter has been released!
It's all very well announcing he will be driving forward 4 priorities for the NHS: people, infrastructure, technology and prevention. There is no detail in that statement, so when are we going to get the meat on the bones or will this be another eighteen month wait?

# #32

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 2:58:19 PM
**Last Modified:** Monday, February 24, 2020 3:02:26 PM
**Time Spent:** 00:04:07
**IP Address:** 23.212.3.157

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

No where near what is required

**Q2** Are they clearly defined?

No

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, there's no mention of any accredited person carrying out the role, in Trusts where money is tight the LSMS Role would be got rid off and passed to someone who has no qualifications.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Possibly

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No ONLY 8 DAYS this is no where near enough

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

More defined roles ands outcomes, more support from adequately qualified persons, not someone who has done the LSMS Course but not done the role operationally

**Q7** Are the standards achievable? If not, why not?

Not sure until these are tried

**Q8** Are there any standards you would add to the proposals?

**Respondent skipped this question**

**Q9** Do you have any additional comments?

For the time these have taken to be produced I am not impressed with Mr Jacksons proposal at all.

# #33

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, February 24, 2020 2:49:38 PM
**Last Modified:** Monday, February 24, 2020 3:05:10 PM
**Time Spent:** 00:15:31
**IP Address:** 104.103.71.137

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Sorry to be cynical but they are not prescriptive enough or direct Trusts to invest in resources to properly address all forms of V&A against staff. I submitted the draft to my Exec. Director and manager as soon as received and a week on no response whatsoever, which sums things up at that level really.....just not a concern or priority for them.

### **Q2** Are they clearly defined?

The RAG rating helps but are CCG's really going to police this and ensure compliance, how do trusts evidence this?

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, just falls on the ASMS's shoulders to try and make it work with little or no further help or support

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

To a degree as did the former defunct national Security Standards

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No, are we going to consult beyond the NHS/ASMS networks, what about staff assoc.s and Unions?

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Have updated national Security Standards with a teeth to take CEO's to task/sanction Trusts if they don't achieve full compliance. Usual story they only sit up-take notice or do anything when the CQC arrives to inspect.comply

### **Q7** Are the standards achievable? If not, why not?

Not unless resourced and supported by Police and CPS, which we know just does not happen anymore except in very serious cases.

**Q8** Are there any standards you would add to the proposals?

Requiring Trusts to benchmark where they are now, what sanctions/prosecution take place and outcomes, so can monitor improvements in next 2-3years

**Q9** Do you have any additional comments?

The proposed standards are just another half hearted attempt to be seen to be doing something about the culture of its acceptable to abuse NHS staff, if Police Officers suffered a fraction of what NHS staff do do would be many more arrests and prosecutions. Also Courts need to fully use sentencing powers under the new Emergency Workers Act, non-custodial sentences should be the exception not the norm.

# #34

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 5:40:21 AM
**Last Modified:** Tuesday, February 25, 2020 6:15:30 AM
**Time Spent:** 00:35:08
**IP Address:** 2.16.48.226

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

A single focused starting point for development.

Strongly focused on violence reduction which is positive but somewhat blinkered to the preventative actions of proactive security management.

Great that using PDCA methodology consistent with HSG65, but should reflect the cyclic changes from ISO45001.

Final scoring/compliance matrix has continuity gaps/inconsistencies.

### **Q2** Are they clearly defined?

Individual standards are less ambiguous than old sm standards but still open to interpretation, especially around approach and governance.

Mustn't become tick box with trusts each interpreting differently and doing the Mon mum to tick the green (in their opinion)... Otherwise isnt a standard at all.

Why not work from existing national & international security standards & frameworks (inc UK hov ones) to ensure consistent & professional approach and not create a minimum effort cottage industry.

What accreditation makes these a "standard"?

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

In part, but not in sufficient detail to avoid a race to compliance (tick box) with little practical positive impact against violence & aggression.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Better than old sm standards, but not detailed against each standard criteria - open to much interpretation in answering to achieve positive green outcomes, without necessarily achieving any tangible benefit.

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Absolutely not.
Silo development and avoiding consultation with major stakeholding organisations - ironic given that both consultation regs are name dropped.

---

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Consideration of the positive preventative and situation management aspects to actually reducing violence and aggression -
> Security management
> Security provision standards
> Training - all aspects
> Buildings/environment design standards
> Patient care & safety
> Safeguarding
> Learning Difficulties
> Mental Health
> Challenging & Difficult behaviours
> Inter-organisation operability & support (both NHS & external - mental health, acute, ambulance, primary care, secondary care, police, social care)

What accreditation do the 'standards' have?
What audit and assurance governance?
What sanctions or enforcement measures?

---

**Q7** Are the standards achievable? If not, why not?

Yes the standards are achievable.... whether they will bring about any tangible benefit is unclear.

Whether they are actually a standard or will lead to each Trust "doing its own thing" in order to score green is probably predictable.

A standard needs to have a set of common (standard) approaches to implenting and achieving or risks driving inconsistency.

---

**Q8** Are there any standards you would add to the proposals?

As suggested in prev. answers -

National, international & gov security standards compatibility & approach
Training standards for v&a diffusion, c&r techniques and security training standards
Building/environment design standards
Security standards - security management, cctv, bwv, etc
NHS staffing levels
Compatibility with mental health, learning difficulties & safeguarding
Standardise interoperability across NHS organisations/services and also with other organisations like CPS & police

---

**Q9** Do you have any additional comments?

What makes these a standard rather than in-house, loose guidelines for self assessed compliance??

What accreditation do the 'standards' have?
What audit and assurance governance?
What sanctions or enforcement measures?

# #35

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 10:16:58 AM
**Last Modified:** Tuesday, February 25, 2020 10:39:04 AM
**Time Spent:** 00:22:05
**IP Address:** 104.98.117.4

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

The format of delivering via a PDCA cycle is not clear.
It discusses roles that are not in place, and policies that are not in existence.

### **Q2** Are they clearly defined?

No, it appears that NHS England are putting the emphasis on individual trusts to implement, which will not aid consistency or meet objectives,

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No, placing emphasis on individual NHS trusts, through their individual Policy.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

No - Risk assessment, risk assessment, risk assessment

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No consultation.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Security Management appears to have been removed, at a time when this should be increased.
NHS Trusts unable to recruit into LSMS posts which are much needed as there is currently no LSMS training.

### **Q7** Are the standards achievable? If not, why not?

Only with consultation and inclusion, which certainly has not happened.

**Q8** Are there any standards you would add to the proposals?

Role of LSMS appears to have been completely ignored.

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #36

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 11:18:04 AM
**Last Modified:** Tuesday, February 25, 2020 11:28:13 AM
**Time Spent:** 00:10:09
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

I would welcome standards and a structure for ASMS' to work towards. The standards are however only focusing on Violence and not other issues like theft etc.

**Q2** Are they clearly defined?

They are very generic and I would welcome more detailed procedures to support the standards.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

No

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

This has been covered on the Collaboration platform and I agree with all comments.

**Q7** Are the standards achievable? If not, why not?

In a perfect world I guess.

**Q8** Are there any standards you would add to the proposals?

Again, Ric Allhusen covered this beautifully in a reply on the platform.

**Q9** Do you have any additional comments?

I would like to see NAHS taking on the role as an overarching body and be the "spokes person" for the ASMS /Security Management profession.

# #37

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 12:20:49 PM
**Last Modified:** Tuesday, February 25, 2020 12:24:10 PM
**Time Spent:** 00:03:21
**IP Address:** 92.122.52.13

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

They need to be more clearly defined, good idea to have a set of standards to be completed annually in NHS Trusts and other organisations non NHS.

**Q2** Are they clearly defined?

See answer above

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

They need to

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

The standards need to be clearly defined.

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Not enough time.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

**Respondent skipped this question**

**Q7** Are the standards achievable? If not, why not?

Standards are achievable

**Q8** Are there any standards you would add to the proposals?

**Respondent skipped this question**

**Q9** Do you have any additional comments?

**Respondent skipped this question**

# #38

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 3:14:00 PM
**Last Modified:** Tuesday, February 25, 2020 3:25:06 PM
**Time Spent:** 00:11:06
**IP Address:** 23.36.15.28

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Disappointing

**Q2** Are they clearly defined?

**Respondent skipped this question**

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

**Respondent skipped this question**

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

**Respondent skipped this question**

**Q5** Has there been enough consultation, time to review and pass comment on this document?

**Respondent skipped this question**

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Supporting enforcement

**Q7** Are the standards achievable? If not, why not?

No, buy the nature of the malicious incidents that occur within a hospital, too much is given to the patient always comes first, this should not always be so

**Q8** Are there any standards you would add to the proposals?

Partnership buy in from police..

**Q9** Do you have any additional comments?

Nothing regarding mandatory partnership with police, NHS staff too much of a soft target to perpetrators

# #39

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 7:43:34 PM
**Last Modified:** Tuesday, February 25, 2020 8:42:27 PM
**Time Spent:** 00:58:53
**IP Address:** 23.36.15.166

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

We need something following the disolution of NHS Protect but this is only a small part of our role. As Operational lead for Security Management at NHS England, we expect Operational Leadership and direction. we do not see anything of this nature and as this has taken over 3 years to develop, we would have expected something better.

### **Q2** Are they clearly defined?

No. Very poorly explained and lacking in detail and give the impression of a half hearted approach to such an important area of our work. This does not provide a tested, robust process that has involved an appropriate level of consultation.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

To some degree but with gaps and issues that need addressing.
This states that the Trust Board needs to have approved the Violence Prevention and Reduction Policy within the last 12 months. Therefore, on that basis the policy will have to go through consultation, approval and ratification every 12 months; I think you will know that for any detailed policy this creates huge logistical challenges .
You clearly have forgotten that the ASMS is responsible for all aspects of this new approach, yet there is no mention of them anywhere; this needs addressing. It is appreciated that there is no longer any ASMS training however, for the vast majority of specialists in post, our Job Description still exists and forms part of our employment terms and conditions and to our fellow Trust staff, we are an integral and important part of the whole team who do a lot more than just Violence.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

The RAG rating needs further work as the definitions and ratings do not work.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

Although this is only a very brief 13 page document (including the contents page), the consultation period of 8 working days is wholly inapproriate and somewhat of an insult to fellow Accredited Security Management Specialists. Furthermore, as this was launched during half term week and was only posted as a comment on the NHS Futures portal, to which only a few log into regularly, very few colleagues would have seen this. One would hope that this was not done to get this in and in place without challenge but the approach and method used to consult does not lend itself to an open, honest and consultative approach. Thankfully NAHS picked up on this and circulated the documents to all NAHS members and the regional ASMS meetings, which has certainly helped highlight its existence.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

NHS Security Management and the ASMS role is not just about violence. I know there are moves to remove reference to Security Management but it is vitally important for the NHS to protect its assets, real estate as well as our staff, patients and visitors. Building Security into our new buildings, redevelopments and projects, the creation of DPIA and ICO/DPA compliant systems is absolutely essential as failure to adhere to the legislation can result in 6 figure fines. This clearly needs to remain as a key responsibility and the narrow view that we should only concentrate on Violence Prevention and Reduction is dangerous, ill informed and will create a false perception of safety.

**Q7** Are the standards achievable? If not, why not?

as the RAG ratings are not complete, there is huge margin for error, misunderstanding and misinterpretation. These need to be reviewed and corrected before anyone even thinks about implementation.

**Q8** Are there any standards you would add to the proposals?

Widen them to appropriate Security Management Standards that can be tested, and benchmarked against actual NHS service delivery and not something an outside agency such as the HSE may review once in 20 years.

**Q9** Do you have any additional comments?

There needs to be mention of the Behaviour Warnings and the processes involved.
The draft Standards need proper, detailed consultation and a much greater level of detail, especially as there is no central training, command or control for Security Managers/ASMS. Admitedly, this may not cause too many issues to the experienced ASMS but to the non trained and inexperienced, the document does not provide sufficient guidance or detail. Please consult with those of us who actually deliver the ASMS role and have done so for many years. We do not bite but do not appreciate being ignored.

# #40

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Wednesday, February 26, 2020 7:49:05 AM
**Last Modified:** Wednesday, February 26, 2020 7:54:26 AM
**Time Spent:** 00:05:21
**IP Address:** 86.144.109.93

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Very basic as they currently stand

**Q2** Are they clearly defined?

No, not at all.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Not really, it is inferred by those LSMS's who have worked in Healthcare security for some time.

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

No

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Lockdown, CT, Physical Security, Thefts or loss of assets, Security of medicines, Environmental/architectural security design, crime reduction initiatives, national investigations, national alerts etc, etc.

**Q7** Are the standards achievable? If not, why not?

No clout, the draft doesn't even look professional in layout.

**Q8** Are there any standards you would add to the proposals?

See Q6

**Q9** Do you have any additional comments?

A poor effort, obviously rushed and not considered.

# #41

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Wednesday, February 26, 2020 8:57:35 AM
**Last Modified:** Wednesday, February 26, 2020 9:10:48 AM
**Time Spent:** 00:13:12
**IP Address:** 90.252.200.227

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

far more sensible than the RRN nonsense

**Q2** Are they clearly defined?

reasonably

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

yes

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

remove the requirement for us to have to conform with the hugely burdensome, expensive and nonsensical RRN standards.

**Q7** Are the standards achievable? If not, why not?

yes

**Q8** Are there any standards you would add to the proposals?

no

**Q9** Do you have any additional comments?

no

# #42

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Wednesday, February 26, 2020 10:50:01 AM
**Last Modified:** Wednesday, February 26, 2020 11:11:22 AM
**Time Spent:** 00:21:20
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

The standards seem broadly ok

### **Q2** Are they clearly defined?

they seem to be very health and safety biased and would need to be evaluated and evolved over time

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

I think roles and responsibilities are much too vague, who is the violence prevention and reduction lead? how will they be trained and supported, where do currently trained and accredited security management specialists fit into this model and who will oversee/police these processes??

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

In my opinion, they are not clearly defined as the respective roles aren't clearly defined either

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

no and no, too rushed and clearly not enough consultation

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

There is clearly a need for a National overarching body to maintain standards and expectations including training of staff and monitoring of performance of organisations providing the service in a much more defined way than proposed

### **Q7** Are the standards achievable? If not, why not?

Too vague, too rushed, needs more consultation

**Q8** Are there any standards you would add to the proposals?

I would place an expectation on organisations to have a clearly defined and nominated person at exec level to carry this portfolio and for them to have a suitably trained and qualified violence prevention and reduction lead.

**Q9** Do you have any additional comments?

More widespread and inclusive consultation before roll out/piloting please.

# #43

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Wednesday, February 26, 2020 10:32:53 AM
**Last Modified:** Wednesday, February 26, 2020 11:20:07 AM
**Time Spent:** 00:47:13
**IP Address:** 23.219.38.174

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Now solely focussed on prevention of violence. Whilst of course prevention of violence is important there is no mention of  all the other aspects of security which is far reaching. Taking into account this is about violence reduction, there is no standard relating to strong links with police?

### **Q2** Are they clearly defined?

NO they are open to interpretation

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No. Very generic. How are they measured and by who?

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

The RAG rating makes no sense. If you are compliant with 6 indicators the red scoring definition states you are amber but the amber scoring which states you must be red. Makes no sense to me

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Accredited security management specialists. No mention of this in this document ???

### **Q7** Are the standards achievable? If not, why not?

They are too generic. Every trust will do their on thing. Yes you can fill it in but does it mean the standard of security is good or bad , no it doesn't !

**Q8** Are there any standards you would add to the proposals?

If it relates solely to violence and aggression
Do you have strong links with police, which is evidenced by regular meetings to discuss incidents that are required to be put through the criminal justice system. Working with police to manage violent  and dangerous perpetrators.

**Q9** Do you have any additional comments?

Violence is a crime. I would expect to see legislation relating to Sec 39 , sec 47 , GBH Sec 18 & Sec 20. Not just health and safety legislation.

# #44

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Wednesday, February 26, 2020 11:29:26 AM
**Last Modified:** Wednesday, February 26, 2020 11:45:30 AM
**Time Spent:** 00:16:03
**IP Address:** 104.103.71.60

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

it is a helpful foundation document

**Q2** Are they clearly defined?

yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

yes, it is reasonably clear

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

from my point of view, yes.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

more power to front line staff

**Q7** Are the standards achievable? If not, why not?

with political will, yes.

**Q8** Are there any standards you would add to the proposals?

Perhaps, in the future. Lets see how we progress with these

**Q9** Do you have any additional comments?

no

# #45

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Wednesday, February 26, 2020 4:11:33 PM
**Last Modified:** Wednesday, February 26, 2020 4:27:02 PM
**Time Spent:** 00:15:28
**IP Address:** 23.1.237.28

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Drafted by a committee not to offend but to appear to be acting proactively.

### **Q2** Are they clearly defined?

As clearly as they were set out to appear.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Not really. Just vague enough to allow wingle room to not achieve much but act erroneously.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

It allows the usual gaming of rating to continue in the NHS.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

A considerable amount of time has been spent on these standards but productivity is another question. Consultation without reflection is pointless.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Resources and clearly defined roles.

### **Q7** Are the standards achievable? If not, why not?

Of course they are achievable but that is not the question, will they make a positive difference is the crux.

### **Q8** Are there any standards you would add to the proposals?

A public declaration from the Medical Director, Head of Nursing and CEO that they will place the protection of their staff as there number one priority.

**Q9** Do you have any additional comments?

Rather underwhelmed by the document and ministers letter. Could be that I have rather become cynical and have unreal expectations.

# #46

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Thursday, February 27, 2020 1:05:11 PM
**Last Modified:** Thursday, February 27, 2020 1:09:16 PM
**Time Spent:** 00:04:04
**IP Address:** 23.54.147.95

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Very important to ensure that all NHS organisations now start working towards a collective approach

**Q2** Are they clearly defined?

Yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

It would be nice to have some examples of acceptable evidence

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

It needs to be clearly defined that NHS England now have overall responsibility for security management within the NHS

**Q7** Are the standards achievable? If not, why not?

They should be although policies etc. may need to be upgraded

**Q8** Are there any standards you would add to the proposals?

No

**Q9** Do you have any additional comments?

No

# #47

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 28, 2020 7:08:46 PM
**Last Modified:** Friday, February 28, 2020 7:25:51 PM
**Time Spent:** 00:17:04
**IP Address:** 23.36.15.45

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

poorly written and woolley

**Q2** Are they clearly defined?

no and appear to be cut and paste from other documents

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

no and it would appear that it is no longer a requirement

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

no

**Q5** Has there been enough consultation, time to review and pass comment on this document?

no

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Matt Hancock gave 4 areas of expertise most of this work is not covered and should be. Also the GP's pharmacists etc should have been given the opportunity to come back into the fold but as they are no longer part of Trusts they have lost this service.  Also the ability to make Trust work to these standards. It needs teeth

**Q7** Are the standards achievable? If not, why not?

no as Trust seem to have the option to opt out and are so woolley it is not clear how to achieve them

**Q8** Are there any standards you would add to the proposals?

yes - as per 6 all of the missing bits of LSMS role and 4 priorities talked about in matt hancock's letter

**Q9** Do you have any additional comments?

make them clearer, liaise with those doing the job not the RRP as half of this seems to have come from there

# #48

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Friday, February 28, 2020 8:27:14 PM
**Last Modified:** Friday, February 28, 2020 8:29:38 PM
**Time Spent:** 00:02:24
**IP Address:** 23.1.237.23

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

None

**Q2** Are they clearly defined?

No

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Not

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

No

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Training

**Q7** Are the standards achievable? If not, why not?

Because the vision of the people who are trying to implement those standards are purely theoretical

**Q8** Are there any standards you would add to the proposals?

No

**Q9** Do you have any additional comments?

No

# #49

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Saturday, February 29, 2020 11:00:32 AM
**Last Modified:** Saturday, February 29, 2020 11:31:27 AM
**Time Spent:** 00:30:55
**IP Address:** 184.27.141.159

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Very poorly thought out. There are some good points but these are outweighed by the bad.

### **Q2** Are they clearly defined?

No They pay lip service to the problem and are poorly defined

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Not really no. There are some vague indications but nothing substantive to work to. Where is the ASMS in all of this. Violence is only one aspect of our role and expectations of our Trusts. It is about a safe and secure environment This draft document does not deliver or go anywhere near delivering on anyones expectations.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

No The RAG rating doesn't work as the numbers do not correlate or even add up More work is needed

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No It feels as if NHSE and the Security Management Operational lead were trying to sneak this past the ASMS's and implement it without challenge. Launching it during half term and giving us 8 working days to comment just says it all.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Consult with the very people this is aimed at being used by. It is worth noting that the phrase Security Management is not used and instead uses Violence Reduction lead I know you have discontinued Sy Management training and so are in effect dispensing with the ASMS role but it is clear that this is the plan. 'Unprofessionalising Security Management' is probably the best way of describing it.

### **Q7** Are the standards achievable? If not, why not?

No As detailed earlier the RAG ratings dont work as the numbers don't join up and correlate to a proper rating

**Q8** Are there any standards you would add to the proposals?

Add Security Management as the role is not just about paying lip service to the SoS statement on violence.  It has always been part of the ASMS role and needs to remain

**Q9** Do you have any additional comments?

Please have the courtesy and common decency to consult with specialists who are actually doing tge job and who work tiresly to address and tackle assaults, abuse and all instances of violence towards fellow NHS staff every single day.

# #50

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Saturday, February 29, 2020 8:59:37 PM
**Last Modified:** Saturday, February 29, 2020 9:03:11 PM
**Time Spent:** 00:03:34
**IP Address:** 92.122.52.13

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Provide a foundation, but wider definition for abusive behaviour and management of these standards

**Q2** Are they clearly defined?

For violence and aggression, yes

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes,

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes

**Q5** Has there been enough consultation, time to review and pass comment on this document?

No, would have liked to see specific consultation with respective security leads at Trusts

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Recognised group and accreditation

**Q7** Are the standards achievable? If not, why not?

Yes

**Q8** Are there any standards you would add to the proposals?

Aggressive Behaviour management

**Q9** Do you have any additional comments?

No

# #51

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Sunday, March 01, 2020 9:23:17 PM
**Last Modified:** Sunday, March 01, 2020 10:03:08 PM
**Time Spent:** 00:39:51
**IP Address:** 23.60.173.31

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

The standards are a good step to reduce V&A within NHS Hospitals.

**Q2** Are they clearly defined?

Standards are clearly defined

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Partially

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Partially

**Q5** Has there been enough consultation, time to review and pass comment on this document?

Conslutation time was very limited.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Extra funding for Security management

**Q7** Are the standards achievable? If not, why not?

Yes

**Q8** Are there any standards you would add to the proposals?

No

**Q9** Do you have any additional comments?

My only comments would be in relation to the compliance rating. Is this for the Trust to self-assess & then advise NHSE? Is this annually or quarterly or a one off? Will we be ‘judged’ if non complaint & what would any consequences be? Would we be required to submit evidence to support  our compliance?

# #52

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Tuesday, February 25, 2020 11:32:35 PM
**Last Modified:** Sunday, March 01, 2020 10:19:53 PM
**Time Spent:** Over a day
**IP Address:** 23.212.3.100

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

A basic skeleton framework, pushing all the responsibility onto Trusts and away from central Government or a Department.

Offering no detail as to a how to implement, training for any of the roles mentioned.

It will see them (Violence Reduction Methods) implemented in a myriad of ways - which to some degree is of course required given the different types of Trusts and venues.

But it will be a  nightmare to try and monitor, assess and the like allowing so many versions. It was bad enough when there were three provider options for Conflict Resolution (NHS Protect, Trusts or Private Sector providers).

Given the time since the untimely (and ill thought out) demise of NHS Protect. We would have expected much more detail and materials to support the Sector.

This appears either a rush job/re-purposing , after little engagement with professionals.

### **Q2** Are they clearly defined?

No.

Does it cover verbal abuse, physical, both, face to face, over the phone/media, lone worker, terrorism, designing out violence at static locations? CJIA and Obstructing Emergency Service Workers these could prevent situations escalating there seems to be no mention.

Just wide sweeping statements, that if picked up by the unprepared they may have gaping holes in their plan.

NHS Protect shied away from Counter Terrorism, but now with a terror attack being a suspect with a knife, that is no different from a robber, a youth in the street (against paramedics) etc. Will the new guidelines include the ultimate violent type incident?

To try and do a risk assessment for the countless methods of attack NHS Staff face, it would / should require proper training for those completing the risk assessment.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Certainly pushes it (responsibility) away from any central government, and offers little guidance and support.

What training will these new roles be given? By whom, when, where? Who investigates violent incidents?

No mention of the LSMS/ASMS community. Does this role sit under them, or is it them with a "new name".

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**Q4** Do the standards clearly define what is required to achieve each RAG rating?

Vague at best. Poor to appalling at worse.

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**Q5** Has there been enough consultation, time to review and pass comment on this document?

No. I don't know of any staff who have been consulted including front line staff from NHS Protect/ CFSMS.

The clock has just been reset to 2003/4 and no lessons would appear to be learnt from the days of CFSMS/NHS Protect apart from do a Risk Assessment.

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**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Recruit people who know what they are doing and are experienced in the various areas of Healthcare Security.

A new and improved NHS Protect (with new management)  offering support on policy, guidance, as well as a Legal Protection Unit.

Also offering a healthcare security training facility for LSMS / Security Managers, Security Supervisors, Security Officers (no more SIA Training - a proper Healthcare Security Officer course is required asap), Security Champions / Wardens (for smaller venues) and more structured CPD for all.

There will be other areas that could/should be supported, there was even "in theory" support available in investigating assaults against staff by the CFSMS/NHS Protect. Given that some abuse/threats are now transmitted online a Forensic Computing Unit (like the Counter Fraud Authority have) may be useful.

Healthcare Security is a very diverse, challenging and crucial area often overlooked, but in part it is a segment of Critical Infrastructure, especially with the spread of viruses.

An NHS Police Force should be considered to assist the Home Office Forces and to tackle crime across the Healthcare estate. The NHS is one of the biggest employers on the Planet and unlike others has no law enforcement arm.

A force based on the lines of the Transport Police or MOD Police with numbers of officers based at larger sites with smaller teams regionally supported by mobile reserves could not only deal more effectively with those being violent against staff but also investigate a wide range of crimes on and off site (but related to NHS business). Their presence would act as a deterrent and would take a huge burden off the local police. We know of some cities in the regions have had a large number of officers tied up helping to transport patients that have been sectioned and these officers have then been written off in one case taking over 50% of the night shift. The Inspector described this as not uncommon.

There should also be mandatory use of CJIA powers by Trusts and a "tweak" to the legislation to state any Healthcare setting. Currently the powers are only Hospitals 9which we feel was only guidance anyway and perhaps written by someone with little understanding of the NHS) - we believe this is because they (NHS Protect) "may" have believed it was only Hospitals that had Security teams. When in fact some other Healthcare settings (Walk In Centres) have just as good if not better security than some hospitals.

By making CJIA powers cover the entire NHS estate the local Police (if no NHS Police were in place) could then use them to eject on the behalf of NHS Trust(s).

On the other side of ejecting those of committing nuisance and disturbance, with new issues such as the spread of viruses there may need to be a look at powers of confining people. What powers are there and training (and equipment) for staff.

Whilst looking at this (confining patients etc)  you should also look at secluding those being violent. It has often come up where staff felt unable to lock someone in a room even though they are  being extremely violent (using weapons) as powers (or lack of) suitability of venues (designed for the role) etc all play a factor. As does fear of prosecution for unlawful imprisonment - a grey area in other places too. It makes good sense in many circumstances to lock a violent suspect in a room (subject to size, ventilation etc) and not fear prosecution it should be formalised as a reasonable force option.

Violence and Reduction training for staff should be based around a standard course as in CRT and then added to for specialist roles.

As violence and aggression is most often a face to face incident the training, with an experienced trainer should be preferred.

E-Learning is often cheated on at worse - we have caught one trust out as they had printed all the answers to a wide variety of mandatory training on the side of computers in the library. It can also feel like devaluing the subject as it is not worthy of the time, a trainer, yet out of many other mandatory courses, it could actually save lives.

Counter Terror training needs to be updated and CPNI courses or something of that ilk needs to return

**Q7** Are the standards achievable? If not, why not?

We suspect there will be many who fill them in NOT fully understanding them and to purely "go green" there needs to be action taken against those who attempt to "cheat" the figures.

There seems to be little support available to the LSMS community.

**Q8** Are there any standards you would add to the proposals?

The fight against violence, needs to look at other crimes as well and terrorism is the ultimate violent crime. So to be holistic standards need to be in place for low level nuisance and disorder up to terrorism. The design of venues, investigating incidents, training security officers, supervisors in something other then standards designed for the night time economy - SIA Door Supervisors. Support for the LSMS including a Legal Protection Unit.

**Q9** Do you have any additional comments?

Seek further support from those with experience.

# #53

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, March 02, 2020 10:40:09 AM
**Last Modified:** Monday, March 02, 2020 10:46:24 AM
**Time Spent:** 00:06:15
**IP Address:** 104.98.116.189

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

Too long winded.  Too much focus on violence against staff and nothing on all the other elements of security management work.

### **Q2** Are they clearly defined?

No.  It is almost like someone has tried to make something fit into the PLAN DO CHECK ACT model.
Trying to come up with KPI's for violence is almost impossible.

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No.  It mentions 'senior management'.  Who is this exactly now we do not have an SMD.
No mention of the security manager / LSMS role.

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

Yes but I do not agree with the standards - they are to long winded and over complicated.

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No.  I gave feedback to this document last year but nothing has changed.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Bring back an accreditation to give security managers the credibility they deserve.
More focus on other security management elements e.g. theft, criminal damage, verbal abuse etc..

### **Q7** Are the standards achievable? If not, why not?

No.  It is almost impossible to have KPI's for violence or verbal abuse as it is an uncontrollable situation.  It is how you manage the issue after the event which can be measured more accurately.

**Q8** Are there any standards you would add to the proposals?

Verbal abuse.

**Q9** Do you have any additional comments?

Please do not issue these standards as they are.  They are quite frankly embarrassing and amateurish.  I would not want to be taking these to my Trust Board in their current state.

# #54

COMPLETE

**Collector:** Web Link 1 (Web Link)
**Started:** Monday, March 02, 2020 2:14:16 PM
**Last Modified:** Monday, March 02, 2020 2:30:59 PM
**Time Spent:** 00:16:42
**IP Address:** 23.60.173.13

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

### **Q1** What is your view of the standards?

It is unclear who is to audit these standards.  They lack any validity if they are not held up to scrutiny.
As we do not sit under any NHS department at Govt level we are currently only answerable to out Trust board and CCG. If they choose not to accept or embrace the standards who will care?
There is no mention of patients under mental health sections, dementia patients or brain injury patients.

### **Q2** Are they clearly defined?

No

### **Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

No

### **Q4** Do the standards clearly define what is required to achieve each RAG rating?

No

### **Q5** Has there been enough consultation, time to review and pass comment on this document?

No. We need a full consultation with time to confer with colleagues and provide an agreed consensus.

### **Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

Time for security managers to train staff and ensure the security culture is present.
Allow staff time away from the shop floor to receive training.
Staff wards and clinics properly with full time staff, not agency.
Embed mental health act and mental capacity act specialists into local CPS.
Allow Police to pursue prosecutions and not feel pressured to dispose or screen out crimes.
Encourage accountability of failure to pursue and prosecute violent crime.

**Q7** Are the standards achievable? If not, why not?

If all the dots are joined yes. Otherwise, no.

**Q8** Are there any standards you would add to the proposals?

*

**Q9** Do you have any additional comments? **Respondent skipped this question**

# #55

COMPLETE

**Collector:** Embedded Survey 1 (Website Survey)
**Started:** Tuesday, March 03, 2020 9:42:22 AM
**Last Modified:** Tuesday, March 03, 2020 9:55:10 AM
**Time Spent:** 00:12:48
**IP Address:** 194.176.105.156

## Page 1: NAHS Survey on the Draft Violence Reduction Standards

**Q1** What is your view of the standards?

Standards are helpful providing they can be enforced and it provides clout with DOH and Commissioners to support the work of NHS Trusts fighting violence and aggression in their organisations, that there is a support mechanisn in place to support and challenge NHS Trusts and other healthycare organisations who do not meet the standards okay over 2 years. DOH need to take the lead on providing Senior leadership - policies on reducing violence and aggression on staff and patients in NHS Trusts and other organisations.

**Q2** Are they clearly defined?

They are a bit extreme and repetitive.

**Q3** Do the Violence Prevention and Reduction Standards clearly explain roles, responsibilities and expectations?

Yes they do

**Q4** Do the standards clearly define what is required to achieve each RAG rating?

I think so

**Q5** Has there been enough consultation, time to review and pass comment on this document?

This is the first time I have hear about developing a set of standards as also not in touch with NAHS days similar to the Training days for LSMS that the ASMS NHS Protect used to run.

**Q6** In terms of NHS England directions what else is required to deliver security management work in healthcare to an appropriate standard?

This work needs to be led by DOH as part of Policy/guidance followed through to NHS England to Commissioners to NAHS

**Q7** Are the standards achievable? If not, why not?

Some of the standards are achievable - The Board and Senior management accept that violence and aggression is a problem in NHS Trusts although I am not sure how much they embrace and own the problem. We have set up several initiatives to reduce violence and aggression in SABP.

**Q8** Are there any standards you would add to the proposals?

there are plenty already

**Q9** Do you have any additional comments?

As previous comments made