Trust Policy	NHS University Hospitals Plymouth NHS Trust

Tackling Violence and Aggression

Issue Date	Review Date	Version
June 2020	June 2025	3

Purpose

The purpose of this policy is to:

- Ensure the best protection at all times for staff, patients, and visitors.
- Ensure all staff are aware of the local requirements for managing and reporting violence and aggression
- Ensure all staff are aware of the requirements to assess risk and undertake risk assessments associated with individuals and situations that may expose staff to episodes of Violence & Aggression.
- Outline procedures for dealing with physical and non-physical assaults and includes preventative measures for tacking Violence & Aggression.

Who should read this document?

All staff with responsibility for the delivery security standards. Key roles:

- Chief Executive
- Director of Planning and Site Services (Director of Security)
- Matrons and Heads of Department

It will be the responsibility of these staff, to ensure that the contents of this policy are brought to the attention of all Trust staff and the staff of all organisations contracted to or volunteering to deliver services across the Trust.

Key messages

- Violence & Aggression within University Hospitals NHS Trust Plymouth will not be tolerated.

- All incidents must be reported using DATIX.

- Individual departments must carry out Risk Assessments for situations where staff may be exposed to incidents of Violence & Aggression by patients or Visitors

- Action Plans should be put in place to support Risk Assessments to reduce the exposure of staff to incidents of Violence & Aggression.

- Lone workers are especially exposed to Violence & Aggression, and mitigation actions should be considered as part of the Lone Worker Risk Assessment.

Accountabilities

Production	Local Security Management Specialist
Review and approval	Health and Safety Committee
Ratification	Director of Planning and Site Services (Director of Security)
Dissemination	Local Security Management Specialist

Compliance	Health and Safety Committee

Links to other policies and procedures

- Health and Safety Policy
- Risk Management Framework
- Trust Security Policy
- Violence & Aggression SOP
- Policy for the Management of Adverse Events
- E-form – Trust Incident Report Form (DATIX)

Version History

1	August 2012	New document created
2	June 2015	Updated and Reviewed
3	June 2020	Updated and Reviewed

Last Approval	Due for Review
June 2020	June 2025

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Section	Description
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1   Introduction

The Trust will not tolerate any form of violence or aggression, including verbal abuse against its staff, visitors, or patients. In order to deal with the problem effectively, it is vital that all incidents are reported and formally recorded. Any resulting action taken by the Trust will vary according to individual circumstances. This may range from immediate removal and arrest of offenders by the Police, to the issuing of informal or formal warnings, or in extreme cases may include the exclusion from treatment other than immediate emergency care. The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

The Trust recognises that the Management of Violence and aggression by patients, particularly behaviour that is due to the patient's clinical condition, should be managed following the advice of Senior Medical staff, Line Mangers and Mental Health Specialists, as appropriate. Such behaviours should be managed according with the Restraining Therapies Policy.

This policy should be read in conjunction with the following:

- Tackling Violence & Aggression Procedure
- Restraining Therapies Policy
- Vulnerable Adults Policy
- Supporting Staff Policy
- Joint guidance for the care and transfer of Adult patients with Mental Health needs.
- Lone Working Policy
- Personal Search Policy

This document outlines the overall approach to managing the risk associated with Violence & Aggression. The detailed response to an incident is described separately within the Violence & Aggression Standing Operating Procedure.

2   Purpose, including legal or regulatory background

Purpose

The Purpose of this policy is to ensure that all staff are aware of the local requirements for managing and reporting violence and aggression.

The policy outlines the procedure for dealing with physical and non-physical assaults and includes preventative measures for tackling Violence and Aggression.

The Policy details how the Trust will ensure that staff have the right to work, and patients the right to be treated, free from fear of assault and abuse in an environment that is safe and secure.

Scope

This policy applies to all Staff & Volunteers who work at University Hospitals NHS Trust Plymouth. This policy also applies to all Visitors and Patients who use the Trust sites and facilities.

This policy is applicable to all buildings and grounds of all University Hospitals NHS Trust Plymouth operated buildings and sites.

The policy is concerned with violent and aggressive behaviour, both physical and verbal, towards employees of University Hospitals NHS Trust Plymouth from patients, relatives, visitors or other members of the public. Incidents of violence and aggression between staff are to be reported separately: see Trust's Bullying and Harassment Procedure.

Regulatory Background

- Management of Health & Safety at Work Regulations (MHSWR)

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

3   Definitions

Physical Assault

The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort

Non-Physical Assault

The use of inappropriate words or behaviour causing distress and/or constituting harassment

Violence

The Health and Safety Executive define work related violence as 'any incident in which a person is abused, threatened or assaulted in circumstances relating to work'

Aggression

An act or gesture, verbal or physical, which suggests that an act of violence may occur

Perpetrator

A person responsible for committing an offence or crime, i.e. a physical assault

Victim

A person who is adversely affected by an action as a consequence of the perpetrators actions

4   Duties

Chief Executive

The Chief Executive is responsible for the provision of appropriate policies and procedures for all aspects of health and safety at work, and the management of security rests initially with the Trust Board (Health & Safety at Work Act 1974), Secretary of State Directions (Statutory Instrument 3039/2002)

Additionally, the Chief Executive will ensure through the line management structure that these policies and procedures are applied fully and consistently and that all employees are aware of the standards and behaviours required within them.

The Chief Executive has overall responsibility for ensuring that adequate arrangements are in place for the management of Security and that a system is in place for monitoring, reviewing, and updating these arrangements.

Director of Planning and Site Services (Director of Security)

The role of the Director of Security is a statutory requirement for all Trust's as defined in the Secretary of State for Health's Directions to NHS Bodies on Security Management Measures 2004. The role is undertaken by a suitable Trust Executive Director who has responsibility for operational and/or strategic security matters. In this Trust the Director of Planning and Site Services is the nominated Director of Security.

Local Security Management Specialist (LSMS)

The Local Security Management Specialist (LSMS) will:

- Provide training, guidance, and support to Line Managers on the operation of this policy.
- Address queries in relation to this policy at a local level as required.
- Record all relevant Information relating to incidents involving physical and non-physical assault.
- Co-operate with the Police in respect of an investigation and any subsequent action, including ensuring access to personnel, premises and records whether electronic or otherwise which may be considered relevant to the investigation.
- Ensure that all Physical Assaults are reported to the NHS Security Management Service (NHS SMS) and liaise with the Trust's Health and Safety Team for possible reporting of assaults to the Health & Safety Executive (HSE) under RIDDOR. This complies with the concordat agreement between the NHS SMS and the HSE to enable liaison and co-operation between the two organisations on areas of mutual interest.

Matrons and Heads of Department

Matrons and Heads of Department have a responsibility to support staff involved in incidents of violence and aggression and will:

- Ensure that risk assessments take account of the risk of violence to staff and ensure that appropriate systems are in place to protect the safety of individuals.
- Liaise with the LSMS and Security Team, as appropriate, when a violent or aggressive incident occurs.
- Ensure that all staff have access to appropriate training, and that the training is recorded in line with the Trust's Workforce Induction and Training Policy

All Staff

All Trust employees must conform to this policy and report any incidents of violence or aggression to both the Security Department and via the Trust's Risk Management incident reporting form (DATIX).

| 5 | Key elements (determined from guidance, templates, exemplars etc.) |

Policy Statement

University Hospitals NHS Trust Plymouth will not tolerate any aggressive, abusive, or violent behaviour towards employees engaged in their lawful duties. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.

The Trust is committed to providing a safe and secure environment and anti-social behaviour of any kind will not be tolerated.

The Trust is committed to supporting criminal proceedings and redress, and where appropriate will apply sanctions to withdraw healthcare services to the perpetrator if employees are subjected to unwarranted and unsolicited anti-social behaviour and/or abuse.

Requirement to Undertake Risk Assessment

Each Ward/Department is required to carry out individual risk assessments for the prevention and management of violence and aggression for their particular area based on the Procedure for Managing Health & Safety Risk. Risks must be added to the Datix risk register with associated action plans and managed locally.

All risk assessments and action plans will be reviewed by the Local Security Management Specialist at least annually or more frequently if necessary e.g. high risk area or after an incident.

The purpose of this review is to ensure an assessment has been completed and that it has assessed all likely risks of violence and aggression. Actions to address any weaknesses should be highlighted within the local action plan and the review allows further specialist advice to be offered by the Local Security Management Specialist on the measures that can be introduced.

Following the review, the items raised in each action plan will be evaluated to produce a combined action plan. This will help identify actions that are corporate or have a common theme, which can be funded and implemented as single projects, providing maximum impact and value for money.

Lone Workers who may be exposed to violence or aggression or their Manager must complete a lone worker risk assessment in line with the Trust's Health and Safety Policy and the Lone Working Policy.

Specialist support is available to Managers and Staff, from the LSMS, in completing these Risk Assessments.

Main Steps to Reducing Violence and Aggression in the Workplace

Whilst the levels of violence and aggression in the Trust will vary from area to area, it is important that Managers give careful consideration to all potential risks and how they can implement simple measures to reduce or eliminate these risks. Particular attention must also be given to those staff who provide a service in the community e.g. in patients' homes. Once these risks have been identified a prioritised action plan must be developed and implemented quickly. The main areas that should be considered when undertaking this assessment are outlined below.

Review Incident Records

Managers should start their assessment by considering the incidents that have occurred in their area over the preceding 12 months. After a significant incident of violence and aggression Managers should undertake a Root Cause Analysis to identify the causes and help develop actions.

Talk to Staff

Managers should spend time talking to all staff about their susceptibility to violence and aggression at work and particularly to staff who have been subject to an incident at work. Managers should ensure staff have access to the staff counselling facilities offered by Staff Health & Wellbeing.

Identify Potential Assailants

This will be easier for some areas more than others but should include patients, relatives, visitors, friends, contractors and other staff.

Identify High Risk Activities

Think about when individuals are more likely to be violent or aggressive and when individuals are likely to be at risk. For example appointment refusal, medication administration and delivering unwelcome information.

Decide Who Might be Harmed and How

This should include Trust; NHSP; agency; ancillary staff and visitors to "High Risk" areas, as well as other patients. Consideration should be given to the effects of repeated / severe verbal abuse and in high risk areas if the risk cannot be removed, then how staff can be supported.

Evaluate the Risk

Managers should consider what measures are already in place to mitigate the risk of violence and aggression.

Workplace

- **Reception:** identifiable, accessible, signed, provide safety screens / wide counters,

- **Space / Layout:** sufficient personal space; sufficient seats in clusters; separate rooms for sensitive issues / "High Risk" persons; minimize thoroughfares in waiting areas

- **Lighting / Decoration / Furnishings:** diffuse / glare free lighting; subdued decoration, pictures & plants; furniture and fittings to be firmly fixed or be heavy

- **Noise:** reduce ambient levels; consider visual information displays rather than audio

- **Information:** clear signage; visually display waiting time; speak direct to vulnerable / irritated persons

- **Boredom/Anxiety:** provide reading materials, Televisions, payphones, vending and kids play areas

- **Treatment Area:** consider staff escape; alarm systems; easy staff communication which retains patients privacy

Working Practices / Patterns

- Stagger appointments, match appointment to consultation

- Use "non cash" payments and bank more frequently,

- Don't "advertise" drugs being carried

Staffing

- Ensure sufficient trained staff are on duty to cope with foreseeable Violence and Aggression, e.g. use staff trained in conflict resolution and Control and Restraint

Security Systems

- Communications, e.g. mobile phones, vehicle or personal systems.

- Video cameras and alarms (personal or fixed panic buttons)

- Coded security locks / access systems

Working in the Community

In addition to the measures above, the following points must also be considered for the staff that provide a service in the community.

Working Practices / Patterns
- ensure staff ring in a (locally determined number e.g. switchboard) before and after each home visit
- avoid home visiting, using Clinics and GP Surgeries where possible
- provide an emergency contact list e.g. managers, police, colleagues
- provide effective communication systems in place –sharing of information, liaise with other agencies/police, social services especially at referral stage
- ensure uniforms do not antagonise patients or relatives
- review recent medical and personal history before a visit for information on behaviour, mood, medication, aggressive outbursts
- don't "advertise" drugs being carried
- keep "high risk register" – personal and location
- avoid late / night visiting
- do not visit unannounced
- provide effective communication of risks and controls
- provision of a security 'Escort'

Security Systems

- Maintain an up to date daily diary so colleagues know where employees are
- provide and maintain monitored check in and out system
- develop and implement procedures in the event of a failure to report in
- provide personal alarms/communication devices

Training

All staff will receive violence and aggression training as part of their mandatory training as described in the Workforce Induction and Training Policy.

All front line staff should receive training in conflict resolution. In addition staff who are more directly involved in violent or aggressive incidents and are likely to undertake control or restraint of an individual, must receive training in control and restraint techniques and must also ensure that they attend refresher training at the required intervals. Specific training for staff in the Mental Capacity Act is targeted at staff, who have regular dealings with confused or vulnerable patients. Line Managers are required to identify the required training for their staff and ensure they attend the relevant course pertaining to their needs. Details of these training courses and how to book them can be found on the intranet under Human Resources.

6	Overall Responsibility for the Document

Local Security Management Specialist

7	Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director of Security.

Non-significant amendments to this document may be made, under delegated authority from the Director of Security, by the nominated author. These must be ratified by the Executive Director and should be reported, retrospectively, to the approving Health and Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades directly affected by the proposed changes

8	Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Planning and Site Services and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9   Monitoring Compliance and Effectiveness

The Health and Safety Committee is the designated Trust Committee which provides oversight and governance of Security matters. The Health and Safety Committee is Chaired by the Director of Security. The Table below describes the approaches used for the monitoring of compliance and effectiveness of this Policy. Outcomes from this monitoring are reviewed, considered and approved by the Health and Safety Committee.

What	Who	When	How
Ensuring that the Trust has an appropriately reviewed Risk Register and action plans are in place and updated	Director of Security	Six Monthly	Review and approval of Risk Register by Health and Safety Committee. Action plans reviewed and updated by the LSMS.
Ensuring that the Trust has reviewed and actioned any security related incidents	LSMS	Six Monthly	Report on Security Incidents. Report on outstanding actions arising. Audit of a sample of Security Incidents to check for completeness.
Ensuring that all staff have received appropriate security Training	Director of HR&OD	Induction & Annual	To be covered within Annual Appraisals. Audit of training records.
Ensuring the Security Incidents are reported in DATIX correctly	LSMS	Annual	Audit of a sample of DATIX incidents. Survey of staff to ensure they understand how to report incidents correctly.
All staff are aware of the contents of this Policy	LSMS	Every two years	Survey of staff to ensure they understand the requirements of this Policy.

10 References and Associated Documentation

External Document References

- Violence at Work : A guide for Employers

- Health and Safety Executive Leaflet IND(G) 69 (Rev)

- Management of Health & Safety at Work

    - Health and Safety Commission Approved Code of Practice L21

    - ISBN 0-7176-0412-8 (Priced)

- Violence to Staff in the Health Services

    - Health and Safety Commission Health Services Advisory Committee Guidance ISBN 0-7176-14662

    - A Professional Approach to Managing Security in the NHS

        - Counter Fraud and Security Management Service, Published 2003

Further Advice

Further Advice is available from the Local Security Management Specialist

Counselling post incident, Department of Health and Wellbeing

Useful Telephone Numbers:

3333   Switchboard (Emergency)

39738   Local Security Management Specialist (LSMS)

32000   Saba Helpdesk

0243   Security Fast Bleep

(01752 (4) 392020   Saba Security Office

Relevant Trust Policies and Forms:

- Health and Safety Policy

- Risk Management Framework

- Trust Security Policy

- Response to Violence & Aggression SOP

- E-form   Trust Incident Record Form – (DATIX)

Dissemination Plan	Appendix 1

Core Information	
Document Title	Tackling Violence and Aggression
Date Finalised	June 2020
Dissemination Lead	Local Security Management Specialist
Previous Documents	
Previous document in use?	None
Action to retrieve old copies.	Removed from Staffnet

Dissemination Plan				
Recipient(s)	**When**	**How**	**Responsibility**	**Progress update**
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	n/a
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information

Manager	Local Security Management Specialist
Directorate	Planning and Site Services
Date	June 2020
Title	Tackling Violence and Aggression
What are the aims, objectives & projected outcomes?	To ensure a secure environment for staff, patients and visitors and comply with legislation, guidance, best practice and Trust policies.

Scope of the assessment

Tackling Violence and Aggression Policy linked to the Security Policy (Restricted Not for Public Release) converting document into new Trust format.

Collecting data

Race	No
Religion	No
Disability	No
Sex	No
Gender Identity	No
Sexual Orientation	No
Age	No
Socio-Economic	No
Human Rights	No
What are the overall trends/patterns in the above data?	None
Specific issues and data gaps that may need to be addressed through consultation or further research	No data has been collected during this review

Involving and consulting stakeholders

Internal involvement and consultation	Members of the Trust's Health and Safety Committee including JSNC representatives and Trust's Security Management Specialist and Director of Security
External involvement and consultation	NHS Protect – policies and guidance

Impact Assessment

Overall assessment and analysis of the evidence	This document provides a comprehensive policy which encourages, endorses and guides all staff, patients and visitors to act or take measures in a way that promotes an environment that is secure for the individual as well as Trust and private property. None of the measures is designed to cause distress, inequality or prevent patient accessing healthcare either planned or in an emergency. The only negative effect of these measures would be through sanctions brought by the Trust against those who cause distress, violence or aggression against others, or steal Trust or private property. In these cases the Trust ensures that individuals are still able to access emergency healthcare when required irrespective of the sanctions imposed by the Trust. These measures are deemed fair and reflect the guidance from NHS Protect and are used in other Trusts' throughout England. They are not deemed to prejudice any group or individual and do not preclude these individuals from accessing healthcare at the Trust in an emergency.

Action Plan

Action	Owner	Risks	Completion Date	Progress update

ZERO TOLERANCE

TO

VIOLENCE

The staff and patients in this hospital have the right to work and be cared for in a safe and supportive environment.

Violence against our staff is a crime and we will prosecute anyone who behaves in a violent or abusive way.