

**POLICY CONTROL SHEET**

*(updated August 2011)*

Policy Title and ID number:	<b>Violence and Aggression Policy – ID SE 3.8</b>			
Sponsoring Director:	<b>Chief Operating Officer</b>			
Implementation Lead:	Associate Director of Estates and Facilities			
Impact:	(a) To patients	<b>Yes / No</b>		
	(b) To Staff	<b>Yes / No</b>		
	(c) Financial	<b>Yes / No</b>		
	(d) Equality Impact Assessment (EIA)	Completed: <b>Yes</b>		
	(e) Counter Fraud assessed	Completed: <b>Yes</b>		
	(e) Other			
Training implications:	To be incorporated into induction: <b>Yes / No</b>			
Date of consultation:	<b>Approval Process</b>	<b>Date</b>	<b>Local Consultation</b>	<b>Date</b>
	Executive Team		Joint Partnership Forum	
	Board Committee:		Local Negotiating Committee	
	• Clinical Governance		Infection Control Committee:	
	• Non Clinical Governance & Risk	17/01/12	Health & Safety Committee	
	• Audit Committee		Quality Safety Improvements & Effectiveness Board	
	• Finance Committee			
	• RATS		Investment Board	
	Trust Board Approval / Ratification		Patients Experience Board	
	Other:		Other:	
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For completion by ET for new policies only:				
Additional Costs			Budget Code:	Revenue or Non Revenue
	(a) Training	£		
	(b) Implementation	£		
	(c) Capital	£		
	(d) Other	£		

# **VIOLENCE AND AGGRESSION**

**Document ID - SE3.8**

**Date: December 2011**

**Sponsoring Director:  
Associate Director of Estates and Facilities**

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## ABBREVIATIONS

Local Security Management Specialist	<b>LSMS</b>
Security Management Director	<b>SMD</b>
Non Executive Director	<b>NED</b>
Counter Fraud and Security Management Service	<b>CFSMS</b>
Security Management Service	<b>SMS</b>
Legal Protection Unit	<b>LPU</b>
Physical Assault Reporting System	<b>PARS</b>

# VIOLENCE AND AGGRESSION POLICY

## 1. STATEMENT OF INTENT

Barnsley Hospital NHS Foundation Trust is committed to protecting the health, safety and welfare of its employees. Barnsley Hospital NHS Foundation Trust strives to provide and keep a safe and secure environment.

To establish basic principles for the recognition of, response to and the appropriate management of violence within the Trust in order that members of staff may be better equipped to deal with a potential or actual situation.

Managing violence and aggression in a structured and cohesive manner underpins the ability for staff to work in a safe and secure environment. All clinical management teams and support departments will need to develop local strategies and departmental procedures for the prevention and management of violence to their members of staff.

This policy will be co-ordinated with other Trust health and safety policies and human resources policies to avoid conflict. It will be reviewed biennially and within the context of any changes within the Trust or development of services as appropriate. This policy and any changes made to it will be brought to the attention of all employees who are required to familiarise themselves with its contents.

## 2. INTRODUCTION

The nature of the work undertaken by Barnsley Hospital NHS Foundation Trust means that staff are often required to work with patients and visitors who are in a distressed or disturbed condition, who are anxious or in pain. There is an inherent risk of violence in such situations. The Trust recognises its responsibility to minimise the risk, and to protect staff, patients and the public from violence in all its forms.

For the purpose of this document the definition of violence is:

### **Non-Physical Violence:- (Secretary of State's Directions)**

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

This includes verbal abuse and threats (with or without a weapon), rude gestures, innuendoes, sexual or racial harassment and harassment because of a person's disability or sexuality.

### **Physical Violence:- (Secretary of State's Directions)**

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

Any physical assault, whether or not it results in injury. Physical assault includes being shoved or pushed as well as hit, punched etc.

Violence can take a number of forms, ranging from physical assault, threatening behaviour and verbal abuse. All forms of violence are unacceptable and staff will be trained to avoid the development of a violent situation or, where this is impossible, to contain the incident to minimise risk.

### **3. STATUTORY REQUIREMENTS OF THE TRUST**

The Secretary of State for Health has placed a legal duty on the Trust to:

- Nominate an Executive Director to take responsibility for security management matters (SMD).
- Nominate a Non-Executive Director to promote Security Management at Board Level.
- Have in position an accredited Local Security Management Specialist (LSMS)
- To ensure that conflict resolution training is delivered using the national NHS Protect standards and accredited trainers.

### **4. IMPLEMENTATION**

All members of Trust staff, including those on honorary contracts and those working primarily for other organisations but on Trust premises have a duty in the enactment of the policy.

All patients, visitors, relatives and unauthorised users of the premises, (i.e. people who do not have a genuine reason for being on Trust premises), should be assessed by staff for their potential to cause a violent incident and relevant staff should be alerted according to the departmental procedure.

Staff and co-workers – The Trust recognises that staff may also exhibit signs of aggressive, violent or abusive behaviour. Such situations should be addressed with the appropriate manager. The Trusts' conflict resolution techniques should be followed for all incidents regardless of whether they are staff, patients or visitors, who are exhibiting aggressive or violent behaviour.

It is recognised that certain individuals may exhibit signs of violence, abuse or harassment as part of their clinical condition and should be assessed in accordance with departmental risk assessment, policies and procedures. The Trust policy on the withholding of treatment from violent and abusive patients should be considered on all such occasions

It should be emphasised that staff are not expected to subject themselves to any unnecessary risk and under no circumstances should staff be expected to act alone with potentially violent situations.

### **5. MANAGEMENT ARRANGEMENTS**

#### **5.1 Chief Operating Officer acting as Security Management Director (SMD)**

The Chief Operating Officer will ensure that the necessary resources are made available to enable this policy and its relevant requirements in regards training and implementation.

- Responsible to Chief Executive for day to day operation of security.
- Ensuring compliance with the legal framework.
- Ensuring compliance with the guidance issued by NHS Protect
- Have in position an accredited LSMS.
- LSMS reports directly to the SMD.
- Ensuring support and co-operation on Security management for LSMS.

## **5.2 Duties of the Non Executive Director (Security)**

- As a key role of the Security management structure.
- Input from non-Executive function on security management measures.
- Promotion of Security management measures at Board Level.
- Supporting the SMD.
- Accountability.

## **5.3 Duties of the Non Clinical Risk Advisor**

The Non Clinical Risk Advisor must ensure that: -

- All behavioural related incidents are reported to the Local Security Management Specialist.
- All incidents are properly recorded and the relevant information, trends and actions are placed onto the Trust's incident recording system (IR1).

## **5.4 Duties of Local Security Management Specialist (LSMS)**

- To lead on day to day work within the Trust to tackle violence against staff and professionals in accordance with the NHS Protect framework and guidance.
- To ensure that appropriate steps are taken to create a pro-active culture within the health body so that staff and patients accept responsibility for this issue and ensure that where security incidents/breaches occur that they are detected and reported.
- To ensure that appropriate security incidents/breaches are publicised appropriately in accordance with guidelines issued by the NHS Protect so that a deterrent effect can be created.
- To work towards applying a range of sanctions against those responsible for security incidents/breaches, working with the NHS Protect Legal Protection Unit (LPU) to ensure appropriate cases are progressed accordingly.

## **5.5 Duties of Managers and Supervisors**

Managers and Supervisors must ensure that:-

- They and their staff report all behavioural incidents.
- They de-brief staff involved in an incident and offer support and counselling as required.
- All staff comply with the Trust's Violence and Aggression policy.
- They carry out risk assessments to ensure that staff, patients and visitors are protected, and that all safe systems of work are put in place.
- All staff are fully trained in the use of this policy.

- A Training needs analysis is carried out and the appropriate training provided based upon the outcome of this analysis.
- They shall release staff to attend conflict resolution training in line with corporate curriculum requirements.
- They consult with staff and their health and safety representatives on all issues relating to violence and aggression.
- Employees adhere to safe systems of work.
- All managers and supervisors must be able to understand and recognise what is meant by unacceptable standards of behaviour, this will be taught on the one day conflict resolution course.
- Whenever violent and aggressive behaviour is exhibited staff must ensure that they are consistent in the type of sanctions they apply. e.g. the use of the Yellow or Red cards or verbal warnings.

## **5.6 Duties of Employees**

### **Employees must ensure**

- They comply with this policy.
- They report all behavioural incidents.
- They complete an incidents report forms as soon as practicable.
- They comply with all processes and procedures linked to the Trust's withholding treatment procedures.
- They comply with any instruction and training, which is provided in relation to the management of violence and aggression.

## **5.7 Responsibilities of Trade Union Safety Representatives**

- Safety representatives must be meaningfully consulted and involved in risk assessments, safe systems of work involving security related issues and investigations.
- Safety representatives must ensure that they co-operate fully with any security related investigation.

## **6. MONITORING ARRANGEMENTS**

This policy and its effectiveness will be monitored annually. Monitoring will include -:

- A comprehensive audit of staff training will be carried out annually; this audit will include a random sample of training objectives and their effective use in the day to day activities. This will be carried out by the LSMS, Learning & Development and department managers.
- Quarterly reports of all incidents will be reviewed by the Health and Safety Committee, which will include detailed trend analysis, risk assessment and the effectiveness of any follow up action.
- Patient and staff surveys and National trend analysis data
- Annual performance target review, e.g. reduction in incidents, both on verbal and physical attacks.
- The Local Security Management Specialist (LSMS) will produce an annual report to the Trust Board and the Health and Safety Committee. This will be used to also monitor the effectiveness of the policy, the number of verbal and physical incidents and staff training.

- External verification of the effectiveness of the policy will be undertaken.
- Where the above identifies deficiencies, there will be a requirement to undertake a follow up audit and produce an updated risk assessment.

## **7. POLICY REVIEW**

The Policy and associated procedure will be reviewed every two years or on amendment to legislation or guidance or significant operational developments within the Trust. Date of next review December 2013.

## **8. ASSOCIATED POLICIES AND PROCEDURES**

- Withholding Treatment Procedures
- Lone worker Policy
- Security Policy
- ID Badge Policy
- Duties and Responsibilities of NHS Protect trained staff
- Patients' Property Policy
- Staff Awareness Booklet
- Close Personal Supervision Guidance
- Accident/Incident Reporting Policy

## **9. RELEVANT LEGISLATION**

- The Health & Safety at Work Act 1974
- The Management of Health & Safety at Work Regulations 1999
- Safety Committees and Safety Representative Regulations 1977
- The Health Safety (Consultation with Employees) Regulations 1996
- The Secretary of State's Directions 2003

**TRAINING AND SUPPORT TO STAFF**

The Trust will provide adequate training to those members of staff who are most likely to be exposed to actual or potentially violent situations (physically or verbally). Suitably competent and trained instructors will only be used provide training.

Risk Assessments will be undertaken by Managers to identify the training requirements for their departments or areas. Training should be provided to staff as necessary.

Physical restraint should only ever be used as a last resort and must be based on a team or clinical decision, i.e. where there is a potential danger to the aggression or others, and when other methods have proved ineffective or have been considered or rejected.

If after a risk assessment, control and restraint is identified as a regular occurrence and therefore required, this must only be provided by a minimum of three fully trained and competent staff. All Security staff will be control and restraint trained, and can be called to the area concerned to restrain the patient. If departments wish to establish a local restraint team, those staff requiring restraint training will be agreed in consultation with staff, staff side representatives and managers, following a risk assessment and be subject to a regular competency audit and training.

In all other situations, staff, visitors and other patients should be removed from the area. In all situations where physical injury or assault is likely to occur the Police must be called.

The Trust also undertakes to provide psychological support and advice to its employees as necessary via the Occupational Health Service; this may take the form of one to one counselling or group counselling. A Team de-brief must follow each incident and the appropriate IR1 form completed, by the departmental head.

**REPORTING OF VIOLENT INCIDENTS**

The Trust operates an incident reporting policy and procedure for the reporting of all incidents. This will allow Directors to investigate trends and take the necessary action to minimise the risks identified.

Violent incidents must be reported on the Trust incident Report Form (IR1) and passed to the relevant manager for investigation and follow-up action. The procedure for reporting an incident is available separately and brief guidance is included in the IR1 pads.

All members of staff must take every threat of violence seriously. Employees must report all threats as well as physical abuse to their immediate line manager with the confidence that action will be taken on their behalf. Under no circumstances should staff stay silent under fear of reprisal, misplaced sense of guilt or personal failure. Managers must ensure that staff are aware of support which will be made available and obtain counselling or advise for a colleague who may need it. The procedure for obtaining support and counselling is included in the Guidance for Managers.

## **COMMITMENT STATEMENT**

### **BARNSELY HOSPITAL NHS FOUNDATION TRUST COMMITMENT STATEMENT**

**Barnsley Hospital is committed to the well being  
and safety of all patients and staff,  
and operates a policy of  
“ZERO TOLERANCE”**

**We would ask that you treat other patients  
and our staff with the same courtesy and  
consideration that YOU would expect to receive.**

**Violence and Aggression will not be tolerated.**

**Should a member of staff be assaulted  
or verbally abused, the Trust will seek prosecution**