

<b>Violence and Antisocial Behaviour</b>	<b>Policy Register No: 04031</b> <b>Status: Public</b>
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Author/Contact for Information	Doug Smale, LSMS
Policy to be followed by (target staff)	All MEHT staff Users of MEHT services
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Relevant HR policies including disciplinary, sickness absence Risk Management Strategy & Policy, Supporting staff involved in a traumatic incident, complaint and claim, Lone Worker policy, Being Open Policy, Security Policy, Mandatory Training Policy (Training Needs Analysis)

### Document Review History

Version No	Reviewed by	Review Date
1.0	Nick Groves	September 2003
2.0	Jo Englefield	August 2008
3.0	Jo Englefield	November 2009
5.0	Leanne Wilson	October 2010
5.1 Amendment to Appendix 1	Leanne Wilson	March 2011.
6.0 Full review	Doug Smale	September 2014

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## **1.0 Policy Purpose**

1.1 The purpose of this document is to provide general policy guidance for the management of violence and aggression and to support the health, safety and welfare of staff at work. It aims to establish the principles and procedures for the recognition of, response to, and treatment of, violence and aggression that could arise in connection with work activities of the Trust. It provides guidance for all employees and others who could be exposed to violent, aggressive or threatening episodes so that they are better equipped to avoid, or minimise, the risks of injury or harm.

## **2.0 Policy Statement**

2.1 Mid Essex Hospitals Services NHS Trust, hereinafter referred to as the Trust, has a duty to:

- To provide a safe and secure environment
- To establish basic principles for the recognition of, response to and 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.

2.2 Managing Violence and Aggression in a structured and cohesive manner underpins the ability of staff to work in a safe and secure environment. Violent or antisocial behaviour by any person will not be tolerated and all departments will need to develop local strategies, departmental policies and procedures for the prevention and management of violence towards their members of staff.

2.3 Violence or antisocial behaviour by staff is a matter of conduct and may constitute a criminal or civil offence. Instances will be dealt with through the disciplinary procedure and may be referred to the police and relevant professional body where applicable.

2.4 Violence or antisocial behaviour by patients or members of the public may also constitute a criminal offence. Instances will be dealt with through this policy, with the Counter Fraud Security Management Service (CFSMS) requirements and may also be referred to the police and relevant professional body where applicable.

## **3.0 Policy aim and scope**

3.1 This Policy is intended to cover all activities of the Trust and the areas where Trust activities are carried out, including home visits by community staff and working in properties not owned by the Trust. The Policy is designed to minimise the risk of violence and aggression to all persons from:

- Members of the public
- Patients/service users
- Visitors
- Contractors and third parties on Trust property
- Between staff due to work-related issues

- 3.2 The policy supports the delivery of high quality clinical and non clinical services through the provision of a safe and secure environment.
- 3.3 The policy takes into account relative legislation, such as the Health & Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 3.4 The policy encourages consideration of security provided to protect all patients, staff, visitors, contractors and volunteers to whilst on Trust premises.

#### **4.0 Legal Position**

- 4.1 In addition to the general statutory duty and specific acts and regulations, employers have a duty to take reasonable care of the safety of their employees, i.e. provide a safe place of work, safe equipment and safe systems of working. Taking reasonable steps to prevent exposure to unnecessary risks is also an implied contractual term.
- 4.2 Employees have a corresponding obligation to take reasonable care for their own safety and the safety of others at work. They have a duty to cooperate with their employer to enable their employer to comply with statutory obligations. This means, for example, working in accordance with the training that has been provided or instructions that have been issued, and to report hazardous situations or shortcomings in a timely manner. These duties extend to violence, including harassment, and antisocial behaviour in the workplace.

#### **5.0 Definitions**

- 5.1 Violence is defined as ‘any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well being or health’. This includes harassment, which is defined as ‘unwanted, unsolicited and inappropriate words or conduct causing significant distress or affecting the dignity of another person’.
- 5.2 Physical assault is defined as ‘the intentional application of force to another person, without lawful justification, resulting in physical injury or personal discomfort’.
- 5.3 Antisocial behaviour is defined as acting ‘in a manner that causes or is likely to cause harassment, alarm or distress to one or more persons’. This includes, for example, excessive noise; verbal abuse; intimidating gatherings or behaviour, e.g. intrusion into personal space or aggressive ‘finger pointing’; offensive gestures or behaviours; damage to property, including graffiti and vandalism; uncontrolled pets and animals; intimidation; smoking; and alcohol, solvent and drug abuse.

#### **6.0 Equality and Diversity**

- 6.1 The Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals.
- 6.2 Our Equality and Diversity strategy is inclusive of a Disability Equality Scheme, Race Equality Scheme, Gender Equality Scheme. An Equality Impact Assessment was

completed during the submission and ratification process for this policy.

## **7.0 Prevention and Management of anti-social and violent behaviours**

### **7.1 Requirement to undertake appropriate risk assessments.**

#### **7.1.1 Proactive assessment**

- Annually, managers should undertake appropriate risk assessments for their areas of responsibility using the Trust Security Risk Assessment template in respect of the prevention and management of the risk of violence and aggression. Through review of the issues that could result in harm, managers can review the precautions in place to prevent harm. Further details are available in the Security Policy.
- These proactive risk assessments should be reviewed in order to address any foreseeable weaknesses, such as the introduction of new buildings, new services or a significant change in use of an area.
- Where the Trust is in receipt of intelligence which might result in an incident associated with violent or antisocial behaviour, a risk assessment should be undertaken to evaluate and address any risks identified.

#### **7.1.2 Reactive assessment**

Reactive risk assessments are carried out where specific risks are identified. Generally this may be where challenging behaviour is recognised or after an incident has occurred. Appendix G 'meeting needs and reducing stress' contains guidance on assessing and managing challenging behaviours of those patients with impaired cognitive abilities and may be a risk to staff and others of violence or antisocial behaviours.

## **7.2 Procedure for Control of anti-social and violent behaviours**

7.2.1 The Trust has security access systems and in accordance with the Trust Security Policy, all staff must abide by the departmental security arrangements.

7.2.2 The full procedure for dealing with Violence and Antisocial Behaviour in the workplace is set out in Appendix A. Briefly itemised below are the various sanctions that can be applied by Trust staff:

- Consultation with patient to minimise or dispel potential incident
- Escalation of incident to Manager for intervention
- Manager to liaise with Security office, Security Manager or LSMS to check person's details on 'Violence & Antisocial Register'
- Use of limited force to prevent assault or injury (breakaway)
- Verbal warnings by the departmental staff or management
- Control by Security requests
- The issue of an "unacceptable behaviour " pre warning letter (where appropriate)

- Application of warning via Yellow Card
- Application of expulsion or exclusion from Trust Facilities and/or Services via Red Card.
- Application request for a Temporary Red Card
- Control by police requests

7.3 For information on the arrangements for ensuring the safety of lone workers refer to the Lone Worker Policy

## **8.0 Exceptions**

8.1 There are certain cases where a 'red card' or 'yellow card' will likely be inappropriate. In these cases a senior manager will undertake a risk assessment and take action as far as possible to minimise the risk to staff and other patients of continuing to treat and care for the patient.

8.2 This will include patients who, in the expert judgement of a relevant clinician or mental health service assessment, are not competent to take responsibility for their actions. In such cases, control measures should be developed with support from the multidisciplinary Team including Elderly Assessment and Safeguarding Teams as required.

## **9.0 Arrangements for reporting incidents**

9.1. Appendix B sets out the reporting requirements. This is consistent with the Trust's Health and Safety policy and Incident Policy and includes details of the Security incident reporting service (SIRS) held by NHS PROTECT.

9.2 In addition, internal investigation, witness statements and formulation of evidence in line with police requirements should be strictly adhered to and monitored by the Local Security Management Specialist. Where a written statement is required from staff, guidance is available in the Supporting staff involved in a traumatic incident, complaint and claim Policy.

## **10.0 Compensation & Benefits**

10.1 The Criminal Injuries Compensation Board considers applications for *ex gratia* payments where staff have received an injury as a result of crime of violence. One of the Board's conditions is that the circumstances of the injury should have been the subject of criminal proceedings and/or that the incident was reported to the Police in a timely manner. Further information can be obtained from the Complaints, Claims & Litigation Manager, the Citizens' Advice Bureau, local library, police or Victim Support Groups.

10.2 The Trust may give consideration to civil proceedings against people who assault its employees or damage its premises or property.

## 11.0 Roles & Responsibilities

The Trust has appointed a number of key employees to have managerial and supervisory responsibilities for ensuring compliance to this policy, legislation and liaison with external stakeholders (e.g. police, NHS PROTECT). These are:

- 11.1 **Chief Executive** – has overall responsibility for assurance that the policy and strategy for control and management of incidents is met.
- 11.2. **The Security Management Director (SMD)** is responsible for the provision of an appropriate system which can fully track and consider incidents that occur. She/He is also responsible for circulation and consultation of alerts and directives as issued by the CFSMS.
- 11.3 **Senior Managers**—are responsible for undertaking appropriate risk assessments in their areas and for immediate action and reporting of incidents. Where possible in the first instance they are to attempt to dispel and control incidents sufficiently that the risk is reduced and care can continue. In addition, they are the initial liaison for the police and other agencies should they be requested to attend.

Where resolution has not been achieved, they are responsible for notifying the Local Security Management Specialist to progress the zero tolerance aspects of this policy (yellow/red card).

Line managers are responsible for checking that staff attends training in line with the training needs analysis.

- 11.4 **Local Security Management Specialist (LSMS)**— has the responsibility for ensuring that the policy and protocol is met on a day to day basis. In addition the LSMS has a responsibility to ensure that the links between all interested bodies and parties are progressed and that an effective working partnership is maintained. The LSMS is the identified responsible person to formally issue any letters of warning to persons and document these on the Violence & Antisocial behaviour Register with agreement from the SMD. The LSMS will share the contents of the warning with local healthcare professionals such as the Ambulance Trust or Clinical Commissioning Group as appropriate.
- 11.5 **The Security and Portering Manager** has responsibility for ensuring that required staffing levels of competent security operatives are achieved to monitor the "site" effectively.
- 11.6 **All staff** have a responsibility to behave in an acceptable manner, within both their professional and personal undertakings whilst on Trust premises, and whilst representing the Trust. Where an incident occurs, all staff have a responsibility to follow the incident reporting process (Datix) in accordance with the Risk Management Strategy and Policy, Incident Policy and Health and Safety Policy.
- 11.7 **Health and Safety Group** will review reports submitted by Local Security Management Specialist at each meeting and ensure appropriate action has been taken.

## **12.0 Support for staff / patients**

- 12.1 Any member of staff involved in an incident involving violence or antisocial behaviour can obtain immediate advice and support from their line manager or the LSMS. All staff involved in such an event should have the opportunity to provide information and statements about the incident, and have feedback on the outcome of the investigation. For further information on support for staff involved in an adverse incident refer to the Supporting staff involved in a traumatic incident, complaint and claim Policy.
- 12.2 Any patient who is affected by an incident of violence and aggression will be supported by staff of the Trust. In particular where appropriate the LSMS and SMD will lead on issues in liaison with relevant nursing staff.

## **13.0 Training**

- 13.1 Training will be delivered to staff in accordance with the Trust Training Needs Analysis (Mandatory Training Policy). This training will enable staff to recognise the initial signs of violent or aggressive behaviour and offer guidance on maintaining their own safety.
- 13.2 All receive staff awareness training on the risks associated with the management and prevention of violence and aggression at Induction and mandatory training sessions.
- 13.3 Further training is delivered dependant on work location and staff roles in accordance with the training needs analysis.

## **14.0 Monitoring compliance with policy**

- 14.1 Individual incidents will be reviewed by the LSMS upon receipt to ensure that they have been completed in accordance with this policy and NHS PROTECT guidelines.
- 14.2 Incidents will be sent to the NHS PROTECT on a regular basis in accordance with their national monitoring system SIRS (Security Incident Reporting Service)
- 14.3 NHS PROTECT compliance will be submitted in the form of an Annual Report and Security Work plan annually.
- 14.4 A further measure of compliance will be communicated and consulted with external stakeholders by the LSMS to ensure that all available endeavours are met.
- 14.5 An audit of compliance with this policy, including compliance with the requirements to undertake appropriate risk assessments for the prevention and management of violence and aggression will be undertaken by the LSMS and Security Manager. The results of the audit will be reported to the Health and Safety Committee where an action plan to address any indentified deficiencies will be developed and monitored. An annual audit of incidents of violence and aggression will for part of the annual security report and will be submitted to the Trust Board.
- 14.6 The Health and Safety Group will review summaries of violence and antisocial behaviour incidents and trends analysis on a two monthly basis. Where this review



identifies areas at a high risk of incidents, further support, including advice and additional training will be provided or organised by the LSMS and Security Manager.

- 14.7 In accordance with government directives, the Trust training needs analysis will be reviewed regularly by the Health and Safety Group in relation to conflict resolution training (CRT) and the staff who should receive it.

## **15.0 Review**

This policy will be reviewed in 3 years or earlier as a result of local or national initiatives

## **16.0 Communication**








- 16.1 The policy will be made available on the Trust's intranet & website. The LSMS will be responsible for issuing copies to all senior managers for dissemination within their departments.

- 16.2 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff.

## **17.0 References**

- The Health and Safety at Work Act (etc) 1974 (2) and (3)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries Diseases and Dangerous Occurrence Regulations 1995
- NHS Security strategy "A professional approach to managing security in the NHS 2003
- Directions to NHS Bodies on measures to deal with violence against NHS staff 2003 amendments) Direction 2006
- Directions to NHS Bodies on Security Management Measures 2004
- Prevention and Management of Violence where withdrawal of treatment is not an option 2003
- Not Alone- guidance for the better protection of lone workers in the NHS 2003
- Procedures for placing a risk of violence marker on electronic and paper records 2010

## 18.0 Embedded Documents and Appendices

Item No	Document Name	Inserted Document
A	<b>PROCEDURE FOR DEALING WITH PATIENTS OR VISITORS WHO ARE VIOLENT OR WHOSE BEHAVIOUR IS ANTI-SOCIAL – INSTRUCTIONS TO STAFF</b>	 VA Procedure
B	<b>National reporting procedure – Instructions to managers</b>	 Appendix B.doc
C	<b>“unacceptable behaviour warning letter”</b>	 Appendix C.doc
D	<b>‘Yellow Card’ LETTER</b>	 Appendix D.doc
E	<b>‘Red Card’ LETTER</b>	 Appendix E.doc
F	<b>‘Temporary Red Card’ LETTER</b>	 Temporary Red Card
G	<b>Meeting needs and reducing stress</b>	 \\wfs1-rq8-00001\ UserData\DSmale\De: