Corporate Policy: Violence, Aggression and Disruptive Behaviour

Author:	Inge Damiaens - Security Management Specialist Manager
Document Owner:	Darren Cattell (Security Director)
Revision No:	5
Document ID Number	POLCS010
Approved By:	Trust Board
Implementation Date:	November 2016
Date of Next Review:	November 2019

Best of care
Best of people

Document Control / History	
Revision No	**Reason for change**
1	General review and update into new format
2	General review
3	General review
4	General review – simplified process
5	Review and create SOPs for procedures.

Consultation
Director of Corporate Governance, Risk, Compliance and Legal
Head of Security
Urgent Care Staff
Director of Finance
Executive Group
Director of Estates and Facilities

© Medway NHS Foundation Trust [2016]

Table of Contents

Best of care
Best of people

Violence, Aggression and Disruptive Behaviour Policy

To be read in conjunction with any policies listed in Trust Associated Documents.

1	Introduction

1.1 Medway NHS Trust has a duty to provide a safe and secure environment for patients, staff and visitors. Abusive or violent behaviour will not be tolerated and the Trust will actively support the prosecution of any person who assaults staff.

1.2 Trust staff will have access to training in how to reduce and manage abuse and violence in the workplace. As a general principle, the Trust will be prepared to seek the prosecution of any competent adult who physically assaults and/or verbally assaults a member of staff during the course of their duties. Staff will be generally within their rights to refuse to treat any competent adult who physically and/or verbally assaults them.

1.3 Where staff refuse to continue treatment in these circumstances, then the patient's Consultant (or the most senior member of the medical team on duty) and line manager must be informed immediately so that alternative necessary arrangements can be made.

1.4 Those patients who, in the expert judgement of the relevant clinician are not competent to take responsibility for their actions will not be subject to this procedure. In these circumstances the Trust will take all reasonable steps to ensure staff safety.

1.5 This policy defines what constitutes abusive and violent behaviour, describes the framework within which such assaults will be dealt with, and provides guidance on the practical actions to be taken to minimise and deal with incidents involving unacceptable behaviour.

1.6 Patients and visitors must be informed that they have the right to challenge any stage of this policy if applied to them through the Trust's formal complaints management process.

1.7 This policy has been developed in-line with the following:

1.7.1 Guidance from NHS Protect regarding Violence and Aggression in the NHS.

1.7.2 National Audit Office Report on Violence in the NHS

1.7.3 NHS Business Services Authority, Security Management Division – 'Prevention and Management of Violence where withdrawal of treatment is not an option' – 2007.

1.7.4 NHS Business Services Authority, Security Management Division - 'Meeting needs and reducing distress: Guidance for the prevention and management of clinically related challenging behaviour in NHS settings' - 2013

1.8 When following this policy, if there is any concern about an individual's level of understanding (e.g. if English is not their first language), the interpreting service should be contacted to interpret and offer help.

1.9 If an assault occurs to a patient, a member of staff or visitor, please follow the adult pathway, which should be used in conjunction with the relevant sections of this

policy. Support and guidance can be obtained from the Security Manager, Clinical Site Manager, or Local Security Management Specialist.

1.10   Any member of staff who has been subjected to any of the unacceptable behaviours listed in this policy by a patient/patient's visitor has the right to opt out of caring for the relevant patient in discussion/agreement with the Head of Nursing/Midwifery/Therapy Services or other appropriate senior manager/clinician as part of the individual's care management plan.

1.11   Where an individual's behaviour is unacceptable from the outset of their attendance at hospital and where, following appropriate clinical assessment, it is decided that urgent healthcare is not required, they can be asked to leave the premises with the assistance of the security service if necessary. This does not count as exclusion.

1.12   Where there is repetition of inappropriate or unacceptable behaviour, which does not warrant criminal or civil action, the Trust may pursue exclusion. Repetitive behaviour may be taken as a whole and the various stages of the procedure can be adhered to in this manner.

2   Purpose / Aim and Objective

2.1   Medway NHS Foundation Trust believes that everyone has a duty to behave in an acceptable and appropriate manner while on Trust premises. Staff have the right to work, visitors have the right to feel welcome and patients have the right to be cared for free from the fear of assault and abuse, in an environment that is safe and secure.

2.2   This policy has been developed to set out the Trust's position in the event of any behaviour perceived by the recipient as being offensive, intimidating or harmful resulting in damage either psychologically or physically. This includes verbal or physical aggression and abuse directed at any person for whatever reason.

2.3   This policy describes the behaviours which are unacceptable and the procedural documentation in place to enable Trust staff to effectively respond to incidents of violence, aggression and disruptive behaviour including a mechanism whereby patients who are extreme or persistent in their unacceptable behaviour can, as a last resort, be excluded from the Trust. (Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within period of sanction.)

2.4   Where there are concerns regarding a patient or visitor it will be important for staff in other areas who may need to be involved in the patient's care to be made aware e.g. a referral from Emergency Department to Radiology/Fracture Clinic and similarly to alert the Trust's Security department.

2.5   This policy does not affect the rights of any individual to take independent action following abuse or an assault, e.g. by contacting the police.

2.6   The objectives of the Policy are:

2.6.1   To create and maintain a safe working environment for all Trust staff to reduce the risks of intimidation and violence to staff and others whenever

possible and provide appropriate support if necessary and aftercare in the event of such incidents.

2.6.2 To ensure that provision is made within the organisation for informing those whose behaviour is considered unacceptable.

2.6.3 To make all staff and the public aware that intimidation and violence against NHS staff is unacceptable and that the Trust are determined to continually and proactively address this issue.

3   Definitions

3.1   **Physical Assault** – "the intentional application of force to the person or another, without lawful justification, resulting in physical injury or personal discomfort".

3.2   **Verbal assault** – "the use of inappropriate words or behaviour causing distress and/or constituting harassment"

3.3   **Unacceptable Behaviour**: In addition to behaviours explicit in 3.1 and 3.2 above the following are examples of behaviours that are not acceptable on Trust premises.

   3.3.1 Excessive noise, e.g. loud or intrusive conversation or shouting

   3.3.2 Malicious allegations relating to members of staff, other patients or visitors.

   3.3.3 Offensive sexual gestures or behaviours

   3.3.4 Drinking of alcohol

   3.3.5 Taking non prescribed drugs in hospital (all medically identified substance abuse problems will be treated appropriately)

   3.3.6 Dangerous driving

   3.3.7 Drug dealing

   3.3.8 Smoking

   3.3.9 Any criminal act to Trust property

   3.3.10 Theft

4   (Duties) Roles & Responsibilities

4.1   **Chief Executive**

   4.1.1 The Chief Executive is ultimately accountable for the implementation throughout the Trust of the Violence, Aggression and Disruptive Behaviour Policy and Procedures, and to ensure its effectiveness is continually reviewed.

4.2   **Director of Finance (in the role of Security Management Director)**

   4.2.1 Director of Finance is responsible for ensuring that, in the event of a physical assault on a member of staff, systems are in place so that police are contacted immediately, either by the person who has been assaulted or an appropriate manager or colleague, full co-operation is given to the police

Best of care
Best of people

in any investigation, the Local Security Management Specialist (LSMS) is informed of any incidents and is responsible for ensuring full co-operation is given to them in any investigation or subsequent action which is considered appropriate.

4.2.2   The Director of Finance has delegated this responsibility to the **Director of Estates and Facilities** in his role as Security Management Director (SMD).

4.3   **Director of Human Resources**

4.3.1   The Director of Human Resources is also responsible for organisation of the Corporate Induction Programme, ensuring that it covers Health, Safety and Security Management.

4.3.2   The Director of Human Resources is responsible for ensuring effective systems are in place to investigate any incidents of violence and aggression from staff towards staff, patients and/or visitors and that appropriate action (disciplinary, dismissal etc.) in accordance with Trust policies is followed through when appropriate.

4.4   **Response Team**

4.4.1   If the team dealing with a violent and/or aggressive patients or visitors is in distress, a response team can be contacted for assistance

4.4.2   The response team is composed of:

- Matrons and the security officers during office hours

- Site practitioners and the security officers out of hours

4.4.3   The response team is expected to respond within a timely manner to any incident being reported, and each have a specific task when attending an incident:

- Matrons and site practitioners provide clinical assistance to ensure any action taken will not put the assailant at risk

- The Security team will ensure, through appropriate methods, that physical security is offered where needed by staff

4.5   **Local Security Management Specialists**

4.5.1   Are responsible for liaising with the local police in the event of a physical or non-physical assault to assist with any investigation, undertaking an investigation where the police are unable to do so and where the Trust SMD requests the services of the LSMS.

4.5.2   The LSMS will also:

- feedback to the victim on the progress of any police or local investigations into physical or non-physical assault

- be responsible for the provision of security advice to the Trust at the request of the Director of Estates and Facilities or the SMD

- carry out risk assessments of selected sites where there is a suspected risk of Violence and Aggression or where lone workers are based.

- Report on compliance numbers regarding completion of Conflict Resolution training by individuals. Reporting is extracted as part of the Trust's performance management approach and is presented to the Fire, Health & Safety Group.

4.5.3 Is responsible for the organisation of Conflict Resolution Training and for conducting a Training Needs Analysis (TNA) which is robust and in line with the Trust's overall training matrix for mandatory subjects.

4.5.4 Included within the TNA will be any relevant issues and information from risk management, incident reporting and evaluation of training. Conflict Resolution Training comprises the following areas in line with national guidelines set by NHS Protect and includes the following areas:

- Causes of violence

- Recognition of warning signs

- Relevant interpersonal skills

- Details of working practices and control measures

- Incident Reporting

4.6 **Occupational Health Department**

4.6.1 Are responsible for providing support and counselling to any member of staff and for assessing their fitness to work.

4.7 **Fire, Health & Safety Group**

4.7.1 Has responsibility for providing assurance to the Board, via the Compliance and Risk Group, and the Executive Group, that the Trust executes its duties and responsibilities in the promotion of health & safety in the work place, as a requirement of The Health and Safety at Work Act 1974

4.7.2 Monitor and evaluate the effectiveness of existing systems and procedures designed to ensure health and safety in the workplace.

4.7.3 Review incident report statistics identifying trends and assessing remedial action that may be required.

4.8 **Departmental and Ward managers**

4.8.1 Under the above relevant legislation, the Trust has a legal duty to provide for the safety of its employees. A key requirement is for managers to carry out risk assessments to identify significant risks arising out of any work activity. Once the risks are identified and quantified, local protocols are required to plan, organise, control and monitor prevention and protective measures.

Violence, Aggression and Disruptive Behaviour Policy

4.8.2 Managers are responsible for identifying the risk and required level of Conflict Resolution and/or Violence & Aggression training each member of staff requires within their team, in addition to agreeing their release to attend and any follow-up support required.

4.8.3 Managers should encourage their staff to report all incidents, no matter what the circumstances are.

4.8.4 Managers are responsible for ensuring staff who are affected by violence and aggression incidents get the support needed, through Occupational Health or other counselling services.

4.8.5 Managers are responsible for the investigation of incidents, although help can be sought from experts were deemed necessary.

4.9 Employees

4.9.1 All members of staff must take responsibility for their own essential training on Conflict Resolution and/or Violence & Aggression, as identified in the mandatory training matrix, or as identified through discussion and agreement during appraisal with their line manager.

4.9.2 Employees are responsible for reporting any incidents of violence and/or aggression through the Trust incident reporting system (Datix).

4.9.3 All Trust employees (including those on honorary contracts and those working primarily for other organisations but on Trust premises) have a duty to adhere to and to uphold this policy.

5 Procedures For the Prevention and Management of Violence, Aggression and Disruptive Behaviour

5.1 The supporting Standard Operating Procedures regarding Violence, Aggression and Disruptive Behavioiur allow staff to have access to practical guidelines on how to deal with Violence, Aggression and Disruptive Behaviour in the Trust.

5.2 The following Procedures are available in separate documents for easy access:

5.2.1 First Response
SOP0106 - Violence Aggression and Disruptive Behaviour - First Response

5.2.2 Investigation
SOP0107 - Violence Aggression and Disruptive Behaviour - Investigation Procedure

5.2.3 Warning Escalation
SOP0147 - Violence Aggression and Disruptive Behaviour - Warning Escalation - Adults

Best of care
Best of people

Violence, Aggression and Disruptive Behaviour Policy

6   Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Author	Security Director	Where gaps are recognised action plans will be put into place
Incidents/Near Misses, Training Records, Policy Legislation & Guidance, Claims /Litigation	Through reports to the Fire, Health and Safety Group and an annual report to the Audit Committee (IAC) by the LSMS	The nominated security Management Director	Audit Committee	Action plans will be developed to support any deficiencies or gaps and will be monitored through interim reports to the Executive Group
CRT/Lone Worker Training Risk Assessments	Collated through individual Directorates and Health and Safety Department.	Directorate General Manager.	Fire, Health & Safety Group	Action plans will be developed to support any deficiencies or gaps and will be monitored through interim reports to the Fire, Health & Safety Group.

7   Training and Implementation

7.1   The Trust recognises that the approach to violence against NHS professionals is an important part of the Health & Safety Policy and that such training should be included in training courses where appropriate and in on-the-job training as a normal part of job instruction. The training requirements will be determined by the need of each professional group and specialist as identified in the training needs analysis, in line with the essential training.

7.2   Training available to Trust employees:

7.2.1   Security Induction training as part of the Health & Safety Induction

7.2.2   Conflict Resolution training is offered to all staff to enable them to deal with and possibly defuse a potentially violent situation before it gets worse. Conflict Resolution is available in three levels:

- Induction Training

Best of care
Best of people

- Face to face conflict resolution training, plus break away training

- Restraint training

7.2.3 Managers are to ensure that appropriate staff attend initial training and updates in Conflict Resolution.

7.2.4 Induction for new employees will include a general outline of the legislation and attention will be drawn to the Violence, Aggression and Disruptive Behaviour policy and its Standing Operating Procedures. The procedure to be adopted in the event of an accident or near miss will also be covered as well as the procedure to be adopted if hazards are discovered.

7.2.5 Depending on team or individual requirements, further specialised training can be made available in order to ensure staff can ensure their safety and security in more challenging working environments.

7.2.6 It is the responsibility of the directorate or department to ensure that staff are aware of any new or newly revised policies.

8 Equality Impact Assessment Statement & Tool

8.1 All public bodies have a statutory duty under the Race Relation (Amendment) Act 2000 to "set out arrangements to assess and consult on how their policies and functions impact on race equality." This obligation has been increased to include equality and human rights with regard to disability, age and gender.

8.2 The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This Policy was found to be compliant with this philosophy.

8.3 Equality Impact Assessments will also ensure discrimination does not occur on the grounds of Religion/Belief or Sexual Orientation in line with the protected characteristics covered by the existing public duties.

8.4 Refer to appendix 1.

9 References

Document	Ref No
References:	
Care Quality Commission	
NHSLA Standard for Acute Trusts	
Secretary of State Directions (November 2004) Children Act 1989(1989) and 2004 (2004) United Nations Convention on the Rights of the Child Working Together to Safeguard Children (2006) London Child Protection Procedures (2003) Criminal Law – Offences against Persons Act (1861) Data Protection Act (1998)	

Human Rights Act (1998) Health and Safety Act (1974) Child protection policy and procedure (2002) NHS 20/November/2003. National Audit Office Report on Violence in the NHS NHS Business Services Authority, Security Management Division – 'Prevention and Management of Violence where withdrawal of treatment is not an option' – 2007.	

Trust Associated Documents
POLCPCM023 - Missing Persons Policy and Workbook (1 attachment)
POLCS007 - Lone Worker Policy (1 attachment)
POLCPCM030 - Discharge Policy (1 attachment)
POLCPCM027 - Safeguarding and Protecting Children Policy (1 attachment)
POLCHR038 - Learning Education and Development Policy (1 attachment)
GUCPCM001 - Safeguarding Vulnerable Adults (1 attachment)
POLCGR101 - Restraint, Seclusion & Emergency Medication Policy (1 attachment)
OTCS060 - Violence Aggression and Disruptive Behaviour - Adult Pathway
SOP0106 - Violence Aggression and Disruptive Behaviour - First Response
OTCGR154 - Violence Aggression and Disruptive Behaviour - Information Card for Symphony and Oasis Alerts
SOP0107 - Violence Aggression and Disruptive Behaviour - Investigation Procedure
SOP0147 - Violence Aggression and Disruptive Behaviour - Warning Escalation - Adults
OTCS064 - Violence and Aggression - Emergency Clinical Care Risk Assessment
OTCS061 – Violence Aggression and Disruptive Behaviour - Red and Amber Alert Leaflet

10   Appendix 1

		Yes/No	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	no	Policy does not apply to patients who are not competent to take responsibility for their actions
	▪ Age	no	
	▪ Disability	no	
	▪ Gender reassignment	no	
	▪ Marriage and civil partnership	no	
	▪ Pregnancy and maternity	no	
	▪ Race	no	
	▪ Religion or belief	no	
	▪ Sex	no	
	▪ Sexual orientation	no	
2	Is there any evidence that some groups are affected differently?	no	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4	Is the impact of the policy/guidance likely to be negative?		
5	If so can the impact be avoided?		
6	What alternatives are there to achieving the policy/guidance without the impact?		
7	Can we reduce the impact by taking different action?		

END OF DOCUMENT