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## **MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

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### *Approval and Authorisation*

Completion of the following signature blocks signifies the review and approval of this process.

<b>Name</b>	<b>Job Title</b>	<b>Signature</b>	<b>Date</b>
Derek Shaw	Director of Estates & Facilities		April 2016

Local Committee approval (where applicable)

<b>Name of Committee</b>	<b>Name of Chairperson</b>	<b>Date of Approval</b>
Health & Safety Steering Group		February 2016

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V5	April 2016	James Donnelly	3 year review and formatting
V5.1	November 2016	James Donnelly	Minor changes as requested by Governance Risk Manager to bullet point 7 and 11

### *Impact Assessment*

<b>Undertaken by</b>	<b>Date</b>
Judy Corlett	March 2016

A translation service is available for this policy. The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.

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## 1. Introduction

This policy outlines Kettering General Hospital NHS Foundation Trust's (known as KGH or the Trust) approach to the deterrence, prevention and management of Violence and Aggression against staff by patients, visitors, relatives and the public in general. It is acknowledged that whilst there is an increased risk of aggression and violence against healthcare staff, this risk can be greatly reduced by effective communication, effective risk assessment, prevention planning, patient engagement and learning from incidents.

The Trust does not accept that violence and aggression is 'part of the job' for anyone in its employment and where there is a suggestion that unacceptable behaviours are the symptoms of diagnosis, incidents will be subject to rigorous checks aligned to the Mental Capacity Act 2005. The Trust upholds and supports staff in Zero Tolerance of Violence and Aggression.

The Trust will accept vicarious liability, provided that those engaged in healthcare services adhere to the Trust's policy and procedural guidelines. It will reserve the right to exclude persistently violent patients and/or visitors, and to support the prosecution of those acting violently or abusively towards those engaged in providing healthcare services, damaging equipment or premises.

## 2. Scope

**KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST** will:

- Ensure that the risk associated with violence is included in its overall approach to its statutory responsibilities under the Health and Safety at Work Act (HSWA) 1974 and Management of Health and Safety at Work Regulations (MHSWR) 1999 to identify the nature and extent of risks staff are exposed to and to provide measures which will achieve a safe workplace and safe systems of work.
- Ensure that the reporting of injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 specifically includes those injuries sustained by staff as a result of violence.
- Ensure a suitable and sufficient risk assessment of all work practices. This risk assessment is the means of determining appropriate and reasonably practicable measures to prevent, eliminate and/or reduce levels of risk to a safe and acceptable level within the workplace.
- Regularly evaluate the effectiveness of those measures and take remedial action as necessary to ensure the safety of staff and others.

### 3. Aim / Purpose of Policy

The purpose of this policy is to ensure that the Trust is a safe environment that minimises the risk of violence and aggression. It applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

It sets out the responsibilities and arrangements to meet the Trust's commitment to effectively control the risks incurred from violence and aggression. Actions detailed include informal and formal actions, including police involvement and exclusion from treatment other than emergency care.

### 4. Roles and Responsibilities

**The Trust's Statutory Responsibilities** are attached at **Appendix 1**.

**THE TRUST BOARD** is responsible for ensuring that the posts for an Executive and Non- Executive Lead for Security are appropriately filled (see below).

#### **Chief Executive**

Has overall responsibility for the provision of appropriate policies and procedures for all aspects of Health and Safety at work. The duty of implementing these policies is delegated to the Board of Directors.

#### **The Security Management Director (SMD)**

The SMD is the nominated executive with the responsibility for security management; in the Trust this is the Director of Estates. The SMD will lead and communicate at board level on strategies to tackle aggression and violence against staff and Trust property. This will assist the Trust in meeting its responsibility for the health and safety of staff. The SMD will work with the nominated Non-Executive Director (NED) to:

- Be responsible for the introduction, operation, monitoring and evaluation of this policy to ensure comprehensive, fair and consistent application throughout the Trust.
- Facilitate the continual development of a pro-security culture among staff and NHS professionals.
- Raise awareness of security issues and encourage staff and professionals to report all incidents, following the Trust Incident Reporting Procedure.
- Ensure that full co-operation is given to the Local Security Management Specialist (LSMS), the Police, the Legal Protection Unit (LPU) and the Area Security Management Specialist (ASMS) in respect of an investigation and any subsequent action, including ensuring access to personnel, premises and records, whether electronic or otherwise, which are considered relevant to the investigation.

**Non-Executive Director for Security**

It is the responsibility of the Chair of the Trust Board to designate a Non-Executive Director or non-officer member, to promote and champion security management work at Board level. The NED must be a voting member of the Trust Board, give support, and, where appropriate, challenge the SMD on issues relating to security management at Executive Board level.

**Local Security Management Specialist (LSMS)**

A key priority area of work for the LSMS is preventing and managing violence and aggression, in conjunction with Trust policies and in accordance with Secretary of State Directives. The LSMS will:

- Act as the lead for all security matters including the provision of contracted security services;
- Ensure that all incidents of violence and aggression are reported immediately on the Trust integrated risk management system (Datixweb), and if necessary, to the police;
- Review and if necessary act upon all reported incidents of violence and aggression;
- Develop an annual written plan of work in consultation with the SMD and ASMS and submit an annual report detailing compliance;
- Submit annual Violence and Aggression statistics to NHS Protect;
- Produce Quarterly security reports which include analysis of incidents of Violence and Aggression, and an annual report;
- Attend the Health and Safety Committee;
- Act as a single point of contact for the witness service and support staff who are called to court as witnesses;
- Manage the provision and operation of lone worker protection plans and provide security advice to members of staff as required;
- Liaise with the police and pursue sanctions and redress where appropriate.

**Practice Development Nurse**

The Practice Development Nurse will work with the LSMS as a clinical adviser on violence and aggression risk assessments, design of violence and aggression training for clinical staff and in contributing to the compilation of a Training Needs Analysis via the Learning and Development Team.

**Directors**

Will ensure that there is strategic leadership and adequate provisions to enable their area of responsibility to fulfil security requirements.

**All Managers**

Line managers should liaise with the LSMS to develop local departmental policies to protect staff from violence and aggression which are tailored to their needs. This should include risk assessments; Conflict Resolution Training (CRT) training for clinical and non-clinical frontline staff; Breakaway and Physical Intervention training where applicable; and the reporting of incidents. Managers must ensure that staff work within these guidelines. If a member of staff has been involved in an incident of



violence and aggression, their manager must ensure that it has been reported on the Risk Management System (Datix). They must ensure that the incident is reviewed, either as part of a patient's care plan or as a standalone incident and an action plan put in place to reduce the risk

Of further incidents - The member of staff involved must be supported and offered access to occupational health and counselling if required.

### **All Employees**

Must adhere to the requirements of this policy including identified security training, taking reasonable care of their safety and that of others, seek to identify future security risks and reporting these to their line manager and the LSMS.

### **Security Personnel**

Where contracted security personnel are on site, they are responsible for complying with Trust and local policies and procedures.

### **Health and Safety Steering Group will:**

- Monitor and review this policy, areas of high risk annual plan and related incidents.
- Monitor effectiveness of this policy and annual plan
- Receive information on related incidents

## **5. Definitions**

The Health and Safety Executive (HSE) describe violence and aggression at work as *“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks.”*

<b>Word/Term</b>	<b>Descriptor</b>
<b>Frontline staff</b>	Staff directly employed including bank staff that have contact with patients and / or the public, either face to face or via telephone. The only exception to the definition is back office staff that have no contact with patients or the public.
<b>Lone worker</b>	Any situation or location in which someone works without a colleague nearby or when someone is working out of sight or earshot of another colleague. This may be for all or part of the working day.
<b>Violence and aggression</b>	any incident in which any employee is abused, threatened or assaulted in circumstances relating to their work



<b>Physical abuse/assault</b>	the intentional application of force from one person to another, without lawful justification, resulting in physical injury or personal discomfort
<b>Near Miss</b>	the intention to cause physical contact/harm as demonstrated by an individual's actions towards another person
<b>Non-physical abuse/assault</b>	the use of inappropriate words or unacceptable behaviour, causing distress and/or constituting harassment
<b>Observation of patients</b>	One-to-one monitoring of patients designated at high risk of aggression or self-harm
<b>Unacceptable Behaviours</b>	Behaviour which shows characteristics of discrimination, harassment, bullying, unreasonableness or vexatious or a combination of these – see list below

### Unacceptable behaviours

The following are examples; this list is not exhaustive:

- Offensive language, verbal abuse, threatening, swearing or shouting (may be fuelled by drugs, alcohol or emotional distress)
- Negative, malicious or stereotypical comments (may be gender or race-related)
- Deliberate invasions of personal space, offensive gestures or spitting
- Brandishing of objects or weapons
- Actual or threatened assault, with or without a weapon
- Actual or threatened sexual assault
- Bullying, victimisation or intimidation
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours
- Reckless behaviour resulting in physical harm to others
- Any of the above which are linked to destruction of or damage to property

Such behaviour may be received in person, by telephone, letter or email, or other form of communication, e.g. graffiti on NHS property or messages on social networking sites.

## 6. Content of the Policy

### 6.1 Risk Management Process

The main purpose of the risk management process is to identify hazards and their risks so that staff prevent them occurring, and if they are not preventable ensure that there are processes in place to manage the situation competently and mitigate risk. Identifying risks and those risks relating to violence and aggression is everyone's responsibility.

The avoidance and de-escalation process for the management of violence and aggression has been shown to be the most effective approach and should form the main part of any risk reduction process, safe holding and other types of restraint should be seen as a last resort and only employed in tightly controlled circumstances by appropriately trained individuals.

Within the Trust there will be three levels of risk assessment.

- The first level will be an annual review of Trust statistics and national best practice which will evaluate the risk across the Trust and identify high risk areas.
- The second level will be for wards and departments to undertake a local risk assessment.
- The third level will be the individual risk assessment of a particular situation (e.g. Lone Working) or a specific patient/visitor/group.

Refer to the Risk Register Policy for guidance on risk assessments and risk registers and seek advice from the LSMS and Quality Governance Team where required.

### **Areas of high risk**

Areas of high risk will be normally identified through an annual review of Trust statistics and incidents or occasionally an area might have a change of function and following the departmental risk assessment be escalated into the high risk category.

For an area to be classified as high risk a formal review involving the line manager, LSMS, risk management lead and the training department must take place. The findings and rationale will be presented to, and agreed by the Health & Safety Committee.

The review will consider the following factors:

- Frequency and severity of any incidents
- Patient types
- Type of security intervention regularly required
- Level of current training and competence
- Environmental factors

The areas identified each year will have assisted risk assessments completed with the line manager, LSMS, and an individual trained in safe holding techniques. The Health and Safety Committee will monitor the progress of these risk assessments and the risk reduction plans and will report into the Integrated Governance Steering Group. The plans to mitigate the risk in these areas will be monitored by the Health and Safety Committee and through review of risk registers via the Risk Management Steering Group.

The controls put in place for these areas are wide-ranging and may include alterations to the environment, review of staffing levels and skill mix, appropriate safe

holding training for staff and specific de-escalation techniques depending on the risks identified.

### **Ward\Department Risk Assessments**

Line managers will carry out, as part of the risk assessment and risk register review process, a review, identifying hazards and risks related to violence and aggression in all areas of the Trust where their staff have direct contact with members of the public and patients. This is not limited to the main site of Kettering General Hospital, but will include other bases where Trust services are delivered.

The review will take the following into consideration:

- Historical data to establish the nature and scale of the problem
- Any identified trends
- Current working practices and activities
- Staffing levels and skill mix
- Known security issues within the working area (across all areas of the site, internal and external, and including public and communal areas)
- Possibility of aggressive behaviour at point of contact (e.g. as a result of queuing, lack of information/facilities etc.)
- Specific risks from known aggressors, including aggression from refusing access or declining service
- Risks from medical conditions (e.g. lack of mental capacity, alcohol etc) which may indicate an increased risk of violence and aggression
- Infection control issues, e.g. contact with bodily fluids in a violent incident
- Information from analysis of information from Datix around incidents
- Competence of staff (lack of training etc.) to deal with incidents
- Staff perception (evidence based)
- Environmental factors

### **Timescales for the review of risk assessments and how action plans are followed up**

The LSMS will make a biennial audit of physical security and provide recommendations to the local manager as well as identifying violence and aggression risks to put on the directorate risk register.

### **Patient-Specific Risk Assessments**

The nurse or clinician in charge of clinical areas are responsible for carrying out individual patient- specific risk assessments on a day to day basis where these are indicated as a result of known patient behaviour, or when an incident occurs involving a patient, relative or visitor.

These risk assessments will consider:

- Mental/emotional/physical condition of the patient

- Associated clinical conditions
- Ingestion of alcohol or medicines (prescribed or otherwise)
- Patient's stress levels
- Prior history
- Patient's response to perceived threat/authority
- Environmental issues

Prevention and control measures must be recorded in the patient's care plan and brought to the attention of all staff likely to come into contact with the patients (including non-clinical staff). On transfer of a patient to another ward or for a clinical investigation the information must be shared.

Other guidance is also available in the Mental Capacity Act Policy and Safeguarding Policy.

### **Markers on Patient Records**

The Trust will introduce the NHS Protect system of placing "risk of violence" markers on its electronic and paper patient record systems. Their procedure lays out the process in some detail and the LSMS can be contacted to provide guidance on this and access to the NHS Protect procedure. The use of tagging must be fair and legal, and reviewed every 6 to 12 months. The LSMSs will lead this work and produce quarterly reports to the Health and Safety Committee who will monitor.

### **Protection of Lone Workers**

It is recognised that lone workers face increased risks of violence and aggression due to the nature of their work. The Trust's Lone Worker Policy (that it to be produced during 2016 by the Local Security Management Specialist) will set this out in detail.

### **Inspections**

The Trust undertakes two levels of inspection of compliance which will help monitor management of violence and aggression systems. There is a Quality Governance compliance programme of inspections, led by the Quality Governance Team and where addressing and managing the risk of violence and aggression will be included. The LSMS will also complete the annual review of health and safety including management of violence and aggression.

## **6.2 Response Strategies**

A flow-chart is attached at **Appendix 2** detailing immediate response actions.

### **The Trust's strategies and response process to be followed:**

- Information and Signage – the Trust will ensure that appropriate signage about abuse of NHS staff is provided in patient areas, and information on reporting violent/aggressive incidents will be made freely available. Information relating

to the sanctions process will be issued to individuals involved in incidents (patients, staff and visitors).

- Safety Awareness Training to be delivered by the LSMS – to ensure a level of security awareness across the Trust.
- Conflict Resolution Training – All frontline staff who will be clinical or with regular physical contact with patients will attend the basic level conflict resolution training and regular updates thereafter. This will provide the basis for further training as identified in the risk assessment process.
- Pre-emptive management – for patients with known history of violent behaviour the LSMS should be consulted, an individual risk assessment completed and a management plan established. During out of hours, the risk assessment should determine if Security Personnel should be called to attend.
- Markers on patient records – Links to other Trust systems – which will include the Adult and Child Safeguarding logs
- Support for Lone Workers – the Trust will ensure that Lone Workers are provided with tailored strategies to protect them in the workplace, which will be established via the risk assessment process
- Bespoke Training – In areas identified as high risk a bespoke training package will be developed and delivered, co-ordinated by the LSMS together with the Matron/Lead Nurse. The training package will provide staff with the correct knowledge and competence to de-escalate and where necessary initiate safe holding techniques.
- Breakaway and Disengagement – The trust will provide training session on breakaway and disengagement for those staff identified in the risk assessments.
- Observation of Patients (see **Bed Watch Duties** from contracted security personnel below) – for patients with known history of violent behaviour, the LSMS should be consulted and a plan to manage the risk of violence and aggression put in place. This may involve utilisation of Security Personnel contracted by the Trust. For patients who are risk assessed as requiring additional security measures, the ward/area manager will liaise with the LSMS. The Ward Manager will appoint the Trust's contracted security personnel. The security personnel's duties will be determined jointly with the LSMS and the clinical ward manager or matron. Authorisation to incur associated costs must be authorised by the Lead Nurse for the relevant Clinical Business Unit.
- Violent or disruptive behaviour for medical reasons - Where the ward staff are unable to resolve the situation the Clinical Manager/On-call Site Manager should:

**OUT OF HOURS:** Bleep the on call site manager. This team will be known as the incident response team. An assessment of the situation will result in medical

treatment if the violence is a result of a medical condition, or if not, the police will be contacted. Clinical staff must consider and undertake where appropriate a mental capacity test on the patient involved in order to inform future care or contact with the police. Where assessed as necessary, the mental health liaison team based within the Trust should be included in assessment and care. On site security personnel can be contacted on bleep 528 or 530 to help with violence and aggression incidents. Security personnel on site who can be contacted this way are not bed watch personnel.

**WITHIN HOURS:** Bleep the on site management team and the Lead Nurse for the Clinical Business Unit. The assessment and decision making process will be the same for out of hours guidance as above. The LSMS can be contacted on bleep 067 or extension number 3487 or mobile 07850 916472 for help and advice.

- Violent or disruptive behaviour for non-medical reasons (Calling the Police) - Where the patient or visitor is being violent/aggressive/disruptive for non-medical reasons, the police should be called immediately; staff should withdraw making the area as safe as possible for others.
- Post incident debrief and risk assessment – Following any serious incident there should be a post incident debrief coordinated by the LSMS and the nurse/clinician in charge of the area. A continuing risk based management plan of the patient or visitor must be immediately established to prevent further re-occurrence.
- Sanctions against violent or abusive individuals – The LSMS will consider through liaison with the clinical team involved, potential sanctions against any patient and or member of the public. This may involve a warning about expected behaviour through to a request not to visit the hospital site/services. When the Trust and the LSMS has reached the point where individuals will be refused entrance to the hospital site or contact with the Trust, the LSMS must agree such actions with the named SMD and the Director of Nursing and Quality and legal advice must also be obtained. Independent police action may also be taken. The Trust recognises its responsibility to provide emergency and acute care to the public but is required to ensure the welfare of its staff and existing patients.

Templates of sanction actions/letters utilised by the LSMS are attached at **Appendix 3, 4 and 5.**

### **Dedicated Security Personnel in relation to management of violence and aggression.**

The Trust's contracted security services provide the following services in relation to supporting the management of violence and aggression:

- **Manned site security out of hours:**

There will be a reactive, pro-active and responsible response team to respond to pager activations to support clinical staff;



To offer emergency assistance in response to incidents triggering the Trust's Major Incident Plan;

To patrol the KGH site and have a visible security presence to staff, patients and visitors;

**Bed Watch Duties within hours and out of hours:**

Provide a bed watch protection officer who is trained to manage challenging behaviour in clinical settings where the risk assessments indicate the likely need for such interventions;

Be fully trained in physical restraint and adopt this as a last option and be fully trained in de-escalation techniques which must be utilised in the first instance;

Accompany clinical staff (with the patient) to any different locations as directed by the clinical team;

Be close at hand when clinical staff administer medication as directed by the clinical team. Bed Watch Officers must only intervene to protect people from harm not to help administer medication.

### 6.3 Incident Reporting

Ward staff are responsible for reporting all incidents involving actual or threatened violence and aggression according to the Trust's Incident Reporting Policy. For serious incidents and/or RIDDOR-reportable events, the following personnel must be contacted:

- LSMS : for external reporting to NHS Security Management Services
- Health and Safety: for external reporting to the Health and Safety Executive for RIDDOR incidents
- The Quality Governance Team: for external reporting of serious incidents to commissioners

### 6.4 Investigations

All reported incidents will be investigated by the LSMS according to the Trust's Incident Reporting Policy. Those classified as Serious will be subject to additional measures as detailed in this document.

As part of each investigation to manage the risk of reoccurrence, the LSMS will co-ordinate the following strategies:

- A management plan for the immediate future established
- Debriefing and support of staff must be provided
- Sanctions process where appropriate



Investigation reports must be produced within 45 working days of the incident and there will be a requirement for the LSMS to work closely with the Trust's Claims and Inquest Manager in cases where a security incident results in a claim.

## **6.5 Debriefing and Support**

Managers must ensure that staff involved in violence and aggression incidents are appropriately debriefed by LSMS and given access to other support as appropriate via their line manager. The Policy for Supporting Staff gives full details of the support mechanisms available – this policy includes offering staff access to occupational health and counselling support.

Staff injured as a result of violent incidents must be advised of the need to seek medical attention.

The Trust accepts that the great worry of many staff is the aftermath of possible legal repercussions. The Trust will always support staff who act in accordance with the principles of the law and local guidelines. Managers and the LSMS will ensure that staff are supported in reporting incidents to the Police when staff wish to do so and are further supported in any subsequent judicial processes.

Advice on the legal process may be obtained from the LSMS and the Trust Board Secretary. Advice and support is available in the completion of statements required by the police and the Trust will arrange for staff to be prepared for and (if they wish) accompanied to any court hearings. Staff side representatives are also available to advise and support staff if they feel it would be helpful.

The Trust will reimburse staff for the cost of any prescription medicines or damaged items required as a result of an act of violence against them.

## **7. Training**

Training will be co-ordinated by the LSMS and Practice Development Nurse through liaison with the Learning and Development Department. Delivery of training will be as a result of outcomes from service level risk assessments and from a Training Needs Analysis (TNA) informing mandatory and statutory training needs of the Trust's workforce.

Frontline and emergency department staff are trained in methods and techniques to reduce the risk of violence and aggression, including anticipation, prevention, de-escalation, low level breakaway training and conflict resolution as per NICE Guidance.

Risk assessment outcomes and the TNA will determine the level of training required and frequency of refresher training.

Service level risk assessments outcomes and the TNA will inform the programme of training and this will be monitored and reported annually by the LSMS.

## 8. Monitoring Compliance

Criteria (objective to be measured)	Monitoring Methodology	Lead Responsible	Timescales	Reporting arrangements
How the organisation carries out risk assessments for the prevention and management of violence and aggression	Annual Report	LSMS	Annual	Health and Safety Committee and reporting into the Integrated Governance Committee.
Arrangements for making sure lone workers are safe.	Annual Report	LSMS	Annual	
Reduction of violence and aggression experienced in Trust services	Annual Report	LSMS	Annual	
Learning from investigation outcomes	Annual Report	LSMS	Annual	
A trained and capable workforce in the management of violence and aggression including incident reporting compliance	Annual Report	LSMS	Annual	

## 9. Process for Implementation and Dissemination

This policy is implemented throughout the Trust and is available in a read-only format via the documents store on the Trust Intranet Site KNet.

It is the responsibility of departmental managers to discuss with and establish that staff understand the policy.

## 10. Review

The Trust Local Security Manager Specialist will be responsible for the development, implementation and review of this policy. The policy will continue to be reviewed to ensure it meets the needs of the Trust. A formal review will be undertaken in 3 years.

## 11. References and other associated documents

NICE Guidance 10 – Managing Violence and Aggression in Emergency departments

Department of Health, 2003, “Directions to NHS Bodies on Measures to Deal with Violence Against NHS Staff”, [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

Department of Health, 2004, “Directions to NHS Bodies on Security Management Measures”, [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

[McCormack programme – low level breakaway training – NHS Protect accredited.](#)

**Related Trust Documents** – available in read-only format via the documents store on the Trust Intranet Site – KNet.

- Risk Register Policy
- Incident Reporting Policy
- Claims Policy
- Serious Incident Policy
- Health and Safety Policy

## 12. Equality Impact

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientations or religious belief. No detriment identified.

## **APPENDIX 1 – Statutory Responsibilities**

The NHS SMS, part of the NHS Counter Fraud and Security Management Service, was established in April 2003 with statutory responsibility for the management of security within the NHS (Statutory Instrument 3039/2002). These delegated responsibilities are exercised on behalf of the Secretary of State for Health, through the issuing of Secretary of State Directions. For foundation trusts, these arrangements are replicated under Schedule 13 of the standard NHS contract.

In 2003, the NHS SMS launched a national strategy for managing security in the NHS: A professional approach to managing security within the NHS (2003).

NHS bodies have responsibilities to meet the requirements of Secretary of State Directions (Directions to health bodies on measures to deal with violence against NHS staff and Directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006). For foundation trusts, the same responsibilities apply under Schedule 13 of the standard NHS contract.

Directions outline the responsibilities of NHS bodies to manage security and provide a safe and secure environment for staff, patients and visitors. These responsibilities include protecting NHS staff from violence and aggression. They include important security management definitions of physical and non-physical assault and state how NHS bodies should report incidents.

They explain that NHS bodies must nominate a Security Management Director (SMD) to manage security and represent security management work at executive board level. A non-executive director (or the equivalent person in foundation trusts) must be in place to support, scrutinise and, where appropriate, challenge the SMD and/or executive board on issues relating to security management where appropriate to do so.

SMDs have overall responsibility for the nomination and appointment of a Local Security Management Specialist (LSMS). The LSMS is required to undergo professional accreditation training to ensure security management work, including work to tackle violence and aggression, is being undertaken to the highest standard locally.

### **The Health and Safety Executive**

The Health and Safety Executive (HSE) is responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare, underpinned by the Health and Safety at Work etc. Act 1974. Employers have responsibilities under the Health and Safety at Work etc. Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work. Employers must have a written health and safety policy setting out their arrangements for managing health and safety risks.

The current version of any policy, procedure, protocol or guideline is the version held on the KGH Internet. It is the responsibility of all staff to ensure that they are following the current version.

The Management of Health and Safety at Work Regulations 1999 require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

Employers need to ensure that suitable provisions are in place to monitor and assess how effective they are in controlling the risks and these need to be able to be demonstrated to the HSE.

Effective health and safety management requires board-level commitment. Employers should ensure that they seek competent advice where needed to assist them in complying with these statutory duties.

The HSE and NHS SMS have signed an agreement to ensure the closer working of the two organisations, including better communication and liaison, information sharing, referrals of concerns and joint visits on violence and abuse issues, which have wider implications on the health, safety and welfare of staff.

### **The Care Quality Commission**

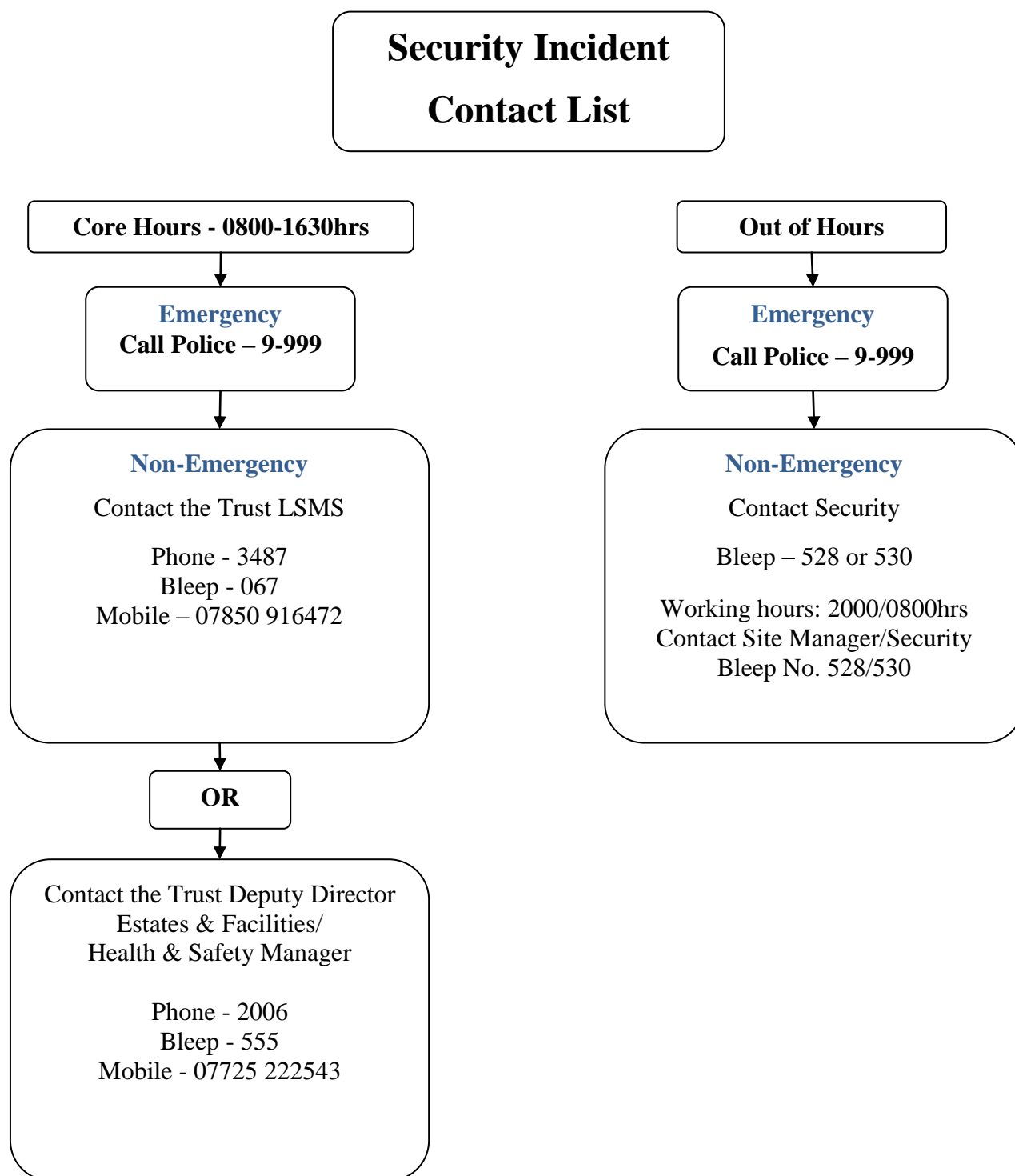
The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. Under this Act, the Regulated Activities Regulations 2010 outlines the types of service that must be registered with the CQC and the Registration Requirements Regulations 2009 outlines what service providers have to do to become registered.

Since January 2010, NHS providers have been required to register against a new set of outcomes/standards regarding the safety and quality of services. Since April 2010, all NHS trusts have been required to be registered. From October 2010, all adult social service providers and independent healthcare providers must be registered. It is illegal for an NHS provider to operate without being registered with the CQC.

### **The CQC has issued guidance on compliance:**

This outlines the outcomes/standards providers need to meet to achieve compliance with the registration requirements. This guidance includes essential standards of quality and safety and requires that staff are supported by the NHS provider to undertake their work in a safe working environment where risk of violence is minimised. Providers are not legally bound to meet these standards, however if they follow alternative arrangements, they should still be able to demonstrate that they have taken account of the standards when judging compliance with the regulations.

The current version of any policy, procedure, protocol or guideline is the version held on KGH's Internet. It is the responsibility of all staff to ensure that they are following the current version.

**APPENDIX 2 – Flowchart on Immediate Actions for a Violent Incident**

**A DATIX MUST BE FILLED OUT ON ALL OCCASIONS**



## APPENDIX 3 – NHS Protect Warning Letter Template

Dear

### WARNING LETTER

I am the Local Security Management Specialist for the *insert name of trust* I have overall responsibility for security issues and part of my role is to deal with incidents of violent, threatening or abusive behaviour directed at trust staff and patients.

It has come to my attention that... *Insert summary of behaviour complained of*

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also *Insert details of effect of behaviour on patient...*

*If applicable, insert details of possible criminal offences/harassment warning*

You are warned that your future conduct will be monitored and if there is a repetition of your unacceptable behaviour, consideration will be given to taking one or more of the following actions:

*(to be adjusted as appropriate):*

- Asking you to sign an agreement regulating your behaviour.
- Placing restrictions on your attendance at attend our premises as a visitor
- Excluding you from *insert name of premises*
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < *insert details of local complaints procedure*> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to and  
*Advise who has been notified (trust staff/G.P./Consultant/police) and whether records have been marked and if so when this will be reviewed.*

Yours faithfully

XXXXXXXXXX

## APPENDIX 4 – Restrictions on Visiting Letter Template

Dear

### Restrictions on visiting

I am the Local Security Management Specialist for the *insert name of Trust* I have overall responsibility for security issues and part of my role is to deal with incidents of violent, threatening or abusive behaviour directed at trust staff.

I have received a number of reports in which it is alleged that you have, *Insert summary of behaviour* complained of

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also *Insert details of effect of behaviour*

*If applicable, insert details of possible criminal offences/harassment warning This has been made clear to you in <insert details of previous oral warnings/correspondence/ meetings>. A copy of this health body's policy on violence against staff is/are enclosed for your attention. Due to your behaviour you will only be allowed to visit XX ward in accordance with the following instructions (amend as appropriate)-*

- *You will telephone xxxxxxxx and ask to speak to xxxxxxxx before you intend to visit*
- *You may only visit between xxxx and xxxx*
- *You must leave XX ward at the end of the visiting time*
- *You are prohibited from bringing any of the following items on to the ward*

If when you visit in the future there is any further unacceptable behaviour, you will be asked to leave the ward immediately and security staff will be asked to remove you if you refuse to leave.

You are warned that your future conduct will be monitored and if there is a repetition of your unacceptable behaviour, consideration will be given to taking one or more of the following actions:

(to be adjusted as appropriate)

- Asking you to sign an agreement regulating your behaviour.
- Excluding you from insert name of premises completely
- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter may be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a court order preventing you from attending our premises. Any legal costs incurred will be sought from yourself.

Affiliated Teaching Hospital

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < *insert details of local complaints procedure* > who will review this decision in the light of your account of the incident(s).

*A copy of this letter has been issued to                      and*

*Advise who has been notified (trust staff/Consultant/police) and when this decision will be reviewed.*

Yours faithfully

XXXXXXXXXX

## APPENDIX 5 – Exclusion from Premises Letter Template

Dear

### Exclusion from premises

I am the Local Security Management Specialist for the insert name of trust I have overall responsibility for security issues and part of my role is to deal with incidents of violent, threatening or abusive behaviour directed at trust staff.

I have received a number of reports in which it is alleged that you have, *Insert summary of behaviour complained of Behaviour* such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.  
Such behaviour *also Insert details of effect of behaviour*

*If applicable, insert details of possible criminal offences/harassment warning This has been made clear to you in <insert details of previous oral warnings/correspondence/ meetings>. A copy of this health body's policy(ies) on violence against staff/the withholding of treatment from patients is/are enclosed for your attention.*

*Due to your behaviour permission for you to attend (insert details of premises/site covered, and refer to map if available) has been withdrawn.  
(If the person has no reason to attend the premises in question the following can be omitted)*

*You will therefore only be permitted to attend these premises in the following circumstances (amend as appropriate)*

- To attend (or to accompany a member of your immediate family), at a pre-arranged appointment,
- To attend for non-medical purposes any meeting previously arranged in writing.  
If you attend our premises without a legitimate reason in the future, you will be asked to leave immediately and security staff will be asked to remove you if you refuse to leave.

You are warned that your future conduct will be monitored and if there is a repetition of your unacceptable behaviour, consideration will be given to taking one or more of the following actions:

*(to be adjusted as appropriate)*

- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter may be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a court order preventing you from attending our premises. Any legal costs incurred will be sought from yourself.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < *insert details of local complaints procedure* > who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to \_\_\_\_\_ and  
*Advise who has been notified (trust staff/G.P./Consultant/police) and when this decision will  
be reviewed.*

Yours faithfully

XXXXXXXXXX