



Violence, Prevention & Reduction Policy

This procedural document supersedes: CORP/HSFS 5 v.8 - Aggressive and Violent Behaviour Towards Staff Policy



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Approved by:	Trust Health and Safety Committee
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Date issued:	January 2024
Next review date:	October 2026
Target audience:	All Trust-wide staff, all contractors

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 9	January 2024	<ul style="list-style-type: none"> • Policy change of name to reflect Violence, Prevention & Reduction Standard. • Included role of Named Practitioner for Safety in Care. • Amended Appendix 1, added flowchart for requesting security support. • Amended to the up-to-dated version of the APD template. • Removed previous appendix 2 - Violence and Aggression – Questionnaire. 	Kerry Williams
Version 8	December 2020	<ul style="list-style-type: none"> • References updated. • Appendix 1 updated and re-designed. • Minor formatting changes 	Kerry Williams
Version 7	September 2017	<ul style="list-style-type: none"> • Reference updated. • Appendix 1 updated and re-designed 	Kerry Williams
Version 6	May 2012	<ul style="list-style-type: none"> • Format updated in line with Policy CORP/COMM 1 v.6 - Approved Procedural Documents (APDs) - Development and Management Process • Minor changes to some job titles and structure throughout the document. • Minor changes to Section 5 Training/Support • Section 9 – Associated Trust Procedural Documents updated. • Appendix 3 has been updated to bring in line with Risk Assessment Policy – CORP/RISK 18 	Dianne Culkin
Version 5	November 2007	<ul style="list-style-type: none"> • Updated in line with NHS Litigation Authority guidance. • Please read in full – changes made throughout. <p>Major Changes made to the following Sections: -</p> <ul style="list-style-type: none"> • Section 6 – Duties • Section 8 - Training • Section 11 – Monitoring • Section 12 – Risk Assessment 	

		<p>New Sections: -</p> <ul style="list-style-type: none">• Section 2 – Equality Impact Assessment• Section 3 – Purpose• Section 13 – Other Relevant Procedural Documents• Section 14 - References	
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1 INTRODUCTION

The nature of the work undertaken by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, means that staff may be required to work with patients and visitors who are distressed, anxious or in pain. Such situations can lead to a risk of aggressive or violent behaviour towards staff.

Aggression or violence is not considered to be an acceptable part of any working situation and the Trust recognises its duty to provide a safe and secure working environment for all its employees. This policy sets out the measures it will take to protect its staff from incidents of violence, whilst recognising the inherent problems created in a service designed to allow ease of access by the general public.

The Violence Prevention and Reduction Standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence.

Under the NHS Standard Contract all organisations providing NHS services have regard to the Violence Prevention and Reduction Standard (General Condition 5) and are required to review their status against it and provide Board assurance that it has been met twice a year.

2 PURPOSE

The Trust is under a legal duty to provide a safe place of work for staff under the Health and Safety at Work Act 1974. This includes protection from violence or the risk of violence. This obligation is known as a *'duty of care'*. It does not mean the Trust should guarantee staff safety, but rather it should take all reasonable steps to protect staff from reasonably foreseeable risks. All staff must be aware of and apply the principles of effective risk management so as to ensure that their own security, health, and safety and that of their patients and colleagues are maintained at all times in accordance with the Health and Safety at Work, Act 1974.

The Trust recognises the obligations placed upon it and its employees and is committed to developing strategies to deal with problems of violence towards its staff. The purpose of this document is to support a working environment and culture in which aggressive or violent behaviour is unacceptable. It provides a framework for the recognition of, response to and the appropriate management of aggression and violence, in order that members of staff are better equipped to deal with a potential or actual situation. Managing aggression and violence in a structured and cohesive manner underpins the ability for staff to work in a safe and secure environment. Strategies will, therefore, include an assessment of the problem, taking preventive measures, initiating suitable responses to violent or aggressive incidents, and to support staff who are victims.

3 DUTIES AND RESPONSIBILITIES

3.1 The Chief Executive

The Chief Executive maintains overall responsibility for ensuring the Trust has robust policies and procedures in place regarding aggressive and violent behaviour towards staff. These duties will be implemented through Executive Directors, Clinical Directors, Departmental Managers and Supervisory Management.

3.2 The Security Management Director (SMD)

The Security Management Director (SMD) – The Director of Estates and Facilities - will ensure the necessary resources are made available to enable this policy and its relevant requirements in regards training and implementation.

- Responsible to Trust Board for day-to-day operation of policy.
- Ensuring compliance with the legal framework to have regard to the Violence Prevention and Reduction Standard (General Condition 5)
- Nomination of a suitable person to act as Local Security Management Specialist.

3.3 The Local Security Management Specialist (LSMS)

The Local Security Management Specialist is the Trust Operational Lead for Violence Prevention and Reduction and is responsible for leading and advising on day-to-day work within the Trust to tackle aggressive and violent behaviour towards staff, ensuring compliance with the legal framework to have regard to the Violence Prevention and Reduction Standard (General Condition 5).

This includes responsibility for the ongoing Conflict Resolution Training Programme.

3.4 Named Practitioner for Safety in Care

The Named Practitioner for Safety in Caring is responsible for: -

- Providing support and guidance to staff around supporting people in our care who are experiencing distress and or confusion that may result in behaviours of concern.
- Supporting collaborative care planning with patients and staff around supporting people who may need reasonable adjustments and experience distress during a hospital admission.
- To review support with post incident review.
- To provide post incident support (restorative debrief) with appropriate Professional Nurse Advocate.

3.5 Line Managers

Must ensure that: -

- Staff are aware of the policy and all other measures taken by the Trust to reduce the risk of violence and aggression towards staff.
- Annual risk assessments are carried out identifying the scale and nature of the risks to staff. This should include assessments of current working practices and working environment, existing measures concerned with preventing and coping with violent incidents, and the identification of training needs.
- Further information on risk assessments can be found in the Trust's General Risk Assessment Policy (CORP/RISK 30) and guidance can also be sought from the Trust Health & Safety Adviser and Local Security Management Specialist.
- Managers should undertake the Principles of Risk Assessment E-Learning,
- A register of completed risk assessment forms should be accessible to all employees and a copy kept in work areas.
- Safe systems of work are established and maintained.
- Staff receive appropriate training in the handling of aggressive and violent behaviour, following training needs analysis and in line with training requirements as detailed in the Trust's Statutory and Essential (SET) Training Policy (CORP/EMP 29).
- Ensure that staff are aware and confident in the process for requesting security support for managing incidents involving violence and aggression.
- They and their staff attend the Datix training and follow the correct reporting procedures for all behavioural incidents.
- Should an incident occur, to undertake a review of the circumstances to determine any further preventative action which is necessary, including de-briefing staff and offering support and counselling.
- Equipment associated with handling of aggressive or violent incidents is available and in good working order – e.g., personal protection alarms.

3.6 All Trust Staff

Must ensure that: -

- They comply with this policy.

- Incidents are reported and they follow the correct reporting procedure.
- They do not endanger themselves or their colleagues.
- They comply with any instruction and only act in line with training they have received.

4 PROCEDURE

4.1 Action Taken if Violence is thought to be Imminent or Actually Occurring

Please refer to 'Standard Operating Procedure to support Trust Staff when Security are required' ([See Appendix 1](#)).

- Seek immediate assistance from anyone available including your Line Manager or Supervisor (shout for help if necessary). Retreat if physical violence is used.
- Assess the situation to decide if the incident can be contained and where additional assistance is required. Where appropriate, use verbal techniques to de-escalate behaviour.
- Where additional assistance is required dial extension 2222 in order to obtain help - state "Critical Incident", the type of critical incident and the location.
- Where an individual believes Police, presence is required, dial switchboard or use any phone dialling 9999, if staff feel threatened or have been harmed, or there is an immediate risk of harm to others the Police should be called.

Staff involved in an incident should take all necessary steps to ensure the safety of, as far as possible:

- Themselves and people in close proximity.
- Those involved in the incident.

The conservation of property should not be seen as having a high priority.

4.2 Incident Reporting

It is essential that instances of violence and aggression, including verbal aggression, are recorded immediately via Datix with copies to the LSMS and H&S Advisor and Named Practitioner for Safety in Care. If there are any safeguarding concerns, ensure a copy is sent to Safeguarding.

If a restraint of a patient has been undertaken, the patient's vital signs must be attempted and documented in the patient's clinical notes and a patient review undertaken, please see de-escalation policy. This must be reported immediately via Datix.

If an employee is unable to complete the Datix report the manager must complete the appropriate form as fully as possible on their behalf on the same day as the incident occurs.

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR), all violent incidents resulting in staff being injured and absent from work for seven days or more (or if there is any other criteria present, i.e., major injury or a reportable incident) must be reported to the Health and Safety Executive. This must be submitted on Form F2508 which can be found in the Datix system within 15 days of the incident. Each department will have a specified person who will have responsibility for completing and submitting this information.

5 TRAINING/SUPPORT

Mandatory training requirements are detailed in the Trust's Statutory and Essential (SET) Training Policy (CORP/EMP 29). Staff will receive appropriate training, following a learning needs analysis, in accordance with this policy.

Training will be recorded on the Electronic Staff Record (ESR) Management System.

5.1 Further Action/Support

Managers are responsible for: -

- Taking immediate preventive action.
- Assessing the care and support needed by an employee and initiate appropriate action.
- Recording the occurrence.

As well as offering immediate support and treatment, consideration must be given to providing any longer-term assistance that may be required, e.g., counselling, referral to the Occupational Health Department, or through other appropriate agencies.

Following an incident if appropriate further action may be taken.

Action may include: -

- A discussion with the aggressor to attempt to find agreement on ways of preventing a recurrence.
- A letter to the aggressor explaining why their behaviour was unacceptable and setting out criteria for future conduct.
- Formal communication withdrawing treatment either partially or wholly *
- Formal communication requiring the aggressor not to enter any or all of the Trust's premises *
- Information sharing with external Health Partners for awareness.

* These actions will require the consent of the Chief Executive or Chief Nurse.

Violence and aggression, whether it is physical assaults or verbal abuse, is catered for within the criminal law and staff should be encouraged to use the criminal justice system to prevent occurrences.

There are numerous offences within a Public Order and Harassment Act to cater for violence and aggression where no actual physical assault has taken place.

Where staff have actually been physically assaulted then these offences fall within Offences Against the Persons Act and obviously attract a higher sentence by the courts.

5.2 Police Powers

Breach of the Peace

The police can arrest and take away the offender ONLY if he/she is still committing the breach, or it is likely that the breach will occur again.

Actual Bodily Harm, Theft, Damage

Police can arrest if the offence has been committed, the offence is in progress, or the police believe the offence is about to be committed.

Arrest

If an arrest is made, the police will expect members of staff who have witnessed the event to be prepared to make statements, and to appear in court as witnesses, for which members of staff will receive the support from the LSMS and their Managers.

Further guidance on the above should be sought from the LSMS in conjunction with the Health and Safety Department.

5.3 Lone Workers

The Trust recognises that at times lone working will occur which may put staff at risk, both whilst working in isolation in Trust premises or working off site in the community. The Trust requires that, where this occurs, appropriate arrangements are put in place to safeguard the lone worker. This document should be read in conjunction with CORP/HSFS 3 – Lone Workers Policy, which sets out the Trust framework for safeguarding Lone Workers.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
Violence and Aggression statistics	The Trust Health and Safety Committee	Quarterly	Audit and risk Committee (ARC)
10% of incidents	LSMS	Quarterly	Health and Safety Committee
Staff survey results	Trust Board	Annually	

7 DEFINITIONS

Aggression at work can take many forms such as sarcasm, ridicule, and other forms of verbal abuse, bullying, sexual or racial harassment, intimidation, or even physical attack.

The Trust accepts several definitions of violence and aggression, which is: -"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort".

European Commission DG-V 1997 (HSC 1999/226 & 229) defines violence as: -

‘Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health.’

8 EQUALITY IMPACT ASSESSMENT

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 disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. ([See Appendix 2](#))

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/HSFS 3 - Lone Workers Policy

CORP/HSFS 1 - Health and Safety Policy

CORP/HSFS 15 - Security Policy (Page 11 of 35)

CORP/RISK 30 - Risk Identification Assessment and Management Policy

CORP/RISK 33 - Incident Management Policy

PAT/PA 6 - Arrangements for the Provision of Care to individuals who are Violent and Abusive (Age 18 or over)

CORP/EMP 29 - Statutory and Essential Training (SET) Policy

PAT/PS 15 - De-escalation Principles and Guidance including restraint.

PAT/P5 20 - Enhanced Patient Supervision and Engagement Policy

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

11 REFERENCES

Health and Safety at Work Act 1974.

HSC 1999/226 & 229 – Campaign to Stop Violence against Staff working in the NHS – NHS Zero Tolerance Zone.

Management of Health and Safety at Work Regulations 1999.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Secretary of State Directions on Work to Tackle Violence against Staff and Professionals who Work or Provide Services to the NHS 2003.

Secretary of State Directions on NHS Security Management Measures 2004.

<https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp>

APPENDIX 1 – SECURITY RAPID RESPONSE TEAM PROTOCOL



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Standard Operating Procedure to Support Trust Staff when Security are required

Purpose

The security team, Saba, assist the Trust in supporting a safe and secure working environment for NHS staff. Managing aggression, violence, and other anti-social behaviour in a structured and cohesive manner, underpins the ability for staff to work in a safe and secure environment. Strategies will therefore include an assessment of the problem, taking preventive measures, initiating suitable responses to violent, aggressive, or other anti-social incidents. This SOP is for all incidents involving patients to which security are called to attend, hereinafter referred to as 'critical incidents.' This SOP is to be applied Trust-wide.

1. Assess the situation to decide if the incident can be contained or if additional assistance is required. Where appropriate, use verbal techniques to de-escalate behaviour.

2. Seek immediate assistance from anyone available including your line manager or Supervisor (shout for help if necessary) and retreat if physical violence is used.

3. Where additional support is required dial extension 2222 and state 'Critical Incident', the type of critical incident and location. If a Police presence is required, dial switchboard or use any phone dialing 9999.

A Datix must be completed by DBTH staff for all incidents where security are called and sent to Named Practitioner for Safety in Caring and Local Security Management Specialist / Contract Manager.

4. Critical Incidents will be attended by:-

DRI - Divisional Bleep Holders & Security - 08:00 - 17:00 Monday - Friday
Clinical Site Matron/ Duty Matron & Security - 17:00 - 20:30
Clinical Site Manager & Security - 20:30 - 08:00 Monday - Friday
Clinical Site Matron/ Duty Matron & Security Weekends & Bank Holidays - 08:00 - 20:30
Clinical site manager & security Weekends & Bank Holidays 20:30 - 08:00

BDGH - Clinical Site Manager & Security - 24/7

Ensure escalation to the Nurse in charge and Doctor in charge, for awareness and involvement in decision making.

5. For a critical incidents ensure you follow and document the SBARD process:-

- **Situation** - What are the circumstances
- **Background** - All relevant factual information leading to the incident
- **Assessment** - What is the risk faced and what actions have you taken, verbal de-escalation, etc.
- **Recommendation** - How would you like to proceed, what is required to de-escalate the incident. Give consideration to sections 119 & 120 Causing Nuisance and Disturbance Behaviour on NHS Property.
- **Decision** - What is the agreed resolution and conclusion to the incident.

6. Following the incident ensure that a debrief is completed for all involved, considering staff and patient welfare. DBTH Staff to complete a Datix as referenced above.

Security to complete a report onto Trac-Tic.

Montagu RING 9, 999

We no longer have a cardiac arrest team here so the number of people who would attend an emergency call have depleted somewhat. With that in mind staff are required to dial '9' 999 for an ambulance or the police before dialling 2222.

For all other emergencies we are required to dial 2222 however, only a limited number of staff are available to assist, and none are CPR trained.

Any incidents on all sites - Alert Local Security Management Specialist 01302 644128 (office hours) and Clinical Site Manager (out of hours)

Type of Incidents included are:

- Severe verbal abuse.
- Any incident where an individual feels threatened.
- Circumstances where staff feel they need extra support.
- Any incident where risk of injury to staff, patients, relatives is thought to be imminent.
- Wherever an act of violence or aggression has already taken place.

Remember:

- Stay calm.
- Ease the situation by being reassuring and sympathetic, but don't stick it out if the situation becomes personal or begins to escalate.
- Follow your 'gut feeling' by withdrawing from the situation if you feel threatened.
- Shout and call for help if necessary.
- Do not be worried about activating the Rapid Response Team
- Additionally consider a request for the Police to attend if thought appropriate.

If a violent incident is thought to be imminent: -

Shout for help ✓ Use Call System ✓ Ring 2222 (Rapid Security Response Team/Police) ✓
State "Critical Incident", Ward....., or Department.

SWITCHBOARD OPERATORS' ACTIONS

When receiving a 2222 call relating to a critical incident the operator will activate a voiceover this will alert:

- All Security Bleep Holders
- Site Manager

Giving brief details of the incident and its location.

All above will attend the area involved.

The operator will also contact the Police, if requested to do so.

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Violence, Prevention & Reduction	Estates and Facilities - Security	Kerry Williams	Existing Policy	October 2023
1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities				
2) Describe the purpose of the service / function / policy / project / strategy? Who is it intended to benefit? What are the intended outcomes? Staff who may be involved with aggressive acts – to ensure their safety.				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Compliance with Policies and Procedures				
4) What factors contribute or detract from achieving intended outcomes? – Behaviour and understanding				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g., Monitoring, consultation] – N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] – N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box.				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review: October 2026				
Checked by: Sean Tyler – Head of Compliance			Date: October 2023	