

Dealing with Violence Against Trust Staff Procedure

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Contents

1	Introduction.....	3
2	Purpose.....	3
3	Scope	3
4	Definitions	4
5	Duties and responsibilities	4
6	Procedures.....	6
7	Training Requirements	10
8	Process for monitoring compliance with this Procedure	10
9	References.....	11
10	Associated documents.....	11
	Appendix A: Equality Analysis	12
	Appendix B: The Staff Advice and Consultation Service (SACS)	14

Procedure for Dealing with Violence Against Trust Staff

1 Introduction

The Trust recognises that our staff are required to work in situations where they are vulnerable and could be exposed to danger. This may be when working with patients, carers or family members who may or may not have a known history of violent or aggressive behaviour, or in public places where they may be exposed to situations which place them in potential danger from the general public. In particular, there are some teams of staff who face challenging behaviour of patients in their care and the Trust recognises its responsibility for seeking to minimise the risk to staff in these circumstances.

The Trust recognises and accepts its legal responsibility for the health and safety of staff, patients and others and believes that violence and aggressive behaviour towards our staff is unacceptable. It recognises that violence is particularly distressing and can be difficult to deal with. Although the risk of violence cannot be completely eliminated, it can be minimised. The Trust considers that positive action, based on risk assessment, is needed to develop solutions to the problem of keeping staff safe at work, and the way in which this will operate is set out in this document.

In addition, the Trust recognises that it has a responsibility to provide support (emotional and physical) to any member of staff who does experience violence and aggression in the course of their employment, and systems for doing this are described in this procedure.

2 Purpose

The purpose of this procedure is to set out the arrangements in place within the Trust to minimise the risk of violence and aggression against its staff. It also sets out the support arrangements in place for staff who experience violence, harassment or assault whilst in the course of their employment with the Trust.

3 Scope

This procedure applies to all staff working for the Trust. All Trust staff are required to adhere to this procedure and other related policies and procedures.

This procedure does not cover personal safety in relation to injury that may be sustained through the normal course of work such as manual handling. Staff should refer to other relevant policies e.g. the Health and Safety Policy, and the First Aid Procedure for information on how the Trust manages these situations. In addition staff are encouraged to refer to the Procedure for the Protection of Lone Workers for further advice on how to reduce risks in a lone worker situation.

In the situation where the problem of violence and aggression is between staff members then the Bullying and Harassment procedures should be followed.

4 Definitions

In this procedure the following definition of work related violence and aggression will be used:

“Any incident where staff feel abused, threatened or are assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.”

5 Duties and responsibilities

5.1 Chief Executive

The Chief Executive is ultimately responsible for this procedure. The Chief Executive may delegate the responsibility for management of risks of violence and aggression against staff to all Managers within the Trust.

5.2 Managers

Managers (including Directors) in the Trust have the following responsibilities in relation to minimising the risk of violence and aggression in the workplace:

- Ensuring that all staff are aware of this procedure and related policies and procedures (in particular the Health and Safety Policy and the First Aid Policy).

- Ensuring that clear messages are given to patients (both adult and child), their families and carers and visitors who behave in a violent or threatening way of the action that may be taken by the Trust in response to such behaviours.
- Providing on-going support to all staff ensuring that staff are aware of all available support structures e.g. the Staff Advice and Consultation Service; Occupational Health and HR advice.
- Ensure that any incident of actual or potential violence or aggression against a staff member is reported via the Trust incident reporting procedure and investigated in conjunction with the Health and Safety Manager.
- Ensure that any member of staff who experienced an incident received a personal debrief.
- Assess staff training needs within each department and ensure that these are met by formal training incorporated within directorate training plans (including suitable refresher courses and workshops) and a recognised programme of training for staff occupying 'front line' posts or who work alone in the outreach services and on home visits or handle money.

5.3 Health and Safety Manager

- The Health and Safety Manager has a key role to play in minimising the risks to staff as reasonably as is practicable. This entails complying with the health and safety legislation and conducting workplace assessments, offering of support following an incident. The Health and Safety Manager is also responsible for providing regular reports to the Corporate Governance and Risk workstream on the nature and number of incidents in the Trust.

5.4 All Employees

All employees have the following responsibilities:

- To be aware of this procedure
- Ensuring that they attend all relevant training and development
- Being aware that their approach to patients and behaviour may well dictate the outcome of a situation. If possible, employees may

try and diffuse a situation, and intervene to protect others, but they are not expected to place themselves in a situation where they consider they are at risk of violence and/or aggression.

- Should be aware that they can call for assistance at the Tavistock and Portman clinics by calling security on the Trust emergency number 3333, to call for assistance.
- To risk assess work situations and making their manager or supervisor aware of any difficulties that they are facing in dealing with a patient or any uncertainties that they have.
- Reporting ALL incidents of violence. Staff should complete an incident form for physical violence or for incidents of verbal abuse. Reporting should occur as soon as possible after the event.
- From time to time, employees may witness acts of vandalism in the Trust. Staff in that position should notify Security as soon as possible and report it to their manager. Staff should not intervene unless they are confident that they could do so without placing themselves at risk.

Note: A member of staff who is harmed as a result of violence and aggression sustained in the course of employment has the right seek compensation under the NHSLA Liabilities to Third Parties Scheme.

6 Procedures

6.1 The Trust's Legal Requirements

The Trust is committed to caring for the health and safety of its entire staff. As with other employers, they have duties with respect to the management of work related violent incidents, framed by national and European health and safety legislation and by their common law duty of care. The Trust has a duty under the Health and Safety at Work Act to ensure, so far as is reasonably practical, the health, safety and welfare of its employees.

The Management of Health and Safety at Work Regulations 1992 states that: 'Employers must assess the risks to employees and make arrangements to minimise the risks. The risks should include, where appropriate, the need to protect employees from exposure to reasonably foreseeable violence'.

Safety Representatives and Safety Committees Regulations 1977, and Health and Safety (Consultation with Employees) Regulations 1996

states that employers must inform and consult with employees on matters relating to their health and safety. Employee representatives, either appointed by recognised Trade Unions or elected by employees, may make representations to their employer on matters affecting the health and safety of those they represent.

With the passing of the Crime and Disorder Act 1998, local authorities and police, in co-operation with other bodies including NHS Trust and Health Authorities, are legally required to formulate and implement crime and disorder strategies.

If staff are concerned about their work environment and issues raised are not being acted up on they can refer to the Whistleblowing (Raising concerns at work) policy which includes raising a concern about any working situation if an employee considers that the Trust is not acting on a risk (whether it has been reported or not) which could result in aggression or abuse.

6.2 Process for Reducing Risk of Violence and Aggression

6.2.1 Prevention through Risk Assessment

Prevention of violence at work must start with ongoing assessments of the known or foreseeable risks. These may relate to clinical situations, particular patients, (see 7.1.1) or more general situations where staff are in contact with the public, e.g. at reception, in waiting areas across the Trust (see 7.1.2).

6.2.2 Clinical Risk Assessment

Patients attending for assessment and / or treatment at the Trust should be assessed by an appropriate clinician and their level of clinical risk determined. This is recorded on the Trust assessment, review and closure forms together with the plan to manage the risk. Clinical staff should refer to the Clinical Risk Assessment procedure for further details.

6.2.3 Non Clinical Risk Assessment

Risk assessments should ask the questions:

- What could go wrong
- How often
- How bad
- Is there a need for action?

Risk assessments should be carried out by the Managers assisted by the Health and Safety Manager. These should cover organisational issues

and specific staff/patient scenarios. The results of these risk assessments should be recorded, and the information used to plan for risk reduction techniques and arrangements that will best address the identified risks.

Risk of Violence and Aggression from patients/visitors is included on the Trust Health and Safety Risk Assessment proforma and should be considered for each site at least annually as part of facilities risk assessment (see the Risk Assessment Procedure).

6.2.4 Prevention and Reduction Plans

There are a number of preventative strategies which can be adopted to mitigate risks identified through risk assessment. Each risk assessment will prompt specific actions to reduce risk but two broad categories of risk reduction that should be considered are:

- Environmental factors
- Staff support

6.2.5 Controlling the Environment

Assessing environmental factors can help to ensure that the physicality of a place does not trigger or exacerbate a violent situation. Particular attention should be given to the following:

- Areas are kept clean and hospitable, in particular reception and waiting rooms
- Temperature is controlled during seasonal extremes
- All signs are clear, simple and suitably visible to direct people to appropriate locations
- Appropriate use of CCTV
- Comfortable seating is provided
- Calming measures such as up to date reading material, play facilities for children
- Ensuring patient and carers are given up to date and appropriate information which is easily understood
- Keeping patients and carers informed if there are unplanned delays and or waits

6.2.6 Supporting Staff

The Trust should ensure that there are measures to support and protect staff, ensuring that they are given sufficient information, instruction and training to enable them to deal effectively with patients and visitors and to ensure that the necessary support is available should a difficult situation arise (see 9 below).

These measures are designed to reduce the likelihood of an incident occurring, to limit the severity of a violent confrontation and to deal with the outcome of any such incident.

Factors to consider at the time of an incident include staffing levels and competencies, training and the means to deal with incidents which occur. The following must be considered when managing an incident.

- Assessing the situation and summoning help if required e.g. line manager, security
- If possible remove other people from the area and ensure that a member of staff is available for them
- Specific measures may be required depending upon the assessment

6.3 Progress for Support of Staff who Experience Violence and/or Aggression

Where staff have suffered an incident at work, the Trust will ensure that the staff member is debriefed, supported and offered counselling. It is essential that managers ensure this support is given.

Staff will require differing levels of support depending on the circumstances of the incident and their level of experience. Initial support should be provided by the member of staff's manager. Those requiring specialist support can be referred to (or self-refer to):

- Occupational Health Services (the Trust has a contracted service supplied by the Royal Free Hospital)
- Staff Consultation Service (full details are in **Appendix A**)

Managers requiring further advice on supporting a staff member should speak to an HR manager. All cases of significant violence and aggression should be reported to the relevant Director so that he/she

can offer additional support, and receive assurances that appropriate steps are being taken to care for the staff member.

Should an attack warrant police involvement the Trust will do all it can to support the staff member though any police inquiry.

6.4 Working with the Police and CPS

The Trust is committed to building a relationship with the police, so that in a situation where police assistance is required the police will have a working understanding of the Trust's situation.

The Trust will seek to report all incidents that constitute a potential criminal offence to the police. This referral will either be made by the staff member with appropriate support or through the relevant line manager. If the police are involved the relevant member will keep their Director and the Health and Safety Manager fully informed of the progress of police involvement. The Trust will always offer support to a member of staff in making a decision as to whether to pursue an incident through the criminal justice system.

7 Training Requirements

The Trust has conducted a training needs analysis and has concluded that front line staff require conflict resolution training. This will be delivered to all front line staff by a competent trainer, with refresher training being offered three yearly. In addition, staff working in the Gloucester House Day Unit will receive annual specialist 'Team Teach' training to address the particular needs of the patient/pupil group. Outreach and community based staff are invited annually to a one day workshop on Personal Safety and can request conflict resolution/de-escalation training and arrangements for Lone Worker Safety Training can be provided by the Health and Safety Manager.

8 Process for monitoring compliance with this Procedure

Compliance with this procedure will be assessed in the following ways:

- Regular reports (quarterly) on the numbers, areas and types of incidents occurring in the Trust will be received by the Corporate Governance and Risk workstream lead who will report up to the Clinical Quality Safety and Governance Committee on a quarterly basis.

- The Health and Safety manager will meet with reception and security staff on an ad-hoc basis
- The Health and Safety manager will meet with reception and security staff on an ad hoc basis to identify any violence and aggressions issues. Issues arising from this will be escalated to the Estates Facilities Manager.
- Any specific issues that are ongoing or cannot be fully mitigated will be added to the risk register which will be monitored on a regular basis by the Deputy Chief Executive.

9 References

Management of Health and Safety at Work Regulations 1992
 Safety Representatives and Safety Committees Regulations 1977
 Health and Safety (Consultation with Employees) Regulations 1996
 Crime and Disorder Act 1998
 Camden Crime and Disorder

10 Associated documents¹

Health and Safety Policy
 First Aid Policy
 Incident Reporting Policy
 Procedure for the Protection of Lone Workers
 Staff Safety and Security Procedures

CCTV Guidance
 Clinical Risk Assessment Procedure
 Workplace Stress Management
 Raising Concerns at Work (Whistleblowing)

¹ For the current version of Trust procedures, please refer to the intranet.

Appendix A: Equality Analysis

Completed by	Jonathan McKee
Position	Governance Manager
Date	23 March 2016

The following questions determine whether analysis is needed	Yes	No
Does the policy affect service users, employees or the wider community? The relevance of a policy to equality depends not just on the number of those affected but on the significance of the effect on them.	✓	
Is it likely to affect people with particular protected characteristics differently?		✓
Is it a major policy, significantly affecting how Trust services are delivered?		✓
Will the policy have a significant effect on how partner organisations operate in terms of equality?		✓
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		✓
Does the policy relate to an area with known inequalities?		✓
Does the policy relate to any equality objectives that have been set by the Trust?		✓
Other?		✓

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		✓	

What are the key findings of any engagement you have undertaken?			NA
If there is a greater effect on one group, is that consistent with the policy aims?		✓	
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			NA
Will the policy deliver practical benefits for certain groups?	✓		Mental Health Patients
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		✓	
Do other policies need to change to enable this policy to be effective?		✓	
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources.

Appendix B: The Staff Advice and Consultation Service (SACS)

Introduction

NHS employees are known to be affected by significantly higher levels of stress than employees in general in the UK.

The field of mental health is one of the most stressful areas of work in the health service. It has long been recognised that the close contact all staff in mental health services have with the types of painful personal difficulties brought by our clients brings a particular enduring psychological stress. The problem is very significant and the associated costs, both human and financial are high.

In recognition of the increasing levels of stress and concerns for staff health and welfare, the Trust's Staff Advice and Consultation Service (SACS) allows all staff access to counselling services.

This service gives all Trust staff access to high quality counselling or psychotherapy. This accessible, confidential and professionally accountable service aims to a 'first port of call' for staff who may seek help with a wide range of issues that may affect their working and personal lives.

The consultations can address specific problems, offer help in making decisions, or give support in coping with crises such as bereavement, relationship breakdown or experience of trauma. In addition to dealing with psychological difficulties, the service can also provide support with a wider range of issues that can affect staff in their working lives, for example, financial, career or retirement advice. The consultation may also offer help in diffusing difficult situations at work or in dealing with workplace conflicts.

The Consultation

The consultation is for up to three sessions only. In the initial meeting an assessment is made of the nature of the difficulty and the need for more specialist or longer-term help. Each consultation varies according to the needs of the individual. In some situations staff may need help in accessing a more appropriate specialist service, for example for financial help or for longer term counselling or psychotherapy, where as in some cases up to three advice sessions would be sufficient to address specific issues.

Consultation Staff

The service is run by members of the professional staff within the Trust. This mainly includes clinical staff all of whom are qualified psychotherapists, psychiatrists, psychologists or social workers, with

extensive experience in counselling and psychotherapy and from a variety of ethnic backgrounds.

There will be a sufficient pool of staff available, to ensure that any staff member wishing to use the service would be able to see someone that they do not know or would not normally work with. Confidentiality is assured and any notes will be kept in a safe haven, and any correspondence written on behalf of the staff member would also be available to the staff member. Employees accessing this service shall be given paid time off to do so, and HR shall inform the employee's line manager without specifying the reasons or nature of the service.

Accessing the Service

Most staff will be able to self-refer, but some staff members may use the service after a recommendation by others with the Trust. Such recommendations need to be made thoughtfully as it is essentially that the consultation is entered into voluntarily.

Staff members can access the service through Heads of Discipline, Departmental Managers, the Staff Involvement Group (contact: xxxxx), and Human Resources. This is to ensure that staff can access the service through a range of pathways. Consideration will also be given to the location of the consultation so that staff members are comfortable.

The service is audited and there is an opportunity for anonymous feedback from users in the form of a questionnaire at the end of the consultation.

Accountability

Overall responsibility for the service and day-to-day service delivery will lie with Craig De Sousa, Director of Human Resources. All responsibility for issues of professional practice will remain with the professional line manager of the individual consultant.