Policy for Security and Management of Violence and Aggression (PMVA)

Solent NHS Trust policies can only be considered to be valid and up-to-date if Viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	To provide guidance over the management of security and violence and aggression within the work place.
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Reference Number	Solent NHST/Policy/HS02
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Document Manager (Job Title)	Accredited Security Management Specialist
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1				

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	January 2016	ASMS		
2	January 2019	ASMS		Transferred to new Policy Template, executive summary added, roles and responsibilities changed to reflect new structure. Learning and Development section updated.

EXECUTIVE SUMMARY

This document sets out the overarching principles and policy for the management of security and the prevention and management of violence and aggression within Solent NHS Trust and should be read in conjunction with supporting procedural documents. Each and every staff member has a role to play in keeping our patients, staff and premises secure and for managing violence and aggression in the workplace.

Each unit or premises that Solent staff work in or operate from will have specific arrangements in place that staff must be aware of and adhere to. Details of all staffs' roles and responsibilities are listed in Section 4. All staff should be aware of the **Security Management Guidance** document and all local procedural documentation.

Tackling violence and aggression is a complex issue as there are numerous factors and implications that need to be taken into consideration in reaching decision over an appropriate and balanced approach. The **Management of Violence and Aggression Procedure** is a guidance document for tackling this issue and most importantly, actions to take to keep staff safe and prevent incidents. Those who work on their own or remotely, should be aware of the **Lone Working Procedures** and the local arrangements that is in place for their team.

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Security & Management of Violence and Aggression Policy

Policy for the Management of Security, Violence and Aggression

1. INTRODUCTION & PURPOSE

1.1 Solent NHS Trust has a statutory obligation under the Health and Safety at Work Act 1974, to ensure as far as is reasonably practicable, a safe and secure environment for the staff it employs, the health and safety of its service users, visitors, contractors and all persons who visit premises from which the organisation operates

1.2 The Health & Social Care Act 2012 sets out that all providers of NHS services will be managed via the standard commissioning contract and this supersedes the Secretary of States Directions on Security Management to NHS Bodies. The contract contains a number of general conditions that relate to security and counter fraud.

- General Condition 6.1 of the NHS Standard Contract requires all providers to put in place and maintain appropriate counter fraud and security management arrangements prior to the commencement date of the contract.
- General Condition 6.2 requires providers to complete an organisation crime profile within one month of the commencement date of the contract.
- General Condition 6.3 requires providers to mitigate any identified risks in line with NHS guidance

Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect individuals. The organisation is mindful that some acts of aggression and violence may be caused by a patients' illness or condition and in such cases incidents will be managed clinically and with appropriate safety measures.

However, where aggression or violence is not caused by a clinical condition the Trust will consider this a Health & Safety / Security Management issue and will take appropriate measures to prevent a recurrence. This may include pursuing criminal sanctions.
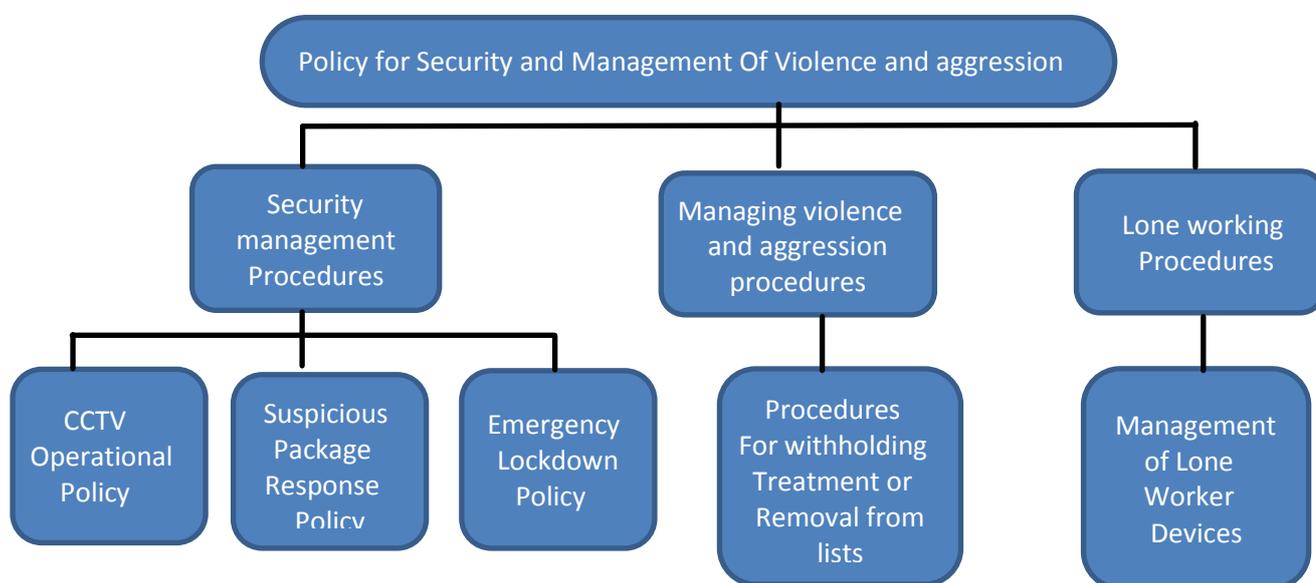
All service users and visitors have an obligation to behave in an acceptable and appropriate manner. Staff members have a right to work, just as patients have a right to be treated, in an environment that is safe and secure, in line with the Security and Management of Violence and Aggression Strategy.

1.3 Directors at Solent NHS Trust are committed to providing a safe and secure environment for its patients, staff and visitors using methods to eliminate, minimise and control the risk of violence and aggression.

1.4 The purpose of this policy is to define roles and responsibilities for the effective management of security in relation to staff, patients/clients, visitors and property; provide additional guidance that should be followed to promote secure and safe premises; support the management of violence and aggression and safety of lone workers and to enable the organisation to proactively and reactively manage security.

1.5 Through robust management procedures the organisation is committed to providing the most reasonable and practicable means of:

- Providing a safe and secure environment for staff, patients and visitors to the premises the organisation operates from.

- Protecting life, or preventing bodily injury from malicious criminal activity.
- Preventing loss of organisation assets as a result of crime.
- Preserving good order on premises from which the organisation operates.
- Tackling violence and aggression directed at NHS staff, professionals, staff working on behalf of the NHS and those who use the organisation's services.
- Protecting those who are working alone or remote working.

1.6 The Trust recognises that, as an employer, it has a duty of care towards its staff and will take necessary and reasonable steps to ensure their health and safety at all times. It is also acknowledged that all employees have a responsibility for the safety of themselves, their colleagues, patients and service users. Specific procedures applicable to local needs will be developed and implemented within an agreed timescale in consultation with Directors and Staff representatives to address local issues.

1.7 This policy provides overarching principles for security and management of violence and aggression. It should be read in conjunction with the associated procedures and guidance that underpin its principles

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Security management Procedures	Managing violence and aggression procedures	Lone working Procedures

CCTV Operational Policy	Suspicious Package Response Policy	Emergency Lockdown Policy	Procedures For withholding Treatment or Removal from lists	Management of Lone Worker Devices

2.   SCOPE & DEFINITIONS

2.1   This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

DEFINITIONS are found in Section 10 Glossary and Definition

3   PROCESS/REQUIREMENTS

3.1   The organisation's Incident Reporting Policy must be followed with regards to the reporting and management of incidents relating to security breaches and also near misses; where a

breach has taken place but no harm done, [for example a door which should be secure but is found to be unsecured so unauthorised access **may have** been achieved, even if there is no evidence to suspect access has taken place].

3.2   Serious Incidents or health and safety incidents will also be inputted in to Ulysses (SIRI / HIRI). These incidents must be communicated to Line Management firstly and then to the H&S manager and the ASMS (Accredited Security Management Specialist)

3.3   All incidents that are reported will be included in quarterly and annual reports. Incidents will be managed in accordance with the guidance set out in supporting guidance and procedural documents.

3.4   Following review of an incident, alterations or work may be required to premises in order to prevent recurrence. Works will be categorised as follows:

- **Level 1** Measures to be taken quickly to improve security; that have minimal expenditure e.g. publicising and adhering to existing instructions – **ACTION** to be carried out at local level
- **Level 2** Measures required to counter an identified threat or weakness requiring resources to rectify e.g. installing a keypad door entry system – **ACTION** at local level, but may require additional resources.
- **Level 3** Long term measures required to improve the security of a building e.g. installation of CCTV, intruder or room alarm system, – **ACTION** at higher level of management and funding will need to be considered against other priorities.

3.5   If any staff member is unsure of what to do next or where to report the incident they must contact the ASMS who will support and advise the best course of action for each offence. The ASMS can assist the Staff member to report to the relevant authority (Police, Council, Social services)

3.5.1   Staff wishing to contact police to report criminal offences / incidents must dial 9 before the number to get an outside line:

- 9-999 for emergencies
- 9-101 for non-emergencies
- Most police forces do also allow reporting of minor offences via an online form at their website www.hampshire.police.uk

3.5.2   Staff who wishing to report a minor incident (lock failure) to estates or facilities can do so via the Estates Helpdesk on: **0330 1593866 or** Email on **Estates@solent.nhs.uk**

3.6   **Sharing the learning**

All incidents that may be part of a trend or may have an impact on other NHS Organisations or providers, for example the theft of Nitrous Oxide, or activity by known members of criminal groups, for example "The Coventry Falcons". The ASMS will cascade alerts to staff when such groups are known to be operating in the area via the ALERTS process.

4. ROLES & RESPONSIBILITIES

4.1 **The Chief Executive Officer** has ultimate responsibility for the management of security and safety. This responsibility includes ensuring the aims and objectives of this policy are met, and ensuring that adequate resources are made available.

4.2 **Premise managers, Associate Directors, Operational Directors and Clinical Directors are responsible for** participating in risk assessments in conjunction with the ASMS in their area of managerial control, and that those assessments take into account security risks relating to physical security of premises and assets and that environmental issues that may act as triggers to violence and/or aggression are taken into consideration.

- This will include local risk assessments for staff working off site or in the community.
- Appropriate risk assessments are carried out in each premises/area and where risks are identified they are recorded at least annually and action plans developed to manage the risk[s].
- Ensuring that action is taken as a result of risk assessments, that action plans are reviewed and evaluated for effectiveness and that learning is shared across the wider organisation.
- Local procedures/contingency plans are drawn up in consultation with affected staff, or their representatives to deal with both foreseeable events and other emergencies, for example security and locking up procedures
- Action is taken to protect staff from the effects of violence and aggression; appropriate support is provided following incidents.
- Ensuring that appropriate local risk assessments have been carried out to establish the vulnerability of the department/area and the ability to carry out a lockdown, either; full, partial or progressive.
- Any training needs identified as a result of risk assessments are actioned appropriately.
- The effectiveness of the undertaking of these duties will be monitored and may be documented as part of the organisation appraisal process.

4.3 **Line Managers** Line managers are responsible for:

- Ensuring that appropriate risk assessments have been carried out to establish the vulnerability of the department with regards to security and of staff coming into contact with patients who may pose a risk of violence and aggression. Where staff are working in premises managed by another organisation, e.g. Southern Health, ensuring that any specific measures that relate to the premises/service are shared and adhered to.
- Reporting security incidents or breaches (i.e. criminal damage, violence and/or aggression, theft or break in) to the Police in the first instance and/or (ASMS) in accordance with the Incident Reporting Policy and ensuring that all such incidents are graded for seriousness and investigated accordingly, using the outcome of investigations to update risk assessments, develop action plans; escalated where appropriate and ensuring that action is taken; and that any action is reviewed and evaluated for efficacy.
- Ensuring that local procedures are in place for the locking up and security of the site or department and that all staff are familiar with the organisation and/or local procedures that have been adopted for the security of staff, patients and property and that staff in their area are made aware of any risks and consulted on measures to be introduced to minimise them prior to them being put in place.
- Providing effective communication and support to those who may face violence and aggression and ensuring lone worker procedures and protocols are in place and followed.

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- Ensuring that staff are aware of their right to report assaults to the Police and that if an assault is not reported to the Police then the opportunity to make a claim under the Criminal Injuries Compensation Scheme, even if a conviction is not made, will be lost. Within the Prison Service ensuring that incidents of assault are reported to HMPS so that prisoners may be managed under the Prison Adjudication Process.
- Ensure appropriate referrals to Occupational Health or Victim Support as a result of exposure to incidents of violence and aggression.
- Ensuring that eligible staff attend mandatory training for the management of violence and aggression, including Conflict Resolution Training and that this is followed up by refresher workshops as per the Statutory & Mandatory Training Matrix.
- Where staff work in premises operated by other organisations, e.g. HM Prison Service that any specific training for that environment is undertaken and kept up to date. All training must be booked through the Essential Training team and attendance/compliance monitored through staff records.

4.4   **Health and Safety Manager** will work closely with the ASMS and will monitor all security incidents which are escalated. By exception any on-going risks will be escalated to the Health and Safety Sub-Committee and where appropriate will be added to the Corporate Risk Register and included and managed as part of the Risk Management Procedures

4.5   **The Accredited Security Management Specialist (ASMS)** The ASMS is responsible for developing a pro-security culture among staff and in their working environment by supporting and working with Directors / Heads of Service / Departments & Matrons / Specialty Managers and their teams to ensure that a holistic approach to security management is followed to ensure:

- All incident reports are reviewed and actioned appropriately, trend analysis is conducted and shared across the organisation to reduce the likelihood of further incidents and that a pro-active approach is taken with regards to security, safety of staff and the management of violence and aggression.
- Risk assessments are conducted and that action plans are reviewed and evaluated for effectiveness and lessons learned are shared across the wider organisation.
- Trend data is monitored to ensure that lessons learnt and best practices are shared across the wider organisation.
- Close working relationships are developed with the Crown Prosecution Service and Police Officers to ensure action is taken where prosecution is appropriate.
- Liaison with neighbouring ASMS to agree a consistent approach to the tackling of violence and aggression across NHS sites.
- Provision of reactive support in the event of any incident (i.e. reporting assaults to the Police where a 999 emergency call was not immediately necessary):
- Liaise with the police in relation to incidents of violence to ensure sanctions, where appropriate, are achieved and that assaults and security incidents such as criminal damage or vandalism are investigated. Liaise with and support the ASMS for NHSPS, or landlords' representatives, in relation to incidents that relate to premises the organisation operates from.
- Ensuring that following any incident of violence or aggression, risk assessments have been conducted to establish any actions with regards to the aggressor are taken, for example a warning letter explaining the organisation's position on violence and aggression to staff.
- Reviewing and evaluating any actions for effectiveness.
- Reporting defects in maintenance of physical security measures.
- Liaison with Essential Training Team and Physical Intervention Lead for the provision of Induction Training and training that relates to managing violence and aggression.

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- Liaison with Security Management Specialists from other NHS organisations within neighbouring organisations / counties
- To maintain membership of the NHS future Collaboration Forum where issues with regards to ASMS and Security Management are discussed with NHS England. To ensure that the provision of security services and the timely sharing of issues and incidents with other organisations continues, for example the theft of metals, cabling, gas and medical equipment alerts are disseminated via the ALERTS process.

4.6   The ASMS will work within a professional and ethical framework as set out by NHS standards at all times meeting the six core principles; *professionalism; objectivity; fairness; expertise, propriety and vision.*

4.7   The ASMS will:
- Support service managers with carrying out security reviews of the organisation's properties, identifying potential problems and assessing any risks that may arise; including the environmental risks that can act as triggers for violent or abusive behaviour.
- Provide advice to managers and staff over security issues.
- Develop a strategy and action plan to tackle problems and deliver improvements across the wider organisation.
- Work with the Emergency Planning / Business Continuity Manager to establish the vulnerability of a department / area and the ability to carry out a lockdown,; full, partial or progressive where appropriate. The ASMS will assist the Emergency Planning / Business Continuity Manager in raising awareness of lockdown procedures and their importance as part of Business Continuity and Recovery Planning.
- Use expertise to ensure that identified risks are escalated and the implications of such risks considered organisation-wide to provide an organisational overview. Issues will be referred to the Health & Safety Manager where appropriate added to the Risk Register.
- Produce an Annual Security Management Report and complete the Self-Review tool and Work Plan for the Board. The specific areas of work for the ASMS are:
     1. Strategic Governance;
     2. Inform and Involve;
     3. Prevent and Deter
     4. Hold to Account.
The report will cover work undertaken in these areas an update will be provided quarterly/half yearly.

- Following ratification by the Security Management Director (SMD), ensure that the Annual Self-Review Tool and work Plan is completed in line with the General Conditions of the NHS Standard Commissioning Contract [Health & Social Care Act 2012].
- Represent the Trust and lead on National and Local Initiatives.

4.8   **Physical Intervention Lead** will act as a point of contact and support to advice and guide managers and staff over:

- The appropriate techniques to be employed to tackle specific situations requiring restraint.
- The lead will advise the organisation over all training matters relating to the physical restraint of others and with the team will deliver relevant training and refresher training in PMVA (Prevention and Management of Violence and Aggression) to ensure that staff is suitably skilled to manage situations relating the management of violence and aggression.

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- The Lead will also be responsible for providing the trust with relevant data relating to the incidence and use of restraint and any breaches.

4.9 **Employees** all employees have responsibility to take reasonable care of their own safety and security, as well as the safety and security of others who may be affected by their acts or omissions, i.e. for the security of their colleagues and visitors. All employees are responsible for:

- Ensuring that all security recommendations or provisions that apply to the area of the organisation property/area that they occupy or visit are adhered to including those that relate to lone working, if applicable.
- Ensuring that any equipment that they are provided to support their safety and well-being is used in accordance with the manufacturer's instructions and guidance.
- Ensure that they wear an appropriate identification badge when on organisation premises or community visits and lead by example, such as challenging other members of staff or members of the public in relation to a lack of clear identification.
- Making themselves and any others who come into their area of work are aware of any potential security risks and the measures that have been put in place to control the risk.
- Avoiding situations where they may feel, or be put, at risk.
- Reporting any security incidents or breaches to their Line Manager and/or the ASMS in accordance with the Incident Reporting Policy.
- Attending training relating to safety and security, including Conflict Resolution Training
- Staff working in premises not operated by the organisation must familiarise themselves with local security controls and ensure that they are adhered to, reporting any issues to their manager.

4.10 **Occupational Health** Occupational Health can provide guidance and support to members of staff affected by incidents:

- In particular those that relate to workplace violence and aggression. Referrals may be made either directly by the staff member or their line manager
- Occupational Health providers will provide reports and feedback relating to numbers of staff who are referred or self-refer following incidents of violence and aggression. This feedback will be monitored by the Human Resources Department via Service Level Agreement meetings

4.11 **Patients / Visitors** All patients and visitors have obligations under the NHS Constitution to:

- Treat staff and other patients with respect
- Recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution.
- Should recognise that abusive and violent behaviour could result in the refusal or prevention of access to NHS services. (NHS Constitution, 2013)
- All patients and visitors are responsible for guarding the safety of their own property unless in the case of in-patient property that has been lodged with the ward/department for safekeeping and where a suitable receipt has been obtained. Other than for these items, the organisation accepts no responsibility for loss and possible damage of personal possessions brought into its premises or property.

4.12 **Contractors** All contractors or staff working on or behalf of the organisation have a responsibility to take reasonable care of their own safety and security, as well as the safety

and security of others who may be affected by their acts or omissions, i.e. for the security of staff, patients and visitors. This will include, but is not limited to:

- The wearing of appropriate identification / Badges and Visitor Passes
- The securing of areas/departments/premises they are given access and keys too
- They ensure that any assets and property of the trust are kept secure.

5. TRAINING

5.1 **Induction** all staff will receive a department induction where training will be discussed, staff will be provided with mandatory and any other E learning training, when new to the trust:

- To ensure that they are made familiar with the processes and procedures that are in place to support them in their roles;
- To enable them to report incidents and support that is available in the event of them being involved in any incident relating to violence or aggression
- Local induction will also highlight any risks that are relevant to their local workplace, including lone working procedures or risks relating to the patient group that they support.

5.2 **Conflict Resolution Training,** Training and Refresher Training is provided by the ASMS which is available for all staff and will focus on 5 core areas:

- To provide a summary of the role of local anti-crime roles and security management work in the NHS.
- To provide an illustration of what constitutes conflict, how it arises and, using personal experience, how to be effective in reducing the risk of conflict occurring.
- To explore the role of communication in conflict and how to use it effectively.
- To outline the procedural, environmental and legal context of violence in the workplace.
- Explain what is required of individuals and organisations after a violent incident and the support available to those involved.

5.3 Staff members who are prioritised to attend should attend an initial session and then a refresher every three years after that, unless following an incident or assessment it is deemed relevant for them to attend more frequently.

5.4 PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION

This training is for front line Adult Mental Health staff and deals with the prevention and management of violence and aggressive behaviour by using the least restrictive option and focuses on:

- De-escalation techniques
- Diversion and distraction activity
- Developing "Safer Wards"
- Lone Working and use of breakaway techniques
- Physical restraint training
- Ensuring the physical health needs of the individual are monitored post restraint
- Use of seclusion; its negative implications; legal aspects and rationale CLS11 Operational Policies for the Use of Enhanced Care Area Suite

- Importance of de-briefing and lesson learned which will involve discussions with the subject of the incident
- Sharing of best practices across the wider organisation
- Ensuring the principle of least restrictive practice is adhered to.

5.5 **DISENGAGEMENT TECHNIQUES (BREAKAWAY)**

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights

6.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. Refer to (**Appendix A)**

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 The management of security; violence and aggression will be monitored by the Accredited Security Management Specialist [ASMS], Directors, Facility Managers, Support Services Managers, Premises Managers, responsible persons both clinical and non-clinical, Safety Representatives, Head of Risk and Litigation, and the Trust's Health and Safety Manager .

7.2 To provide assurance to the Board, the ASMS will provide quarterly report to the Health & Safety Sub-committee, identified risks and issues will be escalated through the Organisations Risk Register and Quality Improvement & Risk (QIR) group together with proposals and action plans for their mitigation. These documents will be presented to the Board for information and where appropriate approval.

7.3 By nature of the patient groups that the trust provides care for it may be impossible for the number of incidents to be reduced; however there may be a reduction in the overall severity of incidents and potential injury sustained by staff.

The criterion for determining the success of the policy and associated procedures will be determined by:

- Reviewing the annual Staff Survey to establish whether there has been reduction in staffs perception of incidents of violence and aggression in the workplace
- Where sanctions have been applied, there has been an improvement [reduction] in aggressive behaviour directed at staff and incidents

7.4 The Document Manager must be able to demonstrate the effectiveness of the document at the point of review, for example by; carrying out audits, reviewing incidents that may have occurred related to the document, discussing the document at team meetings. Any subsequent issues/findings resulting from the review should be incorporated in the new version of the document.

7.5 All non-compliance with this policy must be reported.

8. REVIEW

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8.1 This document may be reviewed any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 **Legislation & Regulatory references:**
- The Health & Safety at Work Act 1974
- Safety Representatives and Safety Committees Regulations 1977 (a),
- The Health and Safety (Consultation with Employees) Regulations 1996 (b), The Corporate Manslaughter and Corporate Homicide Act 2007
- The Secretary of State for Health's Directions (2003)
- NHS Standards for Providers
- Criminal Injury Compensation Scheme (http://www.justice.gov.uk/victims-and-witnesses/cica

9.2 **Guidance Documents**

Violence against staff, 2014, NHS Employers (web resource)
http://www.nhsemployers.org/Aboutus/Publications/Documents/Violenceagainststaff.pdf
Directions to NHS bodies on measures to deal with violence against NHS staff 2003 (Amendment)
Directions, 2006, NHS Protect
Directions to NHS bodies on measures to deal with violence against NHS staff, 2003, NHS Protect
NHS Protect Guidance for Applying Sanctions
http://www.nhsbsa.nhs.uk/i/SecurityManagement/Unacceptable_Behaviour_applying_NHS_administrative_sanctions_Final_LOCKED.pdf
NHS Protect Guidance on warning letters -
http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Unacceptable behaviour_-_Guidance_on_warning_letters_and_other_written_communications_Final.pdf
NHS Protect – Not Alone – Lone Working Guidance
http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Lone_Working_Guidance_final.pdf
NHS Protect: Meeting Needs and reducing distress. Published February 2014
http://www.nhsprotect.nhs.uk/reducingdistress
Violence and aggression: short-term management in mental health, health and community settings.
NICE Guideline Published 28 May 2015 www.nice.org.uk/guidance/ng10
Violence at work- a guide for employers Health & Safety Executive, 2014
http://www.hse.gov.uk/pubns/indg69.pdf
Violence in health and social care, Health & Safety Executive, 2014 (web resource)
http://www.hse.gov.uk/healthservices/violence/
Standards for Providers 2014 – 15 – Security Management: NHS Protect March 2014
http://www.nhsbsa.nhs.uk/3577.aspx

9.3 **Solent NHS Local Policies & Procedures**

- Lone Working Policy
- Disciplinary Policy

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- Management of Violence and Aggression Procedures
- Security Management Procedures
- Incident Reporting Policy
- Serious incident Policy
- Risk Management Guidance
- CLS11 Operational Policies for the Use of Enhanced Care Area Suite [Use of seclusion]
- Health & Safety Policy
- Safeguarding Policy

10. GLOSSARY

10.1 **Glossary of terms:**

ASMS – Accredited Area Security Management Specialist

CBRN – Chemical, Biological, Radioactive, Nuclear (usually used to describe particular types of attack or prevention from attack).

CCTV – Closed Circuit Television

CRT – Conflict Resolution Training

LPU – NHS Protect Legal Protection Unit

NICE – National Institute for Health and Care Excellence

NHSPS – NHS Property Services

SABs/SAMs – Safety Alert Bulletin/Safety Alert Message

SMD – Security Management Director

PMVA – Prevention and Management of Violence and Aggression training

10.2 **Definitions**

Source of all definitions for UK Law and legislation can be found at GOV.UK website

Violence and aggression - refers to a range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

Violence - The use of physical force that is intended to hurt or injure another person. (NICE guidelines 25, 2005)

10.3 **Challenging behaviour**

This may be a patient's way of attracting attention if they are unable to verbalise or communicate what is causing them distress or anxiety or have unidentified needs.

10.4 **Lone Working (HSE Definition)**

"Those who work by themselves without close or direct supervision".

11.0 **Fuller Definitions of Incidents and Procedures**

The following list includes types of incident that are commonly experienced within the NHS; this list is not exhaustive and there will be other types of security related incident that must be reported.

11.1   **Physical Assault:** A physical assault is defined as "the intentional application of force, to the person of another, without lawful justification, causing physical injury or personal discomfort". (Eisener v. Maxwell 1951, Kaye v. Robinson 1991)

Physical Assaults are categorised in to the following offences:

- Common Assault
- Assault ABH Occasioning Actual Bodily harm
- Assault GBH Grievous Bodily Harm
- Assault GBH Grievous Bodily Harm with Intent

11.2   **Non-physical assaults**

The use of inappropriate words or behaviour causing distress and/or constituting harassment". (as previously defined by NHS Protect)

- Non-physical assaults may take place in face to face situations or over the phone; email or via social media.
- Social media may be used to post messages about staff. Where postings are considered derisive and potentially abusive; or where racist comments or threats of violence are made, these may constitute an offence under:

    Section 4, 4A and 5 of the Public Order Act 1986
    Protection from harassment Act 1997
    Section 127 of the Communications Act 2003
    Section 1 of the Malicious Communications Act 1998

11.3   **Theft** (section 1 (1) theft Act 1968 is defined in law as

"The dishonest appropriation of property belonging to another with the intention to permanently deprive the other of it".

Burglary (section 9 Theft Act 1968) is defined as

"If someone enters a building or part of a building as a trespasser with the intent to commit Theft, GBH or Criminal damage"

11.4   **Criminal Damage** (Section 1 (1) Criminal Damage Act 1971 is defined as

- Any person who without lawful excuse, destroys or damages property belonging to another, intending to destroy or damage such property or being reckless as to whether any such property would be damaged or destroyed.

- All incidents that relate to criminal damage or vandalism must be reported to the Estates Helpdesk on 0330 1593866

- However the incident must also be reported locally through Ulysses to ensure that such information is captured. Staff may be required to secure an area in order to protect evidence. Where there is evidence of criminal damage and theft and the investigation identifies the offender, the ASMS who will liaise with local police to

enable action to be taken through the Criminal Justice System. Staff may be required to provide witness statements in order to support successful prosecution.

- Incidents of accidental damage should also be reported and investigated to establish whether it was caused by neglect of duty or gross carelessness and identification of any lessons learnt to prevent further incidents. Vehicle or property damage to premises will be reported to ensure that costs can be recovered through the vehicle owner's insurance where possible.

11.5 **Fraud** (Section 2, 3, 4, of the Fraud Act 2006) states

The Fraud Act 2006 represents an entirely new way of investigating fraud. It is no longer necessary to prove a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss

The offence of fraud can be committed in three ways;

- Fraud by false representation (s.2) – lying about something using any means e.g. by words or actions,

- Fraud by failing to disclose (s.3) – not saying something when you have a legal duty to do so: and

- Fraud by abuse of a position of organisation (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

Staff Must ensure that they have read and are familiar with the Trusts Counter Fraud Policy

Reporting fraud or corruption:

Staff who suspects that any fraudulent activity has occurred or is occurring, should refer this to their Line Manager in the first instance who will then liaise with the ASMS and Local Counter Fraud Specialist.

- Any physical assault which is not considered to be caused by a clinical condition or where the assailant has knowledge of their actions and intent must be reported to the police, usually as a 999 emergency call, without delay. Whilst the decision on whether to press charges will normally rest with the victim of the assault, the police must always be called in order that immediate actions can be taken to prevent further risk and to secure evidence.

- Where it is concluded, by a suitably qualified clinician, that the assault was not intentional and that the patient did not know what s/he was doing, or did not know what s/he was doing was wrong due to the nature of the medical illness, mental ill health or severe learning disability, or the medication administered to treat such a condition; then it is not normally appropriate to notify the police. The view of the person assaulted should also be sought in each incident.

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- Whilst this means that there are instances where the police do not have to be called, the presence of a mental illness for example should not automatically be used as a reason not to report the assault to the police. Whilst the presence of a mental illness is one of the factors to be taken when considering a prosecution, it is not the only factor. Each case would be judged on its merit, and it is important to note that decisions on intent and subsequent legal action rest with the investigative body and ultimately, the courts, and not the organisation.

- It is important to also bear in mind that the presence of a medical condition should not preclude appropriate action being taken and it is essential to ensure that there are clear risk management processes in place for dealing with high risk or mentally ill patients and that these are shared with all relevant staff.

- The victim of the incident will be kept fully informed of the progress of any investigation or action taken and will be offered the full support of the organisation such as debriefing, counselling services or other appropriate support that would be considered necessary or desirable in the circumstances.

- Where it is appropriate to report the incident to the police and request that they take further action, the supporting documentary Police Report as Appendix 7 of the Management of Violence and

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Appendix: A   Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	To provide guidance to managers and staff over the management of all issues relating to security and violence and aggression
2. Who will be affected by it?	All Staff
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Reduction in loss, improved management of challenging behaviour, reduction in severity of incidents of aggression directed at staff.
4. What information do you already have on the equality impact of this document?	Existing incident report data.
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	Non identified

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		✓	
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		✓	
4. Can this actively promote good relations with and between different groups?	✓		
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement	✓		Consultation within organisation. Please see above.
Mental Capacity Act implications			

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7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		✓	
External considerations			
8. What external factors have been considered in the development of this policy?			
9. Are there any external implications in relation to this policy?			No
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			No

If there is no negative impact – end the Impact Assessment here.

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