



ZERO TOLERANCE POLICY

Assurance Statement

This policy aims to eliminate the acceptance of any type of violence in the workplace, whether from contact with service users, relatives, carers, or other staff or members of the public or whilst on Trust business.

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This policy has been disseminated in line with Suffolk Mental Health Partnership NHS Trust's policy for the management and format of policies and procedures.

SUFFOLK MENTAL HEALTH PARTNERSHIP NHS TRUST

ZERO TOLERANCE POLICY

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ZERO TOLERANCE POLICY

1.0 Introduction

- 1.1 The Zero Tolerance Campaign is a nationwide initiative to tackle violence, abuse and illegal acts against staff working in the NHS. The campaign was initiated by the Secretary of State for Health in 1999 and has the full support of the Home Secretary, the Lord Chancellor and the Attorney General.
- 1.2 Resource sheets have been developed. Of particular reference to this Trust is "Managing Violence in Mental Health". This document acknowledges that the average number of violent incidents in mental health is over three times the average in non-mental health Trusts.

2.0 Background

- 2.1 Suffolk Mental Health Partnership NHS Trust is committed to the Zero Tolerance Campaign and has adopted the following statement.

The Trust does not accept that members of staff should be subjected to verbal abuse or physical violence of any nature. The Trust will encourage Police intervention and offer support to staff that have suffered mental and/or physical trauma. Any assault on a member of staff will be treated extremely seriously and may result in criminal charges being brought or access to Trust sites being restricted.

"Any form of violence against our staff from any person will not be tolerated. Violence against a person is a crime and we will press for the maximum possible penalty for anyone who commits an assault against our staff. We operate a policy of withholding treatment, as appropriate, from violent and abusive patients."

- 2.2 The Trust aims to prevent incidents of violence occurring. It recognises that this is not always possible but strives to achieve the lowest level possible through exerting suitable controls. The Trust promotes the use of proactive strategies, interpersonal skills, de-escalation and non-physical interventions when responding to situations of conflict, violence and aggression.
- 2.3 When a violent incident does occur, the Trust will seek to ensure that staff receive appropriate support in recovering from the effects of the incident and in trying to prevent recurrence. Any assault on a member of staff will be treated extremely seriously and may result in criminal charges being brought or access to Trust sites being restricted.

- 2.4 When a violent incident does occur the Trust is committed to ensuring that incidents are correctly reported to the Counter Fraud and Security Management Service.
- 2.5 The Trust is committed to cultivating good relations with local police and their intervention will be encouraged. It is important that staff members who are victims of or witnesses to violence in their work place, understand and have confidence in the criminal justice system.
- 2.6 The Trust is committed to its responsibility as an Employer under the Health & Safety Act 1974 to ensure the safety of its employees, visitors and service users by providing safe working environments, including the promotion of guidance that promote the minimisation of violent incidents.
- 2.7 There are other Trust policies and guidelines that may have an impact on the Zero Tolerance Policy, e.g. Prevention and Management of Aggression Policy, Harassment and Bullying Policy, Disciplinary Policy and Procedure, Lone worker policy, Search policy, Illicit substances policy

3.0 Scope of policy

- 3.1 This policy and procedure applies to all staff and workers who work for the Trust with the aim of eliminating the acceptance of any type of violence in the workplace, whether from contact with service users, relatives, carers, or other staff or members of the public or whilst on Trust business.
- 3.2 This policy has been developed with the aim of eliminating the acceptance of any type of violence in the workplace. It could also be used by people who are not employed by the Trust, such as students or contractors, who wish to report violence, which arises from contact with service users, relatives, carers or other members of the public whilst on Trust premises.
- 3.3 The Equality Act 2010 defines nine 'protected characteristics'. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation. The Trust is committed to its responsibility as an employer under the Equality Act to ensure that employees should not receive less favourable treatment on these grounds.
- 3.4 This policy should be read in conjunction with the Trust's Equal Opportunities Policy. Violence against staff on these or any other grounds is completely unacceptable and will be dealt with under this policy.
- 3.5 This policy should also be read in conjunction with the following policies and guidelines:

- Prevention and Therapeutic Management of Aggression and Violence Policy,
- Harassment and Bullying Policy,
- Disciplinary Policy and Procedure,
- Lone worker policy,
- Search policy,
- Illicit substances policy,
- Whistleblowing Policy.

NB: *These are the most important policies and are not an exhaustive list of policies that should be referenced.*

4.0 Responsibilities

4.1 The responsibilities given below are not intended to be exclusive or exhaustive.

4.2 The Chief Executive is responsible for:

ensuring the health and safety of all staff at risk from violence and abuse;
ensuring that this policy is effective;
advising the Trust Board on performance in managing violence and aggression in the workplace.

4.3 The Risk Manager is responsible for:

Identifying and following protocols in reporting incidents to the Counter; Fraud Security Management Service.

4.4 The Environmental Performance Group will ensure:

- risk assessment, preventative and safety measures are in place and are effective;
- monitoring and ensuring compliance with directions issued by the Secretary of State;
- approving and overseeing the implementation of a strategy to tackle violence and aggression in SMHP.

4.5 Managers are responsible for:

- ensuring that staff are aware of this policy and understand the methods and timing of reporting incidents;
- identifying appropriate training for staff and ensuring that training is available in appropriate techniques for dealing with incidents of violence, abuse and aggression;
- taking all reported incidents of violence at work seriously;
- providing immediate support to staff who experience abusive, violent or aggressive incidents by listening to the account of the incident and discussing with the member of staff the options to them;

- ensuring that staff understand the methods and timing of reporting;
- ensuring that incident report forms are completed as fully as possible for all reported incidents of violence within 24 hours;
- supporting and debriefing staff following aggressive incidents;
- informing senior managers/supervisors;
- conducting environmental risk assessments.

4.5.1 The environment where staff work, patients are treated and members of the public visit can have a significant influence on behaviour. Managers must assess environmental factors such as cleanliness, lighting, temperature, staff provision, control of access and signage. This should aim to ensure that physical features of a place do not trigger or exacerbate a stressful situation.

4.6 Staff (at all levels) are responsible for:

- ensuring that they understand and comply with the requirements of this policy;
- attending appropriate training and applying principles learnt in the workplace;
- reporting all incidents of violence when they occur in the correct way;
- ensuring that they do not put themselves or their colleagues at risk of violence intentionally or unintentionally;
- support colleagues who have been the victim of a violent incident or witness to it;
- co-operating fully in any subsequent investigation of an incident and take appropriate steps to protect themselves or others in line with the Health & Safety at Work Act 1974 and Professional Codes of Conduct.

4.7 Trade Union / Health and Safety representatives are responsible for:

supporting their members in reporting cases of violence;
 providing on going support to their members who experience abusive, violent or aggressive incidents;
 monitoring incidents across the Trust through the Risk Management forum.

5.0 Definitions

5.1 Definition of violence

5.1.1 Violence is defined as the application of force, serious abuse or severe threat, which is judged likely to turn into actual violence.

5.1.2 The Health and Safety Executive (HSE) defines violence at work as “any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.”

5.2 Definition of aggression

5.2.1 Aggression is defined as behaviour that is hostile, destructive, and/or violent.

5.3 Definition of assault

5.3.1 There are two clear legally based definitions of assault for the NHS.

5.3.2 Physical assault is defined as “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort”.

5.3.3 Non physical assault is defined the use of inappropriate words or behaviour causing distress and/or constituting harassment. This can include the use of actions or words in such a way as to coerce the victim to make him or her feels uncomfortable, fearful or unsafe.

6.0 Types of Behaviour that are not Acceptable

6.1 Examples of behaviours that are not acceptable on Trust premises or when staff elsewhere on Trust business, including patients’ homes and other places where services are provided:

- assault or threatening behaviour;
- threatening or abusive language involving excessive swearing or offensive remarks;
- derogatory racial or sexual remarks;
- malicious allegation relating to members of staff, other patients or visitors
- Offensive sexual gestures or behaviours;
- inappropriately consuming alcohol on our premises;
- use, possession, or supply of illegal drugs;
- wilful damage to Trust property;
- theft ;
- threatening behaviour;
- violence.

7.0 Communication

7.1 Where necessary, the Trust will invest in methods of communication, which will facilitate safe working practices, eg the use of two-way radios, mobile telephones, silent alarms linked to telephone switchboards

7.2 The Trust will ensure that the standards of behaviour expected of patients/clients and their relatives, carers and visitors are publicised in patient care areas and other places accessed by the public.

- 7.3 Written information about the Trust's Zero Tolerance Policy will be made available for staff who work with patients/clients in their homes or in other premises to give out when necessary.
- 7.4 The Trust is committed to ensuring that all staff who work with individuals in their homes or other premises who may exhibit signs of aggression or violence have an understanding of strategies used in the prevention of such behaviours.
- 7.5 All staff are responsible for their own verbal and non-verbal communication behaviours and should be aware of the effect that their communication and interpersonal style may have on an individual with whom they are in contact.
- 7.6 All staff should be aware of the communication behaviours of an individual with whom they are working with as these behaviours may indicate escalating risk to personal safety.

8.0 Training

- 8.1 Relevant staff employed within the Trust will have full access to applicable training, including refresher training.
- 8.2 Examples of applicable training include personal safety, breakaway, de-escalation techniques, control and restraint training. The Trust will ensure that relevant staff receive training annually in the management of violence and aggression. Particular attention should be given to:
- training in interpersonal skills, personal safety, prevention of violence and appropriate assessment of risk; ensuring that the training is appropriate to the context in which the individual works and is provided by experts;
 - making provision for line managers to receive the same training as their team, to ensure consistency of approach
 - ensuring regular refresher training is available.
- 8.3 Managers will receive training in how to deal with violent incidents and conduct risk assessments.
- 8.4 The Education and Training Department will maintain a register of training of what training is available and who has received training. Managers will be required to keep local records.

9.0 Risk Assessment

- 9.1 Environmental Risk Assessments will be carried out by the manager of the area on an annual basis, or when circumstances change significantly or when requested. Risk Assessments will be subject to Risk Management audit.

- 9.2 Post-Incident Risk Assessments are to be completed following any serious incident, or upon request, in order to prevent any re-occurrence of the incident.

10.0 Emergency Procedures

- 10.1 Staff employed within the Trust must be aware of the emergency procedure to be followed in the event of a violent or aggressive incident. This would include summoning help in the form of a 999 call.

11.0 Dealing Effectively with Violence at Work

- 11.1 This policy incorporates both the informal and formal procedure for dealing with incidents of violence against staff.
- 11.2 Incidents of violence reported by staff will be dealt with as speedily as possible. Incidents must always be reported to the manager of the ward or service and an incident form completed and sent to the Risk Management Department.
- 11.3 Managers will ensure that ensuing investigation will be thorough, impartial, and objective and carried out with sensitivity, in a non-confrontational way with the respect for the rights of all parties. Managers should receive appropriate training and guidance on conducting investigation to ensure uniformity across the Trust.
- 11.4 Managers must make it clear to staff that any report of violence may be acted upon, in order to protect staff, in line with the Trust's responsibilities under health and safety and employment law. However, managers should be sensitive to the situation and recognise that the member of staff may have anxieties that any resultant action could worsen the situation. Ideally, the member of staff and the manager should agree on a course of action, which may include the involvement of the police. It is imperative that the member of staff is kept informed throughout the proceedings, whilst maintaining service user confidentiality.

12.0 The Informal Stage

- 12.1 Depending on the seriousness of the violent or aggressive behaviour, it may be sufficient for the member of staff to raise the problem with the abuser by pointing out the unacceptable behaviour, by showing this policy to them and asking them to sign to state they understand the possible ramifications should they persist in this behaviour.
- 12.2 Staff should avoid confrontation if possible, and should seek to bring any confrontation to a safe conclusion. **Any** incident of violence that occurs should be documented in the client's/patient's notes and via the Trust's incident reporting system.

- 12.3 It should always be reported to a senior member of staff but staff members should be mindful of the differing perceptions staff may have to a variety of potentially violent situations. The Trust expects the line managers and colleagues to be supportive of their staff.

13.0 The Formal Stage

13.1 The formal stage of the Policy can be used when:

- incidents consistently occur over a period of time;
- the informal stage has failed;
- it is decided that a detailed investigation needs to take place;

The formal stage of the Policy should be used when violence is of a more serious nature. This can include incidents of assaults, threats and verbal abuse.

13.2 Assaults

In the event of an assault, the Duty Senior Nurse/Senior Manager will consider the following:

- Is it an incident which caused death or serious injury or was life threatening as defined in the Trust's Serious Untoward incident policy? If so please refer to the Trust's '*Serious Untoward Incident (SUI) Policy*' and '*Adverse Incident Policy*';
- Was the assailant deemed responsible for their actions? If so, it should be reported to the Police. All assaults should be considered for referral to the Police;
- If the assailant is not deemed responsible for their actions, the necessary immediate action to maximise a safe environment should be identified and implemented;
- If the assailant is a user of the service, and their medical history is unclear with regards to their mental state and diagnosis then at the earliest opportunity, the RMO should be asked for an opinion and then decide on how to proceed;
- Ensure the victims safety and refer to an appropriate physician, e.g. GP or A & E;
- Consult with the victim's manager and discuss appropriate professional support/counselling.

13.3 Threats and Verbal Abuse

13.3.1 Involving visitors to Trust sites

In the event of verbal abuse and/or threats to staff, then the abuser should be asked to leave the premises.

The use of security to assist in this request should be considered and if appropriate, the assistance of the police should be sought.

The incident should be documented and referred to management, as to a decision as to whether or not the abuser should be banned from the site.

Depending on the severity of the violent incident, a detailed investigation should be carried out by an appropriate manager (please refer to the Trust's '*Serious Untoward Incident (SUI) Policy*' and '*Adverse Incident Policy*').

13.3.2 Involving Service Users

The incident should be documented and referred to a senior manager, so a decision on further action should be determined.

Depending on the severity of the violent incident, a detailed investigation should be carried out by an appropriate manager (please refer to the Trust's '*Serious Untoward Incident (SUI) Policy*' and '*Adverse Incident Policy*').

When deciding on further action the Duty Senior Nurse/Senior Manager will consider the following:

- the degree to which the incident undermines personal dignity, relationship with the service users and the working climate;
- any record of previous incidents; their nature and degree of severity;
- the effectiveness of options for formal action (see section 14 of this policy) in preventing repetition of the behaviour, for example the health problem of the user will need to be taken into account;
- the effects on the member of staff;
- the degree of risk of harm to members of staff;
- how vulnerable the service user is. The Trust has a duty of care to clients and must provide emergency treatment;
- whether the user is detained under a section of the mental health act (1983). If they are, the trust cannot withdraw services, but should transfer the users to an alternate environment, depending on the severity of the incident;
- if the abuser is a service user, are they able to control and understand his or her actions?

13.3.3 There may be more complex situations such as where a patient under the Trust's care in the community is involved in an incident at other Trust premises as a visitor. Such incidents require careful handling and joint working with other Trust services.

14.0 Options for Formal Action

14.1 Changing the level of care or the way it is provided:

It may be appropriate, if the abuser is a service user, for the clinical team, with advice from senior management, to work with the user to develop a contract or care plan, setting clear standards for behaviour. If the standards are not met, the user should understand that services might be withdrawn. The contract and any breaches should be clearly documented.

Alternatively, it may be decided that where or how services are provided to the user changes. For instance, a user who is treated in his or her home by a lone worker may be asked to come into a health centre or clinic for treatment.

It may be decided that a high level of care is required for the user, for instance by transferring the user from an admission ward to a more secure setting.

If a user refuses services on racial or other discriminatory grounds, they should be informed that they are effectively refusing services altogether. It would not be acceptable to provide the user with a different member of staff, unless specifically requested to do so by the member of staff experiencing harassment.

14.2 Service users who behave in an unreasonable manner unacceptable to the Trust

In extreme circumstances service users who behave in any unreasonable manner, e.g. physical, and/or verbal abuse of a discriminatory nature e.g. racial or sexual, or may pose a danger to themselves, staff and the wider public.

When reviewing the care provided to these individuals, the multi-disciplinary team must take into account the service user's mental health state and the Trust's Zero Tolerance policy. The "Zero tolerance decision tree" at Appendix A describes the process to be followed.

It may be appropriate to restrict access to part or all Trust services or sites for a fixed time. The "zero tolerance decision tree" at Appendix A should also be used for this purpose.

14.3 Legal action

In the event of a criminal prosecution because of violent or aggressive acts, staff will be guided through the process with appropriate legal and managerial support.

A member of staff, or the Trust on their behalf, who has been subject to harassment or violence by a service user has the right to report the incident to the Police with a view to criminal prosecution or failing that civil proceeding. In order to demonstrate a zero tolerance culture in the workplace, the Trust expects that serious incidents should be routinely reported to the police. In addition, recognises the pivotal role that clinicians have in supporting staff.

The Trust will co-operate fully with the Police and Crown Prosecution Service in the event of possible or actual criminal proceedings of a member of staff, during the course of or otherwise in connection with, his or her unlawful conduct of another person. Co-operation will include providing administrative support, access to relevant health records where appropriate and permissible, provision of paid time off either to prepare for court hearing or submit a claim for compensation, and reasonable time off work for colleagues where they would act as necessary legal witnesses in a case.

If a member of staff suffers injury because of a crime, then he or she may make a claim for compensation to the Criminal Injuries Compensation Authority. They may also make a civil claim for compensation. The Trust will co-operate fully with any reasonable request for support by a member of staff who makes such a claim following injury sustained during the course of, or otherwise in connection with, his or her employment.

In exceptional circumstances, it may be appropriate for the Trust to undertake injunction proceedings against a person that threatens abuse of violence and is causing real concern to its staff about their or other service user's safety.

- 14.4 In the event of the member of staff wishing to take civil action against an individual outside of Trust processes, staff are requested to keep their manager and the HR department informed. Staff are advised to seek advice from the Citizen Advice Bureau.

For further information or to find nearest centre follow the internet link www.adviceguide.org.uk or telephone your nearest office:

Ipswich & District Citizens Advice Bureau 01473 219 777
Bury St Edmunds Citizens Advice Bureau 01284 753 675

15.0 Debriefing

- 15.1 It is vital that staff have access to a means of debriefing following incidents of violence as soon as practicable afterwards in order to address some of the issues that may have been raised or concerns highlighted. It is acknowledged that some clinical areas have their own procedures and support structures in place for debriefing.

15.2 The aim of debriefing is to encourage staff groups to review their practises and identify their strengths and areas for improvements and of the approaches they used to manage the incidents. The exercise supports the principles of peer review and learning from mistakes, and may illuminate training needs, ideas for change to ward routine, or suggestions for changes to existing policy and procedures.

15.3 A debrief can be initiated by:

- the duty nurse responding to the incident;
- the appointment senior member of staff on duty;
- the individual's line manager.

16.0 Post-Incident Support

16.1 The Trust recognises that violence and aggression can have a serious impact on the health and work performance of staff. In the first instance, managers should provide their staff with support by being empathic and taking appropriate prompt action, on the member of staff's behalf, to deal with the incident.

16.2 Support and counselling will be routinely offered to staff as soon as possible following an aggressive or violent incident.

16.3 The manager should consider sympathetically requests for transfer by affected member(s) of staff.

16.4 In some circumstances, other service users may have witnessed the incident and may need specific support. The manager should take responsibility for ensuring that this support is provided as soon as possible after the incident.

16.5 Managers should always consider allowing a staff member to be excused from duties to recover from an incident. Each incident should be examined on its own merits and account should be taken of the nature of the incident, the individual staff member and their reaction to the incident as well as the client involved. Managers should ensure that this option is made fully available to staff but that some members of staff may prefer not to be relieved from duties and this should be respected. Managers should still ensure that this option remains open to staff in the medium term should any circumstance change.

17.0 Reporting of Incidents

17.1 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995, the Trust has a duty to report all incidents of violence using the Trust incident form.

17.2 All incidents of violence, aggression or abuse must be recorded on the Trust Incident Form (RM1) in accordance with the Trust's incident reporting systems, and the 'Serious and Untoward Incident Policy and

Procedure'. The incident form must be completed as soon after the event as possible, or by the end of shift, to ensure accuracy. Staff should ensure that relevant factors such as alcohol or drug abuse, medication issues, etc, are recorded.

- 17.3 A note of an incident involving a patient must be recorded in the patient's record and the care plan reviewed as appropriate.
- 17.4 The Estates, Environment, Health and Safety Governance Committee monitors incidents of violence.
- 17.5 Incidents will be reported to Service Managers and Directors who will receive a quarterly breakdown of the incidents within the service. The executive Directors, Human Resources and Staff Side co-ordinator will also receive a report every six-months showing all reported incidents of violence within the Trust.

18.0 Monitoring

- 18.1 The effectiveness of this policy will be monitored by the Risk Management Forum on a regular basis, and the Board will receive regular reports on the nature, type and consequences of incidents.

References

East London & the City Mental Health NHS Trust
NHS Greater Peterborough Primary Care Partnership
NHS Counter Fraud and Security Management Service