

Violence reduction and management policy			
Board library reference	Document author	Assured by	Review cycle
P095	Head of Nursing, Violence Reduction Nurse, Head of Health & Safety	Quality and Standards Committee	1 Year

This document is version controlled. The master copy is on Ourspace.

Once printed, this document could become out of date.

Check Ourspace for the latest version.

Contents

1. Introduction	4
2. Purpose or aim	4
3. Scope	5
4. Policy Statement	5
5. Roles and Responsibilities	6
5.1 Trust Board	6
5.2 Chief Executive	6
5.3 Executive Directors	6
5.4 Non-Executive Director for Security Management	7
5.5 Locality Clinical Directors, Managing Directors and Directors of Quality	7
5.6 Head of Service/Department/Line Manager	8
5.7 Employees	9
5.8 Head of Health and Safety	10
5.9 Local Security Management Specialist (LSMS)	10
5.10 Health and Safety Representatives	11
5.11 Programme Director for Organisational Development	11

Violence reduction and management policy

5.12	The Traumatic Stress Service for Staff and the Trust Occupational Health Provider	11
5.13	Other Organisations	11
6.	Definitions	11
7.	Standards	12
8.	Risk Assessment	13
8.1	Overview	13
8.2	Health and Safety Risk Assessment.....	14
8.3	Clinical Risk Assessment	14
8.4	Lone Working	14
8.5	Departmental/Team Standards.....	14
8.6	Support for Staff.....	15
8.7	Support for Patients and carers	15
9.	Prevention and Reduction of Violence and Aggression	15
9.1	Behaviour Support Planning.....	15
9.2	Safewards.....	16
10.	Restrictive interventions.....	16
10.1	Methods of restraint	16
10.2	Application of restraint	16
10.3	Techniques that may cause pain	18
10.4	Position on Prone restraint	18
11.	Medical risks associated with the use of manual restraint	19
11.1	There are a number of specific considerations for young children.....	19
12.	Under 16s in Place of Safety suites	19
12.1	Riverside unit.....	20
13.	Pharmacological interventions	20
14.	Mechanical restraint	20
15.	Training.....	21
15.1	Staff exemptions from training	21
15.2	Action to be taken to decide on whether an individual is exempt	22
15.3	Learning and development department	22
16.	Monitoring and Audit.....	23

Violence reduction and management policy

17. References..... 23

18. Associated and Related Procedural Documents 25

19. Appendices..... 25

1. Introduction

This policy outlines the Trust approach for recognising, reducing and safely managing episodes of aggression and violence. Whilst the evidence continues to suggest that violent and aggressive incidents are escalating within healthcare settings (NHS Protect, 2014) it is essential that this issue is addressed by using a whole organisational approach which recognises the complex dimensions of why and how conflict and potential flashpoints can arise.

The Trust recognises and accepts its corporate responsibility for the prevention of aggression and reduction of violence in accordance with the relevant legislation and national best practice guidelines. It also acknowledges a commitment to the reduction of violence and restrictive practices which is evidenced in the Trust's over-arching violence reduction plan.

This policy is underpinned by the principles of the Public Health Model which has been advocated by the World Health Organisation to address workplace violence. It observes prevention as having three core dimensions, described as primary, secondary and tertiary (Krug et al, 2002). Whilst each dimension is important, the emphasis is on primary prevention which aims to address the underlying root causes of violence. Secondary prevention refers to those interventions that aim to redirect potential violence through the use of effective communication skills (de-escalation, talk-down) and a number of other evidence based strategies known as the 'Safewards' interventions (Bowers, 2014). Tertiary interventions can be best described as those strategies that may be required as a last resort measure which generally involve a method of restrictive practice i.e., manual restraint, rapid tranquillisation, seclusion. In the aftermath of violence, other tertiary approaches that involve trauma support and aftercare for patient's and staff should also be recognised as an essential requirement.

It is therefore acknowledged that violence prevention and reduction requires action at each of the following levels:

- The organisation
- The staff team
- The individual worker
- The patient

2. Purpose or aim

The Trust acknowledges that all staff, patients and members of the public have a right to a safe and secure environment whilst on AWP premises. It recognises the risk to staff from violence and aggression and its potentially damaging effects on the individual, work performance and organisation as a whole and it also recognises the impact that violence and aggression can have on patients, carers and their families.

The Health and Safety at Work Act, (1974) and the Management of Health and Safety at Work Regulations, (1999) provide the general legal requirements for preventing and managing violence and aggression in the workplace. [NHS Protect](#) is currently the national body with overarching responsibility for helping support NHS Trusts in tackling violence and aggression against its staff.

This policy works in unison with other policies for managing violence and aggression, particularly in relation to clinical risks, which identify, manage and mitigate risk for patients, staff and carers (Refer to the [CPA and Risk Policy](#)).

The Trust does not condone or tolerate any form of violence against staff, patients or carers and believes that such behaviour is unacceptable, irrespective of the form it takes, whatever reasons are given for it.

3. Scope

This policy shall apply to all employees and non-executive directors of the trust. It also extends to bank staff, agency staff, patients, carers, contractors and visitors. The policy equally applies to staff in community situations, where staff are seconded to other trusts or organisations and to people who are on work experience or training placement within the Trust.

The policy will apply to all “workplaces” which will include: -

- All trust premises
- All premises, clinical and non-clinical where staff are required to work, which are the management responsibility and/or are in the ownership of other organisations or individuals.

The policy does not cover the following:

- Staff on staff violence
- Bullying and harassment

4. Policy Statement

Avon and Wiltshire Mental Health Partnership NHS Trust believes that all staff, patients and visitors have a duty to treat each other with dignity and respect and to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse in an environment that is safe and secure. Each unit should display a [Trust Policy on Violence and Aggression Poster](#) stating the Trusts stance on this.

The Trust’s definition of what constitutes violence and aggression is detailed in section 6 of this policy.

The Trust will not accept violence against staff, patients, carers and visitors and appropriate action will be taken against any individual or group of individuals who physically or verbally abuse, threaten or assault staff, patients or visitors in the work place.

The Trust will ensure that systems are in place to reduce acts of violence to an absolute minimum by developing a range of prevention strategies based on the Public Health model approach.

The Trust will fully support members of staff, patients and members of the public who have been subjected to violence and/or aggression arising from their work, care or visit and will assist a member of staff and patients who wish to pursue a prosecution (or criminal justice sanction) where they have been injured.

Due to the nature of care provided by the Trust, staff might come into contact with patients who present with episodes of behaviour disturbance. In such situations it is recognised that the staff member, acting on behalf of the Trust, has a duty of care to themselves, the patient, their colleagues and other members of the public. It will be a matter of judgement to assess whether verbal abuse in some situations should be considered in the context of this policy. A useful guide for staff will be to identify whether they feel threatened by the situation, in which case the substance of this Policy would apply.

If faced with a violent and/or aggressive patient or any other individual, staff will make every reasonable effort not to place themselves or their colleagues at risk and take steps (where safe to do so) to de-escalate/talk down the situation by using secondary prevention skills. However if staff honestly believe that an attack to be imminent, they retain a legal right at both common and statute law to use reasonable force to protect themselves or others.

Employees failing to observe this policy and applicable health and safety regulations may be subject to action in accordance with the [Disciplinary Policy and Procedure](#).

Violence reduction and management policy

In order to minimise the risk of violence and aggression the Trust will work to implement actions highlighted by NHS Protect. The Trust also recognises that it is important, as far as is reasonably practicable, to:

- Provide and maintain equipment and systems of work/procedures that are safe and without undue risks to health.
- Provide information, instruction, education, training and supervision to ensure the health and safety at work of all Trust employees regardless of location. This is supported by the [Health and Safety for Lone Working Policy](#).
- Provide means of access to and from places of work under the Trusts control that are safe and which minimise risks to health.
- Maintain places of work under the Trusts control in a condition that is safe and without risk to health.
- Co-operate with other organisations where Trust staff may be working within their premises
- Ensure that adverse incident reports are completed after any assault whether physical or verbal.
- After a physical assault on a member of Trust staff, where the assailant was deemed culpable for his or her actions, the Local Security Management Specialist (LSMS) should be notified by email (see [Security page on Our space](#) for contacts) as soon as is practicable.

5. Roles and Responsibilities

In order to ensure that policy objectives are achieved it is necessary to communicate the role and responsibilities of all employees at all levels. It is therefore the responsibility of each member of the Trust to support and be familiar with this policy.

5.1 Trust Board

The Trust Board is ultimately responsible for fulfilling legal requirements relating to health and safety and the management of violence and aggression. It vests in the Chief Executive responsibility for the fulfilment of the relevant statutes.

The Trust Board is responsible for the assuring and improving the quality of clinical care by implementing clinical governance. The key principles of which are quality improvement, risk and performance management, systems for accountability and responsibility, formal audit and to minimise risks, undertake investigations and learn lessons from adverse events.

5.2 Chief Executive

The Chief Executive takes specific responsibility for:

- Advising the Trust Board on the review of existing policy arrangements and allocation of resources to implement health and safety procedures.
- Referring matters of a critical nature to the Trust Board for resolution and ensuring that adequate safety arrangements exist within the Trust.

5.3 Executive Directors

- On behalf of the Chief Executive the Executive Director of Nursing and Quality takes lead responsibility for the management of Health and Safety within the Trust.
- The Executive Director of Nursing and Quality is also the nominated Security Management Director (SMD) liaising with the NHS Protect (formerly the CFSMS). The Executive Director of Nursing and Quality is also the lead Director for Health and Safety.
- The Executive Director of Quality will be responsible for:

Violence reduction and management policy

- Communicating to the Board strategies to address violence against staff.
- Ensuring that appropriate arrangements are in place for the prevention, reduction and management of violence.
- Promoting safe working in all its operations.
- Overseeing the introduction, operation, monitoring and evaluation of this policy to ensure comprehensive, fair and consistent application throughout the Trust.
- In conjunction with the other Executive Directors ensure the provision of training, guidance and support to managers on the implementation of this policy.
- Ensuring that arrangements exist for the circulation of Regulations and Approved Codes of Practice (ACoP) and to act on reports from Trust Specialist Advisors, the Health, Safety, Security and Fire Group and the Health and Safety Executive (HSE).
- Ensuring that systems exist to maintain records of accidents and dangerous occurrences and the reporting of incidents involving violence or aggression to HSE where appropriate. This includes notification to the HSE incidents reportable under RIDDOR and incidents reportable to NHS Protect
- Ensuring that employees are allocated clear responsibilities and receive adequate training in accordance with this policy.
- Ensuring that patients who have been involved in a violent or aggressive situation are fully supported.
- Ensuring that employees who have been involved in a violent or aggressive situation are fully supported and assisted in any subsequent civil claim or application for Criminal Injuries Compensation provided that they were performing their authorised duties in the course of their employment.
- Ensuring the department produces reports and audits on violent incidents and the status of violence and aggression management within the Trust
- An appropriate degree of training will be demanded from all agencies and contractors who provide employees to work in areas where there is a potential for exposure to violence or aggression. This requirement will be included as a specification within all future contracts, and will be incorporated into existing contracts as soon as is reasonably practicable.

5.4 Non-Executive Director for Security Management

The Non-Executive Director for Security Management is responsible for promoting security management at Board level. The requirement for a Non Executive Director is set out in Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006). The role of the Non-Executive Director is to support, and where appropriate, challenge and support the Security Management Director on issues recommendations relating to security management at Executive Board level. This role is currently held by the Chair of the Trust.

5.5 Locality Clinical Directors, Managing Directors and Directors of Quality

Locality Clinical Directors, Managing Directors and Directors of Quality are responsible for ensuring that for each service and department within their directorate:

- Complete risk assessment screening for all patients and where required a full multidisciplinary risk assessment is undertaken and that these assessments are reviewed.
- Develop control measures including robust risk management and safe systems of work are implemented in accordance with health and safety risk assessments.
- Staff are adequately trained to the standard required in this policy.

Violence reduction and management policy

- Ensure that staffing levels throughout any 24 hour period include trained, capable and competent workers with appropriate skills in respect to the prevention, reduction and management of violence and aggression.
- Ensure that accidents and dangerous occurrences are reported in accordance with the 'The Policy for the Reporting, Management and Investigation of Adverse Incidents (including Serious Untoward Incidents) (Also known as The Incident Policy)'.
- Report incidents reportable under RIDDOR to the Head of Health and Safety without delay either by telephone or email followed by the electronic RIDDOR report.
- Certain physical assaults (those where there has been physical contact and injury and where clinical evidence suggests the assailant has capacity and intent) must be reported to the LSMS as soon as is possible. Routinely this would be communicated by completing an electronic adverse incident form but in the case where this is not possible it should be emailed. The Risk department, the LSMS and the Health and Safety team triangulate information to ensure serious incidents are recorded and managed appropriately.
- Monitor the implementation of this policy and provide support for line managers to ensure that their responsibilities are met.
- Local arrangements that implement this policy are devised and reviewed.
- Provide representation at the Trust wide Violence Reduction Group and support the delivery of a Violence reduction plan.
- Display the [Trust Policy on Violence and Aggression Poster](#) in a prominent area.

5.6 Head of Service/Department/Line Manager

Each Head of Service / Department / Line Manager has key responsibilities to:

- Ensure, within their area of responsibility, that this policy is complied with and that employees are sufficiently aware of and conversant with this policy to perform their duties.
- Ensure that risk assessments are carried out to identify the likelihood of a violent or aggressive situation occurring and that such situations are reduced or minimised by devising control strategies and risk management. Such risk assessments not only consider clinical issues but also environmental and procedural and practice issues including:
 - assessing the level of training provided to staff;
 - assessing communications with other teams, outside agencies and within the team to ensure that accurate, contemporaneous and relevant risk information is relation to clinical risks;
 - assessing the response to emergency situations, i.e. when a lone worker fails to return from a visit, response to building alarms, response to mount a Tertiary Physical Intervention, team response etc;
 - assessing the environment for factors which inhibit best practice in the prevention and management of violence and aggression, i.e. vision, audibility, staff call alarms, patient to nurse call alarms, colour of decorations and furnishings, noise levels, signage and information, sources of potential weapons, dead end corridors, security, doors and interview spaces ([see Appendix B](#));
 - assessing lone worker situations including escorting of patients on or off a hospital site.
 - security of the building
- Investigate violent or aggressive incidents taking action to avoid a recurrence, whilst supporting employees and directing to the appropriate support agencies if required from the LSMS.
- Ensure that assessment and control measures are reviewed, clearly documented and amended in an appropriate format where necessary.

Violence reduction and management policy

- Ensure that staffing levels throughout any 24 hour period include trained, capable and competent workers with appropriate skills in respect to the management of violence and aggression.
- Ensure that where any employee is unable to undertake interventions (physical or other) that an assessment of the impact of this is made, actions are taken and that other appropriate training is given where it is still appropriate for the individual to be working in the workplace ([Managing Attendance and Absence Policy](#) and [Capability Policy and Procedure](#)).
- Provide appropriate alarm, communication equipment and procedures and ensure that they are properly used. Systems should provide for checks to identify faults and ensure that prompt remedial action and maintenance is carried out. Records of tests, checks and maintenance should be kept (see Section 8.5 and [Appendix F](#)).
- Ensure that the training needs of all Trust employees in their department are identified and that these needs are addressed.
- Ensure that employees are provided with training at a level appropriate to any risks identified and follow the standards specified by the Trust and to their role.
- To ensure that training is repeated as advised and adapted to take account of new or changed risk and that records of such are kept.
- Ensure that employees are provided with supervision, information, instruction, education and training as is necessary on the likely risks and precautions that may be required and are provided with the opportunity to attend appropriate training identified through appraisal processes and required by this policy
- Ensure that accidents and dangerous occurrences are reported in accordance with the Policy for Incident Investigation and Management.
- Physical assaults those where there has been physical contact and injury and where clinical evidence suggests the assailant has capacity and intent must be reported to the LSMS as soon as is possible. Routinely this would be communicated by completing an electronic adverse incident form but in the case where this is not possible it should be emailed.
- Incidents reportable under RIDDOR should be reported to the Head of Health and Safety using the electronic RIDDOR reporting form on the Trust Intranet.
- Ensuring that patients who have been involved in a violent or aggressive situation are fully supported and assisted.
- Ensure that employees are supported if they have responded in any way during an incident which they determined as appropriate at the time. Inappropriate action may be seen as a sign of a training and development need.
- Ensure that employees are able to take time from their work to attend such counselling as the Trust Occupational Health or Employee Assistance Programme deems necessary. It should be recognised that counselling may be necessary not just for those people who have experienced or observed a one-off violent or aggressive situation where injury may or may not be apparent but also for those who have suffered exposure to prolonged violence and aggression not characterised by a single event.
- Display the [Trust Policy on Violence and Aggression Poster](#) in a prominent area

5.7 Employees

The policy requires all employees to:

- Comply with health and safety rules and regulations by co-operating with their line managers on risk assessments and incident investigations.
- Follow this policy and any associated local or Trust procedures and guidelines. Certain employees may be required to follow specific policy and procedures if a report to base

system is operated and an employee fails to report back (refer to the [AWP Lone Working Policy](#)).

- Communicate to line managers, supervisors, colleagues and employees of other organisations if there is a likelihood of a patient displaying violent or aggressive behaviour making a clear record in the patients care plan and any referral documentation.
- Report all accidents, incidents or dangerous occurrences as soon as possible after the occurrence as per the [Incident Management Policy](#)
- Act reasonably within the law and care for their own health and safety and that of others who may be affected by their acts or omissions. Employees must not knowingly put themselves or others into situations of significant risk and must only take part in those activities for which authorisation, suitable training and adequate protection has been given. This shall not be construed as precluding the use of reasonable force that may be required in an emergency involving a colleague or member of the public who is in imminent or immediate danger.
- Use all equipment and systems provided in accordance with training and instructions and refrain from intentionally misusing or recklessly interfering with anything provided for the interests of health and safety, reporting any defective equipment or hazards to their line manager.
- Bring any perceived risks, such as unsafe working conditions and training needs to the attention of their line manager.
- Undertake relevant violence reduction training as indicated by role and responsibilities as identified in the [Trust Training matrix](#).
- Bring to the attention of their manager any physical condition or mental health issue that prevents them from undertaking their duties or training safely.

5.8 Head of Health and Safety

The Head of Health and Safety shall:

- offer advice to managers on environmental risks in relation to violence and aggression and health and safety risk assessment and management.
- liaising with the Health, Safety, Security and Fire Group and the Learning and Development Department oversee the development of a range of training courses covering various aspects of managing and dealing with violence and aggression.
- report any RIDDOR reportable incidents to the Health and Safety Executive on behalf of the Trust.

5.9 Local Security Management Specialist (LSMS)

The Local Security Management Specialist (LSMS) will have delegated responsibility from the Accountable Director as follows:

- The LSMS will undertake his/her duties in accordance with Secretary of State directions to health bodies on measures to tackle violence against staff, patients, carers and visitors, and any subsequent advice and guidance issued by the NHS Security Management Service.
- The LSMS will ensure that appropriate links are made with the Corporate Governance & Risk Manager and the Head of Health and Safety.
- The LSMS will provide support and advice in relation to security, staff support, violence and aggression management and any appropriate training as recommended by NHS Protect
- The LSMS will investigate incidents of violence against staff, when applicable, in order that appropriate sanctions can be made and allow consideration for preventative action.

Violence reduction and management policy

- The LSMS will produce reporting adverse incident reports for NHS Protect where the assailant was deemed culpable for his or her actions, as per Secretary of State directions.

5.10 Health and Safety Representatives

The role of Accredited Health and Safety Representatives and Workplace Representatives are detailed in Section 6.5 of the [Health and Safety Policy](#).

In summary they have the following functions (this is not exhaustive):

- representing employees in discussions with the employer on health, safety or welfare issues and in discussions with HSE or other enforcing authorities;
- being consulted 'in good time' over a large range of health and safety issues;
- being involved with risk assessment procedures;
- attending safety committee/management group meetings;
- inspecting the workplace;
- investigating potential hazards;
- investigating notifiable accidents, cases of diseases or ill health, and dangerous occurrences;
- receiving information from health and safety inspectors;

See also [JUC Health and Safety pages on Our Space](#)..

5.11 Programme Director for Organisational Development

The Programme Director for Organisational Development takes overall responsibility for ensuring that the Learning & Development Department provides adequate resources for providing evidence based training which is based on an analysis of operational need in order to ensure this policy is implemented. The content of all violence reduction training is subject to regular evaluation to ensure it provides staff with the necessary skills and knowledge to discharge their legal obligations in accordance with existing statute law and best practice standards.

5.12 The Traumatic Stress Service for Staff and the Trust Occupational Health Provider

- The Trust offers independent and free counselling service to which employees may seek access on a self referral basis via the [Traumatic Stress Service for Staff](#)
- The Trusts Occupational Health Providers shall complete health assessments for employees returning to work where referred by their manager in order to establish fitness for work and in accordance with Disability Discrimination legislation and suggest reasonable adjustments to reduce the risk.

5.13 Other Organisations

Other organisations and professionals are expected to share information where there is a potential for Trust employees to be exposed to violent or aggressive behaviour (Refer to the [CPA Policy](#))

6. Definitions

Violence and aggression at work is defined as:

“The intentional application of force to the person of another, without legal justification, resulting in physical injury or personal discomfort”. Secretary of State Directions (April 2004)

And the following as a definition of non-physical assault:

“The use of inappropriate words or behaviour causing distress and/or constituting harassment”.

“Any incident, in which an employee is abused, threatened or assaulted by a member of the public including clients in circumstances arising out of or in the course of his or her employment.” (Adapted from HSE guidance)

This is extended to include:

“Verbal abuse against employees which includes threatening, insulting, obscene, racist, or sexist language sufficient to cause fear, intimidation, or serious offence”.

Restrictive practice

Interventions that may infringe a person's human rights and freedom of movement, including observation, seclusion, manual restraint, mechanical restraint and rapid tranquillisation (NICE: 10, 2015).

Manual restraint

A skilled, hands-on method of physical restraint used by trained healthcare

professionals to prevent patients from harming themselves, endangering others or compromising the therapeutic environment. Its purpose is to safely immobilise the patient (NICE: 10, 2015)

Mechanical restraint

A method of physical intervention involving the use of authorised equipment, for example handcuffs or restraining belts, applied in a skilled manner by designated healthcare professionals. Its purpose is to safely immobilise or restrict movement of part(s) of the body of the patient (NICE: 10, 2015).

Rapid tranquillisation

Use of medication by the parenteral route (usually intramuscular or,exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed (NICE: 10, 2015).

Seclusion

Defined by the Mental Health Act 1983 Code of Practice, (2015) as 'the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour that is likely to cause harm to others'.

Personal safety, defence and breakaway principles

Personal safety, defence and disengagement skills have been designed as part of a hierarchical tertiary set of responses that can be used in self-defence or the defence of others where it is believed that there is an immediate prospect of physical violence. The approach emphasises the need to escape from the threat and get to an area of safety to summon further assistance.

7. Standards

The primary legislation that applies in the prevention and management of violence and aggression is derived from the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

The Secretary of States Directions 2004 (amended 2006) place duties on NHS Trusts to have appropriate systems in place to manage the risks associated with violence and aggression.

The standards below also are relevant to this policy:

- NHSLA Risk Management Standards for NHS Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care (NHSLA 2012/13)
- A Professional Approach to Managing Security in the NHS Protect (2006)
- Violence and aggression: short-term management in mental health, health and community settings (NICE 10;2015)

The NHS Litigation Authority (NHSLA) handles civil legal liability claims and works with the Trust to improve risk management practices.

The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. The CQC has introduced a new system of registration for all health and adult social care providers. This is designed to make sure that people receive services that meet essential standards of Quality and Standards.

The 'Essential Standards of Quality and Safety' (CQC) require that staff are supported to undertake their work in a safe working environment where the risk of violence is minimised. Providers are not legally bound to meet these standards, however if they follow alternative arrangements, they should still be able to demonstrate that they have taken account of the standards when judging compliance with regulations.

8. Risk Assessment

8.1 Overview

The Trust Risk Assessment Policy provides an overview for managing the risks to staff from violent and aggressive behaviour. A number of interrelated assessments cover the risks, including:

- **generic risk assessments:** covering the general risks to staff working in the Trust, i.e. lone worker requirements
- **local/departmental risk assessments:** teams complete local assessments in high-risk areas to help develop local procedures to manage the risks
- **clinical risk assessments:** the Trust has systems in place for assessing the risk of individuals that have a history of behaviour disturbance.
- **building and environmental risk assessments:** the Trust has risk assessments on the safety and security of the building, e.g. design of reception areas, interview rooms and wards

The overall risk and therefore the risk management strategy will be a combination of some or all of the above. For example visiting a patient in their own home will require an assessment of the patient's presentation, history and propensity to violence and aggressive behaviour, the environment in which the staff member will be working and the systems in place within the team.

When considering how and what to cover in a risk assessment, there are a number of key issues that need to be taken into account:

- reducing aggressive behaviour – at the point of contact with the provider
- protecting lone workers – either working at fixed sites or community workers
- patient -specific risks – how you manage these risks and share information
- training – providing training to match operational need
- physical buildings and grounds – i.e. layout of premises to reduce the risks
- protecting staff – who handle medicines, money and other valuables

8.2 Health and Safety Risk Assessment

The completion of risk assessments can be seen as a proactive approach for the prevention of violence and aggression using the Trust's Risk Assessment tools. Risk assessments must be undertaken in accordance with the Trusts [Risk Assessment Policy](#). Risk assessments should be carried out to identify potential triggers for violence and aggression either from the design of the environment, methods of communication or the way the service is delivered.

All managers must ensure that an assessment of the risk of violence arising within their area of work is carried out. Attention must be paid to foreseeable risks of violence to ensure that appropriate preventative measures are in place. [Appendix B](#) provides examples of areas to consider when undertaking risk assessments.

Risk assessments should be completed using a multi-disciplinary approach. Staff involved in the assessment could include, staff already working in the environment, staff side health and safety representatives. The Risk Management team will also offer support.

All risks should be recorded on the standard AWP [Risk assessment form](#), (see also Risk Assessment Policy). On completing the risk assessment, the risk and associated risk action plan should be managed within the directorate/locality risk register.

8.3 Clinical Risk Assessment

On admission all patients must have a risk assessment completed as per the Trusts [CPA and Risk Policy](#). A full clinical toolkit for [Clinical Risk assessment and Management](#), provides a framework to help clinicians with this process.

Patient risk assessment/behaviour support plans should be continuously reviewed, particularly with consideration to changes in their clinical condition, behaviour or personal circumstances. Based on the patients' level of risk, where appropriate, control measures must be put in place to manage the level of risk.

8.4 Lone Working

The Trust recognises that some staff will spend a considerable amount of time working alone, often in domestic premises. These staff may face additional risks to their personal safety, due to the nature of their work.

In circumstances where staff work alone, managers should ensure that the Trust's Lone Worker Policy is implemented (Refer to the [Health & Safety Policy for Lone Working](#)). Lone working is also covered in the Trust training programme.

8.5 Departmental/Team Standards

Each team/department is required to ensure, where appropriate, that local standards are in place to manage the risk of violence and aggression and to have appropriate management controls in place. This section details the main requirements for managers. Further Guidance is given in Appendix F - Departmental Standards - Guidance

In their working practices, managers and staff will ensure that every effort is made to minimise the likelihood of violence by respecting the dignity of patients, carers and visitors and providing, as appropriate, a pleasant comfortable, well-informed and therapeutic environment designed to reduce stress and anxiety. All employees must wear their identity badges, whilst on duty, to contribute to patient satisfaction, service efficiency, and patient awareness and general security.

All staff must be familiar with the local emergency procedures for their work area or building. In particular, staff must be aware of the procedure for raising the alarm and summoning assistance. It is the responsibility of staff to ensure visitors are aware of these procedures and know what to do.

Violence reduction and management policy

The Trust will also ensure that there are other procedures in place to reduce, control or eliminate the risks associated with violence and aggression.

The core features of these procedures and local protocols should include:

- Security of Premises.
- Optimum staffing levels/skill mix.
- Personal alarms, installed alarm systems, alarm and emergency procedures.
- Communication.
- Security whilst travelling (including escort duty).
- Inter-departmental/network/inter-agency sharing of information.
- Back-up procedures.
- Clinical interventions.
- [Search procedures](#).
- [Seclusion procedures](#).

8.6 Support for Staff

Staff involved in violent, aggressive or abusive incidents may seek support via the Trusts Occupational Health Providers and via the Trust [Traumatic Stress Service for Staff](#) A confidential, independent and free counselling service is available to employees who may seek access on a self referral basis (Refer also to [Appendix A](#) of this policy)

8.7 Support for Patients and carers

Patient and carer support is provided via clinical systems and policy but the Trust will, in the same way as with staff, seek to assist and support patients in pursuing police action in response to an assault and to ensure that patients and carers receive appropriate support via their clinical care should they be the victim of physical, non-physical and racial abuse.

9. Prevention and Reduction of Violence and Aggression

The Trust recognises that there will be a number of occasions when patients may experience a loss of control that leads to an episode of behaviour disturbance. Whilst the underlying causes can often be multi-factorial it is important to recognise that the risk of violence can often be reduced by a thorough analysis and understanding of the primary root causes of the behaviour. Staff can then start to anticipate the likelihood of violence and work in collaboration with patients to develop plans to reduce the risk. Promoting Safer and Therapeutic Services in Mental Health and Learning Disability Services (NHS SMS, 2004) provides staff with the underpinning theory and rationale for the prevention, reduction and management violence. This training is mandatory under secretary of state legislation for all staff that have face to face contact with patients, in areas where the risk of violence has been identified as risk. Trust compliance is monitored through the Mandatory Training Policy and performance reporting to the Trust board. External monitoring is via LSMS reporting requirements to NHS Protect.

9.1 Behaviour Support Planning

Where a clinical history or actual risk of violence has been identified, a behaviour support plan needs to be developed (DoH, 2014) in collaboration with the patient (where possible) that recognises the primary, secondary and tertiary prevention strategies required to reduce and manage potential episodes of behaviour disturbance. This approach is deemed to be essential in reducing the need for restrictive practices such as restraint, seclusion and rapid tranquilisation (NICE: 10, 2015). The template and framework for developing behaviour support plans can be found within the existing Trust clinical toolkit.

9.2 Safewards

Safewards (2014) is part of an evidenced based approach that aims to reduce episodes of conflict and containment within in-patient mental health settings. The Trust has invested in the [Safewards Model](#) which aims to introduce and embed all 10 clinical interventions within all in-patient wards. This approach forms part of the Trusts overarching Violence Reduction plan.

10. Restrictive interventions

Any form of restrictive intervention that aims to curtail a patient's right to autonomy, freedom and movement should be very carefully considered and subject to proper safeguards. It is acknowledged that making a decision to use a particular restrictive intervention is likely to be a very stressful event for staff, patients and their carers/family due to the complex emotional, professional, legal and ethical issues involved. Ultimately, staff will be required to justify their actions in line with the tenets of reasonableness, proportionality and necessity. Clinical risk judgements will therefore need to carefully weigh and balance the benefits versus the potential harms of using such interventions.

Consideration must be given as to whether the interventions are of a degree or intensity that results in a deprivation of the person's liberty or a safeguarding incident. For further guidance refer to the following policy documents: Safeguarding, [Safeguarding children at risk](#) ; [Mental Capacity Act including Deprivation of Liberty Safeguards](#). The relevant legal framework that currently guides the use of force in a wide spectrum of situations is covered in the existing Trust training programme.

The existing [Mental Health Act 1983, Code of Practice, \(2015\)](#) makes reference to the guiding principles when considering the use of restrictive practices.

10.1 Methods of restraint

It is acknowledged that the clinical needs of children, adults and older people will be different, therefore this is reflected in the nature and type of manual holding techniques used :

Restrictive Practices – Place of Safety (Sec 136) Southmead site only

Restrictive practices that include the use of manual restraint on minors (U16s) will incorporate primarily a two person approach (predominantly low level, safe holding, figure of 4 holding, seated and standing holding) during crisis interventions, however it is acknowledged that additional staff and additional approaches may be required if the risk assessment dictates. (Specific considerations for children are described in 11.1)

PMVA Team Work (PMVA)

PMVA teamwork techniques employ a minimum of three persons during a crisis intervention. The skills have been designed to meet the nature of risks and operational need within the Adults of Working Age Acute, PICU Inpatient Wards and Specialist Secure Services Inpatient Wards.(Techniques include all low to high level interventions)

Understanding, Preventing and Managing Aggression in Older people (UPMA)

UPMA teamwork techniques incorporate primarily a two person approach (predominantly low level, safe holding, figure of 4 holding, seated and standing holding) during crisis interventions, however it is acknowledged that additional staff and additional approaches may be required if the risk assessment dictates.

10.2 Application of restraint

Evidence from Trust audit, Rio care records and adverse incident reports typically indicate that physical restraint in clinical practice generally occurs as part of:

A spontaneous emergency response where circumstances arise whereby an individual's behaviour necessitates an immediate physical intervention in order to prevent serious harm occurring to themselves or others i.e., physical assault, serious self-harm/suicide attempt.

Or

A planned response where a patient requires compulsory care and treatment under provision(s) of the Mental Health Act, 2003 (Amended 2007) and may be non-compliant with their care and treatment i.e., administration of prescribed medication, interventions to prevent serious self-neglect.

Where possible, intervention strategies for the management of behaviour disturbance should be negotiated with all patients at the point of admission to in-patient settings. These situations should be covered in a behaviour support care plan also taking into account any advanced patient directives and crisis plans that may already exist. The decision to use restraint will ultimately be determined by the clinical team that have a defined duty of care to the patient and the particular needs of the situation as described above.

WEAPONS –Staff are not expected to deal with individuals that are in possession of a weapon. (Guidance for Dealing with an Assailant Armed with a Weapon is outlined in the [related procedural document](#)

General principles:

- Manual restraint should only be undertaken by staff that have been trained to do so that the team understand each other's roles and have a clearly defined lead.
- Restraint forms part of a hierarchical set of responses based on the principles of least restrictive intervention.
- Any form of restraint is considered to be a tertiary intervention and should feature as part of an individualised behaviour support plan.
- Personal protective equipment (PPE) such as gloves, aprons and eye protection should always be considered where there is a risk of cross infection or contaminated with body fluids etc. ([Management of Infection Policy](#))
- The risk of non-compliance when handling a patient should always be considered. (see the [Manual Handling Policy](#) and specifically [Appendix 5 – Manual Handling assessment guide](#) and [Appendix 6 – Patient manual handling assessment](#)). Any risks identified in either Appendix 5 or Appendix 6 should be documented in the [Standard Risk Assessment Form](#).
- The restraint team will aim to preserve and maintain the patient's dignity and safety as far as possible
- Ensure that the level of force applied during manual restraint is necessary,
- appropriate, reasonable and proportionate to the needs of the situation and only applied for the shortest time possible.
- Ensure that manual restraint does not apply pressure to the rib cage, neck or abdomen, or obstruct the patient's airway, breathing or circulation.
- The patient should not have their eyes, ears or mouth obstructed.
- During restraint, the patient must be allowed to communicate at all times. One member of staff must maintain an open dialogue with the patient offering reassurance and explaining what is happening and why, aiming to gain co-operation.
- One member of staff will take responsibility for ensuring that support and protection to the patient's head and neck is afforded (where needed) and that the patient's airway and breathing is subject to continuous monitoring.
- If the patient is showing visible signs of respiratory distress or the clinical team have any concerns about the patient's physical condition and wellbeing, manual restraint **must be terminated immediately** and priorities re-assessed.

Violence reduction and management policy

- The restraint team must remain extra vigilant when using manual restraint with patient's that may be physically unwell, disabled, under the influence of alcohol or illicit substances, pregnant or obese. ([Independent Advisory Panel on Deaths in Custody, \(2010\)](#)). Any known pre-existing physical (medical conditions), emotional or psychological trauma should be noted in the patient's behaviour support plan.
- The duration of manual restraint should be minimised and terminated at the earliest opportunity. The use of [rapid tranquillisation](#) or [seclusion](#) should be considered as an alternative to prolonged manual restraint (episodes of manual restraint lasting longer than 10 minutes).
- Prone, (face down), restraint should be avoided if at all possible, however if this becomes a necessity and is for cogent reasons, the prone position may be used for the central reason of gaining emergency **short term** control, subject to the safeguards outlined in the AWP PMVA Tutor manual, (MHA Code of Practice 2015). This is covered extensively in the Trust training.
- Emergency equipment to support life will be immediately available within each in-patient clinical setting ([Resuscitation policy](#)).
- Members of the restraint team must be trained in the relevant life support skills which are relevant to their roles and responsibilities.
- Nursing staff should use the NEWS Physical Observation chart to monitor vital signs (respiratory rate, oxygen saturation, heart rate, blood pressure, temperature, conscious level) in accordance with the [NEWS procedure](#) and Rapid Tranquillisation Post Administration Monitoring Guidance (where indicated). If it is not possible to undertake a full set of NEWS Physical observations the [Non contact PHO Guidance and assessment framework](#) must be used.
- Any patient subject to physical restraint must be medically assessed at the earliest opportunity. Any injuries must be reported directly through the [electronic adverse incident reporting system](#).
- Any patient subject to restraint should have an opportunity to talk through the experience after the event. Post incident support should always be individualised to meet the patient's needs and may include the involvement of clinicians, advocates and professionals that have been trained in trauma support and are independent of the clinical team.

10.3 Techniques that may cause pain

The Trust recognises that any manual method of physical holding has the potential for causing unintentional and intentional discomfort and/or pain. Whilst the methods of manual restraint endorsed by the Trust do not rely on the use of pain to be effective, it is recognised that in exceptional circumstances (NICE: 10, 2015) that the use of a pain stimulus may be used to preserve life (Human Rights Act, 1998) and therefore cannot be totally excluded, providing that it can be demonstrated to be a necessary and proportionate response under the circumstances. The complex myriad of legal and ethical issues associated with using such techniques is covered in the Trust training programme. These techniques are only taught as an extreme emergency control measure to be used by trained staff having due regard for the safety and dignity of patients.

10.4 Position on Prone restraint

The Trust has fully considered Positive and Proactive, DoH (2014) and is committed to the reduction of all restrictive interventions. It is recognised that there will still be exceptional circumstances where the use of prone restraint may have to be used in some settings. Whilst NICE:10, (2015) recommend that supine (face up) restraint should be used in preference to the prone position, this is currently not supported by any evidence that proves it to be a safer alternative and is in conflict with one of the recommendations made by Flynn, (2012) post Winterbourne, who proposed a specific ban on the T-Supine position.

Staff that may have a need to use prone restraint in exceptional circumstances currently receive training which outlines the specific circumstances and safeguards required to use this procedure in practice. As this procedure is considered to be 'high risk' at the end of the Tertiary force continuum, it is subject to closer scrutiny and controls. It is subject to monthly monitoring which is reviewed by the Nursing and Quality directorate and a standing agenda item at Trust Violence Reduction Group meetings.

11. Medical risks associated with the use of manual restraint

The medical theories and risks associated with the use of manual restraint are fully covered in the Trust Training programme.

11.1 There are a number of specific considerations for young children.

- Clinical staff should be aware that young children have immature bones and joint structures, relatively large head in relation to body and an increased physiological reserve.
- Children have specific vulnerabilities when subject to restrictive interventions which are generally related to their psychomotor and behavioural development
- Psychological and physical development in children does not correlate well with chronological age, therefore, it is probably best to classify children into young (pre-pubertal) children, pubertal (signs of puberty) and adolescent (physically mature).
- The signs of puberty would include breast development and growth spurts in young females and a deepening voice and increase in muscle mass in young men
- There are likely to be height, strength and weight differentials between clinical staff and children which can alter the mechanics of physical interventions leading to the potential excessive passive movement of the joints and may lead to contact with sensitive areas of the body.
- Previous neglect or abuse may also trigger adverse psychological and behavioural reactions in response to any form of restrictive practice; therefore it is advantageous for staff to be trained in specific psychological approaches for this particular group.
- The risk assessment is an essential and fundamental safeguard when considering the nature and form of restrictive intervention on any individual, not just the U16 age group.

12. Under 16s in Place of Safety suites

The Trust has Place of Safety suites on 3 acute admission sites which are used for mental health assessments. However, **Southmead Hospital** is currently the only designated site for receiving children aged 16 and under.

The [Children Act \(1989\)](#) describes how local authorities should carry out their responsibilities in relation to care planning, placement and case review for looked after children. These responsibilities are designed to support the local authority in its primary duty set out in section 22(3) of the 1989 Act to safeguard and promote the welfare of the looked after child and to act as good corporate parents to enable each looked after child to achieve his/her full potential in life.

If a child is deemed to be suffering from a mental disorder they may be conveyed to a designated place of safety under S136 of MHA 1983 whilst under protection of the police. This allows for a mental health assessment to be completed by the Approved Mental Health Professional, within 72 hours.

Although the [Mental Capacity Act \(2005\)](#) does not generally apply to people under the age of 16 there are two exceptions:-

- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions within

Violence reduction and management policy

Section 2(1)* of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18 (Section 18(3))

- The criminal offence of ill treatment or neglect can apply to children who lack mental capacity within the MCA definition (s44).

In the case of Gillick, the court held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention.

In an emergency however, it is justifiable to treat a child who lacks capacity without the consent of a person with parental responsibility, if it is impossible to obtain consent in time and if the treatment is vital to the survival or health of the child. This is generally governed by common law principles (DoH, 2009).

The assessment should be conducted in a way that aims to protect the immediate safety, welfare and best interests of the child within the 72 hour period. There may be occasions when it is necessary to apply a reasonable degree of force to protect the child from harm or doing harm to others.

12.1 Riverside unit

This is a specialist unit for the care and treatment of children and adolescents suffering from mental disorder. Their violence reduction training is based on the Positive Behaviour Management Model (PBM).

Any physical intervention should always be based on the principles of least restrictive practice.

13. Pharmacological interventions

The use of oral medication may be considered as an appropriate early intervention strategy for some individuals where it has been identified as part of an agreed treatment plan. General guidance on medicines can be found in the Trust [Medicines policy](#)

Guidance on the use of medication for the management of disturbed behaviour can be found in the [Rapid Tranquillisation Procedure \(Med 23\)](#) - the use of Medication to Manage Disturbed (Violent) Behaviour on Mental Health Units

Medical staff who prescribe or deliver, and nursing staff who administer rapid tranquillisation, will be trained in the assessment and management of patients specifically in this context: This will include assessing and managing the risks of drugs, care of the unconscious and semi-conscious patient, and using and maintaining the techniques and equipment needed for cardiopulmonary resuscitation training (CPR and AED - Automatic Electronic Defibrillator) and prescribing within therapeutic limits. These topics are covered in induction for junior doctors training.

Further advice on the administration, prescribing and storage of medicines can be obtained via the Trust Pharmacy.

14. Mechanical restraint

Whilst it is recognised by the Trust that the use of mechanical restraints will not routinely be used by our staff, there may be occasions in some extreme cases where mechanical restraints will be used by the Police constabulary or secure transport staff.

The use of mechanical restraints will not be used as an alternative to providing sufficient escorting staff to ensure that security is maintained during transport.

Any instance of mechanical restraints being utilised for escorting a patient will automatically result in a MDT case review meeting taking place, to ensure this practice is reviewed and discussion held over the necessity of this procedure on future escorts.

The use of mechanical restraints may be considered for:

- The management of a patient who is considered to present a significant risk of harm to self or others whilst being transported, or if they were to abscond from the transport. The level of risk should be supported by a clinical risk assessment completed and recorded in the patients' case notes.
- Prisoners being transferred who are considered to present a significant risk of absconding. The level of risk should be supported by a clinical risk assessment completed and recorded in the patients' case notes.
- The Secure Services Directorate may, due to the nature of the service and risks involved with escorting and transporting patients or prisoners, adopt their own frameworks and procedures on mechanical restraint which go beyond the scope of this policy (Ref [Fromside Leave Procedure](#)).

Read also in conjunction with - [The Multi Agency Protocol for the Use of Mechanical Restraint in the Transportation of Detained Patients following a Mental Health Act Assessment](#)

Restrictive practice reduction

The Trust Violence Reduction Group provides the existing framework for the formulation, delivery and evaluation of the organisational violence reduction plan which also includes targeted strategies for reducing restrictive practices. The Violence Reduction Group provides bi-annual reports to the Quality and Standards Committee.

15. Training

The Trust is required to provide such training as is necessary to ensure, as far as is reasonable practicable, the health and safety at work of its employees. A programme of training is in place that meets with the recommendations from NHS Protect and NICE guidance. In the absence of a nationally approved system for the use of physical intervention techniques, the Trust will only use those approaches that have been subject to medical, legal and manual handling review and feature in the existing Trust PMVA Tutor manual.

Restrictive interventions will never be viewed or taught in isolation from the other critical skills required in the identification, understanding, and prevention of violence and aggression. The hierarchy of primary, secondary and tertiary interventions is fundamental to the Trust training ethos on violence and aggression.

All staff that have successfully completed their initial training (that involves any manual restraint technique) will be required to refresh their skills within 2 years of initial training and thereafter. Records of their attendance will be maintained on the MLE register.

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. The Trust's learning and development matrices have also been linked to this policy which describes the minimum statutory, mandatory and required training for all staff groups in respect to tertiary interventions. ([Learning and Development Training Matrix](#))

15.1 Staff exemptions from training

Some staff may not be able to participate in tertiary intervention training or practice for a number of reasons. This section outlines the principles involved in managing this situation.

Temporary Exemption

The following represents a guide to the reasons for temporary exemption:

- Staff awaiting training (but must still contribute to the management of emergencies as required).
- Pregnancy.

Violence reduction and management policy

- A medically diagnosed condition which would be aggravated by using physical restraint techniques - a review date must be identified with Occupational Health (usually within 3 months and repeated as necessary)
- A medically diagnosed condition which prevents the individual from using physical restraint techniques – a review date must be identified with Occupational Health (usually within 3 months and repeated as necessary)

Permanent exemption

The following are a guide to reasons for permanent exemption:

- A medically diagnosed condition which would be aggravated by using restraint.
- A medically diagnosed condition which prevents the individual from using restraint.

15.2 Action to be taken to decide on whether an individual is exempt

- The individual must inform their Line Managers that they have a condition, which s/he believes makes her/him exempt from using physical restraint techniques either temporarily or permanently.
- The Line Manager must ascertain whether the condition has been medically diagnosed and if not ask the employee to provide written confirmation of this within 14 working days.
- The Line Manager will make the employee exempt for this 14 day period.
- Except for the case of pregnancy, which is automatic exemption, the Line Manager must refer the employee to Occupational Health for confirmation that the condition is one which exempts the employee from participation. The referral will request from Occupational Health an estimation of how long the employee may be unable to use physical restraint techniques. At this point the manager must inform the learning and development department for purposes of auditing and monitoring the number of exempt staff.
- The manager must also contact the Learning and Development department as soon as the individual's condition has improved where they are no longer deemed to be exempt.

15.3 Learning and development department

The Learning and Development department will ensure that it has systems in place to ensure that;

- All modules of Violence Reduction training is based primarily on the prevention, reduction and resolution (primary and secondary interventions) of conflict.
- Training programmes are educationally sound and subject to robust evaluation.
- Tertiary intervention skills taught to staff are based on an objective assessment of risk and operational need analysis, subject to annual review.
-
- Training programmes are only delivered by those staff that possess the appropriate attitude, value base, clinical experience and qualifications.
- Those identified Tutors work within an agreed Code of Professional practice.
- Tutors have a nominated clinical supervisor and can demonstrate that their development and progress is evidenced in a personal portfolio.
- Tutors have opportunities for their own professional development and autonomy to collaborate with local, regional and national experts.
- Any proposed practice developments in Violence Reduction training are brought to the Trust Violence Reduction Group for discussion and approval before being approved by the Trust Quality and Standards Committee.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

16. Monitoring and Audit

Implementation of this policy will follow a number of lines, and include:

- Monitoring of training uptake and any gaps. Training is monitored by the Employee, Strategy and Engagement Committee.
- Information from the incident reporting process is used to directly influence and update/revise training, equipment, policy, strategy and procedures. This is done both locally through management reviews, centrally through the Health, Safety, Security and Fire Group and through CIOG (Critical Incident Overview Group).
- Action plans to address any gaps in performance. Significant risks are placed on locality risk registers and monitored at locality governance groups.
- Audit and review of risk assessments. These are conducted by the Health and Safety Team reporting to the Health, Safety, Security and Fire Group and the results of these are reported in the Annual Health and Safety Report received by Quality and Standards Committee.
- Monitoring of adverse incident data including both physical and non-physical aggression. These are reviewed individually, in thematic reviews that take place in a rolling programme and in the six monthly adverse incident reports to the Quality and Standards Committee. The Trust benchmarks itself against NRLS data and data from NHS Protect.
- Monitoring staff views and trends via Staff survey and Stress assessments, where violence is an indicator. This is carried out every 2 years and allows benchmarking with other mental health services. The results of these are reported to the Modernisation and Workforce Group, the Safety Management Group and the Quality and Standards Committee.
- The use of the Trust's tertiary interventions are monitored and evaluated by the Clinical Incident Overview Group.
- The use of prone restraint is subject to much closer scrutiny and monitored on a monthly basis. The data and trends are presented at the Violence Reduction Group.
- Summary information is provided by the Head of Patient Safety Systems using the adverse incident data collection system.
- Compiling this information will aid the process of gathering statistics, including ethnic origin recording and undertaking clinical audits, and identifying clinical practice implications. It is through these processes that this policy will be monitored.
- An audit of restrictive practices and Behaviour Support Planning will be compiled and submitted to the Quality and Standards Committee at 12 monthly intervals.

17. References

Bowers, L., *et al* (2014) Safewards: the empirical basis of the model and a Critical appraisal. *Journal of Psychiatric and Mental Health Nursing*, 21, 354–364

Care Quality Commission (2015) *The fundamental standards*. Available at: <http://www.cqc.org.uk/content/fundamental-standards> (accessed October 2015)

Counter Fraud and Security Management Service, (2003) *'A Professional Approach to Managing Security in the NHS'* (Available at: http://www.nhsbsa.nhs.uk/Documents/sms_strategy.pdf (accessed October 2015)

Department of Health, (2003) *Working Together: Securing a Quality Workforce for the NHS*. London, NHS Executive. (Available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014484.pdf (accessed October 2015)

Department of Health Care, (2014) *Positive and Proactive: reducing the need for restrictive interventions*, Department of Health, London.

Flynn M. and Citarella V. (2012) South Gloucestershire Safeguarding Adults Board. *Winterbourne View Hospital A Serious Case Review*. South Gloucestershire Safeguarding Adults Board. Gloucestershire.

Health and Safety at Work Act (1974), available at: <http://www.legislation.gov.uk/ukpga/1974/37/contents?view¼plain> (accessed 25 September 2014).

Health and Safety at Work Regulations, (1999) available at: www.legislation.gov.uk/uksi/1999/3242/contents/made (accessed 25 September 2014).

Health and Social Care Act, (2012), available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (accessed 1 January 2012)

Health and Safety Commission ,(2003) *Violence and Aggression to Staff in the Health Services*. Guidance on Assessment and Management. Second Edition, Norwich, Crown Copyright, HSE Books.

HSC 1999/229 "Working Together, Securing a Quality Workforce for the NHS: Managing Violence, Accidents and Sickness Absence in the NHS (Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012234.pdf (accessed October 2015)

Human Rights Act, (1998), available at: <http://www.legislation.gov.uk/ukpga/1998/42/contents> (accessed 1 January 2012)

E.G, Dahlberg L,L. Mercy J.A, Zwi A.B and Lozano, R. [2002] [eds]. *World Report on Violence and Health*. Geneva: World Health Organization.

Mental Health Act 1983, Code of Practice (2015) Available at: http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/01/Code_of_Practice.pdf (accessed October 2015)

National Audit of Violence (National Audit Office 2006/07) Available at: <https://www.rcpsych.ac.uk/PDF/OP%20Nat%20Report%20final%20for%20Leads.pdf> (Accessed October 2015)

National Institute of Clinical Excellence (NICE 10; 2015) *Violence and aggression: short-term management in mental health, health and community settings*. (Available at: <http://www.nice.org.uk/guidance/NG10/chapter/1-recommendations> (accessed October 2015)

NHS Protect (2014) Physical Assault statistics. Available at: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Reported_Physical_Assaults_2013-14.pdf

NHS Protect (2015) Q&As on the Department of Health's Positive and Proactive Care Guidance. Available at: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/DH_PBS_Q-A_March_2015_logo_amended.pdf (accessed October 2015)

NHSLA Risk Management Standards for NHS Trusts, (2012/13) available at: <http://www.nhs.uk/nhsa/home.htm>. (accessed 20 April 2015)

Safewards (2016) Resources for Safewards implementation. Available at: <http://www.safewards.net/> (accessed 11 March 2016)

Security Management Service, (2007) '*Not Alone*' - *A Guide for the Better Protection of Lone Workers in the NHS* (Available at:

http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Lone_Working_Guidance_final.pdf
(accessed October 2015)

Security Management Service, (2004) *Conflict Resolution training - Implementing the national syllabus*. Available at:

http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/crt_implementing_syllabus.pdf
(accessed October 2015)

18. Associated and Related Procedural Documents

[Risk Assessment Policy](#)

[Health and Safety Policy for Lone Working](#)

[Disciplinary Policy and Procedure](#)

[Incident Management Policy.](#)

[CPA and Risk Policy](#)

[Safety Guidelines for Hostage Situations](#)

[Dignity at Work Policy](#)

19. Appendices

Appendix A - Tackling Violence and Aggression – Guidance

Appendix B - Risk Assessment Checklist

Appendix C - Interview Room Assessment Checklist

Appendix D - Guidelines on the Management of Exposure to CS Incapacitant

Appendix E - Taser Medical Implications Guidance

Appendix F – Department Standards Guidance

Appendix G - Guidance for Dealing with an Assailant Armed with a Weapon

Version History				
Version	Date	Revision description	Editor	Status
1.0	27/02/2006	Previous policy	PAD	Approved
2.0	17/12/2008	Approved by Board	PAD	Approved
2.4	24/01/2011	Administrative changes	PAD	Approved
3.0	13/12/2011	Approved by the Quality and Healthcare Governance Committee	PAD	Approved
3.1	16/10/2012	Extended Review date. Approved by the Quality and Safety Committee	PAD	Approved
4.0	07/05/2014	Approved by the Quality and Standards Committee	PAD	Approved
4.1	17/06/2014	Administrative updates to change Occupational Health details	SJ	Approved
5.0	01/11/2016	Policy review and update in light of NICE guideline ¹⁰ , MHA COP, DoH, Positive and Proactive	SJ/AM	
6.0	16/06/2017	Amalgamated policy: New policy name: violence reduction and management policy Replacing: Recognition, prevention and management of violence and aggression (P095) and tertiary physical intervention policy (P109). Approved by Deputy CEO & Director of Nursing & Quality	Head of Nursing - In-patients	Approved