

Violence and Unacceptable Behaviour Prevention Strategy

Classification :	Strategy		
Authors Name:			
Authors Job Title:	Head of Security		
Authors Division:	Corporate		
Departments/Group this Document applies to:	All Trustwide		
Approval Group: Health & Safety Committee – chairs actions approved 18/7/23 Trust Executive Committee	Date of Approval:	Aug 2023	
	Last Review:	July 2023	
	Review Date:	July 2025	
Unique Identifier: DOC300	Status: Approved	Version No: 2.0	
Strategy to be followed by (target staff): All staff			
To be read in conjunction with the following documents: Health & Safety Policy Violence & Unacceptable Behaviour Policy Incident Reporting Policy Risk assessment process & procedure RIDDOR reporting process & procedure First Aid at Work Policy			
CQC Fundamental standards: Regulation 12 – Safe care and treatment Regulation 15 – people and premises Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

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1.0 Introduction

The **Health and Safety Executive (HSE)** defines work-related violence as:

“any incident in which a person is abused, threatened or assaulted in circumstances relating to their work”.

This definition includes verbal abuse and threats as well as physical attacks. Health and safety law applies where it is foreseeable that a risk of violence and/or unacceptable behaviours may arise out of, or in connection with, the work activity.

Incidents are known to negatively impact at individual, organisational and societal levels.

Incidents are likely to affect overall wellbeing, sense of self-esteem and dignity. Physical health impacts might include injuries, cuts or bruises. Mental health effects may include anxiety, stress, post-traumatic stress disorder, and potential for increase in suicide risk. Individuals may feel frightened, sad, powerless, angry or helpless, incur problems sleeping and find themselves suffering from chronic fatigue. Individuals may also suffer loss of income if having to take time away from work following an incident.

It is incumbent on all employers to ensure the risks associated with violence and unacceptable behaviours are identified and measures taken to prevent/reduce the occurrences, impact and to support staff and others affected appropriately.

This strategy identifies the commitment and measures taken within Milton Keynes University Hospital NHS Foundation Trust in managing violence and unacceptable behaviour.

2.0 Strategy Statement

The Trust Board and Chief Executive Officer (CEO) of MKUH are accountable for ensuring violence and unacceptable behaviour is identified and managed appropriately across the organization. They will ensure and seek assurance the measures identified in this strategy and supporting policy are implemented and continue to be regularly reviewed. They will support any additional measures required so far as is reasonably practicable.

The Trust Board and CEO of Milton Keynes University Hospital NHS Foundation Trust (MKUH) do not accept that instances of violent and unacceptable behaviour are an inevitable part of daily work.

Such behaviours take many forms, these will be outlined in the Trust Managing Unacceptable Behaviour, Abuse, Harassment and Discrimination from Patients and Public Policy and can involve staff, patients and others, affecting both physical and mental wellbeing.

Violent and unacceptable behaviour should not be accepted by any individual; it is not an occupational hazard and we actively encourage all staff:

- **Do Not Accept it**
- **Report it**
- **Prevent it**

There will be some circumstances where an episode of unacceptable behaviour is due to circumstances; medical conditions, receiving bad news for example. As part of this strategy and the supporting policy we seek to better understand the causes of an individuals behaviour and endeavour to prevent such incidents if possible. Where incidents do occur despite strategies to prevent, we will take measures to support our staff/others.

The implementation of the violence and unacceptable behaviour prevention strategy aims to encourage all clinical and non clinical services to review practices and philosophies of care in order to maximise the safety of everyone. Looking at three stages of prevention, primary, secondary and tertiary.

Through this strategy we promote collaborative working across our stakeholders to ensure services are safe for all; with teams committed to a culture of incident reporting, meaningful debrief and in the case of patients, clinical risk review to inform organizational learning and development in order to reduce/prevent further incidents and ensure our staff feel supported.

This strategy does not exist in isolation, its intention is to provide a strategic framework and work alongside supporting policies.

3.0 Strategy Aims

To define the strategic direction of violence and unacceptable behaviour management within MKUH. It outlines the general actions we will take. The supporting policy will outline those actions in more detail along with clear roles and responsibilities for implementation.

To meet the aims set out in the NHS England violence prevention and reduction standard: December 2020; Health & Safety legislation and the standards previously set by NHS Protect

4.0 Our Vision

We collectively accept that incidents of violence and unacceptable behaviour are not inevitable and will seek to address and reduce occurrences.

We commit to providing a framework that supports a safe and secure working environment for our staff and others affected, safeguarding them against abuse, aggression and violence.

We commit to ensuring appropriate sanctions are taken against perpetrators of violence and unacceptable behaviours.

We commit to providing suitable and timely support to staff and others affected by violence and unacceptable behaviours.

We will do this by :

- Nominating a lead director for oversight in relation to the management of violence and unacceptable behaviour.
- Identify a lead role for outlining policy, providing support and direction in managing behaviours, supporting staff and seeking action against perpetrators.
- Documenting and implementing policies and procedures to guide staff
- Undertaking risk assessments and acting on the outcomes
- Where violence and unacceptable behaviour is demonstrated a process of letters concerning future behaviour by an individual will be forwarded in an effort to reduce the occurrences.
- The Trust will actively seek maximum sanctions against individuals through the criminal justice system where appropriate
- Implementing such measures as deemed necessary to safeguard individuals – CCTV, bodycams, alarms for example
- Reviewing workplace environments, medical practices/interventions, looking at primary prevention and de escalation methods, secondary and tertiary interventions.
- Providing support to staff in a meaningful and constructive way
- Providing staff with a platform to report incidents
- Providing staff with a route of escalation where they feel incidents have not been managed appropriately or in a timely manner
- Reviewing incident data and trends in order to better understand the locations, causes and impact of such incidents
- Communicating and raising awareness in relation to behavioural management, escalation and support

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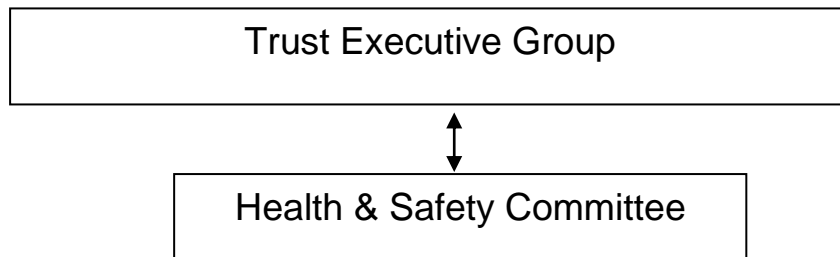
- Developing and providing training for staff that ensures they understand policy requirements and how to deal with violent and unacceptable behaviours when they do happen
- Empowering staff to report incidents – **Do not accept it, report it, prevent it**
- Empowering staff to seek further action against perpetrators and feel supported in that process
- Ensuring we are listening and taking action through appropriate methods of audit, monitoring and acting upon incidents and staff feedback
- Providing a platform through a designated Violence & Unacceptable Behaviour Steering Group for escalation and ongoing monitoring of Trust processes.
- Consult with stakeholders including our union and staff side representatives

5.0 Definitions

- Individuals – staff, patients, visitors and other third parties
- Primary interventions – addressing the root causes before it has happened
- Secondary interventions – reactive response – de escalation techniques
- Tertiary interventions – physical interventions, post incident reviews, debriefs

6.0 Governance Structure

This strategy will be reviewed annually alongside the policy and NHS England standard. Escalations and assurance reporting will happen through the below governance structure.



7.0 Implementation and dissemination of document

This strategy will be promoted through the CEO weekly message and uploaded to the intranet. It will also be promoted through a targeted communications campaign identified as part of the strategy vision.

8.0 Statement of evidence/references

Reference:

NHS England: Violence prevention and reduction standard – December 2020

Underpinning legislation:

Health & Safety at Work etc Act 1974
Management of Health & Safety at Work Regulations 1999
Reporting of Injuries Diseases and Dangerous Occurrence Regulations 2013
The Health & Safety First Aid at Work Regulations 1981
Safety Representatives and Safety Committees Regulations 1977
Health and Safety (Consultation with Employees) Regulations 1996

Associated legislation:

The Corporate Manslaughter and Corporate Homicide Act 2007
Protection from Harassment Act 1997 – Legislation.gov.uk
Assaults on Emergency Workers (Offences) Act 2018
Equality Act 2010 - Legislation.gov.uk
Offences against the person legislation
Section 39 Criminal Justice Act 1988

9.0 Governance

9.1 Document review history

Version number	Review date	Reviewed by	Changes made
2	2023	Health & Safety Advisor on behalf of Head of Security	Changes to reporting structure

9.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Health & Safety Committee	Oversight of violence & abuse management practices			No comments to add	
Health & Safety Committee	Oversight of violence & abuse management practices	July 2023	July 2023	No Comments to add	
TEC	Trust	Aug 2023	Aug 2023	Approved	

9.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Understanding of strategy	audit/survey monkey/staff survey	Head of Security	Annual	Health & Safety Committee
Meeting NHS England Standard, legislation	NHS standard H&S legislation	Head of Security	Annual	Health & Safety Committee
Incident trend analysis to look at reduction in incidents/severity/location	RADAR	Head of Security	Bi monthly	Health & Safety Committee
Improvement in staff survey responses	Staff Survey Union feedback	Director of Workforce/Assistant Director of HR	Annual and monthly through JCNC	JCNC V&A Steering Group Health & Safety Committee

9.4 Equality Impact Assessment

As part of its development, this strategy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Corporate	Department	Estates/RisI & Governance
Person completing the EqIA		Contact No.	01908995097
Others involved:		Date of assessment:	01/07/2022
Existing strategy/service	N/A	New strategy/service	Managing Unacceptable Behaviour
Will patients, carers, the public or staff be affected by the strategy/service?		Staff	
If staff, how many/which groups will be effected?		All staff	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact – in risk assessing episodes and severity of behaviours, it may be necessary to exclude some women from working in high risk areas to safeguard them and their unborn child. This will be determined by departmental and pregnancy risk assessments.	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	YES		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?		V&A Steering Group, Estates Governance, Health & Safety Committee, JCNC	
How are the changes/amendments to the policies/services communicated?		Email, intranet, promotion through department visits, listening events, drop ins	
What future actions need to be taken to overcome any barriers or discrimination?			
Who will lead this?	Who will lead this?	Who will lead this?	Who will lead this?

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Review date of EqIA	July 2023		