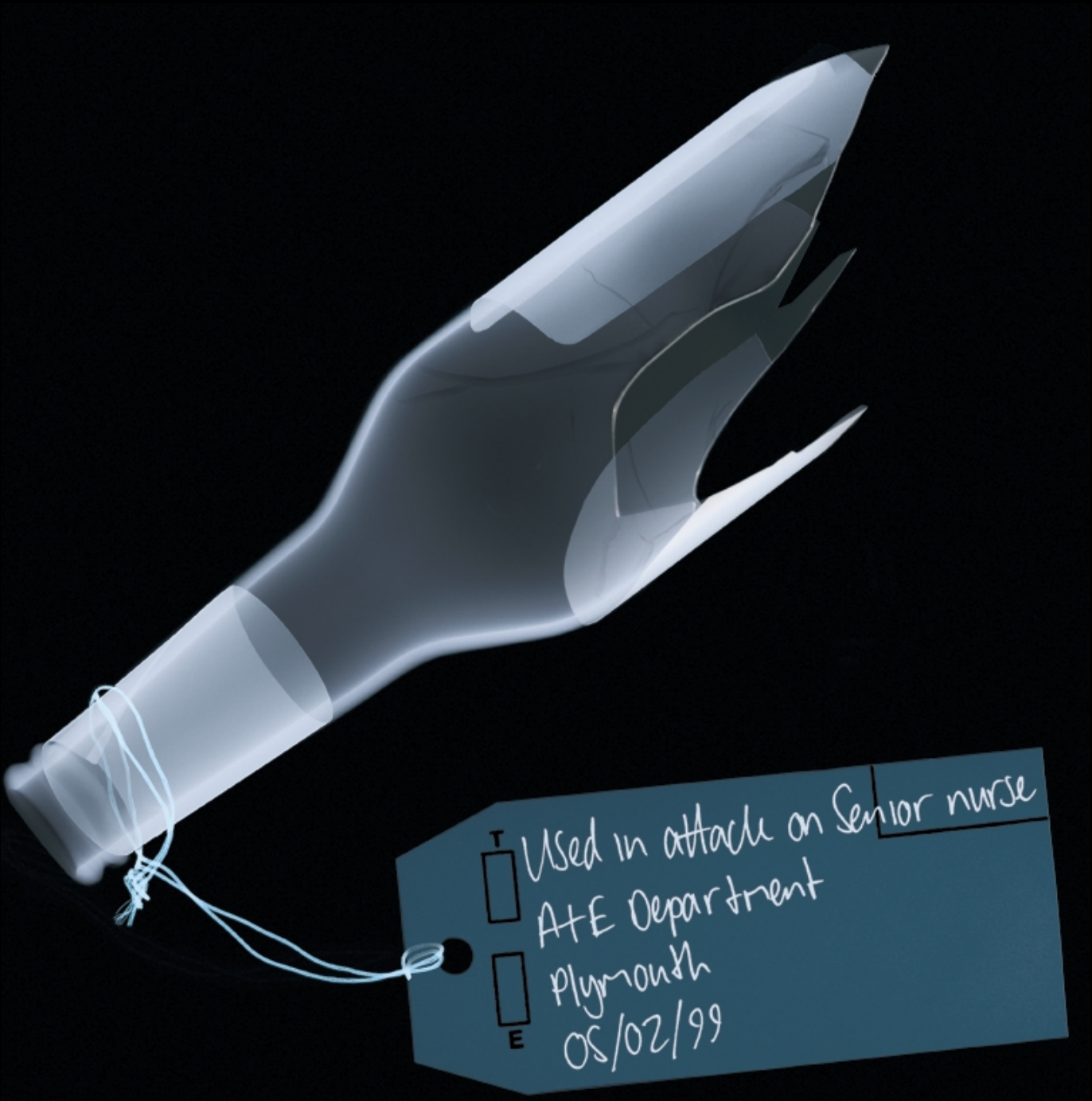


# We don't have to take this

Resource Pack



This resource pack provides you with information and publicity tools to help tackle violence against staff working in the NHS.

**This resource pack contains the following:**

- > NHS zero tolerance zone campaign posters (x 4)
- > NHS zero tolerance zone campaign postcards (2 x 4)
- > Managers' Guide – Stopping Violence Against Staff Working in the NHS
- > Resource sheets for managers and staff:
  1. NHS zero tolerance zone – Key Messages
  2. The Criminal Justice System – Working for You
  3. Preventing Violence Against Staff Working in the NHS
  4. Case Studies and Examples of Good Practice
  5. Further Reading and Useful Contacts
- > Floppy disk

To order additional resource material, see the reverse of this pack.

# Managers' Guide – Stopping Violence Against Staff Working in the NHS

We don't have to take this

The skilled and dedicated people who work in the NHS spend their lives caring for others. Yet far too many of them are victims of violence and intimidation. And this problem has been growing. The Government is determined to make life safer for the people who work in the NHS. That will be good for the staff and it will be good for the millions of patients who use the health service.

Health service managers must do all they can to stop staff being assaulted and abused. This issue must be at the top of the managerial agenda.

This Guide, and the resource sheets which accompany it as part of the NHS zero tolerance zone campaign, has been developed by the NHS Executive working with colleagues in the Home Office, Lord Chancellor's Department and in the Crown Prosecution Service. It sets out how managers in the health service can work locally with organisations such as the police and the Crown Prosecution Service to prevent violence against staff.

Aggression, violence and threatening behaviour will not be tolerated any longer. That is why right across Government, Ministers have developed the NHS zero tolerance zone campaign. That's why we are determined to make it a success.

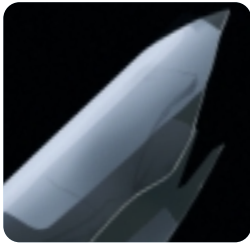
**Frank Dobson**

Secretary of State for Health

The NHS zero tolerance zone is a nationwide campaign to tackle violence against staff working in the NHS. The campaign has been initiated by Frank Dobson, Secretary of State for Health, and has the full support of Jack Straw, the Home Secretary, Lord Irvine, the Lord Chancellor, and Lord Williams, the Attorney General. The campaign will include a high profile poster campaign in the NHS.

As a manager, you have a key role to play in the NHS zero tolerance zone campaign. This Guide identifies some of the things you can do to reduce the risk of violence and aggression against your staff and explains how to deal effectively with violent incidents when they occur.

In addition to the Managers' Guide, the NHS Executive has also prepared a series of resource sheets to provide you and your staff with more detailed information on specific aspects of the NHS zero tolerance zone campaign, including measures to prevent violence against staff, and examples of good practice. More detailed guidance for managers is contained in *Safer Working in the Community* which was issued jointly by the NHS Executive and the Royal College of Nursing in September 1998.  
(See Resource Sheet 5)



Staff working in the NHS should not have to experience violence and abuse at work – it does not go with the job and is destructive on many levels.

### Aims

**The NHS zero tolerance zone campaign has two principal aims:**

- > to get over to the public that violence against staff working in the NHS is unacceptable and the Government (and the NHS) is determined to stamp it out; and
- > to get over to all staff that violence and intimidation is unacceptable and is being tackled.

The definition of work related violence is not subjective. 'Violence' means:

any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health.

In September 1998, Frank Dobson set the NHS a national target for reducing the incidence of violence against NHS staff by 20 per cent by 2001 and 30 per cent by 2003. By April 2000, NHS Trusts are also required to have systems in place to record incidents of violence against staff, and have published strategies in place to achieve a reduction of such incidents.

### The facts about violence

**The Government is right to be concerned about violence against staff working in the NHS. One in seven of all reported injuries at work in NHS Trusts are physical assaults by patients or visitors. Those who are particularly vulnerable to aggressive behaviour include nurses, ambulance and A&E staff and carers of psychologically disturbed patients. GPs and their staff are also victims of assaults.**

In September 1998 the NHS Executive carried out a survey of sickness absence, accidents and violence in 402 NHS Trusts in England. Its main findings were that, on average, seven violent incidents were recorded each month per 1,000 staff. This is equivalent to approximately 65,000 violent incidents against NHS Trust staff each year. Rates of recorded violent incidents were highest, overall, for priority NHS Trusts, e.g. mental health and learning disabilities, and nursing staff were more than twice as likely to be involved in a violent incident compared with all other staff.

The cost in human terms of violence against staff working in the NHS can be great. Some victims suffer physical and/or psychological pain. Confidence can be irrevocably dented, while stress levels rise. The financial costs to the NHS from violence can also be considerable and include:

- > sick pay if the member of staff has to take time off work;
- > the additional cost of temporary staff;
- > fees for legal action;
- > counselling if required; and
- > loss of experience and the cost of the training, should the member of staff leave the profession.



Health Service managers must do all they can to stop staff being assaulted and abused. They have a key role to play in the NHS zero tolerance zone campaign.

## Legal responsibilities

### Health and safety legislation

Health service employers and managers are committed to caring for the health and safety of all their staff. As with other employers, they have duties with respect to the management of work-related violent incidents, framed both by national and European health and safety legislation and by their common law duty of care. A summary of the requirements on employers, under health and safety legislation, is contained in *Safer Working in the Community* which was issued jointly by the NHS Executive and the Royal College of Nursing in September 1998.

### Crime and Disorder Act 1998

Health care environments are integral to the communities in which they serve. Therefore, fostering good relations within the community and, in particular, with organisations such as the police is important in reducing violence against staff working in the NHS. With the passing of the *Crime and Disorder Act 1998*, local authorities and police, in co-operation with other bodies including NHS Trusts and Health Authorities, are legally required to formulate and implement crime and disorder strategies.

Local crime prevention groups have been set up around the country, the incidence of crime has been audited and prevention strategies have been put in place. To date, however, the NHS has not universally made best use of this opportunity to work in the local community in partnership with the police. Violence against staff is a crime and you should seek every opportunity to work with the police to help prevent it. For instance, it may be that a Trust has a recurring problem at a particular location at a particular time. By identifying this through a local crime and disorder reduction partnership it may be possible for extra resources to be made available to address the problem, e.g. police presence. Clearly NHS Trusts and Health Authorities are best able to identify the problems and priorities in their own areas.

## Preventing violence against staff working in the NHS

**There is no single solution to preventing violence against staff working in the NHS. Preventing violence at work must start with a full assessment of the risks. Risk assessment should be carried out by the appropriately trained staff gathering information from a number of sources at both organisational and employee level.**

**This Guide includes examples of factors which as a manager you should take into account when developing local prevention strategies.**

*(See Resource Sheets 3, 4 and 5)*

### Environment

The environment in which staff work, patients are treated and other members of the public visit can have a significant influence on behaviour. You should consider assessing environmental factors such as cleanliness, light, temperature, the adequacy of space, control of access and signage as well as the provision of, e.g. smoking areas and private room(s). This will ensure that the physicality of a place doesn't trigger or exacerbate a stressful situation. The use of CCTV has also been well documented as a good disincentive to anti-social and/or unlawful behaviour. Local crime reduction officers are trained to offer advice on environmental factors.

### Training

Staff working in the NHS should know that their safety comes first. They should not be in situations that make them feel unsafe. However, if they are, they need to know how to deal with them.

Appropriate staff training is therefore crucial. You should assess the risks to staff members and analyse their training needs. In doing so it will be possible to gauge the sort of training they require according to their roles and ensure that this is appropriate to the degree of risk an individual employee faces. Training should be up-to-date, relevant, purposeful, backed by evidence, given by experts and include scope for feedback. Ideally, you should receive the same training as your staff to ensure continuity.

### Communications

Maintaining effective communications channels with your staff, and particularly those working in the community, is important. You need therefore to consider the communications needs of your staff and the measures that can be taken to minimise any risk to their safety. These might include:

- > providing panic-button alarms and appropriate two-way communications systems such as mobile phones which are increasingly being used by staff whose work places them in vulnerable situations;
- > establishing protocols for informing members of staff that a colleague is out, where they have gone and their approximate return time. Procedures for reacting to protocols should also be in place; and
- > improving communications between different departments.



Frank Dobson has set a national target for reducing the incidence of violence against NHS staff by 20 per cent by 2001 and 30 per cent by 2003.

**When a violent incident occurs Establishing procedures for dealing with violent situations will give your staff confidence in how to cope effectively.**

During an incident, staff need to communicate with each other – are all staff aware of coded requests? If staff leave the premises to assist, is someone keeping a note of who has gone where and when? Have other members of staff been informed that they too may be affected?

When a violent incident occurs, the victim may need counselling and/or practical assistance such as medical attention, or for their family or friends to be contacted. You are responsible for providing such support. You should also ensure that the incident has been reported correctly, and consider whether the incident needs to be reported to the Health and Safety Executive. In addition to ensuring that safety systems are kept up-to-date, there should also be an in-depth investigation into any incident to assess how current procedures might be improved.

Staff working in the NHS must report every incident of violence or abuse. There is much that you can do for your staff when they report an incident. They need support when they are involved with the police and during any prosecution that may follow – you are responsible for ensuring that your staff are kept informed of progress once a case has been reported to the police. (*See Resource Sheet 2*)

Your staff may need help applying for compensation through the Criminal Injuries Compensation Authority or the NHS Injury Benefit Scheme. If there are press enquiries, you should field these while ensuring that the member of staff's privacy is maintained.

**Reporting incidents of violence  
You must ensure that all staff know how to report a violent incident.**

Establish robust, uncomplicated reporting systems to encourage your staff to record details of all incidents of violence. This means systems that are easy to use and not too time consuming. As a minimum, the following information should be recorded in the event of a violent incident:

- > details of the individuals involved;
- > the cause of the incident and when/where it happened;
- > any injury(ies) suffered by the victim and any resulting absence; and
- > the action taken by managers to prevent the incident occurring again.

Robust reporting systems will provide important information in support of police investigations and may provide the evidence needed to charge offenders. You may wish to explore with the police how local reporting systems can be enhanced to support this process. Records of violent incidents, which can include CCTV footage, may also be helpful in bringing a successful prosecution and should therefore be retained by employers. Records of incidents are also important in the event of any financial claim made by your staff.

You should encourage staff to report every violent incident, including verbal abuse and to seek assistance when involved in a violent situation. Above all, your staff should not feel that they have to cope alone with violence, that it is part of the job, or that they do not have your support.



### Local policies

**You can engage the confidence of your staff and demonstrate support by issuing a policy document addressing safe working conditions.**

Involving staff in drawing up local policies is essential, not only do they have a vested interest but their direct involvement will help to ensure their support. Local policies should address a range of issues and include:

- > a pledge to protect staff at work;
- > the definition of violence contained in this document;
- > details of employers' legal requirements;
- > details of managers' responsibilities;
- > details of employees' responsibilities;
- > information on risk assessment measures;
- > details of local prevention and reduction plans;
- > details of local emergency procedures (what should be done and can be expected during an incident);
- > an explanation of staff training;
- > an explanation of local reporting procedures;

- > information on post-incident support;
- > a commitment to cultivating good relations with the local police and CPS in order to pursue cases of violence;
- > a demonstration that the policy has been implemented; and
- > specific issues dealing with staff working in the community.

To further demonstrate commitment to safe working conditions, you should provide staff with regular updates and progress reports. The problem of violence in the NHS is well documented in the media. All too often there are articles detailing nurses, doctors and other staff being attacked and seriously injured – the public and staff seldom hear of what becomes of the violent offender. Ensure that the local press are informed when attackers are prosecuted – this will send out the right messages to potential offenders and the general public, i.e. attacking NHS staff will result in prosecution and will also reassure staff that positive actions are being taken to address the problem.

### **The criminal justice system**

It is important that staff who are victims of, or witnesses to, violence in their place of work understand and have confidence in the criminal justice system. *Resource Sheet 2* explains in some detail how the criminal justice system works and what happens after a violent incident has been reported to the police.

The NHS zero tolerance zone campaign is supported by the Home Secretary, the Lord Chancellor and the Attorney General. Assaults against staff are regarded as serious matters, worthy of prosecution. The Lord Chancellor, who is also President of the Magistrates Association, has said that it is entirely legitimate for magistrates to respond decisively to a particular form of criminal behaviour, such as assaults on NHS staff, and to impose a sentence which has a deterrent component.

### **Summary**

Staff working in the NHS should not have to experience violence and abuse at work – it does not go with the job and is destructive on many levels. It diverts attention away from patients. It dampens morale, wastes resources and causes inefficiencies. As well as putting off potential new recruits, existing staff are more likely to throw in the towel. Health care professionals do not come to work to be victims. The NHS zero tolerance zone campaign is aimed at ridding the NHS of intimidation and violence. You have a key role to play in achieving that aim.



By April 2000, NHS Trusts are required to have systems in place to record incidents of violence against staff, and have published strategies in place to achieve a reduction of such incidents.

# NHS zero tolerance zone – Key Messages

We don't have to take this  
Resource sheet 1

The Government is determined to ensure that staff who spend their lives caring for others are not rewarded with intimidation and violence. 'Violence' means any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health. The definition is not subjective – it is what is meant by 'zero tolerance'.



A recent NHS Executive survey found that, on average, seven violent incidents were recorded each month per 1,000 staff. That is equivalent to approximately 65,000 violent incidents against NHS Trust staff each year.

**The NHS zero tolerance zone is a nationwide campaign to stop violence against staff working in the NHS. The campaign has been initiated by Frank Dobson, Secretary of State for Health, and has the full support of Jack Straw, the Home Secretary, Lord Irvine, the Lord Chancellor, and Lord Williams, the Attorney General.**

All violent incidents must be reported by staff to their managers at the time they occur or as soon as possible thereafter. By April 2000 all NHS Trusts are required to have systems in place to record incidents of violence against staff and have published strategies for reducing such incidents. A national target has been set for reducing incidents of violence against NHS staff by 30 per cent by 2003.

**Violence against staff working in the NHS is a crime and employers will work with the police locally to prevent it.**

Staff working in the NHS go to work to care for others. They do not go to work to be victims of violence. Aggression, violence and threatening behaviour do not go with the job and will not be tolerated any longer. Individuals behaving violently towards staff will be reported to the police.

**Health service managers are responsible for providing safe working conditions for all staff.**

They are committed to caring for the health and safety of their staff and will ensure that staff report all acts of violence to the police. They will also ensure that staff receive the necessary support when an incident is reported to the police and, in the event of a serious assault, when pursuing prosecutions against perpetrators.

**Zero tolerance means ridding the NHS of intimidation and violence.**

# The Criminal Justice System – Working for You

We don't have to take this

Resource sheet 2

It is vital that staff working in the NHS who are victims of, or witnesses to, violence in their place of work understand and have confidence in the criminal justice system. The purpose of this resource sheet is to provide staff with information on how the criminal justice system works, and to explain what happens after an offence has been reported.

Staff must report all violent incidents to their managers at the time they occur or as soon as possible thereafter. Health service managers are committed to caring for the safety of their staff and will ensure that staff report all acts of violence to the police. The greater the body of evidence against perpetrators of violence, the greater the chances of bringing a successful prosecution in the event of a serious assault.

By April 2000 all NHS Trusts are required to have systems in place to record incidents of violence against staff and have published strategies for reducing such incidents.

**What happens after a case is reported to the police?**

**The police are responsible for investigating crimes, and will charge offenders when there is sufficient evidence to do so.**

Alternatively, the police may decide to issue a warning, or to formally caution an individual. A caution is sometimes given by the police where an offence has been committed but they decide not to take the person to court because that person has admitted the offence and agreed to be cautioned. Whether a caution is an appropriate response will depend upon the seriousness of the offence and will involve consideration of such factors as the offender's previous record and his/her attitude to the offence.



'Violence' means: any incidents where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health.

A police caution is not an easy option when dealing with an offender but is a serious form of disposal and will affect how that person is dealt with in future. Records of all cautions for reportable offences are entered on to the Phoenix database of the Police National Computer. Should the person re-offend, the fact that he or she has a previous caution will be a factor in the police decision whether or not to prosecute. In addition a previous caution may be cited in court and could, therefore, increase any sentence received for the new offence.

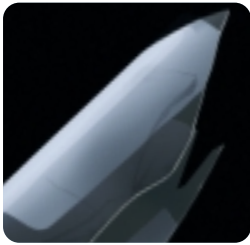
If the police decide to charge someone the case is passed to the Crown Prosecution Service (CPS). NHS managers are responsible for ensuring that staff are kept informed of progress once a case has been reported to the police.

The CPS is a national service which prosecutes criminal cases in England and Wales referred to them by the police. CPS lawyers are governed by the Code for Crown Prosecutors. All cases have to be reviewed to make sure that they pass the two tests set out in the Code. The first test is the evidential test – there has to be sufficient

evidence for there to be a realistic prospect of a conviction. Criminal cases have to be proved beyond reasonable doubt, so there must be clear and reliable evidence that the offence was committed. In assault cases it is necessary to prove that the offender either meant to harm someone, or knew that his/her behaviour created a risk of harming someone, but still carried on.

It is only if the papers pass the evidential test that the second test is applied. This is the public interest test. The Code says: 'although there may be public interest factors against prosecution in a particular case, often the prosecution should go ahead'. The Code sets out public interest factors in favour of prosecution. It states that: 'a prosecution is likely to be needed if... the offence was committed against a person serving the public (for example, a police or prison officer or a nurse)'.

Assaults against staff working in the NHS are therefore regarded as serious matters, worthy of prosecution.



Staff must report all violent incidents. Managers will ensure that they receive the necessary support when incidents are reported to the police.

#### **Where are the cases heard?**

**All criminal cases begin with a hearing in a magistrates' court. Assaults are dealt with both in the magistrates' court and the Crown Court.**

Some assault charges can be dealt with only in the magistrates' court where the maximum penalty is six months' imprisonment. The advantages of hearings in the magistrates' court are that they can be dealt with more quickly, the courthouse is likely to be more local to witnesses, and hearings are more informal, so it is easier to be at ease when giving evidence.

Most serious charges of assault are dealt with in the Crown Court, where there are greater powers of punishment. Some cases can be heard either in the Crown Court or the magistrates' court. The alleged offender has a choice as to where the case is heard but the magistrates have to be satisfied that their powers of punishment are sufficient before they agree to hear the case.

To help magistrates decide whether to hear a case, guidelines have been issued by the Lord Chief Justice – the *National Mode of Trial Guidelines 1995*. These set out factors that make a case more serious. In cases of violence, one of these factors is 'serious violence... caused to those whose work has to be done in contact with the public or who are likely to face violence in the course of their work'.

#### **What happens if I am required to give evidence as a witness?**

**The police will tell you if you need to appear in court as a witness. All agencies within the criminal justice system work together to provide a co-ordinated service to witnesses, implementing national standards of witness care.**

Giving evidence in court can be stressful but the people involved – the police, the CPS and court staff – will give you as much information as possible about what is likely to happen. All Crown Courts and many magistrates' courts have Witness Service Schemes run by Victim Support, and local magistrates' courts charters set standards of service to witnesses. The CPS has made a public declaration of its principles in the *CPS Statement of Purpose and Values*: 'We will show sensitivity and understanding to victims and witnesses'.

Information about standards of victim/witness care can be found in the following publications:

- > *Statement on the treatment of victims and witnesses by the CPS* – explains CPS policies about victims and witnesses and how commitments are put into practice;
- > Home Office leaflet *Witness in Court* – tells witnesses what to expect when asked to go to a magistrates' court or the Crown Court to give evidence.
- > Home Office publication *The Victim's Charter* – a statement of service standards for victims of crime.
- > Court Service publication *Court Charter* – sets out important standards which can be expected in the Crown Court.
- > Each Magistrates' Courts' Committee published its own charter, available from local magistrates' courts.

*See Resource Sheet 5*

## Sentencing

**You may attend the sentencing hearing if you wish, even if you were not present at earlier hearings as a witness.**

Your manager will keep you informed about the progress of a case and tell you when your attacker is to be sentenced. An unexpected guilty plea at an earlier hearing could however result in sentence being given immediately. The sentence is a matter for the court alone; magistrates and judges are independent from any individual or organisation.

In sentencing, the judge or magistrate takes into account all the circumstances in which the offence occurred and those of the offender:

- > The circumstances of the offence will be known to the court if your attacker has pleaded not guilty and a trial has taken place. If they have pleaded guilty the prosecutor will set out the facts of the case.
- > The circumstances of the offender will be available to the court from:
  - > the defendant's legal representative when presenting mitigation to the court;
  - > the defendants themselves if not legally represented;
  - > the probation service, medical or psychiatric reports ordered by the courts.
- > The sentencing guidelines, issued by the Magistrates Association to its members, make it clear that an assault is made more serious if the victim is a person who is assaulted while serving the public.
- > The Lord Chancellor, who is also President of the Magistrates Association, has said that it is entirely legitimate for magistrates to respond decisively to a particular form of criminal behaviour, such as assaults on NHS staff, and to impose a sentence which has a deterrent component.
- > Magistrates' courts can impose up to six months' imprisonment for common assault or assault occasioning actual bodily harm. If appropriate magistrates' courts can commit to the Crown Court which can pass a stiffer sentence. The Crown Court can impose substantial periods of imprisonment and, in cases involving the very worst type of attacks, a sentence of life imprisonment may be imposed.

## Compensation

**Magistrates can award compensation for personal injury, loss or damage up to a total of £5,000 for each offence.**

You can expect the court to consider the possibility of compensation whether or not you make a claim, but if there is any information you wish the court to consider in this respect, you should pass this to the CPS. If no compensation is given you can expect the magistrates to give their reasons for not making an award. Compensation may be awarded only if the offender has means.

Whether or not a criminal court awards you compensation you may pursue a separate claim in the civil courts either privately or with the assistance of your union/professional association or NHS employer.

Another way of seeking compensation is through the Criminal Injuries Compensation Scheme. If you have been injured because of a crime of violence you can apply for compensation under the scheme. It doesn't matter whether the offender has been caught or not. Copies of the information pack with an application form can be obtained from the Police, Victim Support, Citizens Advice Bureau or direct from the Criminal Injuries Compensation Authority, Tay House, 300 Bath St, Glasgow G2 4JR. Tel 0141 3312726.

# Preventing Violence Against Staff Working in the NHS

We don't have to take this

Resource sheet 3

There is no single solution to preventing violence against staff working in the NHS. This resource sheet includes examples of factors which managers should take into account when developing local prevention strategies. Further information on prevention strategies is contained in *Safer Working in the Community*, published jointly by the NHS Executive and the Royal College of Nursing (see *Resource Sheet 5*). Case studies and examples of good practice are contained in *Resource Sheet 4*.

Prevention of violence at work must start with a full assessment of the risks. Risk assessments should be carried out by appropriately trained staff gathering information from a number of sources at both organisational and employee level. Detailed advice and guidance on risk assessment can be found in *Violence and aggression to staff in health services: Guidance on assessment and management* published by the Health and Safety Executive. (See *Resource Sheets 4 and 5*)



## Environment

### **Assessing environmental factors can help to ensure that the physicality of a place does not trigger or exacerbate a violent situation.**

The environment in which staff work, patients are treated and other members of the public visit can have a significant influence on behaviour. Local crime reduction officers are trained to offer advice on environmental factors.

The NHS Executive issued good practice guidance in May 1997 – *Effective management of security in A&E*. This provides valuable advice on building security and design which can usefully be applied to a number of different settings, not just in A&E.

The overall design of a building should facilitate the treatment of patients and accommodate concerned relatives or friends. However, violence can arise out of frustration or annoyance, amongst other things, caused by a failure or general inadequacy of a building's design and its facilities.

Particular attention should be given to the following:

- > that areas are kept clean and hospitable, in particular reception and waiting rooms;
- > the temperature is controlled during seasonal extremes to maintain an environment which is comfortable, e.g. warm enough in winter and cool enough in the summer (making best use of fresh air);
- > that space is properly planned to avoid overcrowding and facilitate the movement of people;
- > that comfortable seating is provided (secured to the floor if necessary);

- > all signs are clear, simple and suitably visible to direct people to the appropriate location, e.g. treatment rooms, toilets and other facilities;
- > how to make best use of daylight. Where artificial lighting is used, ensure that this provides enough lighting and is regularly maintained to avoid flickering and failure;
- > the external environment, e.g. lighting in car parks, concealed areas and unused areas, e.g. hospital grounds;
- > that access to the building is controlled and monitored, e.g. consider the use of a single entrance/exit where possible; and
- > using secure lockable doors where patient/visitor access is restricted.

The use of CCTV has been well documented as a good disincentive against violent and abusive behaviour. Where CCTV is in use, this should be indicated clearly. CCTV footage should be monitored and retained by employers as it may serve as useful evidence in the event of a prosecution. The Close Circuit Television (CCTV) Initiative, part of the Home Office's Crime Reduction Programme, makes funds available over three years to crime reduction partnerships in England and Wales. The money funds proposals in residential areas with high crime rates and measures to reduce vehicle crime, but good quality bids in other categories – such as improving hospital security – may also qualify for funding.

Calming measures can help reduce boredom, frustration and anxiety. Consider reducing boredom by providing up-to-date reading material or through the use of other forms of entertainment such as television or radio. Adult patients and visitors can be frustrated by noisy children. Try to avoid this by providing play facilities to entertain children. Provide patients and visitors with up-to-date and easily understood information on waiting times. If possible, provide access to smoking rooms and, where appropriate, private rooms.



Frank Dobson has set a national target for reducing the incidence of violence against NHS staff by 20 per cent by 2001 and 30 per cent by 2003.

### Training

**Staff working in the NHS should know that their safety comes first. They should not be in situations that make them feel unsafe.**

**However, if they are, they need to know how to deal with them.**

Appropriate staff training is therefore crucial. Managers should assess the risks to staff and analyse their training needs. In doing so it will be possible to gauge the sort of training they require according to their roles and ensure that this is appropriate to the degree of risk an individual employee faces. Support staff should not be overlooked in this process, including caretakers and cleaners at, e.g. small clinics.

### Context and content of training

Training should provide all staff with the theory behind violence at work so that they understand why it occurs and how any individual could be a potential aggressor given a certain set of circumstances. It is also extremely important that staff know how their actions may contribute to or exacerbate a violent situation.

Once training has provided staff with this understanding, the next step is to give staff the ability to recognise a potential violent incident in the making and to take appropriate actions to counter this. Defusion training is the most suitable approach for equipping staff to deal with the frustration and aggression of patients, family, friends and bystanders. A risk assessment will identify whether other types of training, including training in physical techniques, are appropriate. Ideally, managers should receive the same training as their staff to ensure continuity.

Training should be up-to-date, relevant, purposeful, backed by evidence, given by experts and include

scope for feedback. Successful training programmes will be sensitive to service needs, simple to understand and remember, adaptable to individual requirements, focused on systems in place locally, regularly refreshed and supported by other materials, e.g. memory aids.

### Who can provide training?

It is important to ensure that the experience and qualifications of trainers are commensurate with the level of training they are providing. Trainers also need to have an awareness of the environment within which staff are operating, including the constraints of working in the community.

Most health unions and professional bodies offer some form of training on the management of violence and some NHS Trusts, with the help of consultants, have developed excellent in-house training programs. Local police may also be able to provide advice and talks on personal safety. This can prove particularly useful in establishing a good understanding and consistent procedures between staff and the police.

The Suzy Lamplugh Trust, a registered charity, can provide advice and training on dealing with violence at work. The trust has a national network of around 300 tutors experienced in providing training to the health service. In addition to running training courses, the trust has also produced various resource materials including videos, leaflets and laminated posters.

*(See Resource Sheet 5)*

Training is only one element of a prevention strategy. Effective training should support other systems, and should not be relied upon as the only means of dealing with violence at work.



By April 2000, NHS Trusts are required to have systems in place to record incidents of violence against staff, and have published strategies in place to achieve a reduction of such incidents.

**Communication Systems**  
**Establishing and maintaining effective channels of communication for staff, and particularly those working in the community, is important.**

Where staff are working away from a fixed base they can assist employees to carry out their normal duties more efficiently and therefore reduce the frustration in themselves and their patients. They also allow staff to keep colleagues informed of their whereabouts, provide a means of making contact in an emergency and give staff a sense of security.

**Methods of communication**

Different methods of communication should be assessed and evaluated as part of a prevention strategy. Suitable methods of communication include:

- > panic-button alarm systems in treatment rooms, reception areas and anywhere else where staff may be isolated with patients;
- > two-way communications systems for staff in potential vulnerable situations, e.g. community based staff. Mobile phones are an ideal way for maintaining communications and for tracking staff when out and about (personal locators are also becoming increasingly popular). Many suppliers can provide models with a special SOS facility to enable staff to summon help quickly;
- > protocols for informing members of staff that a colleague is out, where they have gone and their approximate return time. Procedures for reacting to failed protocols should also be in place. Many employers have set up 'buddy systems' whereby colleagues keep in contact with an assigned colleague; and
- > covert distress messages whereby a member of staff who anticipates an incident can call a colleague to signal their situation in a discreet manner, the colleague may then call back using a coded response to ascertain the level of risk and summon help.

Establishing effective communications between different departments is also important. Managers should ensure that patient records include information on whether patients have been violent in the past or have shown aggressive tendencies – this can help staff prepare for potential violent encounters.

# Case Studies and Examples of Good Practice

We don't have to take this

Resource sheet 4

In September 1998, Frank Dobson set the NHS a national target for reducing the incidence of violence against NHS staff by 20 per cent by 2001 and 30 per cent by 2003. By April 2000, NHS Trusts are also required to have systems in place to record incidents of violence against staff, and have published strategies in place to achieve a reduction of such incidents.

The NHS Executive's recent survey of sickness absence, accidents and violence in NHS Trusts in England found that the majority of Trusts already have in place some form of local reduction strategy. However, even in places where the risk of violence against staff has been assessed and strategies put in place to prevent it, there remains room for improvement. Every health service employer is required to improve their performance in this area.

There are many examples of good practice in the NHS. The examples included in this resource sheet have been chosen to demonstrate the considerable benefits that can result from closer working with the police, through effective risk assessment and the establishment of local prevention strategies, and the introduction of practical local measures to address risks to NHS staff.



Health Service managers must do all they can to stop staff being assaulted and abused. They have a key role to play in the NHS zero tolerance zone campaign.

### **Partnerships with the police** **Health care environments are integral to the communities in which they serve.**

Therefore, fostering good relations within the community and, in particular, with organisations such as the police and Crown Prosecution Service (CPS) is important in reducing violence against NHS staff.

Mid Cheshire Hospitals NHS Trust

#### **The Risks**

Like all consultants in A&E medicine, John Bache of Leighton Hospital was concerned about the problem of physical and verbal abuse directed against NHS staff. His concerns were based on the rights of staff to do their job without fear of intimidation, physical abuse, or verbal abuse. The levels of abuse were increasing and staff were, in effect, becoming 'punch drunk'. There appeared to be no point in reporting any but the most serious incidents of abuse.

#### **Reducing the risks**

In common with other A&E Departments, security cameras and protection screens for staff were introduced, but the physical and verbal abuse continued.

Like many staff in A&E, John Bache worked closely with the local police and found them very co-operative and sympathetic. Both groups tended to deal with the public when they were not at their best. As the problem increased, the local Superintendent was approached to consider a police presence in the Department on Friday and Saturday nights, and every night over the Christmas and New Year periods. This was when staff were particularly at risk. The Superintendent agreed and the police presence was very successful in reducing the incidents of abuse and, equally important, improving staff morale.

Subsequently, a police base situated about two miles away from the hospital and 'past its sell-by date' was relocated in the grounds of the hospital, immediately adjacent to the A&E Department. The hospital agreed to provide accommodation (a Portakabin), costing £5000 per annum, and car parking facilities. All other expenses were borne by the police, who were obviously able to continue with their normal duties.

#### **Outcome**

Police are present at the hospital from 8.00am to 2.00am seven days a week. This provides an immediate police presence for the department, which has had a deterrent effect. Staff feel immensely reassured and the police feel valued members of the A&E team. Additional benefits of this arrangement include improved relationships with the local police, and a better understanding of each other's procedures. The police are readily available for other duties, such as following a sudden death or a road traffic accident. All of this was achieved at a minimal cost.

Co-operation between the A&E Department and the local police has resulted in great mutual benefit at minimal financial cost.

## Safer working policies

NHS managers can engage the confidence of their staff and demonstrate their support by issuing a policy document addressing safe working conditions. Involving staff in drawing up local policies is essential; not only do they have a vested interest, but their direct involvement will help to ensure their support.

Ulster Community and Hospitals Health and Social Services (HSS) Trust

### The Risks

The first step in the Trust's strategy was the circulation of a questionnaire to some 500 staff. Responses indicated that many had experienced either verbal or physical aggression within the previous two years.

### Reducing the Risks

A multi-disciplinary working group was established under the leadership of the training manager to set a consistent standard in handling aggression which would:

- (a) generate guidelines for staff;
- (b) serve as a basis for auditing actual practice; and
- (c) inform the development and evaluation of a Trust training pack for all staff across departments who can own the standard on a multi-disciplinary basis.

A standard was identified and agreed upon for each of four key areas:

**Prevention:** each worker will have an understanding of strategies aimed at the prevention of aggressive incidents/behaviours.

**Management:** each staff member will be equipped with a repertoire of knowledge, values and personal skills to manage aggressive behaviours.

**Debriefing:** an assessment is made of the staff member's needs following an aggressive incident and a response is planned to meet these needs.

**Values:** the staff member must respect the individual and his/her inherent worth.

For each standard, a set of key elements was identified. Each key element was broken down into specific actions and recommendations. For example, in the area of prevention:

**Element 1:** Staff members will plan and prepare appropriately for direct client contact.

- > Staff to ensure where possible that they have detailed and accurate referral information prior to initial direct contact with client.
- > Where client is already known, staff member should obtain information on their usual behaviour patterns.
- > Staff members should be aware of the process of risk assessment and undertake an assessment where possible.

**Element 2:** Staff members should be aware of how their own behaviour may trigger an aggressive outburst.

- > Staff members will be aware of the impact of their non-verbal communication during interactions with clients, e.g. body posture, gestures, facial expression.
- > Staff members should be aware of the impact of self-presentation on clients, e.g. manner of dress, badges, etc.

**Element 3:** Staff members will interact with clients in a manner which minimises the likelihood of an aggressive incident occurring.

- > Staff should be punctual for appointments with clients and will inform clients in advance if appointments have to be postponed/cancelled.
- > Staff members will accept the client's right to feel angry and will attempt to discuss the cause of the anger.
- > Staff members will use listening skills to show the client that they are being heard.



Staff must report all violent incidents. Managers will ensure that they receive the necessary support when incidents are reported to the police.

## Reducing the Risks

Risk management showed that, whilst risks were clearly identified by clinical assessment, strategies to reduce them were limited. One possible solution was the provision of a separate facility aimed at providing secure, low stimulus environment where intensive observation and care could be provided in a safe and therapeutic manner.

It was decided an intensive observation unit would improve the quality of supervision and observation of patients detained under the *Mental Health Act* and enhance the quality of nursing and patient-focused care. At the same time it would allow the open-door policy to be continued on the remainder of the ward.

## Outcomes

As well as improving the risk management and the responsiveness of care for patients with special needs, staff time spent on escort duties was reduced. The trust was able to provide a more locally based, comprehensive and continuous range of treatment to patients and purchasers.

Risk assessment showed that the new unit was desirable and will improve the Trust's range of services whilst, at the same time, reducing costs to the purchasing authority (who no longer need to refer to the private sector).

## Risk assessment

**Prevention of violence at work must start with a full assessment of the risks. Risk assessments should be carried out by appropriately trained staff gathering information from a number of sources at both organisational and employee level.**

Aylesbury Vale Healthcare NHS Trust  
Aylesbury Vale Healthcare opened a three-bed intensive observation unit for people with a mental illness. Following an increase in reported incidents of physical violence and an analysis and assessment of the risks involved, the decision was taken to invest in design changes to enable the unit to manage the risks identified.

## The Risks

The original ward was designed to reflect the philosophy of providing acute psychiatric care and treatment in an open ward environment. There had never been a locked door policy nor any provision to make the ward more secure. This philosophy was appropriate for the vast majority of patients admitted, but certain individuals could be particularly challenging. This included people:

- > at risk of harming themselves;
- > considered too ill to leave the ward and who were at risk of absconding;
- > who presented a risk to others;
- > who caused serious disruption to the rest of the ward population;
- > who compromised their own dignity due to disinhibited behaviour;
- > who required assessment in a readily controlled environment;
- > detained and requiring assessment under Section 136 of the *Mental Health Act 1983* (Section 118 of the *Mental Health (Scotland) Act 1984* and section 130 of the *Mental Health (NI) Order 1986*).

**Environment, Training and Communications**  
**Assessing environmental factors can help to ensure that the physicality of a place does not trigger or exacerbate a violent situation.**

NHS staff should know that their safety comes first. They should not be in situations that make them feel unsafe. However, if they are, they need to know how to deal with them. Appropriate staff training is therefore crucial.

Establishing and maintaining effective channels of communication for NHS staff, and particularly staff working in the community, is important. Where staff are working away from a fixed base they can assist employees to carry out their normal duties more efficiently and therefore reduce the frustration in themselves and their patients. Effective channels of communication not only ensure that staff can keep colleagues informed of their whereabouts, but also provide a means of making contact in an emergency and improve an individual's sense of security.

Accident and Emergency Department, Portsmouth Hospitals NHS Trust

**The Problem**

While it was expected that patients attending the A&E Department were likely to be in a state of stress and heightened anxiety, over the past number of years there had been an increase in the amount of verbal abuse and threatening behaviour, well beyond that caused by anxiety alone.

It became apparent that staff were in danger of becoming numb to the daily levels of verbal abuse and physical violence and just accepting it as part of the job. Clearly something needed to be done.

**The Risks**

Following a risk assessment it was identified that incidents were occurring because:

- > the sheer volume of patients in A&E was causing frustration and hostility; and
- > those with minor injuries could wait a long time in uncomfortable and overcrowded waiting areas.

**It was also found that:**

- > perpetrators were often people accompanying a patient to the Department;
- > incidents were largely alcohol and drug related;
- > incidents occurred when pubs and clubs closed and football matches finished; and
- > staff were not properly equipped to deal with verbal abuse and potential physical violence.

**Reducing the risks**

After considering the risks, including where and why they occurred, a programme of action was undertaken. This programme included refurbishing and upgrading the A&E Department. Added security equipment was installed, including more CCTV in the Department's main areas, strategically placed panic buttons and intercoms for staff to summon help quickly. Staff working out of the main thoroughfares were provided with emergency personal alarms. Card entry security was also introduced in 'at risk' areas to control access and a security guard was assigned specifically to the Department during night shifts.

Better vision was built into the design of the whole department and a security screen was installed at the reception desk. Waiting areas were made larger and more comfortable and separate rooms were provided for children.

Training for staff in dealing with aggression and violence was also introduced. This was aimed at providing staff with specific skills to deal with verbal abuse and defusing potential physical violence. Training sessions covered: avoiding confrontation; defusing situations; recognising potential aggressors; reasonable force and the law; and, where appropriate, control and restraint techniques.

To reinforce the Trust's commitment to tackle violence at work a policy of zero tolerance was introduced. Staff are encouraged to report every incident, including verbal abuse. If a person misbehaves they are warned that they must desist. If they do not, they are asked to leave and, if necessary, the police are called and asked to remove them. Notices to this effect are prominently on display.

Staff also have access to de-briefing sessions which have been introduced at the end of each shift. This has enabled staff to talk about how the shift had gone and review any incidents, good or bad, which might have taken place, and to consider any lessons learnt. This was welcomed by staff as they did not have to take the anxieties and stress of the shift home with them and it provided the opportunity to share experiences and worries with other members of staff.



## Support for victims

**When a violent incident occurs, the victim may need counselling and/or practical assistance such as medical attention, or for their family or friends to be contacted. NHS managers are responsible for providing such support.**

North Bristol NHS Trust (formerly Frenchay NHS Trust and Southmead NHS Trust prior to merger) In 1997 the then Frenchay Healthcare NHS Trust's Occupational Health and Safety Service responded to staff needs for support and guidance by instituting a Violence Hotline.

## The Process

When collating Trust accidents and dangerous occurrences for the Quarterly Accident Report a trend of increasing physical abuse was noted by the occupational health and safety staff. Interestingly this violence was not just found in the 'expected' areas of accident and emergency (A&E) or acute mental health, but throughout the Trust. Further research identified that not only were nursing staff being subjected to this abuse, but that clerical and ancillary staff were also affected. Led by Occupational Health, a Working Party considered the issues and decided on a three phased programme.

- 1 Following training by Occupational Health and Safety staff, managers would, as part of risk assessment, consider how working practices and the environment could be improved to reduce the risk.
- 2 Training packages from simple role play dealing with aggressive patient calls through to formal control and restraint training would be provided by the Trust.
- 3 Occupational Health Advisers and Staff Counsellors would provide a support network offering counselling and debriefing. It was recognised that incident follow up could take ten days from incident report to response.

So the Violence and Aggression Hotline was born. This was a familiar concept since a Needlestick Hotline had operated since 1993. A campaign was undertaken providing each member of staff with a 'credit card' of information to keep, including the Violence and Aggression Hotline number. Posters advertising the service were distributed throughout the Trust with copies of the Violence and Aggression Policy.

## Outcome

The Violence Hotline concept is simple. If staff have been bullied, threatened or attacked, they or a colleague can contact the 24 hour hotline. During working hours this call is followed up by an Occupational Health Adviser working with the Trust Counsellor. Out of hours, an alternative message offers immediate support and a commitment to follow up the next working day. In severe emergencies a mobile telephone number is provided for telephone support.

This service has been operating over two years now and has been the subject of much local media attention. Staff have found the service useful as it offers the opportunity for speedy responses. Anecdotal evidence from staff to Occupational Health Advisers is that they feel much more supported within their work environments knowing that this issue has been addressed by the Trust.

# Further Reading and Useful Contacts

We don't have to take this  
Resource sheet 5

The *Managers' Guide* and the other resource sheets include references to a number of other publications which can offer advice and guidance on preventing violence against staff working in the NHS. Further information on these publications is given below. This resource sheet also includes details of useful contacts and websites.

## Further reading

### NHS Executive publications:

Copies of the following publications can be obtained by ringing the NHS Responseline – Tel: 0541-555455.

*Working Together: Securing a quality workforce for the NHS* (1998).

*Staff Health, Safety and Welfare* (1998).

*Effective management of security in A&E* (1997).

*Safer Working in the Community* (1998) published jointly with the Royal College of Nursing. Copies are also available from RCN Direct (Re-order No. 000 920).

### Other publications:

Copies of the following publications can be obtained by contacting the relevant organisation direct (contact details are given at the end of this resource sheet).

*Guidance on Statutory Crime and Disorder Partnerships: Crime and Disorder Act 1998* (1998) available from the Crime Reduction Unit in the Home Office.

*Witness in Court* available from the Home Office

*The Victim's Charter* available from the Home Office.

*Victims of Crime* available from local police or the Home Office.

*Victims of Crime of Violence* available from the Criminal Injuries Compensation Authority.

*Violence* available from both local offices or the national office of Victim Support.

*The Crown Prosecution Service* available from the Crown Prosecution Service (CPS).

*Code for Crown Prosecutors* available from the Crown Prosecution Service (CPS).

*Statement on the treatment of victims and witnesses* available from the Crown Prosecution Service (CPS).

*Courts Charter* available from the Court Service.

*Magistrates' Court Charter* available from local magistrates' courts.

*Going to Court* available from both local and national office of Victim Support.

*Working for Victims of Crime* available from both the national and local offices of Victim Support.

*Review on Violence to NHS staff Working in the Community* available from Violence Research Group, University of Nottingham.

*Dealing with violence against Nursing Staff* available from RCN Direct.

*Violent Times* available from the TUC Health and Safety Unit.

## Useful Contacts for further information

### NHS Executive HQ

Quarry House  
Quarry Hill  
Leeds LS2 7UE  
Enquiries  
Tel: 0113 2545000  
Publications  
Tel: 0541 555455  
(NHS Responseline)

### Home Office

50 Queen Anne's Gate  
London SW1H 9AT  
Enquiries  
Tel: 0207 273 4000  
Publications  
Tel: 0207 2732066

### Crown Prosecution Service Headquarters

50 Ludgate Hill  
London EC4M 7EX  
Enquiries  
Tel: 0207 7968500  
Publications  
Tel: 0207 7968430

### Health and Safety Executive

Rose Court  
Magdalen House  
2 Southwark Bridge Rd  
London  
SE1 9HS

### HSE InfoLine

Tel: 0541 545500  
or write to  
HSE Information Centre  
Broad Lane  
Sheffield S3 7HQ

HSE Mail order line  
PO Box 1999  
Suffolk CO10 6FS  
Tel: 01787 881165

### Criminal Injuries Compensation Authority

Tay House  
300 Bath Street  
Glasgow  
G2 4JR  
Tel: 0141 3312726

### Victim Support

National Office  
Cranmer House  
39 Brixton Road  
London SW9 6DZ  
Tel: 0207 7359166

(The Victim Support Scheme is a national charity providing help and information through a network of local schemes. They can be contacted on the above number. Alternatively, check your local phonebook or with the local police for the number of your local scheme.)

### Court Service Headquarters

Southside,  
105 Victoria street,  
London SW1 E6QT  
Customer Services Unit  
Tel: 0207 2102266  
e-mail:  
cust.ser.cs@gtinet.gov.uk

### The Suzy Lamplugh Trust

Trust Office  
14 East Sheen Avenue  
London SW14 8AS  
Tel: 0208 3921839

### Training Office

PO Box 17818  
London SW14 8WW  
Tel: 0208 8760305

Citizens' Advice Bureau  
(check in local phonebook)

### Royal College of Nursing (RCN)

20 Cavendish Square  
London W1M 0AB  
Tel: 0207 4093333

### RCN Work Injured Nurses Group (WING)

Tel: 0208 6499536

### RCN Nurseline

Tel: 0208 6814030

### RCN Counselling Service

Tel: 0345 697064

### RCN Direct

Tel: 0345 726100  
(24-hour telephone service offering information and advice for RCN members)

### UNISON

1 Mabledon Place  
London WC1H 9AJ  
Tel: 0207 3882366

### British Medical Association (BMA)

BMA House  
Tavistock Square  
London WC1H 9JP  
Tel: 0207 3874499

### BMA Counselling Service

(a service for members and their families)  
Tel: 0645 200169

### TUC (Trade Union Congress)

Health and Safety Unit  
Congress House  
Gt. Russell Street  
London WC1B 3LS  
Tel: 0207 6364030

### Violence Research Group

School of Psychology  
University of Nottingham  
Nottingham  
NG7 2RD  
Tel: 0115 9515151  
ext 18261

### Health Education Authority (HEA)

Trevelyan House  
30 Great Peter Street  
London SW1P 2HW  
Tel: 0207 4131873

## Other publications continued:

*Violence and Aggression to staff in the health services* available from HSE Books.

*Preventing Violence to Staff* available from HSE Books.

*Everyone's guide to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995* available from HSE Books.

*Violence at Work, A guide to risk prevention for UNISON branches, stewards and safety representatives* (1999) available from UNISON.

*Management of Imminent Violence* (1998) available from the Royal College of Psychiatrists.

*Personal Safety at Work: Guidance for all Employees* available from the Suzy Lamplugh Trust.

*Combating violence in general practice: Guidance for GPs* available from the British Medical Association.

*Risk Assessment at Work: Practical Examples in the NHS* available from Health Education Authority.

## Useful Websites

### Department of Health

[www.doh.gov.uk](http://www.doh.gov.uk)

### Home Office

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

### Criminal Justice System

[www.criminal-justice-system.gov.uk](http://www.criminal-justice-system.gov.uk)

### Crown Prosecution Service

[www.cps.gov.uk](http://www.cps.gov.uk)

### Court Service

[www.courtservice.gov.uk](http://www.courtservice.gov.uk)

### The Suzy Lamplugh Trust

[www.suzylamplugh.org](http://www.suzylamplugh.org)

## **Additional Copies**

To allow for reproduction and distribution locally, the disk enclosed with this pack includes the text of the Managers' Guide and all Resource Sheets. Also included on the disk is a template with the NHS zero tolerance zone campaign strapline, insignia and NHS logo.

Further copies of this resource pack are available by contacting the NHS Responseline on 0541 555455 (quoting the reference number below).