

**PREVENTION AND MANAGEMENT OF VIOLENCE  
AND AGGRESSION POLICY**

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(i) CONSULTATION AND DISTRIBUTION RECORD	
<b>Contributing Author(s)</b>	<ul style="list-style-type: none"> <li>PaMoVA Advisors / Trainers / Rotational Tutors / Health and Safety Advisors</li> </ul>
<b>Consultation Process / Stakeholders</b>	<ul style="list-style-type: none"> <li>Human Resources Director</li> <li>Joint Policy Forum Members</li> <li>Human Resources Forum Members</li> </ul>
<b>Distribution</b>	<ul style="list-style-type: none"> <li>All Staff through Staff Briefing</li> <li>NHS Lanarkshire Corporate Polices Open Access Web Portal</li> </ul>

(ii) CHANGE RECORD			
Date	Author	Change	Version No.
2005	PaMoVA team lead & Health and Safety Specialist	To accommodate the merging of Acute and Primary Care Divisions in accordance with PIN Guidelines	1
2008	PaMoVA team lead	Revision	2
2011	PaMoVA team lead	To include reference to e-learning provision	3
2013	Health and Safety Advisor	Revision to include sections on non- staff assault; post incident review & debriefing and additional appendices: Risk assessment templates and tools; Post incident review and staff debriefing forms	4
2015	PaMoVA Tutor	Change of Independent Staff Support Service Provider	5
2016	Health and Safety Advisor	Revision to policy references Clarify PaMoVA training needs for risks associated with 'telephone abuse' Addition of cross reference to Health and Safety Control Book Section 3A with removal of appendices: 'risk assessment tools and templates' and 'post incident guidance.	6
May 2018	Risk Department	GDPR statement added into section 3 and updated name of Data Protection Act	6
Oct 2018	Health and Safety Advisor	Update hyperlinks and job designations	6
May 2019	Health and Safety Advisor / PaMoVA Service Team Lead	Minor revisions including removal of development of system to audit compliance from PaMoVA service. Providing incident stats from PaMoVA service removed. Initial 1-year refresher after completion of Module 3 course and thereafter at 2 yearly intervals. Inclusion of unacceptable behaviors procedure. Amendment to definition of violence and aggression to be more inclusive and representative. Access to training through eESS.	6.1

### CHANGE RECORD

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

Date	Author	Change	Version No.
July 2022	Head of Health and Safety	<ul style="list-style-type: none"> <li>Policy template revised to reflect NHS Lanarkshire Policy Template 'Developing Organisation Policies' Version 3.0, 2022 – Policy Template Document</li> <li>Addition for the potential to suspend and extend PaMoVA training validity in exceptional circumstances for PaMoVA training through an instruction from the Corporate Management Team or through a recognised scheme of delegation i.e. Gold Command. This can include an extension of up to 12 months on current training expiration.</li> <li>Addition of section 6. Incidents of Violence and Aggression</li> <li>Revision to Section 7. PaMoVA training</li> <li>Addition of Section 8. Training Compliance</li> <li>Following an HSE intervention visit in 2018 a variety of actions were identified by the HSE to improve moving and handling practice. These actions have been included within the latest policy revision and reflect discussions with the HSE at the time. These include: <ul style="list-style-type: none"> <li>- Training compliance monitored by Divisional, Service and Management leads.</li> <li>- Restriction to Practice process embedded into the Policy in line with agreed actions from the 2018 NHS Lanarkshire HSE Intervention action plan approved by the Chief Executive and Corporate Management Team for PaMoVA Module Three.</li> </ul> </li> <li>Addition of summary of policy and restriction to practice frequently asked questions</li> <li>Inclusion of Appendix 1 PaMoVA Module Three Restriction to practice specimen documentation</li> </ul>	6.2

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **1. INTRODUCTION**

- 1.1 NHS Lanarkshire recognises its duty of care to employees of NHS Lanarkshire, patients, students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire and that reasonable steps should be taken to safeguard their health, wellbeing and personal safety from acts of violence and aggression. It is also acknowledged that all employees have a responsibility for ensuring the safety and wellbeing of themselves and others affected by their acts, decisions and/or omissions.
- 1.2 NHS Lanarkshire takes extremely seriously the health, safety and welfare of all staff and recognises that violence and/or acts of aggression or abuse towards staff is unacceptable and that staff have the right to be able to perform their duties without fear of abuse or violent acts.
- 1.3 No employees, students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire should consider violence and/or acts of aggression or abuse an acceptable part of their experience working for NHS Lanarkshire.
- 1.4 This policy outlines roles and responsibilities and should be communicated to all NHS Lanarkshire employees, students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire at risk from violence and / or acts of aggression or abuse. This can be through either accessing the policy direct from the NHS Lanarkshire Public policy portal website under HR Policies and/or where appropriate circulated as part of a new employee(s) induction and / or at a team meeting.

### **2. AIM, PURPOSE AND OUTCOMES**

- 2.1 The aim and purpose of this policy is to ensure, so far as is reasonably practicable, that NHS Lanarkshire employees and persons working for NHS Lanarkshire are not exposed to significant risk to their health and safety from violence and / or acts of aggression or abuse at work whilst undertaking NHS Lanarkshire work activities.
- 2.2 The purpose of this policy is to enable NHS Lanarkshire to meet its obligation to help safeguard and support all persons who may be affected by work related acts of violence and/or aggression or abuse in their work role whilst working on behalf of NHS Lanarkshire.
- 2.3 This policy forms an integral part of NHS Lanarkshire's Health and Safety arrangements and applies, along with additional Control Book guidance to managing violence and aggression in the workplace by encouraging Services to assess the risk of violence and aggression towards staff and where required develop localised arrangements to effectively manage the potential of exposure to violence and aggression at work.
- 2.4 This policy also aims to:
  - 2.4.1 Promote the prevention and management of violence and/or acts of aggression or abuse towards all NHS Lanarkshire employees, students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire.
  - 2.4.2 Clarify roles and responsibilities.
  - 2.4.3 Raise awareness of issues relating to violence and/or acts of aggression or abuse.
  - 2.4.4 Make sure that violence and / or acts of aggression or abuse towards staff are identified and assessed in a systematic and on-going way and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable.



## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **2. AIM, PURPOSE AND OUTCOMES (continued)**

- 2.4.5 Provision of training to help recognise the risk of violence and/or acts of aggression or abuse and provide practical advice on preventing, managing and de-escalating incidents of violence and / or acts of aggression or abuse.
- 2.4.6 Provide access to a specialist prevention and management of violence and aggression advisory, training and support service.
- 2.4.7 Encourage the reporting and recording of all incidents of violence and / or acts of aggression or abuse through Datix.
- 2.4.8 Through training help staff to react appropriately to acts of violence and / or acts of aggression or abuse.
- 2.5 Where possible eliminate or reduce exposure to a significant risk of 'harm' from violence and / or acts of aggression or abuse at work or otherwise reduce the residual risk of harm to the lowest practicable level. To facilitate this NHS Lanarkshire is committed to providing:
  - 2.5.1 Practical guidance on control measures and work procedures.
  - 2.5.2 Model risk assessment formats.
  - 2.5.3 Access to specialised training.
  - 2.5.4 Access to specialist advisors i.e. Prevention and Management of Violence and Aggression (PaMoVA) Advisors and trainers.

### **3 SCOPE**

The policy applies to:

- (i) All situations in which violence and / or acts of aggression or abuse at work may occur and/or arising in connection with the duties and activities of NHS Lanarkshire staff.
- (ii) Where lone working has been identified as being associated with a foreseeable risk of violence and / or acts of aggression or abuse, this policy should be read in conjunction with the NHS Lanarkshire's 'Lone Working and Working In Isolation Policy'.
- (iii) Staff incidents involving bullying, harassment, discrimination (sexual, gender, racial, age, disability etc.) and victimisation are covered under the 'NHS Lanarkshire's Bullying, Harassment and Victimisation Policy' and 'NHS Lanarkshire's Equality – Diversity - Human Rights Policy'.

#### **3.1 Who is the Policy intended to Benefit or Affect?**

This policy applies to all NHS Lanarkshire employees and 'others' working within NHS Lanarkshire premises including students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire.

#### **3.2 Who are the Stakeholders**

NHS Lanarkshire has consulted with the listed stakeholders on this policy, setting out good practice on the development, implementation, monitoring and review of policies, ensuring the quality and consistency of all corporate policies.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 3. SCOPE (continued)

#### 3.3 General Data Protection Regulation

NHS Lanarkshire takes care to ensure personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of the NHS Lanarkshire Data Protection Notice.

### 4. PRINCIPAL CONTENT

#### 4.1 Definition of Violence and Aggression

'Violence and Aggression' covers a range of behaviour including swearing, verbal abuse, threats, physical assaults and behaviour intended to threaten or humiliate. It would also include damage to the physical environment such as breaking a window or throwing / damaging furniture and / or equipment, etc.

NHS Lanarkshire defines an incident of violence and aggression as: *'any incident in which a member of staff or person working for NHS Lanarkshire is verbally abused, threatened or physically assaulted in circumstances relating to their employment'*.

This is based upon the Health and Safety Executive (HSE) definition of work-related violence. Within this definition, visiting NHS staff from other Boards, local authority staff and / or contractors are considered as a 'Member of the public'.

#### 4.2 Assessing Risk

The level of risk that employees may face will vary from person to person and is subject to many associated factors, as such, some employees may never face any level of violence and aggression. Others may face low levels of violence and / or aggression on a regular basis and some, high levels of violence, aggression or abuse on rare occasion(s).

NHS Lanarkshire recognises the importance of identifying, assessing and managing risks associated with 'Violence and Aggression' through Department / Service Health and Safety Control Books. Line Managers / Control Book Holders should apply the Control Book risk assessment process to ensure suitable controls are identified and implemented to manage work related 'Violence and Aggression'. All Services / Departments where violence and aggression pose an actual or perceived risk to staff should undertake a risk assessment which will include the level of training required for staff to support them within their job role.

##### 4.2.1 Managers should also review work activities to identify:

- Situations where acts of violence and/or aggression or abuse could occur.
- Who could be affected and how.
- The extent and nature of the risks.
- Historical and recent work related Violence and Aggression incidents and trends i.e. through Datix.



## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 4. PRINCIPAL CONTENT (continued)

#### 4.2 Assessing Risk (continued)

##### 4.2.1 Managers should also review work activities to identify (continued):

- Other contributory factors which may be helpful to consider include, for example:
  - work speciality
  - patient / service user / groups
  - patient physical and psychological conditions
  - community/ mobile / lone working
  - appointment schedules
  - waiting room capacity and communications
  - delivering unwelcome / emotive information
  - refusing appointments / requests
  - administering medication(s) / treatment(s)
  - the physical environment including workplace layout, furnishings, level of public access
  - adequacy of escape routes
  - alarm raising / summoning assistance
  - anti-barricade measures
- Control measures and safe systems of work currently in place to manage the risk of work related violence and aggression and reduce the associated risk of 'harm'.
- Whether further control measures, strategies and safe systems of work are required to eliminate or reduce the identified risks to the lowest reasonably practicable level.

##### 4.2.2 Where a patient / relative / carer or other party has been identified as an actual or perceived risk in relation to aggression and / or violence, this should be clearly documented within the appropriate clinical assessment / patient's notes / care plan and relevant aspects of risk assessment findings with associated control measures communicated to all relevant staff. Where non NHS Lanarkshire employees are also involved in care provision, current information governance guidance should be followed.

##### 4.2.3 Relevant risk assessment content should be communicated to the appropriate staff and all relevant parties and reviewed at least annually and / or when circumstances significantly change.

##### 4.2.4 Health and Safety Control Book, Section 3A for Violence and Aggression contains a range of tools and templates to assist with the risk assessment process (please refer to the Salus NHS Lanarkshire FirstPort Health and Safety intranet portal webpage - Health and Safety Control Book / Section 3A Violence and Aggression).

The Health and Safety Control Book content on violence and aggression include:

- 3A - Violence and Aggression Guidance
- 3A1 - Initial Assessment of Work Associated Violence and Aggression
- 3A2 - Violence and Aggression Control Measures Checklist
- 3A3 - Violence and Aggression Risk Assessment Form
- 3A4 - Individual Patient Violence and Aggression Risk Assessment Form
- 3A5 - Post Violence and Aggression Flowchart
- 3A6 - Post Incident Review Form

The above Control Book documents are available through the NHS Lanarkshire Health and Safety Service FirstPort intranet page under 'Control Book', 'Section 3' (correct at time of policy update).

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 4. PRINCIPAL CONTENT (continued)

#### 4.2 Assessing Risk (continued)

4.2.5 Assistance with risk assessment is available via NHS Lanarkshire's Prevention and Management of Violence and Aggression (PaMoVA) Service and /or Health & Safety Service with contact details posted on FirstPort. HSE guidance on assessment and management: 'Violence and aggression to staff in 'Health and Social Care' provides healthcare speciality specific information, guidance and examples of work related violence and can be accessed via <http://www.hse.gov.uk/healthservices/violence/index.htm>

#### 4.3 Managing Incidents

Departmental procedures should be in place to provide guidance for staff on managing violent or aggressive incidents and include details of emergency procedures. In particular, staff must be aware of local procedures for raising the alarm and getting help if an incident occurs. All staff must be familiar with organisational and departmental policies and procedures which are understood and used in conjunction with the arrangements outlined within this policy.

#### 4.4 Incidents Affecting Non-Staff Members

NHS Lanarkshire recognises that any area where there is a cross-section of the population combined with individual factors and / or morbidity there exists a potential for violent and/or aggressive interaction between individuals, for example:

- Patient to Patient assault
- Member of Public to Patient assault
- Patient to Member of Public assault

Where the occurrence of violent and / or aggressive interaction between patients / members of the public is not reasonably foreseeable and of such a severity, NHS Lanarkshire recognises that staff may not be equipped to safely deal with the situation. Where this occurs, staff should dynamically assess the situation and take action that is in the interest of everyone's safety, even if this means withdrawing from the situation and requesting external assistance e.g. police attendance. Where the police are involved and an assailant is to be removed from the healthcare premises, the person in charge should ensure a medical assessment has been undertaken to enable care to be maintained or transferred where necessary.

#### 4.5 Reporting And Recording Acts Of Violence And Aggression

##### 4.5.1 Datix

NHS Lanarkshire requires staff to report all 'violence and aggression' incidents, including 'near misses', to their line manager as soon as possible and record the incident on NHS Lanarkshire's Incident Reporting system (Datix). Regular monitoring of the policy, local procedures, local statistics and incidents should be completed to ensure the policy and process remains effective.

##### 4.5.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Incidents that result in 'specified injury' (as defined in NHS Lanarkshire's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting procedures) or injuries that result in over seven consecutive lost working days to staff must be reported to Health and Safety Executive in line with the requirements of RIDDOR. Further information on RIDDOR Reporting criteria is available from Health and Safety Control Book, Section 1C2 posted on FirstPort.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **4. PRINCIPAL CONTENT (continued)**

#### **4.5. Reporting and Recording (continued)**

##### **4.5.3 Verbal Abuse**

Staff should exercise discretion when choosing whether or not to report verbal abuse. Swearing and offensive language may be part of the person's regular vocabulary or presentation and not necessarily used with the intention of being abusive. However, it remains the staff member's choice on how they perceive and felt impacted by any such behaviour and any report that they wish to make on the matter.

##### **4.5.4 Telephone Abuse**

Telephone abuse is a criminal offence and staff should be aware that if an abusive caller does not comply after a request to stop, it is permissible to terminate the call. All such telephone abuse incidents should be reported and recorded on Datix. Scottish Government guidance on 'Dealing with phone rage' can be accessed online via the following webpage link address:

<http://www.healthscotland.com/uploads/documents/13670-Dealing%20with%20Phone%20Rage.pdf>

##### **4.5.5 Complaints**

Complaints about service provision e.g. care plans, appointments, treatments, etc., should be referred to the relevant Patient Affairs department and not recorded on the Datix system or IR1 form, unless there is an associated 'violence and aggression' incident.

#### **4.6 Post Incident Review and Debriefing**

Incident review and debriefing are essential elements in the management and prevention of violent and aggressive incidents. The purpose of a post incident review is to establish what happened and what, if anything, could have been done differently to avoid and / or de-escalate the situation; what further action or support is required and what lessons should be learnt and applied should a similar incident occur.

As such, it is recommended that a post incident review and staff debriefing take place following all significant incidents. Managers are responsible for making sure that a post incident review and staff debriefing are carried out as soon as possible after the incident with all the staff involved. Debriefing should ideally include everyone who was involved (witnesses, other staff, possibly even the aggressor himself / herself, if appropriate). It is good practice to gather verbal accounts from relevant parties as soon as possible after the incident has occurred and if deemed appropriate, formalising these accounts as written statements. Wherever possible, a person not directly involved in the incident should lead the review.

The post-incident review should address what happened during the incident, any trigger factors, each person's role in the incident, how they felt during the incident, how they feel at the time of the review and what can be done to address any remaining concerns.

The review process could indicate that an action plan be put in place to prevent a similar incident occurring. Staff debriefing should also be used to determine any on-going support needs the victim(s) may require and to review risk assessment and associated working procedures / management plans. Post incident guidance, a staff debriefing template and post incident review form are available through the Health and Safety Control Book, Section 3A posted on FirstPort.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 4. PRINCIPAL CONTENT (continued)

#### 4.7 Staff Support

NHS Lanarkshire will ensure that all staff who are victims of violence or assault have access to appropriate support. Staff may need time off to get medical attention, legal advice, or counselling support following an incident. The Salus Occupational Health Service is available to staff either via self-referral or a management referral. Further contact details are posted on FirstPort under 'Occupational Health'.

An independent and confidential counselling service is also available via "The Talking Rooms" who provide face to face and/or telephone counselling for staff. The service is confidential. Any staff member can contact 'The Talking Rooms' service in confidence and arrange to speak to an accredited counsellor. 'The Talking Rooms' service is open Monday to Friday, 9am to 5pm. To contact 'The Talking Rooms', please telephone 0800 138 9150 or complete an online referral form which can be found at: <https://www.thetalkingrooms.com/self-referral/>. The online self-referral portal is accessible 24/7.

#### 4.8. Involving Police Scotland and Prosecution

NHS Lanarkshire is actively committed to protecting staff from work related violence and aggression and / or abuse will support criminal proceedings against those who carry out acts of violence and aggression and / or abuse against NHS Lanarkshire employees and 'others' working for NHS Lanarkshire including Staff Bank, temporary and agency staff, contractors, volunteers, students and those on work experience, patients and/or visitors.

Management and / or supervisory authorisation is not required before calling Police Scotland and all staff are encouraged to report acts of violence and aggression and / or abuse to 'Police Scotland' and will be supported by the NHS Lanarkshire throughout the process.

Police Scotland will then be responsible for determining if a criminal offence has taken place including a review of 'The Emergency Workers (Scotland) Act 2005 (as modified 2008)' which creates an offence of assaulting, obstructing or hindering doctors, nurses and midwives whenever they are on duty.

The Procurator Fiscal may decide to take legal action and line managers must make sure that staff have access to on-going support throughout this process. Other support may also be available to staff through Trade Unions / Professional Organisations. NHS Lanarkshire will support Police Scotland and / or the Procurator Fiscal in the pursuance of any further action.

#### 4.9 Withholding Treatment

4.9.1 Where a patient's violent and / or aggressive behaviour impairs a staff member or other person working on behalf of NHS Lanarkshire ability to undertake their duties properly, or has become a threat to the safety of a staff member, another patient, other person(s) working on behalf of NHS Lanarkshire and / or hospital property, NHS Lanarkshire in line with NHS Scotland PIN Policy guidance, reserve the right to withhold treatment from the patient.

4.9.2 If a patient, or someone accompanying a patient, is violent and / or aggressive, they will be told what is considered unacceptable behaviour and its possible consequences. Please refer to the NHS Lanarkshire "Unacceptable Behaviour Procedure" posted on FirstPort which forms part of NHS Lanarkshire's complaints procedure.



## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **4. PRINCIPAL CONTENT (continued)**

#### **4.9 Withholding Treatment (continued)**

4.9.3 As a last resort, treatment can be withheld. The patient must receive a written explanation from the Chief Executive or their representative giving the reasons for exclusion, and copied to the patient's GP. In exceptional circumstances, treatment may be withheld immediately. The decision will be recorded in the patient's medical and nursing notes and the patient informed of this. Other local NHS service providers and agencies may be informed of the decision. Each case / incident will be considered in isolation and all relevant staff can request additional support and / or information specifying the action they should take in response to varying levels of incidents.

4.9.4 Allowances will be made for:

- Patients who are under 16; and / or
- Have on-going mental health issues; and / or
- Who require emergency treatment; and / or
- Who cannot be held responsible for their actions i.e. due to their medical condition, a learning disability, etc.

4.9.5 The withholding of treatment is normally limited to a maximum period of 12 months. A patient may appeal against a decision to withhold treatment through the local patient complaints procedure.

#### **4.10 Compensation**

The Criminal Injuries Compensation Scheme provides a system of compensation for any victim of violent crime. Guidance on eligibility and advice on making a claim is available from Human Resources. If a staff member loses earnings as a result of an incident they can make a claim to the NHS Injury Benefits Scheme. Information and advice on this scheme is available from Human Resources. If a staff member suffers loss or damage to personal property as a result of a work related assault, they can make a claim for compensation through Human Resources.

#### **4.11. Monitoring and Review**

The organisation will monitor and review the implementation of this policy through the Occupational Health and Safety Performance Group (OHSPG) to ensure that the aims of the policy are being achieved. The quality of incident reports should also be subject to local review and discussed at local Health & Safety Committees and forums. Monitoring and review will be undertaken in partnership with staff side representatives; trade unions; professional organisations, safety representatives and others where appropriate.

### **5. ROLES AND RESPONSIBILITIES**

#### **5.1 The Chief Executive is responsible for:**

The Chief Executive has overall responsibility for the effective implementation of the Prevention and Management of Violence and Aggression policy.

#### **5.2 The Director of Human Resources is responsible for:**

- Acting on behalf of the Chief Executive to ensure that the Prevention and Management of Violence and Aggression policy is implemented.
- The General Manager for SALUS will act on behalf of the Director of Human Resources to ensure the policy is revised and updated as required.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **5. ROLES AND RESPONSIBILITIES (continued)**

#### **5.3 Acute University Hospital Directors / Divisional General Managers / Heads of Service and Service Managers**

- Acute University Hospital Directors / General Managers may choose to delegate these responsibilities to Heads of Service or (Operational) Service Managers; however, the overall responsibility for policy implementation and monitoring cannot be delegated.
- Ensuring Department Managers / Heads of Department evaluate the risks associated with violence and aggression for their area of responsibility and review and agree any control measures identified (Section 3A, Health and Safety Control Book).
- Implementation of procedures and safe systems of work designed to eliminate or reduce the likelihood of work related violence and aggression to “as low a level as is reasonably practicable” following the initial assessment and/or periodic review.
- Ensure staff complete the compulsory PaMoVA Module One and continue to complete this within a 3-year refresher period and any further PaMoVA related training required i.e. Module two and three where indicated.
- Provision of adequate resources to allow staff to access and attend indicated training module(s) and attend mandatory refresher training.
- Monitoring of the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.
- Ensure that arrangements are in place for monitoring incidents linked to ‘violence and aggression’. This may include the preparation and/or review of monthly statistics related to work related violence and aggression incidents.
- Put recommendations from risk assessments for eliminating or reducing risk into practice, following the initial assessment and/or periodic review.

#### **5.4 Divisional Department / Line Managers are responsible for:**

- Ensure that work related ‘Violence and Aggression’ risks are assessed within their area of responsibility. Ensuring that all staff within their area of responsibility are aware of the Prevention and Management of Violence and Aggression Policy.
- Ensuring staff receive the relevant level of PaMoVA training and maintaining records of staff completion of e-learning modules/ attendance at training courses.
- Completing an ‘*Initial Assessment of Work Related Violence and Aggression*’ (Section 3A, Health and Control Book).
- Completing the relevant Control Book checklist to identify if existing control measures are adequate and demonstrate staff awareness/ agreement of current control measures by countersignature by Staff representative (Section 3A, Health and Control Book).
- Identify and assessing work activities within their area of responsibility with a foreseeable risk of harm from work related ‘Violence and Aggression’ and undertake Violence and Aggression risk assessment programme for indicated work activities.
- If applicable develop departmental procedures and safe systems of work to eliminate or where this is not practicable reduce where possible work related violence and aggression issues.
- Putting into practice, so far as reasonably practicable with the resources available, any control measures identified through risk assessments or required under this policy and periodically review the effectiveness of control measures.
- Review Violence and Aggression risk assessments, control measures and strategies periodically and at least once every year, retaining details in the Health and Safety Control Book.
- Investigate any concerns that staff raise related to work related ‘Violence and Aggression’.



## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **5. ROLES AND RESPONSIBILITIES (continued)**

#### **5.4 Divisional Department / Line Managers are responsible for: (continued)**

- Encourage work related Violence and Aggression and / or abuse incidents to be reported on the NHS Lanarkshire Incident Recording system and record all significant findings on relevant recording procedures (Datix) and undertake a Staff briefing and Post incident review in the event of a significant incident occurring.
- Ensure that appropriate support is given to staff involved in any incident of violence and aggression.

#### **5.5 Employees are responsible for:**

- Taking reasonable care to look after their own health and safety and that of others affected by their acts, decisions and / or omissions.
- Being aware of responsibility for the safety of themselves and/or others who may be affected by their actions.
- Co-operating by following all procedures designed for safe working
- Taking part in training designed to meet the requirements of the policy and familiarising themselves with this policy and any other relevant information provided by their Department / Service.
- Reporting all incidents involving verbal abuse, threats and physical assault on the Datix incident reporting system.
- Reporting any issues of concern they identify or any concerns they may have about potentially violent situations or the environment in which they work.
- Where audible alarms and / or alarm systems are in use, ensure they are maintained, tested, accessible and consider practice drills for their use.
- Awareness of how to summon help and first aid arrangements on NHS Lanarkshire sites and other means of seeking assistance when working away from NHS Lanarkshire premises.

#### **5.6 Salus PaMoVA Advisors / Trainers are responsible for:**

- Providing the main source of expertise in the prevention and management of work related violence and aggression (PaMoVA).
- Leading, developing and delivering PaMoVA training and other risk management strategies in line with this policy and maintaining a record of all staff who receive PaMoVA training.
- Investigating work related violence and aggression incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013.
- Reviewing and updating, as necessary, the guidance provided within the Health and Safety Control Book on assessing Violence and Aggression risk and communicating updates to identified Control Book Holders.
- Reviewing this policy and associated arrangements at specified intervals (not exceeding 3 years) and/or in the case of a serious incident/near miss being reported / change in legislation / HSE Guidance where an earlier review may be required.
- Providing assistance and support to departments / work specialties when necessary.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 6. INCIDENTS OF VIOLENCE AND AGGRESSION

Within Healthcare there has over recent years been a sustained and increased risk of some staff being exposed to acts of violence and / or aggression. NHS Lanarkshire is not an exception to this trend with a number of staff reporting incidents related to acts of violence and aggression. The majority of incidents reported on the incident reporting system (DATIX) for health and safety are related to reported acts of violence and aggression. On average over 80% of health and safety reported staff incidents are linked to some form of act of violence and aggression and /or abuse and these incidents include the following (ascended by order of most often occurring type of incident):

- Threatening / Intimidating Behaviours Towards Staff
- Staff Assaulted by Patient
- Verbal Abuse to Staff by Patient
- Threatening, intimidating behaviours towards staff
- Telephone abuse; and
- Harassment

Despite the high volume of incidents fortunately relatively few result in injury to staff. However, a small number of incidents connected to acts of violence and aggression result in some form of injury to staff that requires time away from work. These often occur unexpectedly despite efforts to prevent such incidents from occurring. Incidents linked to staff injuries are subject to reports to the Health and Safety Executive under 'The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013', often referred to by the acronym 'RIDDOR'.

The avoidance of injury to the majority of staff can in part be put down to the clinical knowledge, experience and application of de-escalation skills of NHS Lanarkshire staff. Many incidents are linked to patients medical and/or mental health. However, a number of incidents occur that are entirely avoidable and are down to the attitude and behaviour of patients and/or visitors. Aggressive and violent behaviour within Healthcare primarily occurs with Acute, Mental Health and Learning Disability settings. Incidents will often involve verbally abusive language, verbal threats and/or intimidating physical behaviour.

Incidents involving aggressive, abusive and / or violent behaviour tend to be higher in individuals with an underlying medical, mental or substance use related condition although other individuals not affected by these conditions can also present with these type of behaviours. Therefore, staff working in such settings require to be knowledgeable and competent in managing patients demonstrating aggressive or abusive behaviour with a view to de-escalate the situation in order to prevent or minimise acts of aggression. However, it is also accepted that incidents can occur without warning and require to be managed for the best possible outcome for staff and / or patient(s) affected.

To support staff and patient safety, a framework for the delivery of violence and aggression training to NHS Lanarkshire staff is provided. PaMoVA training comprises of a risk-based approach that seeks to provide a safe and secure working environment for NHS Lanarkshire staff and patients in an attempt to provide safeguarding against abuse, aggression, and violence. In addition to this policy, the NHS Lanarkshire Control Book also provides guidance on the completion of documentation to ensure the effective assessment and management of violence and aggression.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **7. PAMOVA TRAINING**

NHS Lanarkshire are members of the general Services Association (GSA) through the GSA accredited senior tutor training programme. The GSA are an international organisation that specialises in advice and support to public and private sector entities specialising in Healthcare and Educational organisations. The GSA is a leading authority with over 800 members and has for over 30 years provided specialist support on the prevention and safe management of aggression and violence.

The GSA training programme is evidence based through medical and legal evaluation and is informed by best practice. GSA training is delivered by trained tutors and GSA membership requires at least one or more trainers from NHS Lanarkshire to successfully complete a training programme and thereafter successfully complete an annual revalidation for refresher training and which is subject to competence assessment by other specialist GSA tutors. GSA training provides a safe and assured process for standardised training for staff and patient safeguarding. More information on the GSA can be found through their website portal <https://www.thegsa.co.uk/> or Facebook / Twitter links.

#### **7.1 Training Needs Assessment**

Different levels of PaMoVA training are available to staff, appropriate to training needs identified through local risk assessment of working practice, working environment and staff members' roles. Further training information is available via the NHS Lanarkshire FirstPort and the LearnPro portal. Members of the PaMoVA training team can be contacted through contact details posted on FirstPort under the PaMoVA Service intranet page for further advice and/or guidance. In line with statutory requirements, guidance from the Health and Safety Executive (HSE) PaMoVA training should as far as is possible not be allowed to lapse before completing refresher training.

##### **7.1.1 Module One LearnPro 'Violence And Aggression Awareness, Conflict Management And De-escalation' Training**

NHS Lanarkshire employees, students, work experience, trainees, volunteers, temporary and/or agency workers working for NHS Lanarkshire require to complete Module One PaMoVA LearnPro 'Violence and Aggression Awareness, Conflict Management and De-escalation' Training. This is compulsory for all NHS Lanarkshire staff and is designed to equip staff with the knowledge required to avoid, predict and prevent instances of violence occurring or where violence has occurred, the ability to understand, de-escalate, defuse and safely manage violent incidents and has a three year refresher requirement and can be completed within three months of the date of renewal.

Module One training is available through e-learning (LearnPro) followed by successful completion of the online learning assessment to re-enforce the learning experience. Staff who do not have access to LearnPro can request access to a DVD through the PaMoVA Service which is also available for staff having difficulty accessing LearnPro and complete a paper based validation assessment which should be retained within their local personal or training file.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **7. PAMOVA TRAINING (continued)**

#### **7.1.2 Module Two 'De-escalation And Disengagement' Training**

Indicated for staff working within environments where local risk assessment identifies a 'medium' risk of harm arising from work related violence and aggression and includes training for staff in de-escalation and disengagement techniques. Module Two training is designed for individuals who come into contact with or are working with service users that may display aggression, violence or challenging behaviour.

Module Two training has a three-year refresher requirement. Staff with no direct clinical contact or face-to-face interaction assessed as 'medium' risk of work related of Violence and Aggression incident due to high frequency of telephone abuse are not indicated for Module Two training and should continue to utilise de-escalation and defusing skills provided within Module One training (LearnPro Module), contacting PaMoVA service for further advice and support where required.

#### **7.1.3 Module Three Training 'Safe Use Of Physical Intervention'**

Care and treatment will be delivered in such a way that patient's rights are not compromised. In certain situations, in order to safeguard the patient and / or others from harm, additional interventions may be required within the context of what is medically, legally and ethically justifiable.

Module three training involves training in the use of safe and non-injurious physical intervention training. Although the preferred option for staff in situations which places them at risk of violence or aggression is to move to a place of safety in line with Module Two training. There may be occasions where this is either not possible or in doing so it leaves either the patient or others at risk of harm. In such circumstances safe use of physical intervention may be necessary to safely manage and prevent a violent and / or aggressive incident from escalating. Module Three training is indicated for staff working within environments where risk assessment identifies a 'high' risk of violence and aggression.

Specialist training in physical restraint techniques is available for staff working within such high risk environments. Staff in such high risk areas must complete training Modules One, Two and Three. Module Three should be repeated by staff completing this training for the first time within 12 months to re-enforce the learning experience. Module Three also requires refresher training to be completed within a two year rolling period alongside Module Two. The primary purpose of doing so is to ensure staff retain the necessary knowledge and techniques to safely carry out such activities.

#### **7.1.4 Use of Non-Invasive And Non-Injurious Physical Restraint Training**

This may involve the use of some type of non-invasive and non-injurious restraint i.e. the use of soft cuff or leg restraints. These are designed to protect patients from deliberate or unintended self-harm. Training for use of these is normally provided by a specialist external training provider and is helpful for staff dealing with particularly complex and unique situations. Further advice is available through the NHS Lanarkshire PaMoVA trainer / advisors through the contact details posted on FirstPort under the Health and Safety Service intranet page. This is in line with training provided within other Scottish Health Boards.



## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### PAMOVA MODULE TRAINING (continued)

#### 7.1.5 Additional Training Guidance for Clinical Staff

Staff can be nominated to attend training more frequently than the refresher intervals in accordance with local assessment of their training needs i.e. returning to work following injury or moving to a service area requiring patient interactions from a role which previously involved limited patient interactions.

Line Managers should contact the PaMoVA Advisors for details of training arrangements for non-clinical and ancillary staff and/or for any additional advice on the application of this policy.

Further information and how to register for practical training sessions can be accessed through the Salus FirstPort pages at <http://firstport2/staff-support/salus-occupational-health-and-safety/default.aspx> / PaMoVA and / or through the LearnPro link address - <http://nhs.learnprouk.com>.

#### 7.1.6 Rotational Tutors

To support PaMoVA training NHS Lanarkshire employ a model that requires the support and assistance of Rotational Tutors. These tutors require to successfully complete three weeks of training and thereafter keep their knowledge and skills up to date. Each Division that accesses either Modules Two and/or Three training are asked to provide staff who are willing to participate as Rotational Tutors and who can be released from their substantive post to support training of staff. Where a Division requires significant training support from the PaMoVA service they can undertake additional training within their own Division to meet demand through the use of additional Rotational Tutors. Further advice and guidance on becoming a Rotational Tutor is available from the PaMoVA advisors and trainers.

#### 7.1.7 Exceptional Circumstances

In exceptional circumstances moving and handling training may be suspended by an instruction from the Corporate Management Team or through a recognised scheme of delegation i.e. Gold Command. This can include an extension of up to 12 months on current training.

### 8. TRAINING COMPLIANCE

The Health and Safety Executive (HSE) monitor compliance on statutory training including compliance on uptake of PaMoVA training within NHS Scotland Health Boards. NHS Lanarkshire are subject to HSE interventions with the most recent focussing on Moving and Handling and the Prevention and Management of Violence and Aggression (PaMoVA) LearnPro and practical training. The audit identified that NHS Lanarkshire would benefit from improving the monitoring of training compliance for new staff and refresher training for existing staff and this included PaMoVA training.

The Health and Safety Executive (HSE) encourage Health Boards to ensure all indicated staff who require to be trained in PaMoVA Module Two and/or Module Three have successfully completed training and that their training is renewed within the three-year expiration period. The HSE also require Health Boards to evidence a system to record training, monitor compliance with new and refresher training and to take appropriate measures to safeguard staff and patient safety where a staff member's moving and handling training has expired. The only exception would be for staff who no longer require PaMoVA training as part of their job role.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **8. TRAINING COMPLIANCE (continued)**

#### **8.1 Monitoring Training Compliance**

Each Divisional senior management team require to ensure that PaMoVA training is monitored, assessed and reported at appropriate governance forums at periodic intervals. The reporting frequency can vary from monthly to bi-monthly or quarterly. The reporting period requires to be sufficient to allow action to be taken by Divisional management teams to improve performance.

There are two separate streams for compliance monitoring. These consist of Module One LearnPro (e-learning) supported by online assessments and Module Two and Three which involve theory and practical taught elements that are demonstrated and then practiced (classroom based taught courses). The trainers and tutors will as part of the training evaluate each participant's ability to replicate the training demonstrated and their understanding of its application within a workplace setting or scenario.

Compulsory training is subject to monitoring and reporting to the Corporate Management Team, Divisional governance forums and Divisional Management teams and this includes PaMoVA module one. Compliance monitoring for PaMoVA module two and three monitoring is also required for indicated staff and this is also subject to audit as part of the Control Book audit process.

##### **8.1.1 PaMoVA LearnPro Compulsory Module One**

Within e-learning there are two separate streams, mandatory and compulsory training. Compulsory training consists of 10 e-learning modules (including PaMoVA Module One) that require all staff to complete on commencement of employment and thereafter on a cyclical basis. Refresher completion ranges from every 12 months to every 3 years. Mandatory (or role specific) training consists of training that is required for specific job roles. 100% of staff participating and completing the PaMoVA e-learning Module One is the expected standard for all staff. Medium to long term absences should be excluded when monitoring compliance levels including sickness, maternity, etc.

##### **8.1.2 PaMoVA Modules Two And Three**

90% is the expected standard by the HSE to meet statutory requirements for practical refresher compliance for Modules Two and Three for staff who require this training as part of their job role. Restriction to practice measures require to be considered for the remaining 10% or less of staff who are non-complaint with the nominated Module Three refresher periods. The application of restriction to practice will be at the discretion of the senior Divisional management team.

Any new member of staff working in an area that requires Module Two or Module Three training should where practical complete the required PaMoVA level of training before they undertake work within that job role. There may be time limited exceptions where it is not practical to do so i.e. whilst awaiting a training place, due to a return from maternity or sickness absence and training has lapsed, etc. and the staff member is under the supervision of other experienced trained members of staff.

New and existing staff do not require to complete Module Two or Module Three training where they are not considered necessary as part of their job role. These staff can be excluded from compliance monitoring as can staff on medium to long term absence including maternity leave.



## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **8. TRAINING COMPLIANCE (continued)**

#### **8.1.3 Compliance Reporting Frequency**

The reporting frequency on compliance with PaMoVA training can vary from monthly to bi-monthly or quarterly. It may be beneficial to report either monthly or bi-monthly to Divisional Groups. The reporting period requires to be sufficient to allow action to be taken by Divisional management teams to improve performance.

#### **8.2 Restriction To Practice**

Following the HSE Intervention visit, NHS Lanarkshire implemented a process referred to as 'Restriction to Practice'. A letter was issued by the Chief Executive of NHS Lanarkshire to Operational Directors on the 20th February 2019 introducing 'Restriction to Practice' for staff with lapsed moving and handling practical training. It was agreed that restriction to practice would extend to PaMoVA Module Three training.

Restriction to practice is intended to apply to staff whose PaMoVA Module Three training has lapsed and who still require to undertake either PaMoVA Module three as part of their job role and in line with the current PaMoVA risk assessment for their job role and / or service role. The rationale was to introduce a mechanism to avoid staff placing themselves and / or patients at risk by not successfully completing either refresher training and / or an assessment of their PaMoVA skills and in line with the current PaMoVA refresher training guidance for PaMoVA Module Three which requires training to be revalidated within a specified period.

Maintaining PaMoVA training skills is required to comply with statutory requirements. The restriction to practice process is outlined within Appendix 1 of this Policy with specimen information for issue to staff with a stage 1 and stage 2 letter for issue to indicated staff as part of the process for PaMoVA Module Three.

Restriction to practice forms an ongoing commitment to maintain 90% compliance levels for Module Three PaMoVA training. Further guidance on the process is available from the NHS Lanarkshire Head for Health and Safety and the process is the responsibility of Divisional Directors to implement within their service. The process can also be delegated to a nominated senior manager within each Division (please refer to Appendix 1).

### **9. RESOURCE IMPLICATIONS**

- Time and support of managers' / control book holders and/or identified responsible persons to undertake the risk assessment process and develop safe systems of work and communicate assessment content / control measures and safe systems of work to all relevant staff.
- The cost of providing additional controls identified through the risk assessment process. (i.e. enhanced observations, implementation of alert/ alarm and communication systems, etc.).
- Where indicated, time and support for clinicians to gather sufficient information to enable clinical assessment of potential / actual risk of violence and or aggression and record findings within patient's notes/ care plan and for clinical assessment content / control measures to be communicated to all staff involved.
- Time for staff to attend/ access indicated PaMoVA training / refresher PaMoVA training.
- Following an incident, time and support for Department managers and staff to schedule and attend incident debriefing and where appropriate time involved in conducting and / or participating in a local investigation of the incident.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 10. COMMUNICATION PLAN

This policy is posted on the NHS Lanarkshire public website. From revision of the policy, there will be no further formal programme of introduction or cascade, however, there will be general notification of the revision through the staff briefing process.

### 11. QUALITY IMPROVEMENT – MONITORING AND REVIEW

#### 11.1 Policy Review

This Policy will be reviewed either every 3 years and / or following legislative changes related to moving and handling by the author and contributing author(s) and circulated to Stakeholders. The reviews, including qualitative and quantitative data, will be reported through the Occupational Health and Safety Performance Group.

#### 11.2 Control Book Audit

The Salus Health & Safety Section will undertake periodic and planned control book audits which will include a review of arrangements to manage work related Violence and Aggression and the quality and suitability of risk assessments highlighting areas of good practice and areas for improvement where appropriate.

### 12. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

EQIA completed?

Yes



### 13. SUMMARY OF POLICY / RESTRICTION TO PRACTICE PAMOVA MODULE THREE FREQUENTLY ASKED QUESTIONS (FAQ's)

In summary, this policy and PaMoVA training seeks to promote effective risk management procedures aimed at eliminating / reducing or managing acts of violence and aggression and to assist staff to deal with unexpected situations and circumstances related to acts of violence and/or aggression.

As outlined within section 4.2 Assessing Risk, the level of PaMoVA training is determined by the risk assessment for the staff member(s) and/or working environment and/or job role, etc.

#### 13.1 PaMoVA Module Three Restriction To Practice Frequently Asked Questions (FAQ's)

##### 13.1.1 When should staff be issued with a 'Stage 1' letter?

This process only applies to the lapse of PaMoVA Module Three training. The 'Stage 1' letter should where possible be issued at the start of the last month of the staff members Module Three training expiration date i.e. 28 days before their training expires. This allows for a 'Stage 2' letter to be issued if necessary at the time when the staff member's practical training expires and keeps both the staff member and NHS Lanarkshire compliant with the relevant statutory requirements on PaMoVA training compliance.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 13. SUMMARY OF POLICY / RESTRICTION TO PRACTICE PAMOVA MODULE THREE FREQUENTLY ASKED QUESTIONS (FAQ's) (continued)

#### 13.1.2 When should staff be issued with a 'Stage 2' letter?

The 'Stage 2' letter should be issued after the date that the 'Stage 1' letter expires i.e. where the Stage 1 letter expires on the 31<sup>st</sup> January then the Stage 2 letter is issued on the 1<sup>st</sup> February or the closet date following this.

#### 13.1.3 When should new staff or staff returning from a period of absence attend PaMoVA training?

The general approach on return from maternity / medium to long term absence or special leave i.e. bereavement / parental or other special leave would be to allow up to 28 days from the staff members return date to attend training before progressing with a 'Stage 1' letter. However, this is tempered by the need to ensure that as part of the return to work meeting with the Line Manager, PaMoVA Module Three training is prioritised so that the staff member attends training as soon as possible on their return to work so that we do not place them and our organisation at risk of being out of step with our statutory training obligations and safeguarding of staff and patient safety which occurs when our staff have lapsed practical training. For staff whose practical training has lapsed and who require to undertake work activities that require Module Three training should be assisted and supervised by other experienced staff with valid practical training until they successfully complete their practical training (in line with further guidance within this policy).

#### 13.1.4 What if there are no suitable practical PaMoVA Module Three Training dates for several weeks?

Where a training place for PaMoVA Module Three is not generally available due to high demand then this could qualify as exceptional circumstances. This will then be down to the discretion of the line manager and the Divisional Site Management team lead on when to issue a 'Stage 1' or 'Stage 2' letter. The length of time that the training has either expired or will have lapsed by the available training date will also influence this decision. Where site leads cannot obtain a suitable training date from LearnPro please contact a member of the PaMoVA team direct on the contact details provided on FirstPort and where appropriate escalate to the Head of Health and Safety for further support. For staff whose practical training has lapsed and who require to undertake work activities that require Module Two and / or Module Three training should be assisted and supervised by other experienced staff with valid practical training until they successfully complete their practical training (in line with further guidance within this policy).

#### 13.1.5 Should 'Stage 1' or 'Stage 2' letters be issued to those staff whose PaMoVA LearnPro training and / or PaMoVA Module Two training has lapsed?

No, where LearnPro training and / or PaMoVA Module Two training has lapsed the staff member should be asked to complete their online training on their next available working day. A place on the PaMoVA Module Two should be booked as soon as is practicable. This should be monitored to ensure they are completed. Stage 1 and 2 letters are only applicable to the practical PaMoVA Module Three training.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 14. REFERENCES

- The Health and Safety at Work etc. Act 1974
- Malicious Communications Act 1988
- Violence to staff: Report of the DHSS Advisory Committee on violence to staff, HMSO 1988
- Criminal Justice and Public Order Act 1994, Section 92
- The Protection from Harassment Act 1997
- The Management of Health and Safety at Work Regulations 1999
- Adults with Incapacity (Scotland) Act 2000
- Telecommunications Act 2003, Section 127
- The Mental Health (Care & Treatment) (Scotland) Act 2003
- Managing Health at Work Partnership Information Network (PIN) Guideline 2003
- Violence at Work: A guide for employers, Health and Safety Executive Guidance document INDG69 (2006) <http://www.hse.gov.uk/pubns/indg69.pdf>
- Emergency Workers (Scotland) Act 2005 (as modified 2008)
- Criminal Justice and Immigration Act 2008, Section 76
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Violence and aggression: short-term management in mental health, health and community settings, NICE Guidelines (NG10) May 2015
- Dealing with phone rage, Health Scotland  
<http://www.healthscotland.com/uploads/documents/13670-Dealing%20with%20Phone%20Rage.pdf>
- Nurses Power to Detain, Section 299 advice notes, Mental Welfare Commission for Scotland [http://www.mwscot.org.uk/media/140960/nurse\\_power\\_final.pdf](http://www.mwscot.org.uk/media/140960/nurse_power_final.pdf)
- Violence in Health and Social Care, Health and Safety Executive online guidance <http://www.hse.gov.uk/healthservices/violence/index.htm>

### 15. DEFINITIONS

It is important that all staff have a common understanding of their following terms in relation to prevention & management of violence & aggression.

#### 15.1 De-escalation

A set of verbal and non-verbal skills which if used selectively and appropriately may reduce the level of an aggressor's hostility and the associated risk of assault by calming anger and lowering arousal levels.

#### 15.2 Defusing

Defusing is a non-physical intervention designed to prevent a potentially violent/aggressive situation from escalating by reducing tension.

#### 15.3 Disengagement

Disengagement can be defined as a range of specific physical techniques that the victim of a physical assault can use to escape from harm or potential harm. Disengagement techniques may be used only when verbal or other non-physical approaches have failed or are not deemed appropriate. It may also be used in some emergency situations to disengage from a restrictive and /or threatening situation.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 15. DEFINITIONS (continued)

#### 15.4 Physical Intervention

Physical intervention can be defined as a range of specific physical techniques designed to control a situation where a client's behaviour will lead to self-harm, harm to others or to a crime where there is likely to be harm.

Physical intervention can be defined as restricting movement or restricting liberty. Physical intervention ranges from commands (verbal intervention) to physical intervention or 'holding down' (physical restraint). It also covers the use of drugs (chemical restraint); use of cot sides, tipped-back or otherwise awkward seating positions, locked doors etc. (limited mechanical restraint) and safe holding during an essential medical procedure and / or to prevent harm to self and / or others.

#### 15.6 Use of Force

The use of Physical intervention may require the safe and non-injurious use of controlled physical force. The law in Scotland permits the use of force only under certain circumstances e.g. for the protection of an individual from harming self or others and in situations where self-defence is necessary in order to avoid harm.

In such circumstances the law places a duty on a potential victim of violence or aggression to retreat and escape and only where there is no opportunity to disengage is self-defence likely to be considered legitimate. Use of force in 'crime prevention' is limited to where the crime is likely to cause harm. If the risk only applies to property it is important that individuals take no action which may jeopardise their safety or that of any other person. Those using reasonable force to protect themselves or others will not be guilty of assault, however use of force that is deemed unnecessary or unreasonable may constitute assault. Even when a legitimate reason for the use of force exists, retaliation and revenge are not acceptable and where identified will be subject to further review.

Restraint of hospitalised, informal patients with a mental health disorder, whose behaviour poses a danger to themselves or others is covered under the Mental Health (Care and Treatment) (Scotland) Act 2003. Section 299(2) of this Act details 'Nurses Holding Power'. The nurse's power to detain can only be used by a registered mental health or learning disability nurse; it cannot be exercised by any other class of nurse and only in permitted circumstances / situations.



## 16. APPENDIX 1 PAMOVA MODULE THREE RESTRICTON TO PRACTICE SPECIMEN DOCUMENTATION

### 16.1 SPECIMEN STAFF BRIEFING

#### RESTRICTION TO PRACTICE STAFF BRIEFING

## Staff Safety Action Briefing

**Date Issued: *'Insert date'***

***'Insert name of' Site/Service and/or University Hospital***

## PaMoVA Module Three Restriction To Practice

### Do you require Face to Face Practical Module Three PaMoVA Safe Physical Intervention Techniques Training?

- If yes, the legal requirements of the Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work etc. Act 1974 requires you to maintain your training.
- If you let your PaMoVA Module Three training lapse, then you may be placed on 'Restriction to Practice' until you complete the training (only where this is required by a risk assessment for your job role and/or work activities / healthcare work placement and indicates a 'high' risk).

### Change In Practice Affecting PaMoVA Module Three Training

A change in practice was notified on the 20<sup>th</sup> February 2019 to all Senior Operational and Executive Directors within NHS Lanarkshire by the Chief Executive that required staff members involved in the moving and handling of patients to have successfully completed the NHS Manual Handling Passport and Information Scheme, CEL 15 (2014) training in Moving and Handling within a rotating 3-year period. It was also agreed that this process would extend to PaMoVA Module Three training at the next planned policy update in 2022.

This ensures staff comply with statutory responsibilities under 'The Management of Health and Safety at Work Regulations 1999' and the Health and Safety at Work etc. Act 1974. The change in practice followed on from an HSE Intervention within NHS Lanarkshire in November 2018 identifying further measures required to ensure that NHS Lanarkshire provides suitable safeguards for staff and patients related to practical moving and handling through the Scottish Manual Handling Passport Scheme and PaMoVA Module Three 'safe use of physical intervention training'.

To protect the safety of staff and patients from moving and handling and PaMoVA Module Three related risks, NHS Lanarkshire arranged with the Health and Safety Executive (HSE) to implement a new safeguarding process referred to as 'Restriction to Practice'.



## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 16.1 SPECIMEN STAFF BRIEFING (continued)

The restriction relates specifically to the moving and handling of patients and PaMoVA Module Three 'safe use of physical intervention training'. Whilst on 'Restriction to Practice' staff members whose Module Three 'safe use of physical intervention training' has lapsed and which has not lapsed for a period of more than 12 months can if required assist another member of staff with the use of PaMoVA Module Three 'safe use of physical intervention training' techniques. The supervising staff member must have successfully completed their PaMoVA LearnPro Module One within the last 36 months and completed PaMoVA Module Two within the last 36 months as well as having completed PaMoVA Module Three within the last 24 months. This allowance is an interim measure designed to support staff working in 'high' risk areas for violence and aggression pending successful completion of their own PaMoVA Module Three 'safe use of physical intervention' refresher training as soon as is practicable. Where a staff members PaMoVA Module Three 'safe use of physical intervention training' has lapsed for more than 36 months they should not be involved in assisting with the application of PaMoVA Module Three 'safe use of physical intervention training' techniques as it may place them and/or others at risk of injury.

### Staff Actions:

If you work with patients and require to complete PaMoVA Module Three 'safe use of physical intervention training' techniques as part of your job role, please ensure you:

- Complete PaMoVA LearnPro Module One every 3 years (you can complete this anytime from 3 months before it expires); and
- Successfully complete the practical PaMoVA Module Two face to face training within a rotating three-year period (period commences from date of last training session successfully completed). Refresher training can be attended up to 6 months before it expires.
- Successfully complete the practical PaMoVA Module Three 'safe use of physical intervention training' face to face training within a rotating two-year period (period commences from date of last training session successfully completed). Refresher training for PaMoVA Module Three can be attended up to 4 months before it expires.
- Where possible please do not let your PaMoVA training expire although this can happen in terms of unexpected absences, pro-longed and sustained operational pressures in releasing staff to attend training, planned leave, change in job role, lack of availability of available training places, etc.

### Line Managers Actions:

With the exception of limited and / or exceptional circumstances, ensure all staff you have responsibility for who require PaMoVA Module Three 'safe use of physical intervention training' as part of their job role have successfully completed the compulsory PaMoVA LearnPro Module One within the last three years and where required that they complete mandatory practical PaMoVA Module Two face to face training within a rotating three-year period and the PaMoVA Module Three 'safe use of physical intervention training' within a rotating two-year period. Please also ensure for staff whose practical face to face training is due to expire within a 16 week rolling period i.e. a rolling 16-week period from any week throughout the year are booked onto the relevant designated Module Two and / or Three PaMoVA training course and that they as far as is practicable successfully complete the practical training before it lapses.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 16. APPENDIX 1 PAMOVA MODULE THREE RESTRICTON TO PRACTICE SPECIMEN DOCUMENTATION (continued)

#### 16.1 SPECIMEN STAFF BRIEFING (continued)

#### Line Managers Actions: (continued)

Where the PaMoVA LearnPro module has lapsed please ensure the staff member completes this at the start of their next scheduled time at work. Where the practical PaMoVA Module Three face to face training has lapsed or has 1 calendar month or less before it expires you will require to consider:

- Issuing the affected staff member with the Stage 1 standard letter on 'Restriction to Practice' in their job role in regard to PaMoVA Module Three 'safe use of physical intervention training'. This advises the staff member that they are requested to successfully complete refresher training within the next 28 days from the date of the letter issued. 'Restriction to Practice' will commence at the end of the 28-day notification period;
- The letter will be retained on their personal file until they successfully complete refresher training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained;
- Notify your nominated senior management team member of the staff members details so they can be entered onto a site non-compliance training register for PaMoVA Module Three until they complete their refresher training;
- Ensure the affected staff member is only permitted to assist another member of staff with PaMoVA Module Three 'safe use of physical intervention training' techniques who have successfully completed their PaMoVA LearnPro Module One within the last 36 months, completed PaMoVA Module Two within the last 36 months and completed the PaMoVA Module Three within the last 24 months pending successful completion of the lapsed member of staff's PaMoVA Module Three 'safe use of physical intervention training';
- Where the PaMoVA Module Three practical training is not completed within 28 days of the 'Stage 1' letter being issued and subject to an extension being granted (only in line with limited exceptional / unforeseen circumstances i.e. medium to long term absence / bereavement leave / return from medium to long term absence / maternity leave / return / etc.) you are required to consider issuing a Stage 2 letter to the staff member providing a further 28 days to undertake the training;
- If you require further advice on this process, please contact the NHS Lanarkshire Head of Health and Safety or your nominated HR Advisor.

**Issued By: 'insert *name of Senior Manager i.e. Director or Service Manager*', 'insert name of site and/or service'**

*Briefing prepared by the Head of Health and Safety, Salus Occupational Health, Safety and Return to Work Service, HR Directorate on behalf of the Human Resources Director (Version 1.2 – last revised 29<sup>th</sup> June 2022)*

# PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

## 16. APPENDIX 1 PAMOVA MODULE THREE RESTRICTON TO PRACTICE SPECIMEN DOCUMENTATION (continued)

### 16.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER

**Letter to:** *'insert staff member's name, job title and work location i.e. Service/Site/Ward/etc.'*

**Email:** *'insert staff members e-mail address'*

*'Insert name of Site/Service and/or University Hospital*

*'Insert Site/Service and/or Hospital Address'*  
www.nhslanarkshire.co.uk



#### **'Restriction to Practice'** **'Stage 1' Letter**

Date of Issue:

Date Restriction to Practice Takes Effect:

(28 consecutive days from date of issue of letter)

Staff Payroll Number:

Enquiries to:

Direct Line:

Email:

PRIVATE AND CONFIDENTIAL

*'Insert name of issuing manager' / 'Work Address' / 'Contact Details'*

#### **SUBJECT: Stage 1 Notification of Restriction to Practice Pending Successful Completion of PaMoVA Module Three Training**

Dear *'insert full name of staff member'*,

A change in practice was notified on the 20<sup>th</sup> February 2019 to all Senior Operational and Executive Directors within NHS Lanarkshire by the Chief Executive that required staff members involved in the moving and handling of patients to have successfully completed the NHS Manual Handling Passport and Information Scheme, CEL 15 (2014) training in Moving and Handling within a rotating 3-year period. It was also agreed that this process would extend to PaMoVA Module Three training at the next planned policy update in 2022.

This ensures staff comply with statutory responsibilities under 'The Management of Health and Safety at Work Regulations 1999' and the Health and Safety at Work etc. Act 1974. The change in practice followed on from an HSE Intervention within NHS Lanarkshire in November 2018 identifying further measures required to ensure that NHS Lanarkshire provides suitable safeguards for staff and patients related to practical moving and handling through the Scottish Manual Handling Passport Scheme and PaMoVA Module Three 'safe use of physical intervention training'.

To protect the safety of staff and patients from moving and handling and PaMoVA Module Three related risks, NHS Lanarkshire arranged with the Health and Safety Executive (HSE) to implement a new safeguarding process referred to as 'Restriction to Practice'.

## PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

### 16.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER (continued)

The restriction relates specifically to PaMoVA Module Three 'safe use of physical intervention training'. Whilst on 'Restriction to Practice' staff members whose Module Three 'safe use of physical intervention training' has lapsed and which has not lapsed for a period of more than 12 months can if required assist another member of staff with the use of PaMoVA Module Three 'safe use of physical intervention training' techniques. The supervising staff member must have successfully completed their PaMoVA LearnPro Module One within the last 36 months and completed PaMoVA Module Two within the last 36 months as well as having completed PaMoVA Module Three within the last 24 months.

This allowance is an interim measure designed to support staff working in 'high' risk areas for violence and aggression pending successful completion of their own PaMoVA Module Three 'safe use of physical intervention' refresher training as soon as is practicable.

Where your PaMoVA Module Three 'safe use of physical intervention training' has lapsed for more than 36 months you should not be involved in assisting with the application of PaMoVA Module Three 'safe use of physical intervention training' techniques as it may place you and/or others at risk of injury.

In line with the above change in practice, you are being issued this letter notifying you that your practical PaMoVA Module Three 'safe use of physical intervention training' has either lapsed or will lapse within the next 28 days and you have 28 days from the date of this letter to successfully complete the mandatory practical face to face moving and handling training.

Failure to complete this training within the next 28 days will result in you being placed on 'Restriction to Practice' in your current job role. In effect, 'Restriction to Practice' will commence at the end of the 28-day notification period and is noted in the letter heading above.

Your name will be recorded onto a site compliance training register for PaMoVA Module Three 'safe use of physical intervention' training until you successfully complete the practical PaMoVA Module Three 'safe use of physical intervention' refresher training. Your name will be removed from the register once you have successfully completed the refresher training. You will not be permitted to attend the practical refresher training unless you have successfully completed the LearnPro PaMoVA module within the last 36 months and successfully completed PaMoVA Module Two training within the last 36 months.

This letter will be retained in your personal file until you successfully complete the training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained.

Subject to exceptional /or unforeseen circumstances, if the practical training is not successfully completed within the next 28 days you will be advised that you will be subject to Stage 2 of the 'Restriction to Practice' process which will result in a further letter being issued.

Please be aware that you can complete a refresher course for the PaMoVA Module Three 'safe use of physical intervention' training up to four months before it expires and / or the LearnPro Moving and Handling Module three months before its expiry and / or the PaMoVA Module two training six months before expiry.

## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

### **16.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER (continued)**

If you wish to make a complaint regarding any aspect of this process, please do so in writing within 14 days of receipt to your Line Manager who will review the nature of your complaint and act accordingly. This process will not be suspended unless the complaint is upheld.

Yours sincerely

*'Insert name, job title and signature of person issuing this letter'*

cc

*'Copy in Relevant Site Nominated Management Lead & any other relevant manager(s)'*



# PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY

## 16. APPENDIX 1 (continued)

### 16.3 SPECIMEN RESTRICTION TO PRACTICE STAGE 2 LETTER

**Letter to:** *'insert staff member's name, job title and work location i.e. Service/Site/Ward/etc.'*

**Email:** *'insert staff members e-mail address'*

*'Insert name of Site/Service and/or University Hospital*

*'Insert Site/Service and/or Hospital Address'*  
www.nhslanarkshire.co.uk



**'Restriction to Practice'**  
**'Stage 2' Letter**

Date Stage 1 Letter Issued:

Restriction to Practice Effective Date:

(28 consecutive days from date of issue of Stage 1 letter)

Staff Payroll Number:

Enquiries to:

Direct Line:

Email:

PRIVATE AND CONFIDENTIAL

*'Insert name of issuing manager' / 'Work Address' / 'Contact Details'*

**SUBJECT: Stage 2 Notification of Restriction to Practice Pending Successful Completion of PaMoVA Module Three Training**

Dear *'insert full name of staff member'*,

Following issue of the Stage 1 letter on the *'insert date'* you have not completed the practical PaMoVA Module Three 'safe use of physical intervention training' by the required 28-day notice period which expired on *'insert date'*. With immediate effect you are now being placed on restricted practice and will only be permitted to assist another member of staff with any PaMoVA Module Three 'safe use of physical intervention training' activity who has successfully completed their LearnPro within the last 24 months, practical PaMoVA Module Two within the last 36 months and PaMoVA Module Three within the last 24 months.

Your name will be retained on the site compliance training register for PaMoVA Module Three until you successfully complete the practical PaMoVA Module Three refresher training. Your name will be removed from the register once you have successfully completed the refresher training. You will not be permitted to attend the practical PaMoVA Module Three refresher training unless you have successfully completed PaMoVA LearnPro Module One and PaMoVA Module Two within the last 36 months.

This letter will be retained in your personal file until you successfully complete the training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained.



## **PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION POLICY**

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Subject to exceptional / or unforeseen circumstances, if the practical PaMoVA Module Three training is not successfully completed within the next 28 days and it remains a requirement of your job role you may be subject to a review for failing to adhere to Health and Safety Rules and Procedures and failure to comply with an NHS Lanarkshire policy. Any review will be undertaken in line with NHS Scotland 'Once for Scotland' Workforce Policies <https://workforce.nhs.scot/policies/>.

Please be aware that you can complete a refresher course for the PaMoVA Module Three training up to 4 months before it expires.

If you wish to make a complaint regarding any aspect of this process, please do so in writing within 14 days of receipt to your Line Manager who will review the nature of your complaint and act accordingly. This process will not be suspended unless the complaint is upheld.

Yours sincerely

*'Insert name, job title and signature of person issuing this letter'*

cc

*'Copy in Relevant Site Nominated Management Lead & any other relevant manager(s)'*