

Health and Safety Executive		Sector Information Minute	
		SIM 07/2006/03	
Cancellation Date	01/05/2009	Open Government Status	Fully Open
Version No & Date	1: 01/05/2006	Author Unit/Section	Health Services Unit

Target Audience:
FOD Inspectors

PUBLIC SECTOR PROGRAMME 2006/07 – THE MANAGEMENT OF VIOLENCE & AGGRESSION IN HEALTH SERVICES

This SIM provides information to assist inspectors undertaking visits looking at violence and aggression issues as part of the targeted inspection programme in the Public Services Programme 2006/07 (PSP5).

INTRODUCTION

1 The Public Services Programme (PSP) is designed to reduce work related accidents and ill health and the subsequent loss of productivity in the public services. Its key objective is to make a major contribution to HSE's PSA target for lost days, and particularly:

- To reduce the number of working days lost in the civil service and wider public sector, especially those caused by work related accidents and ill health, by 30% by 2010

2 This SIM describes the action to be taken by FMUs in health services during 2006/07 and should be read in conjunction with the [PSP Business Group Delivery Plan 2006/07](#) and the overarching [PSP/Stress Health Care SIM](#). The violence & aggression work will consist of targeted inspections of Trusts, which will be based on recently obtained sickness absence data.

3 These management system inspections to control violence and aggression risks should be carried out at the same time as other activities and/or topic inspection wherever possible.

STATEMENT OF THE PROBLEM

4 It is difficult to determine the true nature of incidents of violence and aggression, primarily due to the different reporting systems in use over the years. However, it is generally accepted that it is one of the biggest causes of sickness absence and ill health across the healthcare sector. For example, during the period April 2003 – March 2005, there were approx 3,114 RIDDORS and 69 Improvement Notices issued.

5 Figures recently produced by the NHS Security Management Service show that in 2004/05 there were 43,301 physical assaults against NHS staff working in Mental Health and Learning Disability settings and 11,482 in the Acute Sector, 5,092 in Primary Care Trusts and 1,329 in Ambulance Trusts.

6 There are also a number of other government bodies and agencies that have an interest in tackling violence and aggression within the healthcare sector. HSE works closely with these organisations to ensure that efforts and resources are co-ordinated. Further information can be found in SIM 07/2006/04 (HYPERLINK TO BE ADDED).

OPERATIONAL INPUT

7 Inspectors are asked to inspect risk management systems for violence and aggression issues in 34 settings – which should be targeted based on the sickness absence data provided with SIM 7/2006/02: **YNE = 9, NW = 9, Midlands = 6, ESE = 4, London 4, SW=2.**

8 PSP6 and PSP7 details the separate Inspection Plan activities for Scotland and Wales respectively.

9 Within England, Divisions have been asked to select and target interventions from a list of identified Trusts ([SIM 07/2006/02 – Annex 1](#)). In total there are 69 trusts in this group which should provide sufficient scope per Division.

TARGET WORKER GROUPS

10 There are 4 areas for particular attention: Accident & Emergency, Elderly Care, Mental Health and Community/lone workers (including the Ambulance Services):

- **Accident & Emergency Departments:** the risks of violence and aggression within Accident & Emergency Departments are well known. It is often the busiest area of a hospital and the only access into the site during the night. The public waiting for treatment, the influence of alcohol and/or drug misuse, high levels of noise and anxiety, with high demands on staff, result in a high risk of violence and aggression. Trusts may consider the use of 'Security' services, restricted access to treatment areas, closed circuit television etc, in such areas as part of their control measures.
- **Elderly Care:** the potential for violent or aggressive behaviour arising from levels of confusion or agitation as a result of acute confusion (delirium) within elderly patients in Acute Hospital settings should be recognised.
- **Mental Health and Learning disabilities:** the incident rates for violence in Mental Health and Learning disabilities is approx two and half times the average for all Trusts. Inspectors should be aware that patient specific risk assessment and control management strategies are deemed appropriate. Such information will be recorded within the patient clinical notes, rather

than in the 'traditional' risk assessment documentation. The involvement of clinicians in the management of violence and aggression in such areas is therefore crucial.

- It is important that Inspectors should not become involved in discussions regarding the diagnosis of conditions ie. delirium verses dementia in elderly patients, the type of mental health condition, the use or availability of medication, nor the suitability of the placement of particular patients within specific Wards or Trusts. Inspectors should seek to ensure that adequate risk assessments and control measures are in place to manage the risks presented.
- **Community / lone workers (including the Ambulance Services):** the risks of violence and aggression in this area are primarily linked to staff being away from their work base. Inspectors should ensure that systems for assessing the risks to such staff include: an initial assessment where appropriate of the particular areas to be visited or client groups, arrangements for the exchange of information between all agencies that might visit patients in the community, communications between lone workers and base, movement plans, provision of alarm or communication devices, and special liaison with police and any others. The NHS Security Management Service (SMS) has issued specific [lone worker guidance](#) to help managers and staff. Additional guidance can also be found in the HSE series of case studies on [lone workers guidance](#), which includes specific information for nurses and community midwives.
- Further information in relation to the risks of violence and aggression within the Ambulance Service can be found in [SIM 07/2003/18](#).

RISK MANAGEMENT SYSTEM

11 Inspectors are asked to assess compliance with:

- Management Regulations reg.3: an assessment of the risk from violence should have been carried out by a competent person with the involvement of staff or their representatives. All staff likely to be exposed to violence during the course of their work, should be aware of the findings of the assessments; and,
- HSW Act s.2 and 3, Management Regulations regs.5 and 13: a policy on controlling the risks from violence, and other arrangements should have been drawn up, which are relevant, up to date and clearly understood by employees.

12 Elements that will need to have been addressed include: the workplace - physical aspects of the premises; working patterns and practices; staffing levels and competencies; staff training; security; and response strategies.

ENFORCEMENT

13 Enforcement guidance is given in Appendix 1.

14 Inspectors should be familiar with HSE / NHS Security Management Service [Concordat](#) March 2005 (England only), and relevant parts of the FOD Health and Safety Policy, particularly Supplements 00 ([General Approach to Site Visits](#)) and 01 ([Health Services Supplement](#)).

RECORDING

15 A standardised approach has been agreed for reporting Fit3 interventions. The key word "PSP6" should be used in the comment field for each contact under the PSP. Further instructions are provided at paragraph 34 and 35 of the main [BGDP](#).

16 Inspectors are also invited to forward to HSCSU a copy of any correspondence/report to the employer where there were significant findings of serious failings or good practice. Information can be sent hard copy or electronically to the Unit via the 'healthservices' e-mail account.

COMPLETION DATE

17 Visits should be completed by the end of February 2007. Reports should be input to COIN by the end of March 2007.

SECTOR CONTACTS

18 Jo Gravell, Health Services Unit, 508 4293

APPENDIX 1 – ENFORCEMENT GUIDANCE : VIOLENCE AND AGGRESSION

BENCHMARK

1 The legal framework which sets the standards for the management of risk from violence is laid down in HSW Act, and the Management of Health and Safety at Work Regulations 1999.

GENERIC GUIDANCE

2 The main elements of the risk management system for controlling violence are listed in para 9 above. The enforcement guidance below is of a generic nature. It is not possible to give guidance on specific scenarios. Inspectors should use their discretion, when determining appropriate controls in particular situations. Health Services Unit should be contacted in cases of difficulty. Where inspectors find evidence of violent incidents and:

- there is an absence of suitable risk assessments;
- and/or a lack of adequate arrangements for planning, organising, control etc; and/or
- a lack of training for staff (see para 6 below);

an improvement notice should be considered.

3 The Sector will support the use of enforcement action where failings of risk management systems give rise to significant risk to employees. Inspectors should also consider that enforcement action will have a positive impact on duty holders in the industry in general.

LOCAL FACTORS

4 Inspectors should apply local factors based on their knowledge of the employer.

TARGET FOR ACTION

5 Inspectors should consider and target underlying management failings.

STRATEGIC FACTORS

6 There are a number of considerations that Inspectors may wish to take account of:

- Concordat between HSE and NHS SMS which sets out the principles against which the two organisations will work together. Inspectors should be familiar with this when planning and conducting interventions.

- Targets have been set to provide and train all frontline NHS staff in “Conflict Resolution Training” by 2008. The SMS are currently collating training plans from health bodies to establish whether the target will be delivered – however it is expected that nearly 250,000 staff will have received training by April 2006. The NHS SMS accept, that HSE inspectors may require training to be delivered earlier than what is identified in the Training Plan. Inspectors may wish to enquire as to the status of such training plans when considering issuing notices and the setting of compliance timescales.
- A complementary training framework on the use of Physical Interventions is being developed by a Cross-Government Group on Violence and Aggression in Mental Health. The training programme will dovetail with the NHS SMS training programme ‘Promoting Safer and Therapeutic Services’ – consultation is expected to take place Summer 2006.
- An environmental assessment toolkit is being developed by the National Patient Safety Agency, Royal College of Psychologists and the NHS SMS for use within mental health and learning disability settings. The toolkit was expected in December 2005 but was held up due to resourcing issues – consultation is also expected to take place Summer 2006.