

Violence Prevention and Reduction Policy

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Introduction

BrisDoc is dedicated to upholding the highest standards of safety for our colleagues, patients and visitors across all of our services and locations. Violence, aggression, and harassment in any form, including verbal, that intimidates, degrades, humiliates, or otherwise harms another person will not be tolerated.

This policy outlines our commitment to preventing and reducing incidents of violence, ensuring the well-being of everyone within our organisation through a risk-based framework.

Context

The World Health Organisation defines violence as: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (Global status report on violence prevention 2014).

According to the WHO, psychological violence involves "insults, belittling, constant humiliation, intimidation (e.g., destroying things), threats of harm, threats to take away children, isolation from friends and family, and restriction of movement." This can encompass various forms of verbal abuse and aggression. Verbal violence and aggression, therefore, can be understood as forms of psychological violence that use language to cause harm, intimidation, or humiliation to others.

BrisDoc, as an employer and as the provider of a workplace, has a legal and moral duty of care to ensure the safety and well-being of our workforce. Our legal duty of care is primarily encompassed in the Health and Safety at Work Act 1974, which requires employers to ensure the health, safety, and welfare of employees and workers.

All NHS commissioners and all providers of NHS-funded services operating under the NHS Standard Contract should have regard to the violence prevention and reduction standard, and are required to review their status against it and provide board assurance that they have met it twice a year.

Our Violence Prevention and Reduction policy is designed to align with the NHS Violence Prevention Standards.

Scope

This policy applies to all Co-owner employees, Honorary Contract holders, Self-employed workers, Contractors, and Volunteers. In this policy all of the above categories of employee and worker will be referred to as 'colleagues'.

This policy covers both physical and psychological violence and aggression towards colleagues, patients, and visitors to BrisDoc.

Definitions

1. **Violence:** Any incident, physical and/or verbal, in which a person is abused, threatened, or assaulted in circumstances related to their work.

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2. **Aggression:** Hostile or violent behaviour or attitudes toward another person.
3. **Harassment:** Unwanted conduct affecting the dignity of individuals in the workplace, including actions, threats, or communications that are unwelcome or offensive.
4. **Verbal Violence and Aggression:** Any form of communication that is abusive, discriminatory, threatening, or offensive, and can occur in various settings, including face-to-face interactions, phone calls, emails, and social media.

Governance

BrisDoc's Senior Leadership and the Board, through the Chief Executive, are collectively accountable for and endorse BrisDoc's Violence Prevention and Reduction Policy, with delegated accountability assigned to the Director of people & OD.

We will review our performance against this policy to enable the senior management team to direct and inform changes to policies and/or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. We will share critical findings with internal and external stakeholders as deemed appropriate by the Senior Leadership team.

Policy Commitments

Our policy commitments for Violence Prevention and Reduction, define the priorities that will create a secure and respectful environment for both staff and patients. Aligned with the NHS Violence Prevention and Reduction Standards, these commitments guide BrisDoc's approach to violence prevention and reduction.

Risk Assessment and Management: We will conduct regular assessments of potential violence risks within our healthcare facilities. We will focus on the identification, mitigation, and communication of risks to relevant stakeholders to prevent harm.

Senior Management Accountability: We acknowledge senior management's responsibility, including the Chief Executive and the board, in implementing strategies for violence prevention and reduction.

Violence Prevention and Reduction Plans: We will document comprehensive plans to prevent and reduce violence and the risk of violence, providing regular updates based on lessons learned and risk assessments, and make these accessible to stakeholders.

Resource Allocation and Workforce Engagement: Vital for success is providing adequate resource and regular communication of objectives and priorities to our workforce, including engagement with our Co-Owners Council.

Clear Roles, Responsibilities, and Training: We will ensure all our workforce have access to appropriate training and support that will keep them and our patients safe from violence.

Process for Corrective and Preventative Actions: Essential for maintaining a safe environment, we will promptly address incidents, recording corrective actions, and updating risk registers to prevent future occurrences.

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Accountabilities

1. Risk Assessment and Management:	
Risk assessments are conducted each year to identify and address potential areas of concern.	Service Leads*
Identified risks associated with violence are shared with LOBs and Leadership Board.	Director of Nursing, AHP, and Governance
2. Senior Management Accountability:	
Accountability for the Violence Prevention and Reduction policy is delegated to a member of the senior leadership team.	Director of People & OD
Service Directors are accountable for all plans and risk assessments within their service areas and for making informed decisions about violence prevention and reduction actions.	Service Leads
3. Violence Prevention and Reduction Plans:	
Detailed plans are developed and documented to achieve violence prevention and reduction objectives.	Service Leads
Plans are updated annually to consider improvements, lessons learned, and updated risk assessments.	Service Leads
4. Resource Allocation and Workforce Engagement:	
Service leads ensure adequate resources are allocated for violence prevention and reduction objectives.	Service Leads
Regular communication on objectives and priorities is provided to all staff groups.	Service Leads
5. Clear Roles, Responsibilities, and Training:	
Organisational roles and responsibilities for violence prevention and reduction are clearly defined.	Director of People & OD
Training needs analysis informed by risk assessments is conducted, with suitable training accessible to all staff.	Director of People & OD
6. Process for Corrective and Preventative Actions:	
All incidents are logged, reviewed, and corrective actions recorded within acceptable timeframes.	Director of Nursing, AHP, and Governance
Violence prevention and reduction risk registers are updated accordingly.	Director of Nursing, AHP, and Governance

* Service Leads are Service Directors, Heads of Service, and Practice Managers.

Response to Incidents

In healthcare settings, violence and aggression can vary significantly in severity and impact and the response will be largely dictated by the nature of the aggression and the environment within which it occurs.

As a guide it can be useful to classify these incidents to ensure an appropriate response that safeguards patients, colleagues, and visitors. Here are descriptions for three levels of violence and aggression incidents along with guidance on corresponding levels of response.

Local measures do take priority when determining the appropriate response as they have been developed with regards to the local environment and risks.

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Level 1: Low Severity Incidents

Verbal aggression such as shouting, swearing, or using disrespectful language without physical threats or actions. It may involve frustration or anger expressed verbally by patients, visitors, or even colleagues.

Response:

De-escalation techniques should be used if possible. Active listening, empathy, and calming techniques may defuse the situation.

The incident should be recorded for future reference via Learning Events portal in order to identify any patterns, such as repeat offenders, re-occurring days and times, even repeatedly targeting the same individuals.

Managers should speak with colleagues impacted to address underlying issues and provide support as necessary.

Level 2: Moderate Severity Incidents

Moderately severe incidents that range from behaviours such as throwing small objects (without intent to cause harm), non-compliance with instructions, or making rude gestures through to threatening behaviour, minor physical aggression (e.g. pushing or stepping into someone's personal space) are not tolerated.

Immediate response:

Immediate action is required to maintain safety, utilising security personnel or trained staff if available to intervene and separate the aggressor from others. If security or trained colleagues are not available colleagues should remove themselves quickly and calmly from the presence of the perpetrator. The Police should be called immediately.

The incident should be documented and reported as soon as possible through formal incident reports to ensure proper follow-up.

It may be necessary to implement temporary safety measures, such as increased monitoring or temporary removal of the aggressor from the area, to prevent further incidents. If the aggressor is a repeat offender a permanent exclusion can be implemented.

The 5 Point Plan in Appendix 1 is a template for responding after the event to ensure effective debriefing, learning and reporting of the incident takes place. The 5 Point Plan should be completed by a manager. Further details and the Plan template can be found on Radar [Workplace Violence & Aggression: A Five-Step Plan for Supporting Staff – Radar \(radar-brisdoc.co.uk\)](https://radar-brisdoc.co.uk)

Level 3: High Severity Incidents

Severe physical aggression includes actions like punching, kicking, using weapons, or any physical assault that causes significant injury or has the potential to cause serious harm and may escalate to incidents where there is a direct threat to life, such as the use of weapons or severe physical assault.

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Response:

In the event of a violent incident, the first priority is to ensure the immediate safety of all individuals involved. This includes removing the victim from the threat, which may entail evacuation of an area if the threat is significant, securing the area, and calling security or law enforcement. Medical assistance should be provided promptly, and the incident should be reported to a supervisor or manager without delay.

- Remove victim to safety
- If an evacuation is required then evacuation protocols will be followed
- Secure the area
- Contact security or law enforcement if needed
- Provide first aid or call emergency services
- Report the incident to management
- Document initial details

A thorough and impartial investigation should be conducted to understand the incident fully. This involves collecting statements from all parties, gathering physical evidence, and maintaining strict confidentiality. Detailed records of the investigation process and findings should be kept.

- BrisDoc will appoint an impartial investigator
- Collect statements from all parties involved
- Gather physical evidence
- Maintain confidentiality
- Document all findings and evidence

Reporting

Reporting via Learning Events allows for identification of causes, patterns and trends in order to prevent further incidents.

Following incidents and any investigation, support will be provided to affected colleagues, and any necessary actions will be taken. The incident will be analysed to identify gaps in preventive measures, and improvements will be made to policies and procedures.

- Access to counselling services for eligible colleagues
- Arrange debriefing sessions
- Determine and implement disciplinary actions if necessary
- Review the incident to identify gaps in prevention
- Use data collected through systems to identify and prevent further incidents
- Update policies and procedures as necessary
- Implement additional training if needed

Support

Initial support for colleagues will be offered by line managers. Co-owners affected by violence and / or aggression have access to confidential counselling and support services through BrisDoc's EAP (Employee Assistance programme).

Regular debriefing sessions with affected colleagues will be held to help them process the incident. Colleagues will also have opportunities to provide feedback and suggestions to improve the violence prevention and reduction efforts.

- EAP confidential counselling services

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- Debriefing sessions
- Feedback and suggestions
- Review and implement feedback

Monitoring

The effectiveness of this policy will be monitored and reviewed by the People Board and reported to the Corporate Board meeting in the meeting prior to the policy review date. Recommendations will be recorded and shared via the recognised policy approvals process in time for the policy review date.

Incident reports will be monitored to identify trends, and colleague engagement will be sought to gather feedback for continuous improvement.

- Scheduled policy reviews
- Key stakeholders' involvement
- Incident reports tracked and analysed
- Patterns and trends identified
- Feedback used to update and improve the policy

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Appendix 1 – 5 Point Plan

Step	Description	Date Completed / Other Comments
Step 1	Immediate debrief with member of staff involved – either by telephone or face to face. This should occur within 24 hours.	
Step 2	Communicate details of event appropriately with patient's GP surgery (if the event involves a patient, and we know the details). Ensure any additional notes are added to record as appropriate.	
Step 3	If appropriate or possible, send a letter to patient outlining BrisDoc's stance in response to violent and aggressive patients.	
Step 4	Carry out a review of risk assessment. Are processes and procedures up to date? Are any changes or improvements required to premises or equipment (eg panic buttons/door locks?)	
Step 5	Carry out a further review and debrief with the member of staff six weeks after the event.	

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Step 1.

An immediate de-brief should take place with members of staff involved as soon as possible after the event has occurred or been reported, and ideally within 24 hours. The debrief should be carried out ideally by the member of staff's line manager but can also be another senior staff member from the same service. Items for discussion and documentation should include:

- How is the member of staff feeling? There may be an inclination to dismiss the event, particularly if other members of staff were involved, but it is important to stress that people react differently and that experiencing feelings of shock or vulnerability after such events is expected.
- Has the member of staff completed any conflict resolution training – do they feel any or improved training could have produced a different outcome? It is important not to imply any blame for the event, but to allow the member of staff to discuss and reflect on the event.
- Stress that you or other managers are available if they wish to discuss the event further, or if they feel they need any additional support.

Step 2.

If the event involved a patient, ensure that the patient's GP is informed if possible and that patient notes (including Adastra/Emis) are updated appropriately with any details if it is felt that the patient represents a risk to other Healthcare professionals in future.

Step 3.

If it is possible and/or appropriate a letter should be sent to the patient outlining BrisDoc's stance on unacceptable behaviour towards staff. Ensure that the member of staff involved is aware of this, and understands if this is not possible (i.e. if the unacceptable behaviour was demonstrated by a relative).

Step 4

A review of the environment should be carried out and the risk assessment updated to ensure all possible safety measures are in place to protect staff – eg are panic buttons working, could lone working have been avoided, are door and entry systems secure? Communicate the outcome of any findings to the member of staff involved.

Step 5.

A further de-brief with the member of staff should take place six weeks (or earlier if the staff member requires it) after the event. Ensure that the staff member is feeling safe, secure and supported and offer any ongoing support that may be necessary, including counselling.

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Appendix 2 – Equality Impact Assessment

Equality Impact Assessment			
Title	Violence Prevention and Reduction Policy		
Date Completed	06/06/2024		
<p>In applying this policy, BrisDoc has due regard to the disproportionate frequency, targeting and impact of incidents of violence and aggression against individuals and groups with protected characteristics.</p> <p>This policy is part of a wider response to violence and aggression that will reduce the frequency and impact of such incidents.</p>			
Protected Group	Does any aspect of this policy that disproportionately impact on the below groups? Please confirm either yes/no	Are these impacts negative, neutral or positive?	Are further actions required to address any negative impacts or enhance positive ones? Please confirm either yes/no (see comments below)
Age	Yes	Positive	Yes
Disability	Yes	Positive	Yes
Gender Reassignment	Yes	Positive	Yes
Marriage and civil partnership	No	Neutral	No
Pregnancy and maternity	Yes	Positive	Yes
Race and ethnicity	Yes	Positive	Yes
Religion or belief	Yes	Positive	Yes
Sex	Yes	Positive	Yes
Sexual orientation	Yes	Positive	Yes
<p>Comments</p> <p>Further actions to address violence and aggression directed individuals and groups with protected characteristics will include organisational, locality, and individual risk assessments. Training in responding to and managing incidents will be available, and were identified as needed, revised protocols and safety measures will be introduced.</p>			

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Date	Version	Author	Change Details
14/08/2024	1.0	Mike Duncan	Policy Created
17/06/2025	1.1	Mike Duncan	Review extended by 3 months as agreed with RH.