

ZERO TOLERANCE POLICY

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Name of responsible committee/ individual:	Equality & Engagement Committee
Name of executive lead:	Head of Governance & Assurance
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Target Audience:	All CCG staff especially those in 'public facing' roles

ZERO TOLERANCE POLICY**DOCUMENT CONTROL**

Version No	Type of Change	Date	Description of change
V 0.1	Draft	November 2019	<i>Initial draft based on material in the Security Policy and other examples from other CCGs</i>
V 0.2	Draft	November 2019	<i>Slight amendments following initial consultation with E&D Lead, HR Lead, managers of patient and public facing teams, LCFS, and staff side.</i>
V 0.3	Draft	December 2019	<i>Further minor amendments following comments from Head of Comms & Engagement</i>

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ZERO TOLERANCE POLICY

1. Zero Tolerance Statement

- 1.1 **In line with NHS policy, NHS Barnsley CCG has a zero tolerance approach to aggression, abuse, violence, hate crimes and hate incidents, or anti-social behaviour towards our staff.**

The CCG is committed to ensuring that staff managing direct relationships with the public (face-to-face, through emails, letters or telephone calls) are able to carry out their work free from aggression, abuse, violence, hate crimes and hate incidents, or anti-social behaviour from patients, their relatives or members of the public. Where a patient, relative or member of the public is alleged to have carried out an act of violence, aggression or harassed a member of staff, BCCG reserves the right to respond to the alleged incident, as deemed necessary in light of the circumstances, including involving the police where appropriate.

2. Purpose

- 2.1 The CCG is committed to introducing measures, through this Zero Tolerance Policy and other relevant policies and procedures (see Section 10) to:
- Reduce the risk of instances of aggression, abuse, violence or anti-social behaviour or hate crimes or hate incidents towards our staff occurring
 - Enable staff to manage appropriately an aggressive or violent situation should they arise
 - Support staff in the aftermath of any such incidents.

3. The Risks of not having this Policy in place

- 3.1 Not having this policy in place exposes BCCG to increased risk of failure to meet its duty of care as a good employer to provide its staff with a safe working environment, free from aggression, abuse, violence or anti-social behaviour from patients, their relatives or members of the public.

4. Definitions

- 4.1 **Harassment and violence:** The Health and Safety Executive (HSE) defines harassment and violence as unacceptable behaviour by one or more individuals that can take many different forms, some of which may be more easily identifiable than others.

- 4.1.1 *Harassment* occurs when someone is repeatedly and deliberately abused, threatened and/or humiliated. This may occur either inside or outside working hours

- 4.1.2 *Violence* occurs when someone is assaulted in circumstances relating to work, this may occur either inside or outside working hours.
- 4.2 Both harassment and violence may be carried out by one or more service user or member of the public with the purpose or effect of violating a staff member's dignity, affecting his/her health and/or creating a hostile work environment.
- 4.3 Harassment and violence can:
- Be physical, psychological, and/or sexual
 - Range from minor cases of disrespect to more serious acts, including criminal offences, which require the intervention of public authorities.
 - Occur in the work environment or outside the work environment.
- 4.4 Harassment can be further defined as any conduct which:
- Is unwanted by the recipient
 - Is considered objectionable by the recipient
 - Causes humiliation, offence and distress (or other detrimental effect).
- 4.5 The key to distinguishing between what does and does not constitute harassment is that harassment is behaviour that is unwanted by the person to whom it is directed. It is the impact of the conduct and not the intent of the perpetrator that is the determinant.
- 4.6 Harassment is a course of conduct which may occur against one or more individuals. Harassment may be, but is not limited to:
- *Physical contact* – ranging from touching to serious assault, gestures, intimidation, aggressive behaviour
 - *Verbal* – unwelcome remarks, suggestions and propositions, malicious gossip, jokes and banter, offensive or abusive language
 - *Non-verbal* – offensive literature or pictures, graffiti and computer imagery, emails, texts, isolation or non- co-operation and exclusion or isolation from social activities
 - *Unwanted conduct related to a protected characteristic* which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, humiliating or offensive environment for that individual.
- 4.7 **Aggression** is defined as:
- A forceful action or procedure (such as an unprovoked attack) especially when intended to dominate or master
 - Hostile, injurious, or destructive behaviour or outlook especially when caused by frustration aggression is often the expression of pent-up rage
 - Spoken or physical behaviour that is threatening to the individual and or involves harm to someone or something.

4.8 Incidents do not necessarily have to cause physical harm. They can:

- Involve a threat, even if no serious injury results
- Involve verbal abuse
- Involve non-verbal abuse, for example gestures, emails, texts
- Involve other threatening behaviour, for example stalking.

4.9 A **Hate Crime** is defined as:

A crime that the victim or any other person perceives to be motivated by hostility or prejudice towards any aspect of a person's identity. Disability, Gender Identity, Race, Ethnicity or Nationality, Religion Faith or Belief and Sexual orientation

4.10 A **Hate Incident** is defined as:

Any incident, which may or may not be a crime, that the victim or any other person perceives to be motivated by hostility or prejudice towards any aspect of a person's identity.

5. Equality & Diversity

5.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. A single Equality Impact Assessment is used for all policies and procedures (see Appendix 1).

6. Principles

6.1 The CCG believes that any act of aggression, violence or intimidation, both physical and non-physical from any member of staff, patient, visitor or member of the public is unacceptable. The CCG is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

7. Roles and Responsibilities

7.1 Barnsley CCG, its senior management, and all staff employed by the CCG have a part to play in implementing this Zero Tolerance Policy:

7.1.1 Organisational Responsibility

It is the responsibility of the CCG to develop policies, procedures, systems and environments that reduce the risk of violence and aggression.

The CCG recognises that it is an integral part of the community which it serves and its overall policies and procedures directly affect what happens at the interface between staff and the public. The CCG undertakes to:

- Identify as far as reasonably practicable, the potential for violence, aggression and vexatious behaviour arising in the workplace, including those most at risk;
- Take practical steps to eliminate/reduce the risk;
- Identify safe working practices and provide training for staff appropriate to their needs;
- Ensure security management specialists are available to advise and attend appropriate meetings;
- Encourage reporting of all incidents via the CCG's established systems;
- Investigate significant incidents;
- Take appropriate action against members of the public who assault, threaten or abuse staff;
- Provide support to individuals who have been a victim of assault or abuse;
- Evaluate the effectiveness of any measures undertaken.

7.1.2 **Senior Management Team Responsibilities**

- Ensuring that staff are aware of this policy and understand the methods and timing of reporting incidents;
- Identifying appropriate training for staff and ensuring that training is available in appropriate techniques for dealing with incidents of violence, abuse and aggression;
- Taking all reported incidents of violence at work seriously;
- Providing immediate support to staff who experience abusive, violent or aggressive incidents by listening to the account of the incident and discussing with the member of staff the options to them.

7.1.3 **Line Managers Responsibilities**

- Ensuring that staff understand the methods and timing of reporting;
- Ensuring that incident report forms are completed as fully as possible for all reported incidents of violence within one working day;
- Supporting and debriefing staff following aggressive incidents;
- Informing senior managers;
- Conducting environmental risk assessments.

7.1.4 **Individuals' Responsibilities**

- Every individual has a responsibility to follow safe working practices and co-operate with the employer to promote safety at work.
- In the community, where individuals are often working alone or in small groups, they also need to remain watchful of their own safety and that of their colleagues;
- Individuals have a responsibility to report incidents of violence and aggression, including verbal abuse.

7.1.5 The CCG *does not* expect staff to place themselves at risk to protect or prevent damage to or theft of property, or in order to deliver care.

8. Procedure

8.1 *Assessing the risk of harassment, violence or aggression*

8.1.1 Barnsley CCG is a public organisation and is committed to providing an open and supportive environment for the people of Barnsley to make enquiries, seek advice, and raise issues or complaints where it falls within the remit of the CCG to deal with these. However CCG staff, particularly those in public- or patient-facing roles should always be mindful of the risks they may face when carrying out their roles.

8.1.2 The following may indicate that there is a potential risk of harassment, violence or aggression when interacting with members of the public:

- The person appears to be intoxicated
- The individual appears confused, disorientated, or distressed
- The person has a known criminal history
- The staff member works in a higher risk area, eg handling contentious issues or complaints
- The staff member is working alone
- A service has been withdrawn or withheld from the individual
- The individual has a past history of harassment, violence or aggression towards staff.

8.1.3 The list shown above is not exhaustive and staff and their managers must take care to assess all possible personal security risks within their area of responsibility.

8.1.4 When a staff member feels that they may be at risk of harassment, violence or aggression they should discuss this with their line manager.

Possible steps to mitigate the risks include restricting interactions to written correspondence (email or letter) rather than face to face meetings. Should it be necessary to arrange a meeting with the member of the public this should be by appointment only, in a secure and confidential room on the CCG's premises, and with two or more staff members present.

8.1.5 **In any situation where physical assault is considered imminent, staff should immediately leave the area if able and contact security (if available) or the police (9-999 from an internal phone or 999 from a mobile).**

8.2 *Procedures for CCG reception staff:*

8.2.1 If a member of staff working on the reception desk, or in the reception area when the reception desk is not staffed, feels that someone seeking to enter Hillder House presents a potential risk of violence or aggression (eg where one or more of the risk factors at 8.1 above are observed) they should:

- Not buzz them into the building, and
- Suggest that they call the CCG to make an appointment, email their query, or speak to an appropriate staff member by telephone.

8.2.2 If the individual refuses a polite request to leave CCG premises the receptionist / staff member should seek assistance from the CCG's security lead or a senior manager on site, or ring the police on 9-999.

8.2.3 If an individual arrives at reception without an appointment to see a CCG staff member the person on reception should take their name, contact details, and a brief note of the matter they would like to raise. The receptionist should then inform the individual that they will pass the request on to an appropriate member of staff who will be in touch within 24 hours.

8.2.4 If an individual who has already been given access to Hillder House begins to act in a way which suggests that an act of violence and aggression may be imminent the staff member should take whatever steps are necessary to keep themselves safe, eg:

- Leave the area
- Seek assistance from colleagues / senior managers
- Shout or scream for help, and / or
- Call the police using 9-999.

8.3 *Procedures for staff handling queries, complaints and other feedback from the public:*

- 8.3.1 Staff whose role is to manage queries, complaints, and patient and public feedback are at potentially greater risk of being subject to harassment, violence, or aggression. Before any interaction with patients or the public staff should consider the risk factors set out at section 8.1 and agree with their line managers steps to mitigate any perceived risks.
- 8.3.2 The preferred method of handling interactions with the public is through correspondence by email or speaking by telephone. This is because the CCG premises lack suitably secure and confidential rooms for holding conversations with the public, and this approach minimises the risk of harassment, violence and aggression towards CCG staff.
- 8.3.3 Where the patient / member of the public requests a face to face discussion the staff member and line manager should first undertake a risk assessment. Where it is felt safe to proceed with a meeting this should be arranged on CCG premises and should be by appointment only. A colleague should be present in any such face to face meetings and a note of the meeting should be taken.
- 8.3.4 On very rare occasions, again following careful consideration and a risk assessment, CCG staff may feel a visit to a member of the public's home is necessary to investigate a query or complaint. Any such home visits should be undertaken by two people. Further, all such meetings should be minuted, and digitally recorded, where possible.
- 8.3.5 Further guidance can be found in the CCG's *Management of Patient Experience Policy* (see especially Appendix B 'Procedure for Managing Persistent Complainants').
- 8.4 *Dealing with harassment, violence and aggression pro-actively:*
- 8.4.1 Staff should attempt to avoid physical intervention at all costs and be aware of their own verbal and non-verbal communication. E- Learning Conflict Resolution Training (CRT) is available to members of staff.
- 8.4.2 Techniques include:
- Simply ask the person who is becoming aggressive to stop, some people will respond to this;
 - Attempting to establish a rapport through neutral communication;
 - Offering and negotiating realistic options;
 - Avoiding threats;
 - Asking open questions and asking about the reason for the service user's concern;

- Showing concern and attentiveness through non-verbal and positive verbal responses;
- Listening carefully;
- Attempting to neither patronise nor minimise the service user's concerns.

8.5 *Dealing with harassment, violence and aggression reactively:*

8.5.1 Dependent on the circumstances, in an incident involving harassment, violence and aggression, the following course of action (8.6) could be pursued in conjunction with any other course of action, but always in consultation with Senior Management. Any and all action must be fully and factually documented and an incident report form completed.

8.6 *Actions following violent, abusive or aggressive behaviour:*

8.6.1 Where a patient, relative or member of the public is alleged to have carried out an act of violence, aggression or harassed a member of staff, BCCG reserves the right to respond to the alleged incident, as deemed necessary in light of the circumstances. The level of response will be dependent upon the seriousness of the incident and the outcome of any investigation.

8.6.2 The potential responses or actions available to BCCG include:

- Verbal warnings with a follow up letter to the individual
- Recommendation to use advocacy services
- Contacting provider organisations to suggest that a warning flag is applied to the patient's notes
- Meeting with the individuals
- Written warnings from the CCG
- Withdrawal of services
- Involvement of the Local Security Manager
- Involvement of the police
- Criminal prosecution
- Civil Prosecution
- Support mechanisms.

8.6.3 Dealing with actual or threatened violence and aggression could have an effect on an employee's health and wellbeing, and they may feel that they need further support with this. BCCG is committed to the health and well-being of staff, and has therefore put in place an employee assistance programme (EAP) to provide additional support where needed, including free access to counselling services.

- 8.7 *Processes for staff following violent or abusive behaviour from service users or members of the public*
- 8.7.1 All instances of actual or threatened violence and aggression must be reported in accordance with the BCCG Incident Reporting Policy. Incident reporting will be used to ensure that other members of staff benefit from shared experiences and training can be realistic and relevant.
- 8.7.2 Staff that have been subjected to violent / abusive behaviour from service users or members of the public should report such incidents to their line manager. The line manager will need to consider whether the matter should be referred to the Police.
- 8.7.3 Incidents of violence and aggression can have a detrimental effect on the victim out of proportion to the scale seen by outsiders. Managers are to ensure that staff are supported as soon as is reasonably practicable after such incident(s). Staff and Managers who are not directly involved could also be subject to anxiousness and concern.
- 8.7.4 It is important that an investigation into the matter is conducted and staff are informed of the basic details of the incident and any counter measures planned to prevent a similar occurrence.
- 8.8 *Ensuring relevant staff are appropriately trained:*
- 8.8.1 Barnsley CCG will make training available in the management and handling of violence and aggression to those staff who may require it.
- 8.9 *Promoting and maintaining public awareness of our Zero Tolerance approach*
- 8.9.1 This Policy will be published on the CCG's website. In addition the CCG's Zero Tolerance Statement (see paragraph 1.1) will be publicised on the website and displayed in the CCG's reception area.
- 8.9.2 There is also a clear statement of our approach to the acceptable use of social media on the CCG's website and social media sites.

9. Monitoring the Compliance and Effectiveness of this Policy

- 9.1 The Head of Governance & Assurance will have the responsibility for monitoring compliance with, and the effectiveness of, this policy. The main mechanisms for doing so will be:

- Review of any incidents reported via the CCG's incident reporting arrangements
- Results from staff surveys
- Feedback received from staff, especially those in public facing roles eg reception, complaints, Continuing Health Care, medicines management, patient and public involvement and communications
- Discussions with HR and staff side.

10. References and links to other policies

10.1 Harassment, violence, aggression and hate crime can occur between colleagues, superiors and subordinates as well as being perpetrated by third parties such as clients, customers, patients etc. For situations which involve members of CCG staff perpetrating harassment, violence or aggression against CCG colleagues, members of the public or patients, please refer to the Acceptable Standards of Behaviour Policy.

10.2 Other policies and procedures relevant to the matters covered in this Zero Tolerance Policy include the:

- Security Policy and Procedure
- Lone Worker Procedure (included in the Security Policy)
- Health & Safety Policy
- Incident Reporting & Management Policy
- Domestic Abuse Support Policy
- Management of Patient Experience Policy
- Managing Stress in the Workplace Guidance
- Acceptable Use of Social Media Policy

11. Approval and Review of the Policy

11.1 In accordance with the CCG's corporate approach to the development of policies this Policy will in the first instance be approved by the Governing Body. Thereafter the Policy will be reviewed every three years following approval (or sooner if necessary). The review will be led by the Head of Governance & Assurance, and any relatively minor changes can be approved by the Equality & Engagement Committee with more significant revisions requiring ratification by the Governing Body.

12. Appendices

14.1 APPENDIX 1 – Equality Impact Assessment

Equality Impact Assessment

Title of policy or service:	Zero Tolerance Policy	
Name and role of officer/s completing the assessment:	Richard Walker (Head of Governance & Assurance)	
Date of assessment:	7 November 2019	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option)</i>

1. Outline	
Give a brief summary of your policy or service <ul style="list-style-type: none"> including partners, national or regional 	The CCG is committed to introducing measures, through this Zero Tolerance Policy and other relevant policies and procedures (see Section 10) to: <ul style="list-style-type: none"> Reduce the risk of instances of aggression, abuse, violence or anti-social behaviour towards our staff occurring Enable staff to manage appropriately an aggressive or violent situation should they arise Support staff in the aftermath of any such incidents.
What Outcomes do you want to achieve	In line with NHS policy, NHS Barnsley CCG has a zero tolerance approach to aggression, abuse, violence or anti-social behaviour towards our staff. The CCG is committed to ensuring that staff managing direct relationships with the public (face-to-face, through emails, letters or telephone calls) are able to carry out their work free from aggression, abuse, violence or anti-social behaviour from patients, their relatives or members of the public.

<p>Give details of evidence, data or research used to inform the analysis of impact</p>	<p>Referred to the CCG's existing Security Policy, searched the internet for examples of similar policies from other CCGs, referred to national policy position on zero tolerance.</p>
<p>Give details of all consultation and engagement activities used to inform the analysis of impact</p>	<p>Prior to approval the policy will be engaged on with HR; the CCG's E&D Lead; Staff Side; heads of CCG teams at greatest risk (CHC, Medicines Management, Comms, Reception), and all CCG staff will be given the opportunity to comment.</p>

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introducing this policy reinforces the CCG's commitment to the human right of all staff to go about their business free from violence and aggression.	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff with physical or mental disabilities may be at increased risk of, or need additional support in the aftermath of, incidents of violence or aggression.	Managers of disabled colleagues should discuss their particular needs when undertaking risk assessments or providing support.
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The majority of staff performing roles at higher risk are female.	Implementing this policy & procedure should reassure colleagues of the CCG's commitment to their safety.
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy explicitly makes reference to hate crimes and hate incidents.	
Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy explicitly makes reference to hate crimes and hate incidents.	
Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy explicitly makes reference to hate crimes and hate incidents.	

BARNSELY CLINICAL COMMISSIONING GROUP'S DOCUMENT FOR THE DEVELOPMENT AND MANAGEMENT OF PROCEDURAL DOCUMENTS

Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy explicitly makes reference to hate crimes and hate incidents.	
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		


IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
N/A	N/A	N/A	N/A	N/A

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Head of Governance & Assurance	Date of next Review:	3 years from date of approval

Once completed, this form **must** be emailed to the Equality Lead barnsleyccg.equality@nhs.net for sign off:

<p>Equality Lead signature:</p> <p>Date: 26/02/2020</p>	
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