



## Conflict Management Policy & Procedures

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**DUMFRIES & GALLOWAY NHS**

**CONFLICT MANAGEMENT POLICY**

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**NHS DUMFRIES & GALLOWAY**  
**CONFLICT MANAGEMENT POLICY**

### **1. Purpose and Scope**

NHS Dumfries and Galloway take the view that Violence and Aggression towards staff is unacceptable and staff; have the right to be able to perform their duties without fear of abuse or violent acts. No staff member should consider violence, aggression or abuse to be an acceptable part of their employment. The guidance contained within this policy enables NHS Dumfries and Galloway to commit to promoting a safe and healthy workplace as far as is reasonably practicable.

This policy applies to all staff and forms an integral part of NHS Dumfries and Galloway's Health and Safety policy and applies to situations in which conflict at work may occur in connection with the duties and activities of staff.

This policy is based on the Managing Health at Work Partnership Information Network (PIN) Policy, Appendix 6A, Model Policy on Violence and Aggression at Work - (January 2003)

### **2. Policy Aims**

This policy aims to:

- increase staff awareness of the moral, legal, and ethical issues relating to violence and aggression
- make sure that the risk of violence and aggression is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable
- ensure appropriate training is available to staff that enables them to recognise the risks, causes, signs and triggers that is associated with aggression and violence and provide a safe, realistic, effective and practical approach when managing conflict
- ensure that appropriate support is available to staff involved in violent or aggressive incidents
- encourage full reporting and recording of all risks and incidents of violence and aggression
- reduce the number of incidents and injuries to staff resulting from violence and aggression

### **3. Responsibilities and Organisational Arrangements**

The Chief Executive has delegated overall responsibility of the following to the Workforce Director.

- production of policy and procedure working with stakeholders and partners
- making sure that there are systems in place for identifying, evaluating and managing risks associated with work related violence and aggression.
- communication and ensuring the policy and procedures are put into practice and updated on a regular basis.
- advising the NHS Board regarding any necessary resources for implementing policy decisions

- Ensuring that there are arrangements for monitoring incidents of violence and aggression and that the Board regularly reviews the effectiveness of the policy and procedure
- ensuring the provision of appropriate training, instruction and supervision for staff
- advise the Board in relation to risk identification and management

The Workforce Director delegates these responsibilities on an operational basis to the Conflict Management Adviser.

Senior and Line Managers are Responsible For:

- making sure that all staff are aware of the policy and procedure
- making sure that risk assessments are carried out and reviewed regularly
- participating in the assessment and recommendation of safe systems of work which are designed to eliminate or reduce the likelihood of violence and aggression
- making sure that staff groups and individuals are given appropriate information, instruction and training (including training at induction, and also in accordance with the Mandatory Training policy)
- reporting of incidents in accordance with NHS Dumfries and Galloway Adverse Incidents Policy
- monitoring of preventative measures through an effective system of investigating, recording and monitoring of incidents
- ensuring that appropriate support mechanisms such as de-briefing, access to services such as Occupational Health and Safety etc, is given to staff involved in any incident of violence and aggression

All individual members of staff are responsible for:

- adopting a positive attitude to having a duty care to themselves and others who may be affected by their actions
- co-operating by following policy, procedures and guidance designed for safe working
- reporting all incidents in relation to aggression and violence
- attending and participating in training in accordance with the Mandatory Training policy
- Identifying and communicating any hazards or any concerns they may have about potentially aggressive or violent situations or the environment in which they work
- Where identified through the risk assessment procedure, the use of personal protective equipment supplied by the organisation such as personal alarms

Public:

- Treat healthcare staff politely and with respect
- To enable best care and practice.
- Helping our staff to feel that they are working in a safe environment can mean that the best available care can be given.
- Abusive, aggressive or violent behaviour will not be tolerated and individuals behaving in this manner may be reported to the police.

#### **4. Monitoring**

We will monitor and review this policy in partnership to make sure that we are achieving the aims of the policy. We will do this with Staff Side / Professional Organisations and Safety Representatives. The review processes will include:

- collecting and monitoring all reported incidents

- reporting regularly to the Staff Governance Committee, Area Partnership Forum, Senior Staff Side and Locality Health and Safety Groups on incident statistics, risk assessment and safety improvement measures, which have been introduced, and training provision
- The Conflict Management Adviser will provide specialist advice and guidance to managers and staff on all aspects of this subject.
- The Conflict Management Adviser will monitor and review Adverse Incident reports that relate to violence and aggression.

## 5. Equality and Diversity

- 5.1 NHS Dumfries and Galloway has a responsibility under the Equality Act 2010 Public Sector Equality Duty (PSED). The PSED requires NHS Dumfries and Galloway to pay due regard to the following aims (in relation to the 9 protected characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation) to:
- Eliminate discrimination, harassment and victimisation
  - Advance equality of opportunity between those who share a protected characteristic and those who do not by:-
    - Removing or minimising disadvantages suffered by people because of their protected characteristic
    - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
    - Encouraging people from protected groups to participate in public life, or in other activities where their participation is proportionately low.
  - Foster good relations between those who share a protected characteristic and those who do not.
- 5.2 The Board will ensure that the Conflict Management Policy does not discriminate against members of staff either in the way it has been designed or the how it is implemented in practice.
- 5.3 NHS Dumfries and Galloway will not tolerate behaviours that may constitute a lack of respect for others, discrimination, harassment or victimisation of its staff in the course of their employment. Nor will it tolerate such behaviour by its staff whether directed against colleagues or other people with whom they come into contact during the course of their employment.

## 6. Review

- 6.1 This policy will be subject to ongoing monitoring and evaluation to ensure that it is being implemented fairly, consistently, effectively and in line with the policy's stated principles and values. The policy will be subject to regular review, in partnership, to ensure that any new standards and/or structures are incorporated when necessary and that it remains fit for purpose.

## 7. DOCUMENT CONTROL SHEET

### 1. Document Status

<b>Title</b>	Conflict Management Policy
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<b>Approver</b>	Joe Mc Ginley
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Version	Section(s)	Reason for update
1.0-4.0		Scheduled reviews

### 3. Distribution

Name	Responsibility	Version number
Corporate Business Manager	Place on policy register	5.0
Communications Team	Place on intranet and in 'Latest News'	5.0
Board Management Group	Dissemination to all staff through line management	5.0
Workforce Directorate	Include paragraph in the WD Update Paper and talk through the Policy at Meetings	5.0
APF	Included in APF minutes	5.0

### 4. Associated documents

Managing Health at work Guideline Partnership Information Network(PIN). NHS Scotland Jan 2003.

Manual Handling Operations Regulations (1992)(as amended) HMSO ISBN 0 7176 2823

### 5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Agree Draft with Union Rep	Ingrid Wilson	May 2017
Approve at APF	Caroline Sharp	22 June 2017
Place on policy register	Corporate Business Manager	23 June 2017
Place on intranet	Communications Team	23 June 2017
Raise awareness and inform staff	All line managers	23 June 2017
Use Policy	All staff	23 June 2017

### 6. Distribution

Name	Responsibility	Version number
Intranet	Joe McGinley	5.0
Control Book	A Howat	5.0
Corporate policy register	Laura Geddes	5.0

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## Appendix 1: CONFLICT MANAGEMENT PROCEDURES

- 1.1 The Health and Safety Executive (HSE) 1997 define work related violence as: 'Any incident in which an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of or in connection with his or her employment.'

NHS Dumfries and Galloway take the view that violence and aggression towards staff is unacceptable, and is committed to promoting a safe and healthy workplace. This 'Conflict Management Procedure' does not address all possible violence and aggression related issues, but gives some guidance on systems for preventing, recognising and managing aggression and violent situations.

### 1.2 Key Principles

NHS Dumfries and Galloway endeavours to have a consistent organisational approach towards tackling the problem of work related violence. The following principles should form an underpinning guide for developing strategies and protocols for managing work related violence and aggression.

NHS Dumfries and Galloway will support and advise in the event of any subsequent legal action being taken against a member of staff, when the action taken by the staff member(s) was reasonable, and was for the benefit of the health, safety and welfare of staff, patients and others.

Whilst these guidelines refer to aggression and violence, it should be appreciated by staff that any incident of aggression and violence may not just be from a patient but also includes family members, members of the public or another member of staff.

When managing conflict, consideration should be given at all times to the Decision Making Model (Appendix 2)

### 1.3 Causes of Violence

Some causes of violence may have simple origins, and many ordinary day to day frustrations could lead to angry / aggressive or violent behaviour if not resolved at an early stage. In many incidents the cause of this behaviour may not be obvious or predictable.

Some causes of aggressive / violent behaviour can be **situational** e.g. a traumatic event, a person who is kept waiting or a person who feels they are being ignored may feel extremely frustrated.

**Emotional** - some examples can be negative attitudes, prejudices, and fear of the unknown

**Physical** – some examples can be people with communication problems either organic or from alcohol and drugs etc

- 1.3.1 Aggression and violence directed towards healthcare staff can be related to the nature of the work as it involves contact with a wide range of people in often difficult

circumstances whose expectation of the service that is being provided, is often very high.

Also, by the very nature of staff's job, it often entails that staff are in close proximity to the patient's (and others) personal and intimate space.

Factors which may increase the risk of aggression / violence include:

- Lone Working
- Working after normal hours
- Handling valuables or medication
- Working with people with complex needs
- Working with people under stress

## **1.4 Recognising the signs of Anger**

1.4 These can be many and varied and may include any of the following:-

- Pacing up and down
- Invasion of personal space
- Face becomes contorted
- Facial colour deepens then may turn pale
- Voice becomes louder
- Speech quickens or individuals become monosyllabic
- Swearing
- Staring
- Irrational
- Withdrawn
- Refusal to communicate
- Increased breathing
- Erratic movements
- Poor concentration

## **1.5 Environmental Conditions**

1.5.1 The environment in which staff work, where patients are treated and other members of the public visit, can have a significant influence on behaviour. The environment and associated work practices can trigger or worsen a stressful situation and increase the risk of aggressive or violent behaviour. This can be inadvertently built into the environment or work practices, for example by:

- Making it difficult for people to use services or facilities
- Lack of information displayed via notice boards or poor signage
- Exposing people to noise, crowding, boredom or discomfort
- Providing access to objects or equipment that could be used as weapons

1.5.2 The aim should be to have an environment that creates an atmosphere which is safe and which reduces the risk of aggressive and violent behaviour as far as reasonably practicable.

**Risk assessments should be carried out by a competent person in each area and reviewed regularly to assess the environment and the impact this may have**

**to all staff, patients and visitors, to see whether the likelihood of work related violence is increased.**

**(A blank risk assessment form and copy of the risk matrix is in Appendix 3)**

Factors to consider include cleanliness, light, temperature, space, control of access / egress, signage, privacy, toilets etc. Areas that may need particular attention include reception, waiting areas, interview and treatment rooms.

Modifications to the work environment that can help reduce the risks can include:-

- Redesigning buildings or the layout of rooms / areas
- Installing door-entry systems
- Improving lighting (inside and outside)
- Installing alarms and panic buttons
- Fixed seating and fittings
- Improved facilities (for example, access to snacks, phones, recreational materials)
- Improved signage
- Installing CCTV

- 1.5.3 As well as changing the environment, staff may need personal protective equipment (PPE) such as mobile phone, personal attack alarms etc if a risk assessment has shown this to be appropriate.

## **1.6 COMMUNICATION**

Communication is a major factor when managing conflict and staff should endeavour to behave in a positive, friendly and professional manner.

The attitude and behaviour of all staff, patients and the public is important in both the prevention and management of conflict.

- 1.6.1 When possible, staff should be made aware of individuals who have a history of aggressive / violent behaviour and ensure that this is communicated to **all staff** who may come into contact with these individuals so as to enable safe working practices e.g. via risk assessments, SBAR, shift changeover times, ward / departmental meetings and updating patient care plans etc.

- 1.6.2 Within many staff's role, it is inevitable that staff will obtain a great deal of personal information which may at times be of a confidential / intimate nature. Such information must be treated in a professional and confidential manner and if needed to be discussed, it should only be within the context of the patients care and treatment.

- 1.6.3 Avoid situations where there is a total incompatibility between a member of staff and a patient. The nurse or staff member is also an individual, and although may be trained to deal with numerous behavioural problems, there will be times when a particular nurse and patient may be totally incompatible. Staff should seek to avoid situations where they may become party to deteriorating interpersonal relationships with a patient, and in doing so, they may avoid an incident. Arrangements should be in place to afford all members of staff in contact with patients the opportunity to discuss any problems with their line manager so that an effective resolution will benefit both patient and the staff member concerned.

- 1.6.4 When a patient is transferred / escorted to another ward or hospital, the receiving staff, escorting staff, and anyone related to the situation should be thoroughly briefed i.e. any known history of violence / aggression and what control measures should be considered to reduce potential risk e.g. additional staff, secure transport, police presence etc.

**7. When managing conflict, consideration should be given at all times to the DECISION MAKING MODEL (Appendix 2) with options that can include:**

**DE-ESCALATION**

7.1 Tactics include:-

- Give the impression of being calm, self controlled and confident without being dismissive or overbearing
- Maintain eye contact
- Talk to the person calmly and quietly
- Show interest and concern by good listening skills.
- Acknowledge concerns and frustration
- Try to recap with the individual
- Awareness of your exit route within the environment
- Maintain a safe distance
- Try to remove onlookers or re-direct the individual to a quieter area if possible
- Request assistance if situation deteriorates
- Be aware of your own and the individual's non verbal communication
- Remain neutral – do not strongly agree or disagree
- Deflection / Distraction

**8. PHYSICAL INTERVENTION**

In relation to this policy, Physical Intervention is broken down into two categories:

**SELF DEFENCE** – The legal right to use, force to defend yourself (Common Law of self-defence) or to defend someone else.

**RESTRAINT** – the intentional restriction of a person's voluntary movement or behaviour.

The criteria for use are:

- To prevent hurt/harm to the person.
- To prevent hurt/harm to others.
- If the person's actions prevent necessary help being given.

Restraint can fall into two categories:

1) Non – harmful methods of control - (as covered in Conflict Management mandatory training)

2) Restrictive Methods of control - (as covered in Conflict Management mandatory training)

In relation to restraint, any form of restraint must be carried out by those staff that have undergone Conflict Management training in conjunction within the Mandatory Training Policy and Programme.

## 8.2 Reasonable Force

Whether acting in 'self defence' or having to 'restrain' a person, staff must ensure that any force used is **reasonable**.

Reasonable force is any force used must be **absolutely necessary** in the first instance and strictly **proportionate** to the threat that they are facing.

**Necessity** can be when all other possible solutions to the situation have failed e.g. avoidance, de-stimulating, escaping to a place of safety, verbal de-escalating, breakdown in communications, demonstrating an unwillingness to physically engage / fight etc have failed.

Any force used should only be used as an **absolute last resort** and not for revenge, retaliation or retribution as this could be deemed as an assault.

**Proportionality** is best defined in terms of what is reasonably proportionate to the amount of harm likely to be suffered by the defendant or likely to result if the forcible intervention is not made.

## 8.3 LEGISLATION RELATING TO REASONABLE FORCE

Relevant legislation is covered more in depth in Conflict Management Mandatory Training and further advice can be sought from the Conflict Management Adviser for NHS Dumfries and Galloway.

Below are some of the main pieces of legislation:

- **Health and Safety at Work Act 1974:**

Section 2 (1): employers duty to ensure, so far as reasonably practicable, the health, safety and welfare at work of employees

Section 7(a): employees duties to take reasonable care for themselves and others who may be affected by their acts / omissions

Section 8: no person shall interfere with or misuse anything provided to secure health and safety e.g. personal protective equipment

- **Management of Health and Safety at Work Regulations 1999:**

Regulation 3: Risk Assessment – identification and assessment of the risk to the health and safety of employees and anyone else who may be affected by their work activity.

- **Corporate Manslaughter and Corporate Homicide Act 2007:**

Organisations will be guilty of an offence if the way in which its activities are managed or organised causes a person's death which amounts to a gross breach of the duty of care owed by the organisation.

- The new Act also includes an amendment to include deaths in particular where organisations have failed to manage the risks associated with the foreseeable loss of life.

- **The Human Rights Act 1998:**

Article 2: Right to Life - this is an 'Absolute Right' where we have a positive obligation to preserve life

Article 3: Prohibits torture or inhuman or degrading treatment or punishment

- **Common law**

In Scotland, the 'general rule of law' that relates to the use of Reasonable Force can be found in Common Law and in the Human Rights Act 1998

#### 8.4 POTENTIAL VIOLENT SITUATIONS

- **priority – to get out of the situation safely**
- **know the procedure in your area for requesting help**
- **consider the room dynamics (exit routes)**
- **Try to remain calm**
- **If required ....call the police**

**Where weapons are involved, immediately ensure that you are at a safe distance and / or at a place of safety and:-**

- **know the procedure for requesting help**
- **contact the police immediately**
- **inform them that a weapon is present**
- **the type of weapon used i.e. edged weapon, firearm etc**
- **the exact location of the incident area**

**Try to isolate the incident area if possible without putting yourself or others at risk so as to prevent the situation spreading to other areas and increasing the risk of injury i.e. can the situation be isolated in a room until the police arrive ensuring that you are at a safe distance and if possible, trying to diffuse, de-escalate and monitor the situation. If the incident appears to be settling down and the individual with the weapon wishes to hand over the weapon, ask for the weapon to be placed in a neutral location within the incident site rather than ask for the weapon to be given to you. (Preferably placed behind the assailant)**

**It is strongly advised that staff are fully aware of the potential risks, such as death, that may occur when taking on an armed assailant and are thus strongly advised not to physically engage with an armed assailant.**

**Staff are further reminded that any form of knife, edged weapon, offensive weapon or firearm is illegal. Thus, if any of these objects are found in possession of the patient or member of the public you should notify the police and duty manager immediately.**

## **9. RISKS IN PHYSICAL INTERVENTION**

Physical Intervention whether defending oneself or when restraining, is a high risk activity which carries with it a very high degree of risk to all involved. This can range from minor cuts and bruises, to fractures, dislocations and breakages, or even death.

### **Positional Asphyxia**

Positional asphyxia is a recognised cause of death which results from a body position that interferes with the ability to breathe.

The mechanism of death can also include a sudden fatal cardiac arrhythmia or respiratory arrest due to a combination of factors causing decreased oxygen delivery at a time of increased oxygen demand.

#### **9.1 Common risk factors can include:-**

- Prolonged struggle
- Use of choke / strangle neck holds or locks
- Placing someone in a prone face down or supine face up position
- Pressure or weight being applied on the back or upper torso
- Drugs / alcohol
- Medications and their effects on the cardio-respiratory system
- Physiological factors – diabetes, bronchitis, asthma, angina, hypertension
- Obesity
- Placement of physical obstruction on the nose or mouth
- Excited delirium

#### **9.2 Warning signs of Positional asphyxia:-**

- An individual struggling to breathe
- Complaining of being unable to breathe
- Nausea or vomiting
- Swelling or redness to the face or neck
- Marked expansion of the veins in the neck
- Individual becoming limp or unresponsive
- Escalating and de-escalating changes in behaviour
- Loss of, or reduced levels of, consciousness
- Respiratory or cardiac arrest

#### **9.3 Actions required reducing the risk of death:**

- **If possible, contain rather than restrain**
- **Do not use neck locks or neck holds**
- **Do not use prone or supine restraint unless absolutely necessary**

- **If person ends up in prone face down or supine face up position, try to position subject onto their side, or into a seated position as soon as reasonably practicable without risk of injury**
- **Monitor breathing and pulse rates and seek medical examination immediately**

**If staff suspect positional asphyxia / cardiac arrest they should Immediately release the restraint and seek medical attention immediately.**

**At all times, staff are to monitor the persons wellbeing with particular attention being paid to the risks that can occur during restraint as covered in this policy / procedure and also in Conflict Management mandatory training.**

## **10. POST INCIDENT ACTIONS**

10.1 All incidents should be recorded in accordance with NHS Dumfries and Galloway's Adverse Incident policy.

### **Post Incident actions can include:**

- Provide post incident support to all parties involved
- Provide assurance that other people are not distressed and give appropriate support
- Provide opportunity for staff to reflect / de-brief and learn from the incident
- Counselling support if required
- Monitoring of incidents, examine any causal factors
- Evaluate effectiveness of any techniques used
- Review policies and procedures as appropriate

10.2 Individuals of assault, whether staff, patients or visitors should be escorted / transferred to the Accident and Emergency department for medical examination if required. Other staff involved should, if appropriate, be offered a quiet area in which to relax and recover from the incident.

If it is considered that staff should be sent off duty, transport may be provided and it should be established that there is support available within the home.

## **11. ARRANGEMENT FOR OBTAINING ASSISTANCE**

All staff are reminded that when possible, attempts should be made to intervene at the earliest and safest time in trying to prevent a situation escalating.

If the incident escalates and it is felt that they can no longer manage the situation they should seek assistance immediately.

Each department / ward / area should have arrangements in place to summon assistance and managers are responsible for these arrangements and communicating this to their staff.

## **12. ATTENDING COURT**

It is possible that staff may have to attend court in relation to an incident. Advice on this process can be sought from the Conflict Management Adviser.

## **Appendix 2: The 'Decision Making Model' (DMM)**

### **Introduction**

The 'Decision Making Model' (DMM) is a values based tool to provide a simple, logical and evidence based approach to making and evidencing decisions.

Decision making, however, is often complex; decisions are required in difficult circumstances and they are open to challenge. Adopting the DMM will assist to ensure a greater focus on delivering the task; acting in accordance with values, enhancing the use of discretion, reducing risk aversion and supporting the appropriate allocation of resources.

Understanding and practising the DMM will help staff develop the professional judgement necessary to make effective decisions. It will also help them learn from decisions that have successful outcomes, as well as the proportion that do not.

The DMM can assist decision makers receive the support of their organisation in instances where they can demonstrate that their decisions were assessed and managed reasonably in the circumstances existing at the time. This applies even where harm results from their decisions and actions.

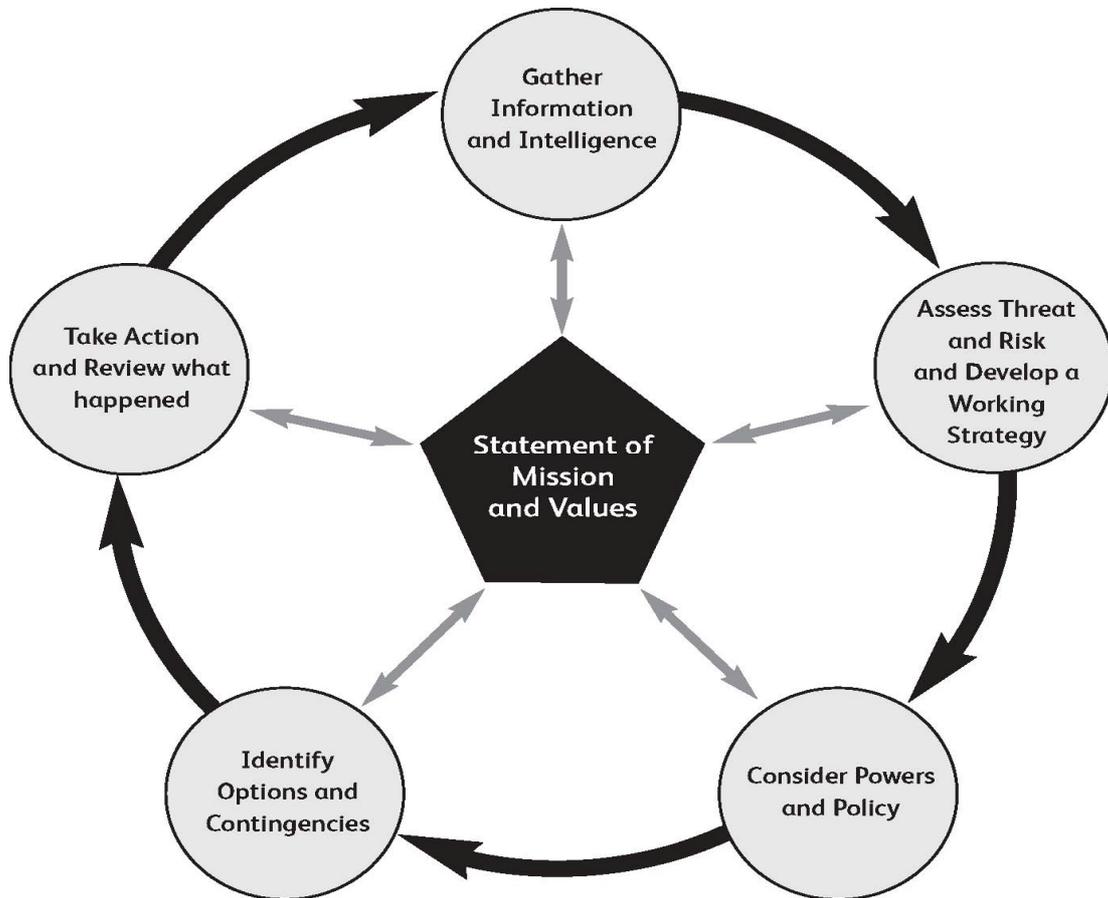
### **Application**

The DMM is suitable for all decisions. It can be applied to spontaneous incidents or planned activities, by an individual or teams of people, and to both operational and non-operational situations. Decision makers can use it to structure a rationale of what they did during an incident and why. Managers and others can use it to review decisions and actions taken. The inherent flexibility of the DMM means that it can easily be expanded for specialist areas. In every case, the model stays the same, but users decide for themselves what questions and considerations they apply at each stage.

In a fast moving incident, it is recognised that it may not always be possible to segregate thinking or response according to each phase of the model. In such cases, the main priority of decision makers is to keep in mind their overarching task and legitimate aim.

## The Model

The Decision Making Model has six key elements. Each component provides the user with an area for focus and consideration.



## The Decision Making Model

The pentagon at the centre of the DMM contains the **Statement of Mission and Values**.

This statement should describe the Mission & Values of an organisation.

These could include:

- Integrity
- Professionalism
- Reducing & Managing Risk
- Reducing Harm to Individuals
- Where force is applied, only force that is necessary & lawful

It is the need to keep this statement of mission and values – with its integral recognition of the necessity to take risks and protect human rights – at the heart of every decision that differentiates the DMM from other decision making models.

The corners of the values pentagon connect to and support the five stages of the decision making process.

One step logically follows another, but the model allows for continual reassessment of a situation and the return to former steps when necessary.

### Explaining the DMM

The pentagon at the centre of the DMM reminds staff to keep the mission and values at the heart of the decision making process.

The following gives examples of the types of questions and considerations that decision makers should think about, but they are not the only ones for every situation. They are a prompt or aid only. It would not be helpful to be more specific; decision makers must be free to interpret the DMM for themselves, reasonably and according to the circumstances facing them at any given time.

### Central Pentagon: VALUES Statement of Mission and Values

Throughout the situation, you could ask yourself:

is what I'm considering consistent with the Statement of Mission and Values? (You should want to ensure that decisions reflect an understanding of your duty to act with integrity, be willing to take risks and protect the human rights of all.)

- What would my organisation expect of me in this situation?
- What would any victim(s), the affected community and the wider public expect of me in this situation?

### Stage 1: INFORMATION Gather Information and Intelligence

During this stage the decision maker defines the situation (ie, defines what is happening or has happened) and clarifies matters relating to any initial information and intelligence.

- What is happening?
- What do I know so far?
- What further information (or intelligence) do I want/need?

## **Stage 2: ASSESSMENT Assess Threat and Risk and Develop a Working Strategy**

This stage involves assessing the situation, including any specific threat, the risk of harm and the potential for benefits.

- Do I need to take action immediately?
- Do I need to seek more information?
- What could go wrong? (and what could go well?)
- How probable is the risk of harm?
- How serious would it be?
- Is that level of risk acceptable? • Is this a situation for the organisation alone to deal with?
- Am I the appropriate person to deal with this?

Develop a **working strategy** to guide subsequent stages by asking yourself:

- What am I trying to achieve? (Amongst other things consider discrimination, good relations and equal opportunities.)

## **Stage 3: POWERS AND POLICY**

### **Consider Policy and Powers**

This stage involves considering what powers, policies and legislation might be applicable in this particular situation.

- What powers might be required, have I got these powers?
- Is there any national guidance covering this type of situation?
- Do any local organisational policies or guidelines apply?
- What legislation might apply?

**As long as there is a good rationale for doing so, it may be reasonable & lawful to act outside policy.**

## **Stage 4: OPTIONS**

### **Identify Options and Contingencies**

This stage involves considering the different ways to make a particular decision (or resolve a situation) with the least risk of harm.

#### **Options**

- What options are open to me? Consider the immediacy of any threat; the limits of information to hand; the amount of time available; available resources and support; your own knowledge, experience and skills; the impact of potential actions on the situation and the public.

If you have to account for your decision, will you be able to say it was:

- Proportionate, legitimate, necessary and ethical?
- Reasonable in the circumstances facing you at the time?

#### **Contingencies**

- What will I do if things do not happen as I anticipate?

## **Stage 5: ACTION and REVIEW**

### **Take Action and Review What Happened**

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This stage requires decision makers to make and implement appropriate decisions. It also requires decision makers, once an incident is over, to review what happened.

### **Action**

Respond:

- Implement the option you have selected;
- Does anyone else need to know what you have decided?

Record:

- If you think it appropriate, record what you did and why.

Monitor:

- What happened as a result of your decision?
- Was it what you wanted or expected to happen?

**If the incident is continuing**, go through the DMM again as necessary.

Review

If the incident is over, review your decisions.

- What lessons can you take from how things turned out?
- What might you do differently next time?

### **Recording What Was Done and Why**

Decision makers are accountable for their decisions and must be prepared to provide a rationale for what they did and why. In some circumstances the need to document decisions is prescribed by statute, required by organisational strategies, policies or local practices, or left to the decision maker's discretion.

Whatever the circumstances, it is accepted that it is impossible to record every single decision and that not all decisions need to be recorded. In most instances professional judgement should guide whether or not to record the rationale, as well as the nature and extent of any explanation. The record should be proportionate to the seriousness of the situation or incident, particularly if this involves a risk of harm to a person.

In addition to using the DMM to determine their actions, decision makers may also find it useful for structuring the rationale behind their decisions.

**The mnemonic VIAPOAR will help users remember the key elements of the DMM.**

### **REVIEWS/DEBRIEF**

The DMM is ideal for examining decisions made and action taken, whether by a manager, an informal investigation or a formal inquiry. Examples of questions and considerations are:

#### **Values**

- How were the organisational mission and values, risk, and the protection of human rights kept in mind during the situation?

#### **Information**

- What information/intelligence was available?

**Assessment**

- What factors (potential benefits and harms) were assessed?
- What threat assessment methods were used (if any)?
- Was a working strategy implemented? Was it appropriate?

**Powers and policy**

- Were there any powers, policies and legislation that should have been considered?
- If policy was not followed, was this reasonable in the circumstances?

**Options**

- How were feasible options identified and assessed?

**Action and Review**

- Were decisions proportionate, legitimate, necessary and ethical?
- Were decisions reasonable in the circumstances facing the decision maker?
- Were decisions communicated effectively?
- Were decisions and the rationale for them recorded as appropriate?
  
- Were decisions monitored and reassessed where necessary?
- What lessons can be taken from the outcomes and how the decisions were made?

For Managers;

- Did you recognise and acknowledge instances of initiative or good decisions?
- Did you recognise and challenge instances of poor decisions?

Even where the outcome was not what was hoped for, if the decision taken by your staff was reasonable given the circumstances, they deserve your support and that of the organisation.

### Appendix 3: Risk Matrix and Blank Risk Assessment Form

Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
	Rare (little chance of occurrence)	Unlikely (Probably won't occur)	Possible (may occur)	Likely (Probably will occur)	Almost Certain
Negligible, e.g. ♦ Minor injury, not requiring first aid ♦ Unsatisfactory patient experience not directly related to patient care and readily resolvable ♦ Partial loss of service ♦ Financial impact less than £5K	Low	Low	Low	Medium	Medium
Minor, e.g. ♦ Minor temporary injury or illness, first aid treatment required ♦ Unsatisfactory patient experience directly related to patient care – rapidly resolvable ♦ Individual service objectives only partially achievable ♦ Financial impact £5K - £50K	Low	Medium	Medium	Medium	High
Moderate, e.g. ♦ Significant injury or ill health requiring medical intervention – temporary incapacity ♦ Patient outcome or experience below reasonable expectations in a number of areas ♦ Unable to achieve service objectives without substantial additional costs or delays ♦ Financial impact £50K - £500K	Low	Medium	Medium	High	High
Major, e.g. ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M	Medium	Medium	High	High	Very High
Extreme, e.g. ♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability ♦ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked. ♦ Corporate obligations not met. ♦ Severe financial loss £2.5M +	Medium	High	High	Very High	Very High
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board				

Date of Assessment \_/~/\_

Ref No

Location	Department	Manager	Risk Assessors
Is risk on the risk register?	No	Yes	Reference number
<b>When and where risk may be encountered</b>			<i>e.g. reception, treatment areas, domiciliary visits, locking up, cash handling, travelling between departments etc.</i>
<b>Factors affecting level of risk:</b>			<i>All hazards associated with the activity should be entered here. e.g. poor lighting, aggressive clients, domestic animals, alcohol or drug dependency of client, location of house, time of visit,</i>
<b>Individuals or groups exposed</b>			<i>Highlight the people at risk and the likely maximum numbers exposed.</i>
<b>Current control measures</b>			<i>List current control measures, include safe working procedures, no lone visits in certain circumstances, information, instruction and training, personal alarms, mobile phones, check in procedures etc.</i>

<p><b>Risk Rating</b></p> <p>Using information above and the risk matrix and <b>taking into account the control measures</b> in position, decide the Likelihood and Severity, and calculate the risk rating.</p>	<p><b>Likelihood</b></p> <p>Rarely happens Unlikely to occur Possibly can occur Likely to occur Almost certain</p>	<p><b>Severity</b></p> <p>Negligible injury, illness, loss Minor injury, illness, loss Moderate injury, illness, loss Major Injury, illness or loss Extreme loss, fatality, disaster</p>	<p><b>Rating</b></p> <p><b>R= L x S</b></p>
<p><b>Calculate Rating =</b> Likelihood X Severity</p>			
<p><b>Further control measures required</b></p>			<p><i>Include any additional controls identified to eliminate or reduce the risk further. Or state whether the risks are already as low as reasonably practicable.</i></p>
<p><b>Comments</b></p>			

<b>Date</b>					
<b>Initial</b>					

Use a new box each time this assessment is reviewed