Trust Policy	Worcestershire Acute Hospitals NHS Trust

Violence Prevention Reduction and Management of Violence and Aggression Policy

Department / Service:	Health and Safety
Originator:	Julie Noble, Health and Safety Manager Fiona Dwyer, Local Security Management Specialist
Accountable Director:	Scott Dickenson, Director of Estates and Facilities
Approved by:	Health and Safety Committee
Date of approval:	15th August 2024
First Revision Due: **This is the most current document and should be used until a revised version is in place**	15th August 2027
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All work areas
Target staff categories	All staff

Policy Overview:

Worcestershire Acute Hospitals NHS Trust will operate the NHS zero tolerance approach on all violence and aggression incidents and will fulfil its legal obligations by protecting staff so far as is reasonably practicable, from the effects of violence and aggression in the workplace. The Trust believes that regardless of the reason, violence and aggression is unacceptable in any form and that no member of staff should consider the suffering of violence and aggression to be an acceptable part of their employment. The policy will apply to all trust staff that are directly employed by the Trust and for whom the Trust has legal responsibility and for those staff covered by a letter of authority / honorary contract or work experience. This policy is also applicable whilst undertaking duties on behalf of the Trust or working on the Trust premises and forms part of their arrangements with the Trust.

Key amendments to this document

Date	Amendment	Approved by:
09/08	Two yearly review	H&S Committee
11/10	Two yearly review	H&S Committee
11/12	Two yearly review including a number of minor changes regarding the risk assessment process	H&S Committee
06/13	Minor change to Warning Letter template	H&S Committee
07/05/2015	Document extended for 3 months	H&S Committee
14/08/2015	Document extended for 12 months as per TMC paper approved on 22nd July 2015	H&S Committee
October	Further extension as per TMC paper approved on 22nd July 2015	H&S Committee
Sept 2017	Biennial review	H&S Committee
Jan 2020	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	H&S Committee
Feb 2021	Full review following guidance from CW Audits (LSMS appointed person) minor changes made.	H&S Committee
May 2022	Full review of policy to ensure aligned to new Violence Prevention and Reduction standard, which was incorporated into the NHS Standard Contract in December 2020. Full review and change to process to the sanction process to ensure consistency and monitoring across the Trust. New policy includes robust processes in risk assessing risk of violence and aggression to staff, confirming what support is available to staff and highlighting what training is available.	H&S Committee
July 2024	Minor changes to job titles / system titles. Addition of warning letter to sanction section.	H&S Committee

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Supporting Documents

1. Introduction

Worcestershire Acute Hospitals NHS Trust (the Trust) 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 any anti-social behaviour from patients, their relatives or members of the public.

Anyone working in the NHS, receiving NHS treatment or visiting NHS properties has the right to feel safe and secure from violence and abuse, both physical and verbal. The overriding aim of this policy is to support Trust staff in providing high quality healthcare through a safe and secure environment that protects patients, staff and visitors.

The Health and Safety Executive (HSE) states, violence at work is "any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work." This can include verbal abuse or threats as well as physical attacks.

2. Scope of this document

This policy applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility such staff as volunteers and work experience. This policy is also applicable to those undertaking duties on behalf of the Trust or working on the Trust premises and forms part of their arrangements with the Trust, for example contracted staff.
As part of good employment practice, agency workers are also required to abide by the Trust policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for the Trust.

3. Definitions

3.1 Violence

The Trust defines acts of violence as:

"Any incident where a person is abused threatened or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, wellbeing or health". (HSE)

This is a very broad definition of 'violence' however it is important to acknowledge that violence can be either physical or non-physical and the two must be distinguished and recorded as different from one another. This includes any attempted, threatened or actual act that endangers the health and/or safety of a person. It also includes any threatening behaviour that gives reasonable grounds to believe that there is a risk of injury.

3.2 Common Assault

Physical Assault being "the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort". (NHS Protect)

Non-Physical Assault being "the use of inappropriate words or behaviour causing distress and/or constituting harassment". (NHS)

Intentional Harm being that the violence and aggression was done on 'purpose'. The perpetrator has capacity so is aware of his/her actions.

Non-intentional harm being that the violence and aggression was NOT done on purpose. There is a clinical reason e.g dementia, lack of capacity which is why he/she is acting in this way.

3.3 Hate Crime

Hate crimes are based on prejudice about someone's race, religion, sexual orientation, transgender identity or disability. Verbal Abuse will constitute a hate crime if the very nature of the language used falls into one of the following categories:

- Racist, Religious or Faith Incident
- Homophobic Incident
- Disablist Incident which includes both physical impairment and mental health problems.

Hate Crimes are typically one involving violence, that is motivated by prejudice, and must always be reported to the police (by the victim where possible).

3.4 Workplace

The term workplace is deemed to include:

- Trust premises;
- Any other premises where staff are required to work;
- Any properties being visited by staff in pursuance of their normal duties on behalf of the Trust.

3.5 Unacceptable Standards of Behaviour

It is difficult to provide a comprehensive description of all violent and aggressive actions, which are covered under this policy. However, examples of the types of behaviour covered by this policy are summarised below:

- Physical contact in the form of hitting, kicking, punching, scratching, biting, slapping, pinching, spitting, head-butting and strangulation;
- Loud and intrusive conversation;
- Sexual assaults;
- Use of weapons;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Offensive gestures; sexual gestures or behaviours.
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimisation or intimidation; (Staff on staff bullying does not fall into the remit of this policy. Any such issues will be dealt with by Human Resources).
- Stalking;
- Alcohol or drug fuelled verbal abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or any of the above which is linked to destruction of or damage to property.
- Derogatory remarks, rudeness, racist, sexist, homophobic, transphobic, disablist or other harassment based on personal characteristic or obscene remarks
- Unauthorised use of clinical equipment/medication/resources (e.g helping oneself to crutches, Entonox etc)
- Inappropriate use of social media e.g. uploading inappropriate or upsetting content, aggressive, violent or sexual comments or images.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti on NHS property.

3.6 Unlawful Behaviour

The following are examples of unlawful behaviour:

- Drug dealing.
- Criminal damage to Trust property.
- Theft.
- Assault.
- Possession of an offensive weapon.

Any individual behaving unlawfully will be reported to the Police and the Trust will seek the application of the maximum penalties available in law.

4. Legal Requirement

There are four main pieces of health and safety law which are relevant to violence at work:

1. **The Health and Safety at Work Act etc 1974**

   Employers have a legal duty under this Act to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.

2. **The Management of Health and Safety at Work Regulations 1999**

   Employers must assess the risks to employees and make arrangements for their health and safety by effective:

   - Planning
   - Organisation
   - Control
   - Monitoring and Review

   The risks covered should, where appropriate, include the need to protect employees from exposure to reasonably foreseeable violence.

3. **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).**
   Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for seven or more consecutive days.

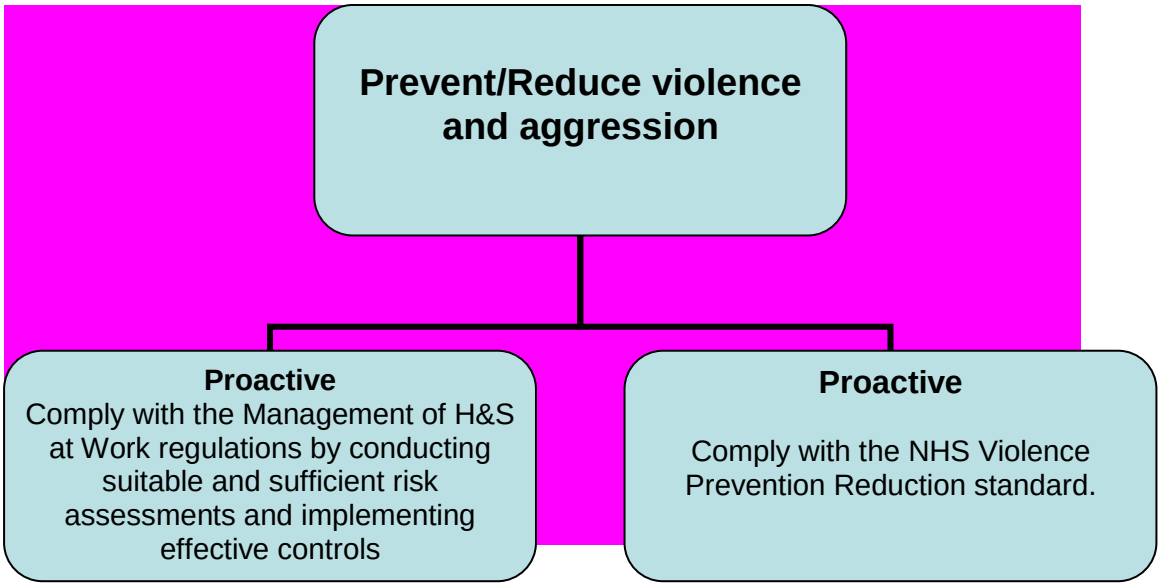
4. **Safety Representatives and Safety Committees Regulations1977 (A) and the Health and Safety (Consultation with Employees) Regulations 1996 (B).**
   Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (A above) or elected under (B above) may make representations to their employer in matters affecting the health and safety of those they represent.

5. Policy Aims and Objectives

5.1. Proactive measures for the prevention / reduction of violence and aggression

The Trust aim is to provide a safe and secure environment through implementation of this policy and eliminate violence and aggression for the protection of all persons. This includes a proactive approach to preventing and / or reducing violence and abuse by use of risk assessments and implementation of effective controls measures. For example, implementing safe systems of work, use of safety devices, training to assist in preventing the escalation of inappropriate behaviour and an open reporting culture to assist in identification of risk situations that require further controls.

In addition, under the NHS Standard Contract 2021/22, all organisations providing NHS services should have regard to the Violence Prevention and Reduction Standard (General Condition 5) and are required to review their status against it and provide Board assurance that they have been met, twice a year.

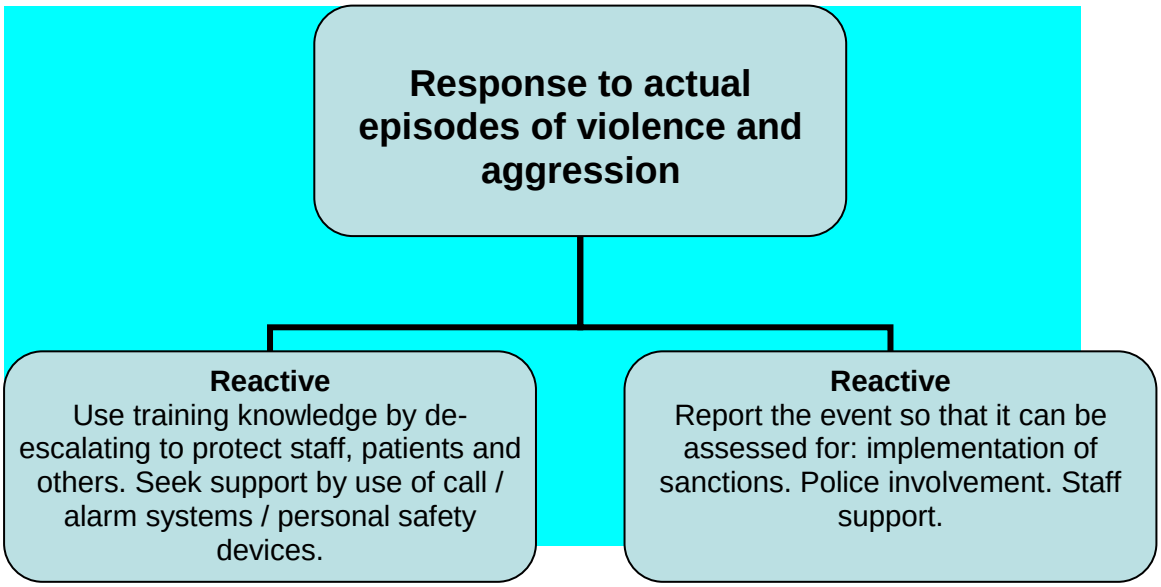


5.2 Reactive measures when violence and aggression occurs

Despite use of a proactive preventative approach, it is recognised that it is not always possible to eliminate all violence and aggressive activity from occurring. In such circumstances, the Trust must ensure that it effectively investigates, and where appropriate imposes sanctions and seeks redress from those responsible.

Following all violent and aggressive incidents, the Trust must ensure that effective sanctions are taken against those responsible, where appropriate. This may include sending unacceptable behavioural caution, yellow card / expectation letter or red cards to patients/ relatives/members of the public or supporting legal action in a criminal or civil court. See **Sanctions section 9** for more information.

The Trust may take action through its internal disciplinary procedures in respect of any potential wrongdoing which has been found during the course of an investigation. In such circumstances, the LSMS may assist Human Resources in obtaining evidence.



6. Responsibilities and Duties

6.1 Chief Executive

The Chief Executive is accountable for all health and safety matters including the prevention, reduction and management of violence and aggression.

6.2 The Head of Health & Safety and Fire Safety

Operational responsibility is delegated by the Chief Executive to the Head of Health & Safety and Fire Safety. The Head of Health & Safety and Fire Safety is responsible for Health, Safety and Security and will ensure that appropriate policies, procedures and controls are put in place to manage the risks and effects of violence and aggression. The Head of Health & Safety and Fire Safety will work with Trust staff to ensure this policy is effective.

6.3 The Local Security Management Specialist

The Trust has a nominated Local Security Management Specialist, who in conjunction with the Head of Health & Safety and Fire Safety is responsible for taking action in the following generic areas:

- Embedding a safe and secure working environment
- Deterring offenders
- Preventing incidents
- Detecting incidents
- Investigating security incidents
- Progressing Sanctions against offenders
- Pursuing redress where appropriate

6.4 Managers

Managers will identify and record through a job risk assessment process, those staff whose jobs carry a significant risk to personal safety. They will ensure that those staff so identified receive information and training relevant to the risks and the work type and will introduce measures to address any risks identified.

These may include:

- design of premises
- security of premises including alarm systems, CCTV, etc
- use of personal alarms, walkie talkies
- use of effective communication systems
- security when travelling
- joint visiting
- visit logging and overdue follow-up procedures
- emergency and back up procedures
- inter-departmental and inter-agency exchange of information
- development of safe working procedures

Any actions identified by the assessment will be undertaken by the local manager responsible for the area and where necessary escalated to senior management as per the Trust's Risk Management Policy. Any risks that may require inclusion on the Risk Register will be monitored by the Trust's Health & Safety Committee.

The LSMS and Head of Health & Safety and Fire Safety are available to assist this process. Contact for the LSMS is via the Health and Safety Team, found on the Health and Safety intranet page.

In addition to these specific assessments local managers will also use the H&S Workplace Risk Assessment Tool on an annual basis to re-assess their work areas in terms of the general risk to staff of violence and aggression. (Refer to Health & Safety Policy and Risk Assessment Procedure).

6.5 Staff Responsibilities

Staff have a duty to co-operate with the Trust by contributing to risk assessments, following instructions, attending training, maintaining a safe workplace and adhering to safe systems of work.

Staff must report any incident or near miss involving physical or non-physical assault via the Datix system.

If deemed necessary, due to the severity of the incident, staff or a nominated person should report the incident to the police and obtain a crime number. The crime number should be provided to the LSMS who will then liaise with the police and support the victim (as required).

6.6 Learning and Development Manager

The Learning and development team will ensure there is suitable training available for staff to assist with preventing or dealing with situations of violence and aggression.

6.7. Human Resources (HR)

The HR team will ensure there are supporting mechanisms available for staff affected by violence, aggression and abuse through Occupational Health and our staff Heath & Wellbeing support available on the intranet and on the staff app. In addition, in the rare situation of 'staff on staff' violence and aggression the HR team will support both the individual and manager to ensure a fair and full investigation is conducted. The output from this being appropriate action through either the disciplinary, dignity at work, or grievance policy available on the intranet, anonymous concerns can also be raised with our Freedom to Speak up (FTSU) Guardian through the FTSU portal.

7. Proactive Measures for the prevention / reduction of violence and aggression implementation

The Trust`s aim is to provide staff with effective policies, information, training and the infrastructure to prevent or reduce violence and aggression developing into an incident, therefore preventing or reducing the need for staff to implement reactive measures (see section 7.2). Everyone must strive to apply this methodology. The section below provides information on how this is achieved.

7.1. Use of the Violence Prevention Reduction Standard

The violence prevention and reduction standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

At the core of the policy is the recognition that all violence, prevention and reduction work must be based on clear and unambiguous risk identification and assessments. A safe and secure environment will be improved, and incidents reduced by targeting work effectively and building in anti-crime measures in all Trust processes and procedures and reflecting the wider NHS initiatives where appropriate.

The violence prevention and reduction standard follows the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

The four key principles are;

Plan – Trust reviews against the violence prevention and reduction standard and identifies future requirements, to understand what needs to be completed and how, who will be responsible for key actions, and what measures will be used to evaluate success.

Do – Trust must assess the management of risks; organise and implementation of processes and communication of plans to NHS staff and key stakeholders in their delivery to provide adequate resources and supported training.

Check – Trust must assess how well the risks are controlled and determine if the aims have been achieved, assessing any gaps and corrective action taken.

Act – Trust must undertake a performance review of related actions to facilitate Senior Management direction in relation to policies or plans; including responses to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. Critical findings should be shared with internal and external stakeholders.

The Trust Head of Health & Safety and Fire Safety and LSMS, with support from managers will apply this standard and continually review and improve the Trust approach to preventing / reducing violence and aggression. Staff must be proactive and report concerns, near misses or actual incidents to enable identification of trends / improvements / new preventative measures.

7.2 Risk assessment and Implementation of controls

It is a legal requirement for risk assessments to be conducted to evaluate the types of risks workers may face during their working day, this extends to the risk of violence and aggression (e.g. police and public facing employees are more at risk of being exposed to violence and aggression, than a factory worker on a production line).

The purpose of a risk assessment is to identify who can be harmed and how, then evaluate the level of risk (e.g. which areas are more likely to be affected and severity) and then identify and implement controls pertinent to the level of risk. This therefore requires ward/department managers to carry out risk assessments for all work areas where there is a known or potential risk of violence and aggression particularly in areas that care for patients who have suffered trauma induced aggression /violence and are therefore at high risk. This is conducted by:

- For wards / departments where there is a low risk of violence and aggressions (e.g. Kingscourt) this can be included within general workplace environmental risk assessments.

- For wards / department where there is of higher risk of being subjected to violence and aggression (e.g. Emergency departments, Paediatrics, Maternity, Frailty wards) then a specific risk assessment is required (See **Appendix C**).

Conducting specific risk assessments may appear daunting therefore the Head of Health & Safety and Fire Safety and / or LSMS can support managers in the identification of risk situations and suitable controls that can be implemented. The main control is to have an effective policy that staff understand and comply with, therefore all risk assessments must include a reference to this policy. The outcome of an effective policy is the reduction of incidents of actual violence and aggression with defined consequences to perpetrators which are actively progressed.

Prior to conducting the risk assessment see **Appendix B**: Predisposing factors associated with aggressive behaviour.

To conduct a violence and aggression risk assessment refer to **Appendix B** and the information below. Risk assessors must be considered for example the following when assessing the risk:

- Are there effective communication processes in place to prevent lack of communication and frustration escalating to violence and aggression?
- The patients journey / experience to identify how / why violence or aggression may be increase / develop?

- Patient capacity? physical condition? Other person who may act with violence or aggression?
- Is the environment safe for staff, patients and visitors? What can be added to make it safer?
- Do staff have effective methods of summoning assistance to diffuse situations quickly?
- Are staff trained to identify situations where violence and aggression are developing and know how to control / de-escalate?
- Are staffing levels adequate to safely manage any incident of violence and aggression
- Are staff working alone with no one close by? Is it clear that they should not attempt to deal with aggressive or violent incidents?
- Has the differences between work day hours and out of hours support and skill mix been assessed so that regardless of day or time there aren't any weaknesses?
- Are their effective methods of summoning assistance??

In addition to the risk assessment process any patient who on admission is identified as having a history of violence and aggression or displays any signs of violence and aggression will be risk assessed as part of the admission process (Refer to **Appendix C**). Such assessments will be reviewed locally as required depending upon the behaviour of the patient. Any actions identified as part of the assessment for example the need for close supervision of the patient or the involvement of security etc will be initiated by the local manager responsible for the area.

7.3 Training / Training needs analysis

A Trust wide training needs analysis will be conducted to ensure that it captures those services where there is the risk of violence and aggression. It will identify the types of training staff must attend as a minimum and will be produced dependent on staffs working location and tasks. This will be conducted by the Head of Health & Safety and Fire Safety with support from the Local Security Management Specialist and Training Manager. Training. Those staff whose jobs have been assessed by their manager as containing a significant risk to personal safety will receive enhanced training as appropriate. Departmental managers may choose to permit their staff to attend higher level training, but this will be subject to availability or funds.

The Training needs analysis will be periodically revised, this will be displayed on the Health and Safety intranet page. Training provided by the Learning and Development team includes for example:

- Online conflict resolution training
- Face to face conflict resolution training
- Face to face personal safety training

An example training needs analysis may state

- Mandatory requirement: Patient facing staff who incur a higher risk of dealing with violence and aggression (e.g. Emergency department staff, Staff caring for patients with unpredictable behaviours) must attend Personal Safety training and face to face conflict resolution training every three years
- Mandatory: All patient facing staff to attend conflict resolution (face to face) every three years
- Desirable: Patient facing staff in areas where there is a lower risk of dealing with violence and aggression to attend Personal Safety Training (e.g. oncology ward).
- Mandatory: All office-based staff must attend conflict resolution training this can be via e learning as a minimum, every three years.
- Desirable: Office based staff to attend conflict resolution (face to face)

The learning and development team will manage the arrangements for delivering and booking staff onto training.

7.4 Communication

Poor or perceived lack of communication can be a significant contributory factor in the escalation of violence and aggression in any workplace setting. All staff must be mindful of the impact of how they communicate with patients, visitors and other staff. Having a long tiresome shift isn't an excuse for being short or unprofessional. In addition, providing clear communication of "when something will happen" can diffuse agitation. Most reasonable people if they know they have to wait 2 hours will accept this - if no one tells them then every 5minutes of waiting can fuel adverse behaviour. Communication sources can include:

- Displaying waiting times
- Direct verbal updates
- Signage with information or instruction
- Notes on patient records if a concern for behaviour needs to be passed on to others.

Consider when communicating can the person hear and understand the message (e.g. Perspex barriers, wearing face masks, hard of hearing) as difficulties can lead to frustration from the person receiving the communication as well as the person trying to repeatedly deliver it. Patience and tolerance must always be maintained.

Effective communication does not cost anything, yet it can have the biggest impact in preventing violence and aggression.

7.5 Safety devices

Some safety devices help to deter violence and aggression e.g.:

- CCTV in defined areas
- Body cameras

These examples may be considered when identifying preventative controls.

7.6 Reporting

It is vital staff use Datix to proactively report concerns or near misses; doing so will lead to investigations, support and the implementation of measures that prevent harm occurring. It's vital we don't wait until harm occurs, if there are situations that we can prevent instead.

7.6 Police and other agency support

The Trust actively liaises with the police and other agencies to gain intelligence on any known perpetrator of violence and aggression to assist in reducing impact. Police Officers and Community Support Officers should be encouraged to call by Emergency Departments as their presence can be a deterrent.

8. Action to be taken when a Non-Intentional & Intentional Physical Assault occurs

8.1 Line Manager

See **Appendices E, F and G** for full action details; in summary the Line Manager will:

- Check the level of harm to the staff member and whether they need any medical attention
- Check that the patient is not harmed
- Check that other staff members and patients in the area are unharmed
- Check the area is safe for people to be in.

- Contact as soon as practicable, the Trust's LSMS with specific information about the physical assault (this can be undertaken by the person assaulted or a relevant colleague, however it is the responsibility of the line manager to ensure this has been carried out

- Ensure that full co-operation is given to a police, or a LSMS investigation and any subsequent action into a case of physical assault, including access to personnel, premises and records (electronic or otherwise) considered relevant to the investigation.
- Ensure that details of the incident are recorded on the Trusts incident reporting form.
- Ensure any necessary support arrangements, such as counselling or Occupational Health is offered.
- Ensure the member of staff is kept appraised of progress and the outcome of any investigation.
- Ensure that all possible preventative action is taken to minimise the risk of a similar incident occurring.
- Complete Manager Section on Incident Form.
- If an incident of violence or aggression occurs resulting in harm to staff this must be firmly addressed. By not acting some individuals may repeat the same inappropriate behaviour. As stated above the incident must be reported via Datix and an investigation undertaken.

8.2 Local Security Management Specialist (LSMS)

The LSMS will:

- Contact the police officer(s) to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept appraised of progress and outcome.
- Where the police decline to investigate the incident, consider investigating further to see whether or not a private prosecution or other action, such as a 'yellow card/expectation letter or red card /exclusion letter', an Anti-Social Behaviour Order (ASBO) or civil injunction is necessary.
- On conclusion of an investigation will consider if there is sufficient evidence to support a prosecution, the matter will then be referred to West Mercia police force.
- Keep all relevant parties informed of progress.

NOTE: IF A MEMBER OF STAFF FEELS THREATENED AND THERE IS THE POTENTIAL FOR A PHYSICAL ASSAULT, THEY MUST SHOULD CALL 2222 FOR EMERGENCY ASSISTANCE. IF AT THE WORCESTER ACUTE AND ALEXANDRA HOSPITAL SITE REQUEST SECURITY ASSITANCE . WHEN A CRIME HAS BEEN COMMITTED STAFF SHOULD CALL POLICE ON 999 OR 101.

In the event of non-physical assault, the relevant Ward/Departmental/Clinic/Line Manager must consider the seriousness of the incident with the victim before involving the police.

Where verbal abuse is of a sexual or racial nature or involves threats or the use of weapons the police must be notified immediately by dialling 9 for an outside line then 999.
All cases of verbal abuse must be reported using the Trusts incident report form.

8.3 Use of Patient administration system (PAS) (Oasis PAS) to record a risk of violence marker

The PAS system is used to record when a patient is assigned a violent marker to their medical record. The three types of marker include:

- Formal Caution letter has been issued
- Yellow Card / Expectation letter has been issued
- Red Card / Exclusion Letter has been issued

Please see **Appendices I, J and K**

8.4 Informing other staff of a risk

Staff working at ward level who care for a patient that may have a history of violence or abuse **MUST** inform visiting staff e.g. agency staff of the risk of assault particularly if they are required to approach and treat the said patient.

8.5 Support for Staff Involved in Incidents

The Trust supports a no blame approach to staff that suffer a violence incident. Staff may require time off work, may need to seek medical care or attend ED, they may need time out for meetings with the police or to obtain external legal advice or counselling via the Occupational Health Department. **(Please see Appendix F)**

Staff, injured or not, may be affected emotionally. All managers must show empathy and sensitivity, offering support and counselling and Occupational Health referral (if required). As an alternative, staff who suffer violence may seek help from the national charity Victim Support whose address and telephone number is listed in the telephone directory.

The Trust acknowledges that staff may be concerned about the possibility of legal repercussions following an incidence of violence. If, when dealing with episodes of potential or actual violence, staff follow the training and instruction given, the likelihood of legal action is diminished.

Patients that may have observed incidents of violence may also need debriefing and reassurance.

9. Sanction Monitoring

The LSMS and Head of Health & Safety and Fire Safety will ensure that the key processes set out in this document are audited. They will report the number of caution letters, yellow card / expectation letters or red card / exclusion letters (sanctions) issued per month to appropriate forums, including the Trust Health & Safety Committee.

Where monitoring has identified deficiencies, recommendations and an action plan will be developed by the LSMS and Head of Health & Safety and Fire Safety to improve compliance with the document.

10. Dissemination

This policy will be included on the Trust's intranet site for electronic access purposes and staff will be made aware as part of their induction process. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee.

11. Training and Awareness:

Staff will receive awareness training of this policy at induction and as part of their refresher training program. The H&S team will highlight any changes or suggestions to support this policy by adding briefings to the Health and Safety intranet page.

12. Monitoring and compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to:	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Page 11, Section 7	Violence, Prevention and Reduction Standard	Check against the violence, prevention and reduction standard gap analysis plan that it is on progress	Twice Yearly	LSMS/ Head of Health & Safety and Fire Safety	H&S Meeting Audit Committee	Twice Annually
Page 12, Section 7	Risk Assessments to identify high risk staff susceptible to V&A	Completed by Line Manager spot checked by H&S, to confirm done	Annually	Health & Safety Team	H&S Meeting	Quarterly
Page 16, Section 9	Caution letters, yellow card / expectation letters and red card / exclusion letters	How many have been issued	Monthly	LSMS/ Head of Health & Safety and Fire Safety	H&S Meeting / JNCC	Quarterly

13. Policy Review

This policy will be reviewed by the Trust's Health and Safety Committee every three years or as required.

14. References

References: Code:

Health and Safety at Work Act - 1974	
Management of Health and Safety at Work Regulations - 1999	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - 2013	
Safety Representatives and Safety Committees Regulations - 1977	
Health and Safety (Consultation with Employees) Regulations - 1996	
The Corporate Manslaughter and Corporate Homicide Act - 2007	
Protection from Harassment Act - 1997	
Assaults on Emergency Workers (Offences) Act - 2018	
Equality Act - 2010	
Offences against the person legislation	
Section 39 Criminal Justice Act - 1988	
Prescribing Guidelines for Rapid Tranquillisation of Disturbed Patients'	
Risk Management Strategy	WAHT-CG-007
Risk Assessment Procedure	WAHT-CG-002
Health and Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008
Smoking Policy	

15. Background

15.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity.

15.2 Financial risk assessment

There may be a number of undetermined costs associated with the implementation of this policy.

15.3 Consultation

This policy received full consultation by members of the Trust's Health and Safety Committees and the Joint Negotiating Consultative Committee (JNCC).

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Emergency Department Team
Chief Executive
Deputy Chief Executive

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health and Safety Sub Group this includes staff side union representatives
Health and Safety Committee
JNCC

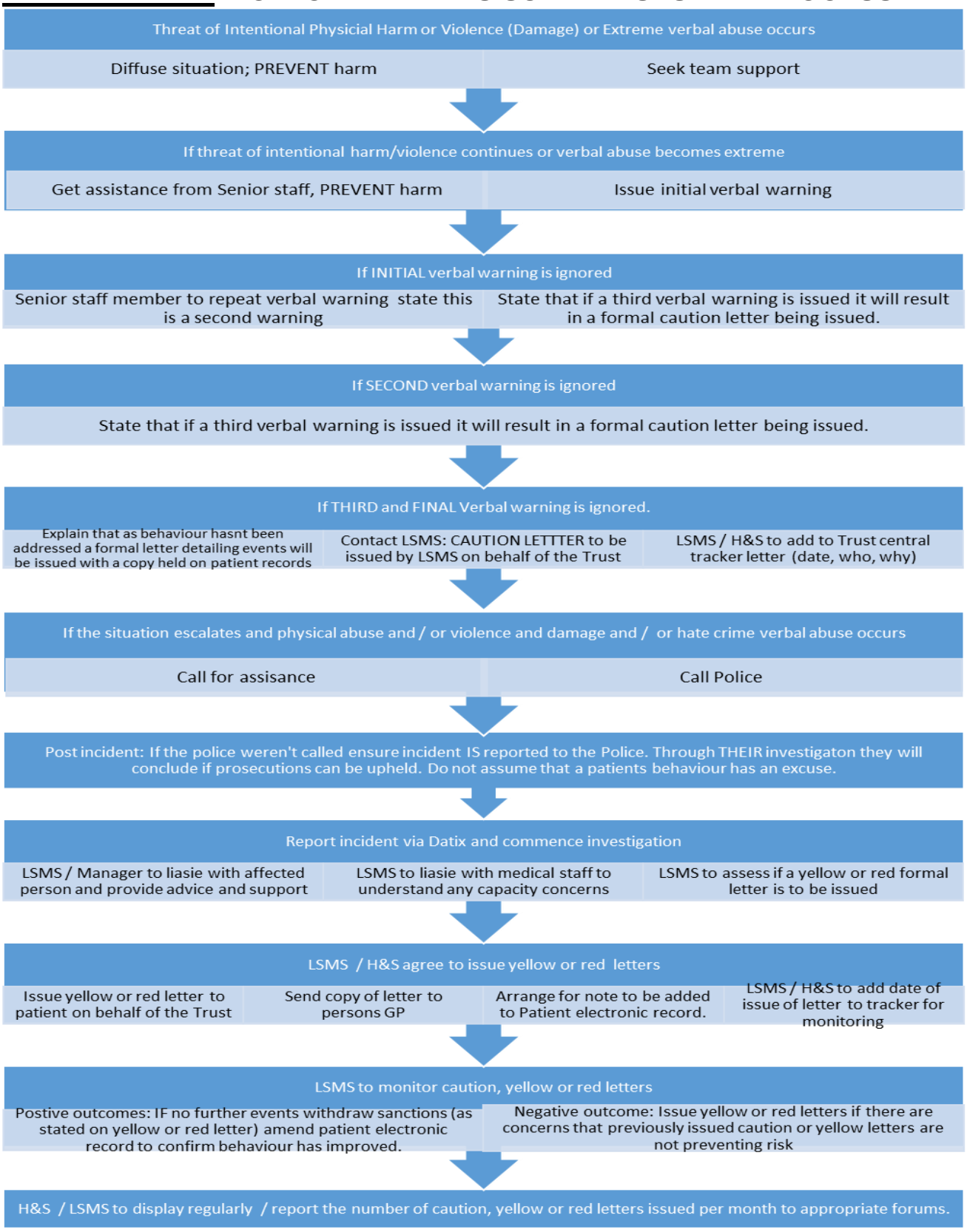
15.4 Approval Process

. This policy was approved by the Health and Safety Committee.

16. Appendices

16.1: Appendix A: Violence and Aggression Flow Chart
16.2: Appendix B: Predisposing factors associated with Violent and Aggressive Behaviour
16.3: Appendix C: Violence & Aggression Risk Assessment Forms
16.4: Appendix D: Prevention and Management Assessment Tool Template for Patients who maybe Violent and Abusive
16.5: Appendix E: What should you do when faced with an incident of violence, aggression, discrimination including racism against staff from patients or members of the public?
16.6: Appendix F: Support for Staff
16.7: **Appendix G**: Use of Restraint – Safe Operating Procedure
16.8: **Appendix H**: Sanctions for Violence and Aggression
16.9: **Appendix I**: Caution Letter to Patient
16.10 Appendix J: Yellow Card / Expectation Letter Template to Patient
16.11 Appendix K: Red Card / Exclusion Letter Template to Patient
16.12 Appendix L: Letter to GP – Yellow Card / Expectation Letter- example
16.13 Appendix M: Letter to GP – Red Card / Exclusion Letter - example

APPENDIX A: FLOW CHART – THIS SUMMARISES THE PROCESS



APPENDIX B:

Predisposing factors associated with Violent and Aggressive Behaviour

Prior to conducting a risk assessment it's important to note that violence and aggression can be caused by a wide range of factors examples of which include:

Procedural
Lengthy and complex administrative processes, long waiting times, a lack of prompt or full explanation either for delays or clinical procedures, all of which can generate frustration and anger

Environmental
Lack of familiarity with hospitals and clinics can cause people to feel at a loss and part of a system over which they have no control. It is important for all staff to remember that what is familiar territory to them is a very strange environment for many patients and their relatives which may be making them feel anxious. Anxiety can often cause excessive responses, including verbal and sometimes physical aggression

The Patient's Health
Patients or their relatives can be anxious about diagnosis, investigative/ treatment procedures and prognosis, again leading to excessive responses. Additionally, certain conditions can predispose patients to aggressive behaviour and staff should be aware of these in their own areas of work

Anticipatory Grief/Bereavement
This can cause people to express themselves in an aggressive/violent way Interpersonal conflict. A number of factors such as gender, race, personal beliefs and previous experiences can affect communications between people. Staff must be aware of these possibilities and take note of the non-verbal signals e.g. body language, being transmitted by the person to whom they are speaking.

Stress
Life creates stresses that can sometimes be translated into aggressive acts Stress affects everyone, including Trust staff, and can influence the way in which they judge situations

NOTE: It is important when undertaking any risk assessment process to consider these types of risk factors. This will assist you in determining the level of risk associated with any particular hazard.

APPENDIX C:

VIOLENCE & AGGRESSION RISK ASSESSMENT FORMS

GUIDANCE ON COMPLETING THE FORM

WHAT IS VIOLENCE?
Violence and aggression at work is defined by the Health and Safety Executive as any incident in which an employee is abused, threatened or assaulted by a member of the public, pupil, service user or their family in circumstances arising out of the course of their employment. This may include; verbal abuse, threatening behaviour, serious or persistent harassment and physical assault.

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;
RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

Under Regulation 3 of the Management of Health and Safety at Work Regulations 1999 there is a statutory requirement to assess work related risk to staff. This includes violence and/or aggression.

This form is used to determine the likelihood of violence occurring. It takes the assessor and/or manager through a structured process using checklists and a risk assessment. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff in the Department.

The completed form must be kept in the Health and Safety file and a copy at the location/base where the work activity is carried out. A copy of the assessment must be available at all times.

The Trust's 5 x 5 matrix must be used in order to assess the level of risk.

DESCRIPTION OF THE ACTIVITY WHERE VIOLENCE ETC. COULD OCCUR
Write down a description of the activity, for which the assessment applies, written protocol or safe system of work may support this. The 'Identifying Violence and Home Visiting Checklist' tables with the Yes/No tick box are aimed at obtaining an overview for the potential or not of violence and/or aggression. In the box for the number of people exposed list names where appropriate or job titles e.g. in the community it may be Midwives etc. Consider what staff and the number likely to be involved in the work activity, remember to consider other staff involved e.g. reception etc. Consider the frequency of exposure and tick the most appropriate box. The frequency of an activity might identify the need for additional control measures.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK
List the controls already in use e.g. safe system of work, provision of mobile phones, staff training, client/relative information packs, 'buddy system, etc.

ADDITIONAL CONTROL MEASURES REQUIRED
This part of the form is used to determine and justify the need for additional controls; there will be occasions when the 'Additional Control Measures required' may take some time to implement. The request for these controls should form part of the Health and Safety Plan.

ASSESSORS
The risk assessor should be a 'senior member' of staff and / or a member of staff trained to conduct risk assessments. . The activity should be reviewed whenever there is a change in the process, equipment etc., or following an incident.

CONTINGENCY PLAN FOLLOWING AN ASSAULT
It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place.

IDENTIFYING VIOLENCE AND AGRESSION: CHECKLIST

Tables 1 and 2 form part of the risk assessment process by identifying potential of violence and aggression for staff. Before the 'Risk Assessor' completes the Form they should satisfy themselves that they are able to answer the questions raised in Table 1 and should check with staff that they are able to answer the questions in Table 2. The information gathered from these checklists must be utilised on the formal risk assessment.

TABLE 1			
	Yes	No	N/A
Are your staff:			
In your department in contact with the public where violence may or is likely to occur?			
Aware of whether violence has been identified as a problem in the department?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc.?			
Given all available information about the client from all relevant agencies?			
That verbal aggression by telephone could be perceived as a problem?			
Provided with a sound grasp of the departments preventative strategy or similar?			
Provided with training appropriate to the risks for managing potential violence and/or aggression?			
Do they:			
Have access to forms for reporting incidents.			
Appreciate the need for this procedure?			
Use the forms?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department e.g. Police liaison, counselling, etc.?			

TABLE 2			
	Yes	No	N/A
Have you:			
Had appropriate training regarding violence and aggression to staff?			
A sound grasp of Trust's safety policy?			
A clear idea about the area into which you are going to work?			
Carefully previewed today's work? Any potentially violent client's?			
Do you have:			
Access to forms to record and report incidents			
A personal alarm (where appropriate)? Does it work? Is it handy?			
Are you:			
Aware that your approach, body language or mannerisms may influence the clients/customers behaviour?			
Aware of the security mechanisms provided in the department?			

HOME VISITING CHECKLIST

The tables below form part of the risk assessment process for staff working in the community. Before the 'Risk Assessor' completes the Form the Line Manager should satisfy themselves that they are able to answer the questions raised in Table 3 and should check with staff that they are able to answer the questions in Table 4. The information gathered from these checklists must be utilised on the formal risk assessment.

TABLE 3

HOME VISITING: CHECKLIST FOR MANAGERS	Yes	No	N/A
Are your staff who visit:			
Trained to an appropriate level to help them identify, prevent and manage the potential for violence and/or aggression?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc.?			
Given all available information about the client from all relevant agencies?			
Have they:			
Understood the importance of previewing cases?			
Left an itinerary?			
Made plans to keep in contact with colleagues?			
The means to contact you – even when the switchboard may not be in use?			
Got your home telephone number (and have you got theirs)?			
A sound grasp of your department's preventative strategy or similar?			
Authority to arrange an accompanied visit, security escort or use of taxis?			
Do they:			
Carry forms for reporting incidents			
Appreciate the need for this procedure?			
Use the forms?			
Know your procedure for premature termination of interviews?			
Know how to control and defuse potentially violent situations?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department?			

TABLE 4

HOME VISITING: CHECKLIST FOR STAFF WHO MAKE HOME VISITS	Yes	No	N/A
Have you:			
Had relevant training about violence to staff?			
A sound grasp of the Trust's safety policy re visits?			
A clear idea about the area into which you are going?			
Carefully previewed today's work? Any potentially violent clients?			
Asked to 'double up', take an escort or use a taxi if unsure?			
Made appointment(s)?			
Left your itinerary and expected departure/ arrival timers?			
Told colleagues, manager, etc., about possible changes of plan?			
Arranged for contact if your return is overdue?			
Do you have:			
Forms to record and report incidents			
A personal alarm, mobile phone or radio? Does it work? Is it handy?			
Out-of hours telephone numbers etc. to summon help?			

VIOLENCE AND AGRESSION RISK ASSESSMENT FORM

Work Base		**Department**		**Ref**	
Staff group		**Location**			

Description of activity where violence and/or aggression could occur:

Number of people exposed to the Risk of violence/aggression	Staff – list job titles, roles, experience, permanent etc.

Frequency of Exposure

Infrequently ☐ Annually ☐ Monthly ☐ Weekly ☐ Daily ☐ Hourly ☐ Constantly ☐

Control measures already taken to reduce risk of violence and/or aggression:

Initial Risk of Violence and/or Aggression has been perceived as:

Low Risk ☐ Medium Risk ☐ High Risk ☐

Additional Control Measures Required to reduce further the risk of violence and/or aggression:

If the above action is implemented the perceived new residual risk is:

Residual Risk Remaining Low Risk ☐ Medium Risk ☐ High Risk ☐

Assessors

Name	Signature	Position

Date of Assessment ☐ Review Date ☐

Contingency plan and arrangement for counselling following an assault?

Appendix D:

Prevention and Management Assessment Tool Template for Patients who maybe Violent and Abusive

This assessment tool is designed to help Trust staff to assess patients with a potential for violence or a history of violence and abuse against NHS staff, to achieve a consistent approach. The tool may be used on its own or as part of an overall nursing assessment and the information gathered used to inform the patient's care plan.

Problem: Violence and abusive behaviour relating to a history of harm to self or others, destruction of property, overtly aggressive acts and verbal threats of physical assault.
Aim: To recognise, prevent and safely manage any act, or potential act, of violent or abusive behaviour without compromising the therapeutic needs of the patient.

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
1	Assess patient's potential for violence and abusive behaviour through history, patient interview (or interview with family and friends if patient is unable to communicate), medical and nursing notes and information provided from other allied organisations/individuals, such as Social Services, patient's GP etc.	• Before meeting with the patient, examine their medical and nursing notes to check for any incidents of violence and abusive behaviour that have been documented and how they were managed. • Introduce yourself and explain any procedure in plain and simple terms. Try to build a rapport with the patient to put them at ease during the assessment interview. • If appropriate and safe to do so, explore the patient's history with them and explain the health body's policy regarding violence and abuse against staff.		
2	Assess whether patient has any communication difficulties and explore possible reasons for this	• If there are communication difficulties, try to arrange for a family member or significant other to be present to assist		

	(e.g. sensory impairment, learning disability or English not being their first language).	during the assessment. You should always try to obtain the patient's consent for this first. • If the patient is hearing impaired, ensure that hearing aid equipment is set and working properly or arrange for a BSL interpreter to be present for the assessment booked through Deaf Direct. • If the patient's first language is not English, it may be appropriate to arrange for an interpreter to be present from Applied Language Solutions.		
3	It may be useful to engage with family and/or friends to establish if there is any history of violence or abusive behaviour within the family. To maintain patient confidentiality, establish whether or not the patient has advised their significant others/family of their condition. However, be aware that family dynamics may be a cause of patients' violence and judge whether or not to proceed with engaging with family. Establish level of support available to the patient from family or significant others.	• Employ family members and significant others to enforce message that violence or abuse is not tolerated within the healthcare environment.		
4	Assess patient's attitude to admission/treatment and medical condition.	• Answer any questions the patient may have concerning their admission, treatment or diagnosis and try to alleviate any anxiety. Arrange for the patient's doctor, or other relevant members of the multi-disciplinary team (MDT), to discuss their condition with them if necessary.		

5	Assess patient's current physical and mental health, current medication and any substance use and misuse.	• If there are any concerns about the patient's mental health, refer to the on-call psychiatrist, psychiatric liaison nurse or mental health team. • If there are any signs of substance use or misuse, discuss with the patient the health body policy on the use of substances. Refer the patient to the substance misuse team, if appropriate. • If appropriate, set boundaries with patient and employ the use of a behaviour agreement. • If there are any organic or other physical health concerns, refer to the appropriate member of the MDT. • Explain policy regarding prescribed medication.	Initially and as determined by relevant professionals following any intervention	
6	Assess whether patient has any previous known episodes of violence and/or abuse, including any trigger factors or antecedents such as a recent bereavement.	• Establish from medical records/nursing notes whether patient has had any previous episodes of violence and/or abuse against NHS staff. • When engaging with the patient, be alert to any information that they disclose about incidents in their personal life that may have precipitated previous violent behaviour, such as medical/psychiatric diagnosis, change to marital status, bereavement, redundancy etc. This can be achieved through general conversation rather than a direct questioning process. • Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are aware of		

		what to do in the event of a violent or abusive incident and publicise the locally adapted 'Suggested management of a violent/abuse incident'. • Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance. Promote an environment that provides safety and reduces agitation.		
7	If known history of violence or abusive behaviour, establish whether there is a history of using weapons, hostage taking etc.	• Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are aware of what to do in the event of a violent or abusive incident and publicise the locally adapted 'Suggested management of a violent/abuse incident' flowchart in the Trust policy. Observe for warning signs and triggers and manage appropriately on the scale of de-escalation and resolution to calling for assistance.		
8	As regards any previous episodes of violence or abusive behaviour, establish the following if possible: how it was managed; which interventions were successful and which were not; how long the episode of violence or abusive behaviour lasted; if medication was used to resolve the situation; if the police were involved; and what sanctions, if any, were applied.	• If in previous episodes of violence, particular interventions worked, review these for application locally. If particular interventions did not work, review these for lessons to be learned and ensure that all of the multi-disciplinary team, new staff and agency and bank staff are aware of these. Observe for warning signs and triggers and manage appropriately on the scale of de-escalation and resolution to calling for assistance.		
9	Where possible, use appropriate advanced	• Staff may wish to consider previous incidents recorded and		

	directions* determined by the patient.	decide whether it would be helpful to discuss known trigger factors and any preferred intervention with the patient. • Staff may wish to consult their mental health colleagues for advice before engaging in such a discussion with the patient. Ensure that any advanced directives are communicated to all staff caring for the patient.		

An advanced directive is a document that contains the instructions of a patient, setting out their requests in the event of a relapse of a condition or an incident of disturbed/violent behaviour etc. It sets out the treatment that they do not want to receive and any treatment preferences that they may have in the event that they become violent. It also contains the names of people whom they wish to be contacted and any other personal arrangement that they wish to be made.

APPENDIX E:

What should you do when faced with an incident of violence, aggression, discrimination including racism against staff from patients or members of the public?

WAHT has a Zero tolerance policy related to abuse or violence against staff and therefore acts of discrimination, violence or aggression will not be tolerated, this includes patients or relatives requesting staff of a particular colour, cultural background or gender. You have the right to challenge positively any racist or abusive behaviours whether from patients or fellow staff members. All incidents of abuse or aggression must be reported so that staff can be supported, and appropriate action taken against the alleged perpetrator.

Staff should remember that if they do not feel comfortable with or feel able to deal with any incident that occurs, they can escalate to their line manager, call the bleep holder or matron/team leader in their area.

If staff witness or are a victim of abusive, aggression, racism, sexual or homophobic discrimination, or a Hate crime, staff should seek help from colleagues, security (2222) and report to the Police (emergency 999 - non-emergency 101).

In all incidents, staff should try to appear calm. Assess the situation and determine whether they are or remain at risk of injury. REMEMBER that all staff have the 'right to withdraw' if they feel threatened and unable to deal with the situation.

VERBAL ABUSE – Action to take

It is also important to remember that the public, patients, visitors and relatives do feel genuine frustrations at time, and that good communication is the best way to deal with conflict.

- Where possible staff should in the first instance attempt to de-escalate the situation if they feel confident or safe to do so. If they feel frightened, threatened or not in control of the situation they can leave or walkaway.
- The patient or member of public are to be told clearly and calmly that violence, aggression or discrimination or any kind against staff is not tolerated and they need to stop immediately,
- If unwilling to desist then this policy should be enacted. (Please refer to **Appendix A: Violence and Aggression Flow Chart**). This should be done by the most appropriate person at the time i.e. person in charge, shift coordinator, security staff.

Worcestershire Royal Hospital and Alexandra Hospital

- In the first instance staff should attempt to diffuse the situation. If the individual perpetrators cannot be controlled then a 2222 call should be made to alert the Security Staff to respond accordingly. If the security staff are unable to manage the

situation then they will call 999 for Police assistance and advice.

- NB: Security staff wear body worn cameras, which have audio and video recording, data from which can be used in an investigation.

Kidderminster Hospital

- In the first instance staff should attempt to diffuse the situation. If the individual perpetrators cannot be controlled then a 2222 call should be made to the switchboard which will enable them to alert the Portering Staff who will respond accordingly. If they are unable to manage the situation then they will call 999 for Police assistance and advice.

Where verbal abuse is of a sexual, racial, homophobic or Hate crime nature, or involves threats or the use of weapons, the Police must be notified immediately.

PHYSICAL ABUSE – Action to take

Staff are not expected to tackle violent individuals or to place themselves at risk. In the event of an individual becoming violent against people or property, the following action should be taken:

- Call for help from another member of staff and the police if practicable (activate personal alarm if held)
- Attempt to disengage from the perpetrator and keep your distance from them.
- Clear the immediate area.
- Try to remain calm and calm the perpetrator, if possible, without endangering yourself.
- If the object of violence is property rather than people but could escalate to people or it is clear that they are going to become violent towards people, then the perpetrator should not be approached until their behaviour changes, and they have calmed down.
- If in the course of damaging property, the perpetrator is placing their own health and safety at risk, then staff should try to stop them either by distracting them or by physical intervention if this can be done without risk of injury to staff.

WHEN TO INVOLVE THE POLICE:

- In an emergency, if a member of staff feels threatened, there is a potential for physical assault and the Police are required straight away, the staff member or a relevant colleague, must call the Police on 999.
- If it is a non-emergency call, then West Mercia Police should be contacted on 101 however if no crime has been committed they may offer advice but may not attend.

- In cases of physical assault, the Police should be contacted immediately either by the person assaulted or their line manager or a relevant colleague. This excludes those cases where a "clinical condition" exists, and clinical opinion indicates that the assault was unlikely to have been unintentional as the assailant did not have mental capacity or aware of what they had done was wrong due to a medical illness (including confusion, delirium, mental ill health, a severe learning disability or as a result of treatment administered).

During all incidents of violence and aggression, whether verbal or physical, try and remain focused and try to memorise or record all of the important details of the incident e.g. description of assailant, direction of travel, whether in possession of weapons etc.

INFORMATION THAT WILL ASSIST THE POLICE:

A Age – D.O.B
B Build / weight
C Clothing dressed in now
D Describe any features: birth marks, scars, tattoos
E Ethnicity: white / black / Asian
F Face: colour of eyes, hair
G Gender: male or female
H Height

Does the person have a disability?
Mental illness Yes / No
Drug / Alcohol concerns
Current home address: premises name – street – number – town – postcode
Telephone number – mobile telephone number
Known associates – Girlfriend, boyfriend, spouse

IN ALL CASES OF VIOLENCE AND AGGRESSION

- Staff need to assess the person's intent and capacity to understand the instruction to stop.

- If staff believe the person had intent to harm or intimidate staff and has mental capacity to understand the consequences of their actions, then they have the right to make a complaint to the police regarding the alleged incident under the Assault on Emergency Workers Act 2018.

- Staff / line manager can also request that a Caution letter is generated by the LSMS (see **Appendix I**). The letter must list how their behaviour needs to change and what is acceptable behaviour and what is not. This can be followed by a yellow card / expectation letter or red card / exclusion letter if the behaviour continues. (Please see **Appendix J and K**). There are some occasions where a

formal sanction letter is not indicated; on these occasions the LSMS will issue a informal “warning letter”.

- If the perpetrator is a relative or visitor and staff continue to feel intimidated then they can be asked to leave the organisation, staff can ask security on relevant sites on (2222) to help with this if the perpetrator is non-compliant.

- If the perpetrator is a patient and is medically requiring ongoing treatment and cannot be discharged or treatment declined, then staff can still make an official complaint to the police regarding the alleged incident under the Assault on Emergency Workers Act 2018 to ask for criminal proceedings to commence and request security staff presence.

- If the patient does not have mental capacity to understand their actions, staff must continue to state their behaviour is unacceptable but manage the staffing to best support staff’s wellbeing. This may require the staff to be moved away from the patient to prevent further abuse or that the staff is supported by a colleague for all care interaction from then on, but this must be done in conversation with the staff member to ensure they are in agreement of these arrangements.

APPENDIX F:

SUPPORT FOR STAFF

Following ALL incidents of physical assault or verbal aggression, the senior person should complete the following checklist:

TASK	COMPLETE Y/N	COMMENTS
Provide immediate appropriate support for victim to ensure staff wellbeing, this may involve Occupational Health, ED, matron, site coordinator, being sent home etc		
Ensure perpetrator is unharmed.		
Offer support to both staff and patients in the vicinity who may have been affected by the incident.		
Ensure a Datix incident form has been completed. (Any incidents that are reported that highlight an assault or aggressive incident will result in a letter of support to the staff involved sent by the LSMS on behalf of the Trust).		
Ensure that details of the perpetrator have been recorded.		
If Police have been involved ensure crime number is recorded.		
Ensure that all staff are up to date with appropriate Conflict Resolution training requirements.		
Ensure ongoing staff wellbeing, and that appropriate support is available through Occupational Health, Staff Counselling Service, GP etc.		
Complete Incident Review Page including Datix final incident summary		

The Trust's Head of Health & Safety and Fire Safety and Local Security Management Specialist (LSMS) are also available to offer support. They should:

- Review available security evidence of incident as appropriate. (E.g. CCTV or body worn camera).
- Ensure appropriate sanction is imposed on the perpetrator.

- Ensure ongoing Police involvement, as appropriate.
- Ensure that statements are requested and received from staff who were involved and from those who witnessed the event and ensuring staff compliance with the necessary policies and procedures.
- Ensure that ongoing feedback is given to staff on the incident and also on any decisions made with respect to how the perpetrator should be managed in the future.
- Disseminate any learning to a wider team or the Trust to prevent similar incidents happening if possible.

APPENDIX G:

USE OF RESTRAINT - SAFE OPERATING PROCEDURE

Introduction:

Individuals, who usually work alone, or in pairs, should not attempt to deal with aggressive or violent incidents, or seek to restrain anyone where there is the slightest risk of personal injury being sustained. When faced with such situations, staff should use breakaway and de-escalation techniques, withdraw, and seek further advice or assistance from a larger group of colleagues or, if necessary, make contact with the local security staff or the police.

Staff should always work to the principle of minimum risk. However, whilst withdrawal is generally the preferred option, it is recognised that on occasion this is not always possible or even appropriate. In such circumstances individuals should seek to apply the response they feel offers the lowest level of risk in order to manage the situation as safely and effectively as possible. Alternative response options may include persuasion, distraction, containment, delay or breakaway, until such times as further support becomes available or the situation is resolved successfully.

In exceptional circumstances it may be necessary to restrain a person in order to prevent them from causing immediate harm to themselves or others. In such cases staff should try to ensure that there are sufficient members of staff to fully control the person safely and effectively and that suitably trained staff have been alerted. See Trust's restraint policy

The decision to restrain must be fully documented and staff should be able to describe why the response was deemed necessary and explain how the actions taken were reasonable, lawful and proportionate in the circumstances.

If you are responding to an incident:

- Approach all incidents with a degree of urgency but with caution. DO NOT expose yourselves to any unnecessary risk

- Use the knowledge and skills you have been taught to assess and manage the situation

- If, as a last resort, you need to use force to resolve the situation then ensure that you can subsequently justify your actions i.e. it is both reasonable and proportionate.

- When safe to do so complete an Incident Form to record details of your part in the event including where appropriate any actions taken against the perpetrator e.g. restraint, arrest etc

REMEMBER that any force used, no matter how minor, **MUST** be:

- Reasonable
- Lawful
- Proportionate and
- Necessary

Lawful Use of Restraint - The doctrine of Necessity

Where a person intentionally touches another without consent, that person may be subject to a criminal charge of assault or a civil action in tort of trespass to the person. However, the use of 'reasonable force' can be justified at common law to the extent that it is reasonable in the circumstances and was "necessary" in order to prevent harm. Reliance upon this doctrine will therefore involve justification of the member of staff's actions at the time of the patient's violent and aggressive outburst, taking into account all the circumstances surrounding the particular situation.

Whether the force used to administer the restraint or whether the decision to administer drugs in order to prevent the patient from continuing with such behaviour, would be considered reasonable will involve careful consideration of the need to protect the patient and others from harm balanced with the need to respect the patient's autonomy and human rights. In particular, the administration of sedatives for the purposes of calming a patient's mood and not for the purposes of administering treatment for the patient's underlying medical condition, should only be undertaken in extreme situations where the health of the patient is at risk as a result of their behaviour, e.g. a patient with a neck/head injury whose mobility arising from their aggression/movement is posing a significant risk to their health/recovery.

Decisions regarding the administration of sedatives as a method of controlling the behaviour of a violent and aggressive patient must be strictly based on best practice and not personal preference. (Refer to the 'Prescribing Guidelines for Rapid Tranquillisation of Disturbed Patients')

The use of force must, at all times, be reasonable and proportionate to the actions of the patient and requires assessment on a case by case basis taking into account all the circumstances relating to the incident. The use of sedatives would need to be justified based upon the clinical needs of the patient and any associated risks attached to the administration of the drug.

Whether a member of staff is able to rely upon the doctrine of necessity as a defence to a decision to physically restrain a patient will be a question of degree: was the force used to restrain the patient necessary and reasonable in light of the danger to the patient and to others?

Use of restraint and refusal of treatment:

The above situation should not be confused with the situations that arise where patients become violent and aggressive arising from their refusal of treatment. In such circumstances the use of restraint will be dependent upon the capacity of the patient.

Should a patient become aggressive or violent when asked to consent to a procedure that is necessary, doctors should first carry out an assessment of the patient's capacity. If the patient is considered to be competent, the patient is entitled to refuse treatment and no physical restraint should be used in order to administer treatment against his or her will.

Should the patient be restrained and treatment administered, this could amount to a criminal assault and a breach of the patient's human rights. However, should the patient be found to be incompetent, the use of reasonable force to restrain a mentally incompetent patient is permitted provided it is (again) proportionate to the treatment proposed. For example, if the treating clinician is of the opinion that there is a genuine risk that the patient's life is in danger if they fail to undergo the treatment proposed, reasonable force may be used to restrain the patient in order to administer the treatment. However, in such circumstances a balancing exercise should be drawn between what is considered to be in the best interests of the patient and respect for the patient's autonomy and human rights.

Where there doubt and time permits, legal advice is recommended and this may include a possible declaration as to the best interests in the use of restraint.

APPENDIX H:

Sanctions for Violence and Aggression

The Trust takes its responsibilities to provide a safe working environment for all staff very seriously. Sanctions can be introduced for either patients, relatives or visitors within the Trust. Before these sanctions can be initiated every reasonable action must be used to try and resolve the concern.

Guidance on the Withdrawal of Treatment due to Violent and Aggressive Behaviour
Withdrawal of treatment can be applied in extreme circumstances where violent or abusive behaviour is likely to:

- Prejudice any benefit the patient might receive from the care or treatment: or
- Prejudice the safety of those involved in giving the care or treatment:
- Lead the member of staff offering care to believe he/she is no longer able to undertake his/her duties properly. This might include incidents of racial or sexual abuse:
- Result in damage to property inflicted by the patient or as a result of restraining them
- Prejudice the safety of other patients present at that time.

The Trust recognises that violence and aggressive behaviour can escalate to the point where restrictive interventions may be needed to protect the safety of a person(s) whether that be a patient, member of staff or general public, but strongly advocates that this is always used only as a last resort and when there is no other alternative action that can be taken to prevent serious harm. Please refer to Restrictive Intervention and Restraint Policy.

There are however, circumstances where withholding treatment is inappropriate:

- Patients who, in the expert judgment of a relevant clinician, are not competent to take responsibility for their action e.g. an individual who becomes violent and aggressive as a result of an illness or injury.
- Patients who are mentally ill and may be under the influence of drugs and/or alcohol.
- Patients who, in the expert judgment of a relevant clinician, require urgent emergency treatment and other than in exceptional circumstances any patient under the age of 16.

Failure to comply with a Caution letter will escalate to a Yellow card/Expectation letter, and failure to comply with the Yellow card/Expectation letter card letter will, at the request of the relevant directorate service manager (or their nominated deputy) results in exclusion from the Trust via a Red card / Exclusion letter.

On some occasions this process will not be adhered to and an **AUTOMATIC** Yellow card/Expectation letter or Red card / Exclusion letter may be issued if the seriousness of the incident warrants it.

There are however some occasions where a formal sanction letter is not indicated but some form of warning is required; on these occasions the LSMS will issue an informal “warning letter” that is written based on the issue of concern.

Formally Cautioning a Patient / Relative / or Member of the Public

During any incident, the staff member, area's manager (or their deputy) will explain to the patient / relative that their behaviour is unacceptable and explain the expected standards that must be observed in the future.

If their behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of any further repetition. Failure to subsequently resist will result in the application of a Caution Letter (**Appendix I**) as a formal written warning of the consequences of such behaviour, sent to the perpetrator by the LSMS on behalf of the Trust.

The caution letter will inform the patient / relative / member of the public that their behaviour should not cause harassment, alarm or distress to any person working for Worcestershire Acute Hospitals NHS Trust as this is completely unacceptable.

- A copy of the letter will be kept on Trusts file.
- The Trust will fully investigate all valid concerns raised by the patient following the Caution letter being issued.
- The Caution letter will be reviewed after one year and be removed by the LSMS if it has been deemed that this is not appropriate following non-compliant behaviour the sanction will be extended for a further 12 months.

If the recipient complies with the terms of the Caution Letter no further action will be taken, if they do not desist than this will result in a Yellow Card/ Expectation letter.

Formally Yellow Carding / Expectation letter a Patient/ Relative / Member of the Public

Where a perpetrator's actions continue, a Yellow Card/ Expectation letter. (**Appendix J**) will be completed by the LSMS and authorised by the Security Director (or nominated person in their absence). The letter will again confirm expected behaviour, and consequences if not adhered to. However, the patients:

- Clinical care will not be affected in any way.
- Where substance abuse has been identified, appropriate assistance will be provided.
- A copy of the yellow card / expectation letter will be kept on Trusts file.
- A copy of the letter will be sent to their GP informing them that the Yellow card has been instigated (**Appendix L**)
- The Trust will fully investigate all valid concerns raised by the patient following the Yellow card/ Expectation letter being issued.
- The Yellow card / Expectation letter will be reviewed after one year and be removed by the LSMS if it has been deemed that this is not appropriate following non-compliant behaviour the sanction will be extended for a further 12 months.

Dependant on the severity of the incident the Trust may immediately issue a Red Card / Exclusion letter rather than a Caution or Yellow Card/Expectation letter.

Red Carding / Excluding a Patient/Relative

Failure to comply with a Caution letter or Yellow Card/ Expectation letter, at the request of the relevant directorate service manager (or their nominated deputy) may result in an exclusion from the Trust (Red Card) (**Appendix K**).

- Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician.

- In the event of an excluded individual presenting at the Trust's Emergency Department for emergency treatment, that individual will be treated and stabilised with, if appropriate, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable, security staff will, if necessary remain in attendance. The need for security attendance will be determined by an appropriate member of staff, however it should be noted that security staff are not to be used to look after patients where there is no threat of violence.

Any patient / relative behaving unlawfully will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets and staff.

Verbal caution warning by Senior Staff member

The perpetrator can if it is deemed suitable receive a verbal warning. This would involve informing the person that their behaviour is unacceptable, and any future incident would result in further sanctions being issued. The person would also be advised on how they would be expected to behave towards all staff they are being treated by.

Verbal warning issued for:
- non-compliant behaviour
- Excessive noise e.g. loud intrusive conversation or shouting offensive sexual gestures or behaviour.
- Malicious allegations relating to members of staff other patients or visitors
- Derogatory racial or sexual remarks.
- Details of the incident and any subsequent discussion to be recorded in the patients' medical notes and completed on the DATIX form

Caution letter

Following any incident, the Senior staff member will explain to the patient / relative that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future. This may result in the issuing of a Caution letter.

For a first official warning a Caution Letter should be issued for:

- Intimidation
- Threats or threatening behaviour
- Racially motivated physical and non-physical abuse
- Excessive noise e.g. loud intrusive conversation or shouting

- Offensive bad language
- Threatening abusive language excessive swearing or offensive remarks
- Offensive sexual gestures or behaviour.
- Malicious allegations relating to members of staff, other patients or visitors
- Derogatory racial or sexual remarks
- Wilful damage to Trust property

The Caution letter will be completed by the LSMS (or a nominated person in their absence) on behalf of the Trust. This letter will be affective for 12 months. The Caution letter will be reviewed after one year, and be removed by the LSMS if appropriate, if it has been deemed that this is not appropriate following non-compliant behaviour the sanction will be extended for a further 12 months

Yellow Card or Expectation letter

Following any incident, the Senior staff member will explain to the patient / relative that their behaviour is unacceptable and explain the expected standards that must be observed in the future.

A Yellow Card/ Expectation letter issued for: (persistent non-compliant behaviour)

- Violence toward another person
- Intimidation
- Threats or threatening behaviour
- Racially motivated physical and non-physical abuse
- Excessive noise e.g. loud intrusive conversation or shouting
- Threatening abusive language excessive swearing or offensive remarks
- Offensive sexual gestures or behaviour.
- Malicious allegations relating to members of staff , other patients or visitors
- Derogatory racial or sexual remarks
- Wilful damage to Trust property

The Yellow Card / Expectation letter card letter will be completed ONLY by the LSMS on behave of the Trust and authorised by the Security Director (or nominated person in their absence), this letter will be live for 12 months. The Yellow Card/ Expectation letter card letter will be reviewed after one year, and be removed by the LSMS if appropriate, if it has been deemed that this is not appropriate following non-compliant behaviour the sanction will be extended for a further 12 months

- A letter will be sent to their GP informing them that the Yellow card has been instigated.

Red Card / Exclusion letter

Failure to comply with a Caution will escalate to a Yellow Card/ Expectation letter, and failure to comply with the Yellow Card/ Expectation letter will, at the request of the relevant the Red card will be completed by the LSMS and authorised by the Security Director (or nominated person in their absence) results in exclusion from the Trust (a "Red Card").

For a Red card / Exclusion letter: (persistent aggressive behaviour)

- Violence toward another person
- Intimidation
- Threats or threatening behaviour
- Racially motivated physical and non-physical abuse
- Excessive noise e.g. loud intrusive conversation or shouting
- Threatening abusive language excessive swearing or offensive remarks
- Offensive sexual gestures or behaviour.
- Malicious allegations relating to members of staff, other patients or visitors
- Derogatory racial or sexual remarks
- Wilful damage to Trust property
- Theft
- Abusing alcohol or drugs in hospital
- Drug dealing
- Causing criminal damage to Trust property
- Possession of weapons

The Red card /Exclusion letter will ONLY be authorised by the Chief Executive (or nominated person in their absence), this letter will be live for 12 months the RED card / Exclusion letter will be reviewed after one year, and be removed by the LSMS if appropriate

- A letter will be sent to their GP informing them that the Red card / Exclusion letter has been instigated.
- The patients name MUST be “flagged” on Allscripts System once a Red card / Exclusion letter has been instigated. This will be undertaken by the Health and Safety Manager.
- Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician.
- In the event of an excluded individual presenting at the Trust’s Emergency Department for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary remain in attendance. The need for security attendance will be determined by an appropriate member of staff.
- Any patient / relative behaving unlawfully will be reported to the police and The Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets, and staff

Appendix I – Caution Letter to Patient

FOR INFORMATION ONLY – NOT FOR STAFF TO USE

Date:
Private and Confidential

Name
Address

Dear

I am writing to you in my capacity as the Local Security Management Specialist for Worcestershire Acute Hospitals NHS Trust. As part of my role I look at all incidents that are raised by our staff members, especially around ensuring that our staff work in a safe and secure environment.

This letter is to formally caution you due to your unacceptable behaviour, when it is alleged that you describe incident include any mitigation.

This Trust operates a Zero Tolerance policy, and as such believes all NHS staff should be treated with respect, they should never be subject to aggression or abusive language. From this point we expect your behaviour not to cause harassment, alarm or distress to any person working for Worcestershire Acute Hospitals NHS Trust as this is completely unacceptable.

Should you fail to conduct yourself in an appropriate manner, I will have no choice but to take further action.

Worcestershire Acute Hospitals NHS Trust is firmly of the view that all those who work in or provide services tothe NHS have the right to do so without fear of violence or abuse.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact me in writing within fourteen days from the date of this letter, if I do not hear from you I shall assume tacit agreement.

Yours sincerely

Local Security Management Specialist

Appendix J: Yellow Card / Expectation Letter Template to Patient

FOR INFORMATION ONLY – NOT FOR STAFF TO USE

<Date>
Dear

Ref: Incident on *<insert date and location>*

As the Local Security Manager Specialist for the Trust, I am writing to you concerning an incident that occurred on ***<insert date>*** at ***<insert name of health body or location>***.
It is alleged that you, ***<insert name>***, used/threatened unlawful violence/acted in an antisocial manner towards a member of NHS staff/whilst on NHS premises ***(delete as applicable)***.

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

If you continue to act in an unacceptable or antisocial manner, consideration will be given to one or more of the following actions ***(to be adjusted as appropriate)***:

- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter may be referred to a solicitor in support of applying for criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from you.
- Consideration may be given to obtaining a civil injunction or an Anti-Social Behaviour Order. Any legal costs incurred will be sought from you.
- Alternative arrangements may be made for you to receive your treatment elsewhere and any hospital transport service currently provided to you may be withdrawn.

If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted, please write to the Complaints Manager within fourteen days from the date of this letter, who will review this decision in the light of your account of the incident(s).

A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner.

Yours sincerely,

Local Security Management Specialist

Appendix K: Red Card / Exclusion Letter Template to Patient

FOR INFORMATION ONLY – NOT FOR STAFF TO USE

Patient's name
Patient's address
Hospital Number
Date

Dear

This is to confirm that due to your unacceptable behaviour on [date] at [hospital] you have been excluded from receiving treatment or visiting any of the Trust's premises. The exclusion will last one year.

Where appropriate alternative care arrangements have been made for you. Should you require further treatment you must:
……

In the case of non-urgent treatment your GP has been informed of your exclusion and you will be referred to another hospital.

In the event you attend one of the Trust's Accident and Emergency Departments or seek emergency admission you will receive assessment and immediate treatment but this may be in the presence of the Police or additional staff.

Your GP has been informed of your exclusion and should you need non-emergency treatment your GP will refer you to another Hospital.

The Trust is currently in discussion with the Police and legal advisors about the possibility of action against you.

A copy of the Trust's Policy can be made available to you if you so wish.

If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted, please write to the Complaints Manager within fourteen days from the date of this letter, who will review this decision in the light of your account of the incident(s).

Yours sincerely

XXXX
Chief Executive OR Managing Director

Appendix L: Letter to GP – Yellow Card / Expectation Letter- example

FOR INFORMATION ONLY – NOT FOR STAFF TO USE

Ref Patients details
Date of birth
NHS No

Date

Dear Dr NAME

The above named patient was verbally abusive and used intimidating behaviour toward staff at address and date

In order to protect the members of staff it has been necessary to stipulate certain conditions that he/she must adhere to when receiving further visits or treatment from staff employed by Worcestershire Acute Hospitals NHS Trust.

Due to xxxxxxx unacceptable behaviour, he/she is now subjected to our Yellow Card / Expectation letter sanction; as such we expect the following behaviour from him/her:

• expected behaviour

Should he/she fail to comply with these expected behaviours, then he/she will become subject to the next stage of the Trust Policy with dealing with abusive behaviour (Red Card) which may involve him/her immediate exclusion from Worcestershire Acute Hospitals NHS Trust. services except for a life-threatening medical emergency.

Should he/she comply with these terms, then I can confirm that his/her clinical care will not be affected in any way, and the Yellow Carding will be reviewed after one year and removed if appropriate.

If you have any queries, or wish to discuss this please do not hesitate to contact:

Yours Sincerely
Local Security Management Specialist

Appendix M: Letter to GP – Red Card / Exclusion Letter - example

FOR INFORMATION ONLY – NOT FOR STAFF TO USE

Ref Patients details
Date of birth
NHS No

Date

Dear Dr NAME

This is to formally confirm that due to the unacceptable behaviour of the above named patient, he/she is now a subject to the final condition in the Worcestershire Acute Hospitals NHS Trust Procedure for Care (red carding).

The Worcestershire Acute Hospitals NHS Trust firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

NAME will no longer be permitted to attend Worcestershire Acute Hospitals NHS Trust preises, except where he/she (or a member of his/her immediate family) requires urgent or emergency medical treatment.

Should NAME comply with these terms, then I can confirm that this decision will be reviewed in twelve months' time, and the red carding will be removed if appropriate.
If you have any queries, or wish to discuss this please do not hesitate to contact:

Yours Sincerely

Local Security Management Specialist

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Fiona Dwyer**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Julie Noble	**H&S Manager**	**Julie.noble13@nhs.net**
Date assessment completed	**15/07/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Violence Prevention Reduction and Management of Violence and Aggression**
What is the aim, purpose and/or intended outcomes of this Activity?	The purpose of this Violence Prevention Reduction and Management of Violence and Aggression Policy is to set out a plan for Worcestershire Acute Hospitals NHS Trust (the Trust) to address the significant and ever-increasing risk to staff from violence and aggression by patients, relatives and members of the public. This will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression, and violence.

Who will be affected by the development & implementation of this activity?	x❑ X❑ x❑ X❑	Service User Patient Carers Visitors	X❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	X❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)				
Summary of relevant findings	Positive feedback, need to ensure a robust reporting system of incidents both physical and verbal abuse as well as near misses that is then reported through the Trust.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X			This Strategy applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility, also those staff covered by a letter of authority / honorary contract or work experience. This strategy will have a positive impact across all the protected characteristics. Monitoring data will be collected going forward to inform the application of the strategy in order for any necessary amendments or changes to then be made.
Disability	X			As per age
Gender Reassignment	X			As per age
Marriage & Civil Partnerships	X			As per age
Pregnancy & Maternity	X			As per age

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities	X			As per age
Religion & Belief	X			As per age
Sex	X			As per age
Sexual Orientation	X			As per age
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	N/A			This Policy **only** applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	N/A			This Policy **only** applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly				

throughout the design & implementation)	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Samantha Reid
Date signed	25th September 2024
Comments:	
Signature of person the Leader Person for this activity	Julie Noble
Date signed	17/07/2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval