

# Violence Prevention and Reduction Strategy

<b>Department / Service:</b>	Health and Safety
<b>Originator:</b>	Fiona Dwyer, Local Security Management Specialist Julie Noble, Health and Safety Manager
<b>Accountable Director:</b>	Scott Dickinson
<b>Approved by:</b>	Health and Safety Committee, JNCC
<b>Date of approval:</b>	21 <sup>st</sup> July 2022
<b>First Revision Due:</b>	21 <sup>st</sup> July 2025
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments:</b>	ALL
<b>Target staff categories:</b>	All staff

## Policy Overview:

The purpose of this Violence Prevention and Reduction Strategy is to set out a plan for Worcestershire Acute Hospitals NHS Trust to address the significant and ever-increasing risk to staff from violence and aggression by members of the public. This will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression, and violence.

## Key amendments to this document

Date	Amendment	Approved by:
May 2022	New Strategy	H&S Committee

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Appendix A: “Plan on a Page”

## 1. Introduction

- 1.1. Worcestershire Acute Hospitals NHS Trust (the Trust) Violence Prevention and Reduction Strategy has been produced to outline the overarching security approach for tackling violence and aggression within the Trust.
- 1.2. 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 for security management is to support Trust staff in providing high quality healthcare through a safe and secure environment that protects patients, staff and visitors, their property and the physical assets of the organisation.
- 1.3. People are our most important asset and we recognise that their security, safety and welfare and that of others affected by our activities is paramount. The Trust will comply with all relevant legislation and continue to work to raise the standards of the service.

## 2. Legal Requirement

- 2.1 The Management of Health and Safety at Work Regulations 1999 requires the Trust to assess the activities it undertakes and identify situations / locations where the risk of violence, aggression etc may occur. The risk assessment must be suitable and sufficient and result in the identification and implementation of effective controls to prevent or reduce the risk. This include for example, safety systems of work for lone workers, protective devices and training to staff. If severe harm is sustained, then the Trust Health and Safety team must assess applicability against RIDDOR and report the incident to the HSE if appropriate (e.g. fatalities or injuries that result in an employee being unable to work for more than seven days).

## 3. Violence Prevention and Reduction Standard

- 3.1 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.
- 3.2 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.
- 3.3 Commissioners are expected to undertake compliance assessments as part of their regular contract reviews with the Provider, twice a year as a minimum or quarterly if significant concerns are identified and raised.
- 3.4 As part of it's overarching aim of improving security, the Trust has nominated the Health and Safety manager to lead on the management of violence and aggression. The Trust has a nominated fully trained and accredited Local Security Management Specialist to advise on and
- 3.5 manage the efforts to tackle crime against the organisation and raise awareness of security.

This will provide direction and guidance in relation to security to all the services operated by the Trust.

- 3.6 This strategy is underpinned by the Trust's Violence Prevention Reduction and Management of Violence and Aggression Policy which is available via the Trust's intranet. It explains the various aspects of the organisations approach to the management of violence and aggression.
- 3.7 The strategy is summarised on a 'Plan on a Page', which is included as Appendix A page 11.

## 4. Strategy Aims

### 4.1 Strategic aims:

- Identify and respond to incidents better, so that staff feel that reporting is worthwhile.
- Ensure victims are central to the process and ensure adequate support for those engaging with the criminal justice system.
- Gain Trust Board level support and oversight for violence prevention and reduction.
- Raise staff awareness of the issues, along with the action that will be taken.
- Review policies, procedures and resources with the Strategy in mind.
- Ensure each and every member of staff has fit for purpose training.
- Ensure effective communication throughout the Trust.
- Ensure effective communication with partners such as other organisations and partners for example other Local Security Management Specialists, Police Officers, Counter Terrorism Advisors, Counter Fraud Specialists and Auditors.

## 5. Strategic Context

- 5.1 With regards to violence prevention and reduction, it is the mission of the Trust to:
- Reduce the number of avoidable incidents of violence within the Trust
  - Create a safer working environment for staff
  - Reduce the associated expenditure on sickness, retention and associated time lost through incident management.
- 5.2 At the core of the strategy is the recognition that the management of violence and aggression work must be based on clear and unambiguous risk identification and assessments.
- 5.3 Security will be improved, and crime 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.
- 5.4 In order to reduce crime, it is necessary to take a multi-faceted approach that is both proactive and reactive.
- 5.5 The *violence prevention and reduction standard* is a risk-based framework that follows the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

5.6 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** – assess and 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** - assess how well the risks are controlled and determine if the aims have been achieved, assessing any gaps and corrective action taken.
- **Act** – 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.

5.7 A safe and secure workplace needs to be embedded amongst staff, professionals and the public to create a culture where the responsibility for safety is accepted by all and the actions of the minority who breach them are not tolerated.

5.8 It is important that the Trust identifies the issues of security management and violence or aggression against staff and thereafter maintains or develops policies, procedures and systems that include administrative or technical features which make them less vulnerable, or exposed, and more able, to address these issues.

5.9 The need for effective preventative measures is a major factor in an effective security management strategy, but it can only be so with the full support of the Executive Officers, managers and staff within the Trust.

5.10 It is recognised that it is not always possible to deter or prevent criminal activity from succeeding. In such circumstances, the Trust must ensure that it effectively investigates, and where appropriate, imposes sanctions and seeks redress from those responsible.

5.11 It is imperative that the Trust adopts a robust approach towards imposing sanctions and seeking redress against those responsible for any criminal act, whether or not losses have occurred.

5.12 Following the detection and investigation of violence or aggressive related incidents, the Trust must ensure that effective sanctions are taken against those responsible. This may include sending unacceptable behavioural warning letters to patients or supporting legal action in a criminal or civil court and could extend to reporting individuals found to be responsible for misconduct to their Professional Regulatory body for disciplinary action to be considered.

5.13 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 Local Security Management Specialist may assist Human Resources in obtaining evidence.

## 6. Approach to Tackling the Management of Violence and Aggression

- 6.1 The violence prevention and reduction standard, lone working guidelines, Violence Prevention and Reduction and management of Violence and Aggression policy are available to assist in the way in which violent and aggressive related incidents are managed in the Trust.
- 6.2 The Trust has a nominated Local Security Management Specialist in place who has the authority to act in the role, and in doing so will develop and deliver a risk assessed programme of work to ensure the Trust complies with all its responsibilities and contractual obligations.
- 6.3 To tackle violence and aggression management effectively, the Local Security Management Specialist will work with other Trust colleagues, other organisations and partners for example other Local Security Management Specialists, Police Officers, Counter Terrorism Advisors, Counter Fraud Specialists and Auditors.
- 6.4 The Trust has an effective Trust wide Risk Register which is sub divided into Divisional registers. The Health and Safety Manager has access to the risk register in order to review information on potential risks and they are actioned appropriately.

## 7. Violence and Aggression/Physical and Non-Physical Assault

- 7.1 It should be recognised that the management of violence and aggression will always present a risk to the Trust due to the nature of the client/patient base to whom care is delivered. The Trust recognises and is committed to implementing relevant control measures to mitigate against identified risks related to violence and aggression.
- 7.2 The arrangements for the management of violence and aggression are detailed in the Trust's Violence Prevention Reduction and Management of Violence and Aggression Policy.

## 8. Lone Working – Supporting staff to work safely

- 8.1 Arrangements in place to reduce or control risks from lone working must be regularly monitored and recorded to ensure that they are being adhered to and remain workable. This is the responsibility of the Line Manager; however, where concerns are raised regarding local controls, protocols or procedures; a joint review should be undertaken by staff and their Line Managers to determine corrective measures required. The advice of the Local Security Management Specialist should be sought as necessary.
- 8.2 The arrangements for the management of lone working are detailed in the Trust's Lone Workers Policy.

## 9. Implementation

### 9.1 Plan for implementation

The effective implementation of this strategy will support openness and transparency. The Trust will:

- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.

- Communicate to staff any relevant action to be taken in respect of violence and aggression issues.
- Ensure that relevant training programmes raise and sustain awareness of the importance of effective management of violence and aggression.
- All procedural documents are available via the Trust's website.
- Staff are notified by email of new or updated procedural documents.

### 9.2 Training and awareness

The Trust will undertake a training needs analysis to identify those staff whose jobs carry a risk violence and aggression. As part of the Trust's Corporate Induction programme, all new staff and volunteers are provided awareness training, which includes reporting of physical and non-physical assaults.

9.3 For existing staff the following training is available:

- On-line Conflict Resolution Training
- Face to Face Conflict Resolution Training
- Face to Face Personal Safety Training which includes de-escalation.

9.4 The Local Security Management Specialist attends all necessary training, development events and continuous professional development as required, to appropriately fulfil their role on an ongoing basis.

9.5 At Worcestershire Royal Hospital and Alexandra Redditch hospital sites ISS provide Security staff, who are all trained in Maybo which provides staff with the knowledge and skills to reduce and de-escalate conflict and safely manage behaviours of concern.

All staff will then be offered relevant training commensurate with their duties and responsibilities.

## 10. Monitoring and compliance

The strategy will be reviewed every three years, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

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: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
3	Personal Safety Assessments carried out to identify high risk workers	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
3	Patient assessments to identify high risk individuals	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
3	Reporting of incidents of violence & aggression	Datix record of incident	Quarterly	H&S Manager	H&S Committee	Quarterly
7	Staff receive the appropriate level of training commensurate with their job	Training records (ESR)	Annually	Manager	H&S Committee	Annually



## 11. Policy Review

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

## 12. References – as listed below

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	
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
Violence Prevention Reduction and Management of Violence and Aggression Policy	WAHT-CG-006
Smoking Policy	

## 13. Background

### 13.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

### 13.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

### 13.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

### Contribution List

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

Designation
Chief Executive
Deputy Chief Executive
Director of Estates and Facilities

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

Committee / Group
Trust Health and Safety Committee including staff side representatives
Trust Behavioural Charter group (sub group of the IDEA committee)
Emergency Department senior leads

**13.4 Approval Process**

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

**13.5 Version Control**

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
June 22	First issue	Julie Noble

**Violence Prevention and Reduction Strategy Approach**

**Our 4<sup>W</sup>ard Signature Behaviours**

- Do what we say we will do
- No delays every day
- We listen We learn We lead
- Work together celebrate together

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.

**Four key principles**

- **Plan** a review of processes, identify future requirements and actions for completion, assign key responsibilities and implement measures to evaluate success
- **Do** assessments and manage risks: organise and implement processes and communication plans to NHS staff and key stakeholders through adequate resources and supported training.
- **Check** control measures are in place, assessing any gaps and corrective action taken.
- **Act** through performance reviews of related actions, identify any localised lessons learnt and incident data collected and share critical findings with internal and external stakeholders

**Priorities: Programme of Work**

- Produce a risk assessed programme of work to ensure that the Trust complies with all legal and mandatory obligations.
- Provide support, direction and guidance in relation to the prevention of violence and aggression.
- Implement relevant control measures to mitigate against identified risks relating to violence and aggression.
- Provide relevant training to new and existing employees of the Trust

**Outcomes**

- A safe and secure environment that protects patients, visitors, and staff.
- Effective use of all available toolkits, frameworks, legislation and resources to deliver measures
- Robust internal controls and systems to mitigate crime against the Trust
- Effective performance delivery against the agreed Violence, Abuse and Harassment Improvement Plan.
- Development of an information and knowledge culture

Security Annual Work Plan and Annual Report

Recommendations, advice and guidance to enhance a safe and secure environment

Briefings Reports and Sanctions

Collaborative partnerships for successful joint working

## Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when sub



## Supporting Document 1 - Equality Impact Assessment Tool 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	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	<b>Julie Noble, H&amp;S Manager</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
<b>Date assessment completed</b>	<b>24/05/2022</b>		

### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Violence Prevention and Reduction Strategy</b>			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the strategic approach by the Trust to prevent or reduce violence or aggression occurring that affects staff, patients or others..			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Communities	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			

	<input type="checkbox"/> New activity <input type="checkbox"/> 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.	A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, HSE website and UK applicable regulations has been conducted.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

### 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 <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
<b>Health Inequalities</b> (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)	√			

## 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
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (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.

<b>Signature of person completing EIA</b>	 Samantha Reid
<b>Date signed</b>	24 <sup>th</sup> May 2022
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	 Julie Noble
<b>Date signed</b>	24 <sup>th</sup> May 2022
<b>Comments:</b>	

## Supporting Document 2 - Financial Risk Assessment

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

	<b>Title of document:</b>	<b>Yes/No</b>
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

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