Violence and Aggression Risk Assessment Procedure

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Status: Approved
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Overarching policy: Health and Safety Policy

Contents

1 Introduction

The Trust has a duty to protect the health, safety and welfare of staff members 'so far as is reasonably practicable' under the Health and Safety at Work Act 1974. This includes protecting them from work-related violence.

The Health and Safety Executive (HSE) defines work-related violence as:

> 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.'

It is important to remember that this can include:

- Verbal abuse or threats, including face to face, online and via telephone.

- Physical attacks.

This might include violence from members of the public, customers, patients, students and members of staff etc. towards a person at work.

All NHS staff should be able to come to work without fear of violence, assault, abuse or harassment from people using services, their relatives, carers, stakeholders or the public.

This procedure links to Our Journey To Change as outlined within the Health and Safety Policy.

2 Purpose

Following this procedure will help the Trust to comply with its legal obligations:

- Health and Safety at Work etc. Act 1974

- Management of Health and Safety at Work Regulations 1999

3 Who this procedure applies to

This procedure applies to all bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or are engaged with the Trust, and seconded (including students), volunteers, non-Executive Directors, Governors, and those undertaking research work within TEWV Trust. It also applies to external contractors, agency workers, including those within the Gig economy, limb workers, those on honorary contracts, those on work experience and other workers who are assigned to TEWV Trust.

4 Related documents

This procedure describes what you need to do to implement duties under the Trust Health and Safety Policy.

This procedure also refers to:

- Organisational Risk Management Policy

- Risk Assessment Procedure

- Criminal Reporting Procedure

- Security Procedure

- Procedure for addressing verbal and physical aggression towards staff by patients, carers, and relatives

- Incident Reporting Procedure

- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) Procedure

- Sexual Safety in the Workplace Toolkit

- Domestic Abuse Toolkit

5 Procedure

5.1 Responsibilities

5.1.1 Senior Managers or The Board

Need to:

- Follow and implement the NHS England Violence Prevention and Reduction Standards.

- Make sure there is a Violence Prevention and Reduction Plan in place.

- Nominate a Violence Prevention and Reduction Lead.

- Appoint a Local Security Management Specialist (LSMS).

- Confirm the existence of suitable and sufficient violence and aggression risk assessments. See Risk Assessment (H&S) Procedure.

- Review and monitor violent and aggressive incidents reported on the incident reporting system on a regular basis.

5.1.2 Managers

Need to:

Risk assessment:

- Undertake a specific violence and aggression risk assessment for their team/ward which identifies all risks and control measures to reduce the risk to an acceptable level. Use the generic Risk Assessment template within the appendix of the Risk Assessment (H&S) Procedure to undertake a suitable and sufficient risk assessment.

- The below list is a guide to hazards that may need to be included within the violence and aggression risk assessment:

  o Lone Working.

  o Working in remote areas.

  o Stress, anxiety and burnout.

  o Working outside of normal business hours.

  o Working in the community.

  o Drug and Alcohol fuelled abuse.

  o Sexual Assault.

  o Physical contact.

  o Verbal aggression.

  o Use of weapons.

- o Non-verbal aggression.

- o Stalking.

  (Please note this list is not exhaustive).

- Involve and communicate risk assessments to all appropriate parties.

- Monitor the effectiveness of the measures to control the risk by regular testing.

- Review the risk assessment on regular basis.

Additional considerations:

- Ensure special consideration is given to the following: young people (under 18's as defined by the HSE), new and expectant mothers/people, disabled workers, trainees, and other vulnerable groups.

- Identify any workers that may require an individual violence and aggression risk assessment, and complete as necessary.

- *"If a staff member's first language is not English, you should ensure that suitable arrangements are in place to provide clear communications, especially in an emergency. Staff members from outside the UK may come across unfamiliar risks, in a workplace culture very different from that in their own country. You must ensure they have received and understood the information, instruction and training they need to work safely."* Consulting employees whose first language is not English, HSE Website.

- Assess new starters capabilities, for example *"literacy and numeracy levels, general health, relevant work experience, physical capability to do the job, familiarity with the work being done and the working environment"*. Diversity in the workplace - New to the job HSE Website

Take action to:

- Ensure any patient risks are known, and documentation is up to date.

- Ensure that staff groups, associated others (e.g., students, agency, and flexible staffing) and individuals identified as being at risk are provided with appropriate information, instruction, and training (including training at induction), updates and refresher training as necessary.

- Ensure staff have access to Occupational Health Services, and the Trust Employee Support Service.

- Ensure staff are aware of the Sexual Safety in the Workplace Toolkit.

- Ensure staff are aware of the Domestic Abuse Toolkit (if applicable).

- Ensure staff are aware of how to access Professional Nurse Advocates (PNA).

- Ensure staff have access to regular supervision.

- Ensure they have a record of all staff's personal details, including who to contact in the event of an emergency.

- Monitor the usage of any staff attack alarms provided.

- Ensure staff report violence and aggression incidents and near misses on the incident reporting system.

- Ensure violence and aggression incidents are reviewed to reduce the risk of further incidents.

- Investigate clusters of incidents and identify the root cause of the incidents and ensure this is fed back to staff, updated in patient care plans and team risk assessments.

- Inform the Health and Safety Team of any RIDDOR incidents pertaining to violence and aggression. (See RIDDOR Procedure for further guidance).

5.1.3 Staff

Need to:

- Contribute to the risk assessment where appropriate, read, understand, and follow the violence and aggression risk assessment for their team.

- Be aware of their own behaviour and should interact with anyone in a manner which minimises the likelihood of a violent and aggressive incident occurring.

- Ensure any patient risks are known, and documentation is up to date.

- Use any staff attack alarms and lone working devices provided by the Trust.

- Report violence and aggression incidents and near misses to your manager and on the incident reporting system.

- Attend all appropriate mandatory training e.g. Positive and Safe Training.

5.2 Trust Position

The Trust emphasises that violence and aggression will not be tolerated or accepted and TEWV will support the pursuance of such actions for anyone who commit acts of violence and aggression against staff when they are deemed to have capacity to do so.

The Trust will use all appropriate opportunities to inform the public and patients about its stance regarding violence and aggression to staff, e.g. posters in public areas, notices in publications, and the media.

5.3 Identifying Violence and Aggression Hazards

There are number of ways to identify violence and aggression hazards, for example:

- Ask staff about their experiences and what they think – this can be done through supervisors, managers, or safety representatives.

- Look at the workplace, including how people work and their working environment.

- Look at incident records on work-related violence.

- There may be a known pattern of violence linked to certain work situations.

5.4 Control measures to prevent Violence and Aggression

Often no single control measure will be completely effective on its own and it is best to use a variety of approaches. The hierarchy of control should be considered when implementing control measures, please refer to the Risk Assessment (H&S) Procedure for further guidance.

The following are examples of control measures, this is not an exhaustive list, and it is important to ensure the measures identified adequately control the risks.

5.4.1 The workplace

The design of the workplace can increase the risk of violence and aggression happening to staff and others. Think about:

- Space and layout, for example ensuring good visibility throughout the workplace and providing good lighting to remove blind spots and ensure staff and others can be seen.

- Think about what furniture is in place which could be potentially thrown or used as weapons e.g. chairs, leaflet stands.

- Places where tension could grow, for example implementing a suitable queuing system.

- Security measures, like CCTV, trained security personnel, body-worn cameras, alarm systems, building security – they can act as a deterrent but also provide evidence for the police to convict offenders.

- Carefully worded signage and visual displays as these can remind people to respect each other and not abuse workers.

5.4.2 The work you do

How jobs are designed or carried out may increase the risk of violence and aggression to staff and others. Here are some examples of control measures:

- Have good communication between all parties.

- Work closely with others, like the police, local authorities, local community groups and other organisations in the same sector.

- Manage expectations with clear information about delays or problems.

- Manage lone working by making arrangements to keep in touch with people who work away from their base, for example using mobile phones and personal alarms.

- Ensure you have adequate staffing levels to manage violence and aggression to respond to incidents.

5.5 Protection of Lone Workers

It is recognised that staff members lone working face increased risks of violence and aggression due to the circumstances in which they work, without the support of other staff members. Refer to the Trust Lone Working Procedure for further guidance.

5.6 Personal safety

Use the Personal safety guidance within the Appendix of the Lone Working Procedure.

Managers setting staffing levels need to ensure that there are always adequate numbers of appropriately trained staff to cope with the risk presented from violent and aggressive behaviour.

5.8 Detection of violence and aggression risks

Patient care plans should be checked before meeting with a patient or their family to check for any warnings.

When meeting with a new patient, or one with known risks, the location must be chosen with care to ensure that assistance is readily available, and staff have ability to withdraw. Refer to the Lone Working Procedure.

5.9 Non-physical abuse

Non-physical abuse can take place in person or by telephone, letter, email, or text, or other forms of communication such as graffiti on NHS property. The below is a list of non-physical abuse behaviour examples:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe.

- Unwanted or abusive remarks.

- Negative, malicious, or prejudicial comments.

- Invasion of personal space.

- Brandishing of objects or weapons.

- Near misses (unsuccessful physical assaults).

- Offensive gestures.

- Threats or risk of serious injury to a member of staff, fellow patients, visitors, or members of the public.

- Bullying, victimisation, or intimidation.

- Stalking.

- Alcohol or drug-fuelled abuse.

- Unreasonable behaviour and non-co-operation such as repeated disregard of hospital visiting hours.

All incidents must be reported on the incident reporting system.

Staff may choose whether to report verbal abuse to the police, depending on how it has affected them and whether they believe it to be intentional.

Support and advice will be provided by the Trusts LSMS throughout any police investigation.

5.10 Hate crime

"The law recognises five types of hate crime on the basis of:

- Race.

- Religion.

- Disability.

- Sexual orientation.

- Transgender identity.

Any crime can be prosecuted as a hate crime if the offender has either:

- Demonstrated hostility based on race, religion, disability, sexual orientation, or transgender identity.

Or

- Been motivated by hostility based on race, religion, disability, sexual orientation, or transgender identity.

Someone can be a victim of **more than one type** of hate crime." **(cps.gov.uk)**

Any incidents of hate crime should be reported on the incident reporting system.

5.11 Physical assaults

All physical assaults by patients, visitors, staff or members of the public must be reported on the incident reporting system and may be reported to the police.

5.12 Sanctions and redress

TEWV will if required, withdraw services from a patient who has been violent and aggressive. These incidents will be reviewed as part of their care plan.

The police may investigate which could lead to presenting the case to the Crown Prosecution Service who will decide if the individual should be prosecuted for their actions.

The Trust has a zero-tolerance approach towards violence and aggression.

The following behaviour is unacceptable on Trust property:

- Violence.

- Any behaviour constituting harassment.

- Threats or threatening or intimidating behaviour.

- Wilful damage to TEWV property or staff property.

- Bringing restricted materials onto the wards.

- Illicit drug dealing and supplying.

- Offensive sexual gestures or behaviours.

- Malicious allegations relating to members of staff, other patients, or visitors.

- Derogatory, racial, or sexual remarks.

- Discrimination and victimisation including third parties.

- Threatening or abusive language involving excessive swearing or raised voice.

- Hate crime.

5.12.1 Verbal, Written and Final warning and withholding of Treatment

In certain circumstances, a formal written warning can be issued by the LSMS. Refer to the [Procedure for addressing Verbal and Physical Aggression towards Staff by Patients, Carers, Relatives](#).

6 Support for Incidents of Violence and Aggression

There are many ways that staff can be supported following incidents of Violence and Aggression:

- Occupational Health.

- Employee Support Services.

- Employee Psychology Services.

- Professional Nurse Advocates (PNA).

- Clinical Supervision.

- Psychology Support.

- Mental Wellbeing at Work Risk Assessment and Guidance.

- Victim support service – triggered when reporting to Police.

- Post Incident Peer Support (PIPS).

- Chaplaincy.

- Employee Assistance Programme (VIVUP).

There is also a range of other health and wellbeing support available including the Sexual Safety in the Workplace Toolkit, Domestic Abuse Toolkit and information via the Health and Wellbeing intranet pages.

Refer to Procedure for addressing Verbal and Physical Aggression towards Staff by Patients, Carers, Relatives for more detail.

7 Incident and RIDDOR Reporting

All incidents must be reported in line with the Trusts Incident Recording and Response Policy, this includes non-clinical incidents and incidents such as non-physical abuse, hate crimes and physical assaults.

When raising an incident of this nature it is imperative that as much detail is shared as possible. If applicable include any reference/crime number where incidents have been reported to the Police. Refer to the Criminal Reporting Procedure for more information on this.

8 Health, Safety and Security Team

The Health, Safety and Security Team (which also includes a Local Security Management Specialist) provides advice and support to all staff and managers around the management of risk. Contactable via Telephone (0191 333 6375) or Email (tewv.hss@nhs.net).

9 Definitions

Term	Definition
Violence and Aggression	"Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks". (HSE)
Physical Assault	"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or discomfort". (NHS Protect)

Please note - this applies to all incidents involving physical contact with staff by patients including incidents deemed as being clinically-related.

"Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health". (HSE) |
| Non-Physical Assault | "The use of inappropriate words or behaviour causing distress and/or constituting harassment". (NHS Protect) |
| Physical intervention | Physical intervention refers to the use of force to restrict movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by a patient/client. Physical intervention/restraint differs from manual guidance or physical prompting in so far as it implies the use of force against resistance. |
| LSMS | Local Security Management Specialist (LSMS). The Trust employs a Local Security Management Specialist (LSMS) whose role and remit includes:

o Accredited specialist to provide security advice and guidance.
o Carry out crime reduction surveys on premises.
o Liaise with the police and Crown Prosecution Service. |

	o On request assist in supporting the Trust and staff in criminal cases.

10 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and on the Trust website.

- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

- Line managers to ensure that the appropriate staff are booked on to the courses identified in the below training needs analysis and the examination (where applicable) is successfully completed.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Training as per the Supporting Behaviours that Challenge Policy	As per the Supporting Behaviours that Challenge Policy	As per the Supporting Behaviours that Challenge Policy	As per the Supporting Behaviours that Challenge Policy
Band 6 and above	Risk Assessment Awareness (Toolkit and Risk Assessment workshop)	30 minutes via digital learning	2 yearly

11 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance with the legal requirements outlined within the Management of Health and Safety at Work Regulations 1999. *NB. There are a number questions listed in the audit template that are assessed for compliance.*	**Frequency:** Annual rolling audit programme. **Method:** Risk Assessment audits will be undertaken for a sample of all teams utilising a standard audit template via an internet-based audit platform. Results are collated and discussed at Health, Safety, Security and Fire Group (HSSF GROUP) with a report to be submitted to the appropriate committee. **Responsible:** Undertaken by members of the Health and Safety Team as directed by the Head of Health, Safety and Security.	Implementation and monitoring are directed by the Executive Risk Group and devolved to the HSSF Group.

12 References

✓ Health & Safety at Work Act 1974

✓ Management of Health and Safety at Work Regulations 1999 (MHSWR)

✓ Managing for Health and Safety HSG65

✓ HSE website: Consulting employees whose first language is not English (hse.gov.uk, accessed 1st June 2022)

✓ HSE website: Young people at work (hse.gov.uk, accessed 1st June 2022)

✓ HSE website: Diversity in the workplace - New to the job (hse.gov.uk, accessed 1st June 2022)

✓ NHS England Violence Prevention and Reduction Standard

✓ Violence and aggression: short-term management in mental health, health and community settings – NICE guideline (NG10)

✓ HSE website: Violence and Aggression at Work

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	14 January 2025
Next review date	14 January 2028
This document replaces	n/a – new document
This document was approved by	EFM DMT
This document was approved	08 January 2025
This document was approved by	Health Safety Security and Fire Working Group
This document was approved	14 January 2025
An equality analysis was completed on this policy on	6 June 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change Record

Version	Date	Amendment details	Status
1	10 Jun 2024	New document	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Health & Safety, EFM
Title	Violence and Aggression Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	The objectives of this procedure are to: • Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions; • Manage health and safety effectively to improve the quality of patient care, visitors and working conditions of staff and others.
Start date of Equality Analysis Screening	2 April 2024
End date of Equality Analysis Screening	6 June 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff, patients, contractors and visitors and the general community.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	• **Race** (including Gypsy and Traveller) **NO**

Business plan impact negatively on any of the protected characteristic groups?	• **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO**
	• **Sex** (Men, women and gender neutral etc.) **NO**
	• **Gender reassignment** (Transgender and gender identity) **NO**
	• **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO**
	• **Age** (includes, young people, older people – people of all ages) **NO**
	• **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO**
	• **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO**
	• **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO**
	• **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	There will be times when health and safety has to take priority and this may have an impact on a person's protected characteristics. TEWV would however always try and mitigate as much as possible any negative impact whilst ensuring health and safety legislation is followed.
Describe any positive impacts	Procedure is in place to reduce risk to all staff, patients, visitors, contractors etc.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Health & Safety at Work Act 1974 Management of Health and Safety at Work Regulations 1999 (MHSWR)
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Programme of visits and audits have been undertaken where concerns have been discussed and documented. These have been considered while reviewing the procedure.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	07/06/2024
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public .
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/a	