NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

POLICY NAME:	**VIOLENCE AND AGGRESSION POLICY**
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APPROVING COMMITTEE:	**Divisional Quality Executive Group (DQEG)**
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AUTHOR(S) (JOB TITLE)	**LOCAL SECURITY MANAGEMENT SPECIALIST (LSMS)**
DIVISION/DIRECTORATE:	**ESTATES and FACILITIES**
LINKS TO ANY OTHER POLICIES/PROCEDURES:	**TW10-028 SOP 1 VIOLENCE AND AGGRESSION**
CONSULTED WITH:	**Professional Advisory Board (PAB) Occupational Safety and Health Committee (OSHC)**

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NEXT REVIEW DATE:	**December 2024**	
MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	Head of Capital and Property	

The WWL Way

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> **AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1. INTRODUCTION

1.1 Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust will take action, as far as is reasonably practicable to minimise the risk of Violent and Aggressive behaviour against employees who work in, or provide services to the Trust; visitors and patients.

1.2 Staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse, in an environment that is safe and secure, so that the highest possible standards of clinical care can be made available to all patients.

1.3 The Trust will not condone, nor tolerate any aggressive, abusive or violent behavior towards our employees engaged in their lawful duties from any source, be they patients or visitors or colleagues.

1.4 Decisive action will be taken to protect staff, patients and visitors. Any resulting action taken by the Trust will vary according to individual circumstances. This may range from immediate removal or arrest of offenders by the Police, to the issuing of informal or formal warnings, or in extreme cases may include the exclusion of a patient from treatment other than immediate emergency care.

1.5 The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

2. POLICY STATEMENT

2.1 The purpose of this policy is to ensure that staff, visitors and patients are aware of actions to be taken in cases of violence and abuse. Staff will be aware that they have management support by way of responsive security actions, procedures including the exclusion of the most violent patients/visitors and summoning the Police in appropriate cases.

2.2 To ensure all Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust staff and contracted staff, patients and visitors are protected against violence and aggression in the hospital environment and know what measures can be implemented to either prevent or deter violence and aggression.

3. KEY PRINCIPLES

3.1 Risk Assessments will form the basis of recognising the potential for violence and aggression against staff.

3.2 Conflict resolution and awareness is a vital training component if conflict is to be identified, effects minimized and remedies achieved.

3.3 Staff will report all incidents of verbal abuse and physical violence to their manager and the incident will be logged onto the Datix system. If Security staff are in attendance they will complete their written incident reports. All reported incidents will be reviewed by the Security Manager and Contracted Site Security Manager.

3.4 The associated Standard Operating Procedure (SOP) outlines procedures for dealing with physical and non-physical assaults and includes preventative measures for tackling violence and aggression.

4. RESPONSIBILITIES:

4.1 **Trust Board**

The Trust Board's duties and responsibilities shall include:

4.1.1 Responsibility for statutory compliance under The Health and Safety at Work etc Act. 1974, to ensure, that as far as is reasonably practicable, the health, safety and welfare of all the Trust's employees.

4.1.2 Responsibility for statutory compliance to those not directly employed by the Trust but who may be affected by the Trust's acts or omissions [Health and Safety at Work etc Act Section 3].

4.2 **Chief Executive**

The Chief Executive has overall responsibility and is accountable to the NHS Executive for providing a safe environment for patients and staff and for ensuring the adoption of safe working practices and compliance with relevant legislation.

4.3 **Director of Estates and Facilities**

Shall maintain a source of competent security and safety advice and ensure the Foundation Trust compliance with security and public order legislation, authoritative guidance and safe working procedures through a clear and accessible management system.

4.4 **Local Security Management Specialist (LSMS)**

4.4.1 The LSMS is responsible on behalf of the Trust for the day to day delivery of security across all the sites

4.4.2 The LSMS will liaise with the Police in matters relating to security and crime prevention, and with other departments as appropriate.

4.4.3 The LSMS is available to offer advice to staff on preventing violence and aggression and how this policy can best be implemented.

4.4.4 The LSMS will report on a quarterly basis, incidents of violence and aggression.

4.4.5 They will be responsible for the provision of advice and undertaking of incident investigations, inspections and audits with Directorate Managers, Heads of Department and local line managers as necessary.

4.4.6 Shall participate in the consultation for new or significantly amended services or premises to examine the work process and identify situations likely to require control. They shall liaise with managers, other advisers and individuals as required in the assessment process to agree effective personal safety and security controls relating to the work environment.

4.5 **Ward and Departmental Managers**

4.5.1 They will ensure that tasks involving exposure to any form of violence and aggression is managed and monitored effectively through the appropriate risk management assessment process.

4.5.2 Ensure all incidents are reported in line with the Trust incident reporting procedure.

4.5.3 Ensure Violence and Aggression Risk Assessment is in place for Department and staff.

4.5.4 Managers must ensure staff receive conflict resolution training, which is appropriate to their roles

4.5.5 Ensure follow-up and debriefs are carried out.

4.5.6 Ensure all agreed security policies and procedures are fully implemented and adhered to by their staff.

4.5.7   Managers must ensure staff receive conflict resolution training, which is appropriate to their roles.

4.5.8   Ensure staff are aware of the Local Security Systems and their use i.e. Security Codes, Panic Alarms etc.

4.5.9   Provide support for staff attending Court in conjunction with the Trusts Legal Department and Trusts Solicitors.

4.6   **All Staff**

4.6.1   Will escalate to their manager any violence and aggression incidents including disruptive behavior, so that investigation and appropriate action can be undertaken.

4.6.2   Ensure all agreed security policies and procedures are fully implemented and adhered to by their staff.

4.6.3   Comply with training requirements as defined by their roles/area of work.

4.6.4   Report all incidents in relation to relevant procedures a DATIX Incident Form.

4.6.5   All staff are responsible for following the procedures laid down in the SOP's and for complying with their legal Duty of Care, with regard to the environment.

4.7   **Heads of Departments**

Heads of Department, General Managers and Clinical Leads will be responsible for ensuring environmental impacts are minimised in all areas under their management. This will be achieved by ensuring that the environmental management procedures are implemented fully in the areas under their responsibility.

5.   DEFINITIONS

5.1   **Physical Assault**

The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort. Examples include:

5.1.1   Punching
5.1.2   Kicking
5.1.3   Grabbing
5.1.4   Hitting out or slapping
5.1.5   Throwing objects such as walking aids or furniture at individuals
5.1.6   Nipping or scratching
5.1.7   Biting
5.1.8   Pushing
5.1.9   Strangulation
5.1.10 Spitting
5.1.11 Hair pulling

5.2   **Non-Physical Assault**

The use of inappropriate words or behavior causing distress and/or constituting harassment Examples include:

5.2.1   Offensive language, verbal abuse and swearing which prevents staff from doing their job and makes them feel unsafe
5.2.2   Loud and intrusive conversation
5.2.3   Negative, malicious or stereotypical conversation.
5.2.4   Invasion of personal space
5.2.5   Brandishing of objects or weapons
5.2.6   Near misses i.e., unsuccessful physical assaults
5.2.7   Offensive gestures
5.2.8   Threats or risk of serious injury to a member of staff, fellow patients or visitors
5.2.9   Bullying, victimisation or intimidation

5.2.10 Stalking (see appendix 2)
5.2.11 Alcohol or drug fueled abuse
5.2.12 Hate crime (see appendix 2)
5.2.13 Unreasonable behavior and non-cooperation with Trust procedures
5.2.14 Any of the above linked to the destruction of property

5.3   It is important to remember that such behavior can be either in person, by telephone, letter or e-mail or text or another form of communication such as graffiti on NHS property for example.

6.   TRAINING

6.1   All new staff will be required to complete local induction with their ward/departmental manager which includes an overview of the Trusts procedure in relation to violence and aggression incidents.

6.2   All staff will undertake mandatory conflict resolution training relevant to their role in line with national syllabus.

6.3   Areas identified as high risk through analysis by the LSMS will be considered for additional training in the prevention, management and reduction of violence.

6.4   All Security Officers contracted to this hospital have successfully attended Control and Restraint training courses and conflict resolution training.

7.   RISK ASSESSMENTS

7.1   The Trust will ensure that any risks identified are adequately assessed by undertaking risk assessments and ensuring they are updated in accordance with the Trust Risk Management Process.

7.2   Person specific Risk Assessments shall be completed for individuals who are regarded to be a risk, (as defined within the 'Definitions' section of this policy).

8.   CRIMINAL JUSTICE AND IMMIGRATION ACT (CJIA) 2008 SEC 119-120

8.1   The Trust is equipped to use CJIA 119-120 to deal with any person who causes nuisance or disturbance whilst on trust premises. The act does not apply to any person on the premises requiring treatment, advice or care. Should staff witness any person causing what is considered to be a nuisance or disturbance on trust premises they should in the first instance ask the person to refrain from any inappropriate behaviour and if necessary, inform security control. The LSMS, Duty Managers1 and Security Supervisors are trained as Authorised Officers (AO) and have the authority to instruct removal of any person contravening this act. Advice should be sought from any of the AOs if person(s) do not refrain when asked to do so. In the event there is no AO available or there are insufficient means to remove a person subject to this act, the police should be informed.

8.2   Guidance on CJIA sec 119/120 can be found at Appendix 2 of the associated Standard Operating Procedure.

8.3   A comprehensive list of AOs is held by the LSMS and is available on request.

9.   SELF DEFENCE – DEFENCE TO ASSAULT

9.1   Staff are entitled to use such force as is reasonable to protect themselves from an attack or threatened attack. This principle is extended by Section 3 (1) of the Criminal Law Act 1967 to stop a person committing crime.

9.2   All staff members must adhere to their Professional Regulations when dealing with violence and aggression incidents.

10.   PERSONAL PROTECTION

10.1   Personal protection devices will be provided if identified through risk assessments as being high risk areas and may include items such as:

10.1.1 Panic buttons
10.1.2 Closed circuit TV
10.1.3 Secured doors
10.1.4 Telephones
10.1.5 Personal attack alarms
10.1.6 Access controlled doors

10.2   All equipment shall be regularly checked to ensure its correct operation. Equipment faults must be reported to the supervisor/manager for immediate repair (faulty equipment provides no security protection). It is recommended that where staff feel most vulnerable, they check their alarms weekly. To help facilitate this, security should first be informed, and arrangements made with them.

11   REPORTING ARRANGEMENTS

11.1   All incidents of violence, aggression or abusive behaviour towards employees will be reported through the Trust incident reporting system.

11.2   See the associated SOP for Reporting information and procedure.

12.   SUPPORT FOLLOWING INCIDENTS

12.1   Managers should be aware that individuals may require support and counselling following an incident and on resuming or returning to work. This is particularly important given the potential impact of stress on the employee's current or future health.

12.2   The Trust recognises it is essential that the line manager conducts a full debriefing of all staff involved in a violent episode. This should include the arrangement of professional counselling, via the Occupational Health Department.

13.   AUDIT MONITORING AND REVIEW

13.1   Audit: The arrangements for the monitoring and Audit of this policy and the processes therein are contained within the Monitoring and Audit Template at Appendices 4.

13.2   Monitoring: The results of audits undertaken will be monitored via the Estate and Facilities Divisional Quality Executive Committee.

13.3   Review: This Policy will be reviewed as per the review date highlighted on the front sheet of this document or as and when changes which affect the process are introduced.

14.   HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formation of this Policy and they have, where appropriate, been fully reflected in its wording.

15.   INCLUSION AND DIVERSITY

This Policy has been assessed against the Equality Impact Assessment form from the Trust's equality Impact Assessment Guidance; there is no perceived impact on any protected characteristics.

16. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@wwl.nhs.uk

APPENDIX 1

REFERENCES AND FURTHER INFORMATION**:**

Guidance Documents
- NHS Protect: Standards for providers 2016-2017, Security Management.
- Tackling Nuisance or Disturbance behaviour on your hospital's premises.
- Department of health: Reducing violence and aggression in A&E.
- NHS Protect: Meeting needs and reducing distress.

Acts and Regulations
- Criminal Law Act 1967
- Criminal Justice and Immigration Act 2008

<div align="right">**APPENDIX 2**</div>

<u>GLOSSARY OF TERMS</u>

NHS PROTECT	Counter Fraud and Security Management Services
CFSMS	Counter Fraud and Security Management Service
SMS	Security Management Service
SMD	Security Management Director
LSMS	Local Security Management Specialist
LPU	Legal Protection Unit
ASMS	Area Security Management Specialist
HSE	Health and Safety Executive
CICA	Criminal Injuries Compensation Authority
CPS	Crown Prosecution Service
ASBO	Anti Social Behaviour Order
CCTV	Closed Circuit Television
PACE	Police and Criminal Evidence Act 1984

HATE CRIME

Hate crime or incident is any incident that may or may not be a criminal offence which is perceived by the victim or any other person as being motivated by prejudice or hate.

The prejudice or hate can be based on a number of factors including;
- Disability (including learning disabilities)
- Race/ ethnicity
- Religion or belief (including no belief)
- Sexual orientation
- Gender identity.

Hate Crime can take many forms including:
- Verbal abuse or insults, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying in the school or workplace
- Threat of attack-including offensive letters, abusive obscene telephone calls and offensive comments on social networking sites
- Physical attack-such as physical assault, damage to property, offensive graffiti, neighbour disputes and arson
- So called 'mate crime' could also come under Hate Crime. 'Mate crime' is when somebody befriends a vulnerable person to take advantage of that vulnerability.

STALKING

Physical following, contacting, or attempting to contact a person by any means (this may be through friends, work colleagues, family or technology); or, other intrusions into the victim's privacy such as loitering in a particular place or watching or spying on a person. The effect of such behaviour is to curtail a victim's freedom, leaving them feeling that they constantly have to be careful.

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using **Y** to indicate Yes and **N** to indicate No	Protected Characteristics														Reasons for negative / positive impact
	Male / Female	Age	Ethnicity	Learning	Hearing Impairme	Visual	Physical	Mental Health	Gay / Lesbian / Bisexual	Transgender	Religion / Belief	Marriage / Civil Partners	Pregnancy and Maternity	Carers	
Does the policy have the potential to affect individuals or communities differently in a negative way?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N/A
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	In conjunction with Trust values
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N/A

Job Title	Local Security Management Specialist	Signed	Jason Carr	Date	September 2021

IF 'YES and NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have __NOT__ identified a negative impact, you are agreeing that the organisation has __NOT__ discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Risk assessments are to be completed / actioned / reviewed for each department / ward.	Ward/department risk assessments must be up to date and relevant to the area	LSMS	Annual	Respective DQEC's, OSH and PAB	Audit Reports	Ward/Department