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Violence & Aggression (Personal Safety) Procedure

Introduction and Aim

Violence and aggression (V&A) is a significant risk to staff working in NHS Wales. Intimidation and violence in the workplace is the most frequently reported category of staff incidents within our organisation. The cost in human terms of violence against staff can be great. Some victims suffer physical and/or psychological pain. Confidence can be seriously affected while stress levels rise.

The aim of this procedure is to:

- To take all reasonably practical measures to prevent incidents of violence and aggression occurring and to protect staff and other persons from the risks to their personal safety.
- Creation of a safe working environment for all UHB staff to reduce the risks of intimidation and violence to staff and others whenever possible.
- To provide appropriate support if necessary and aftercare in the event of such incidents.
- Outline the management arrangements for Violence and Aggression within the UHB through the Statement of Intent, the organisational arrangements and structures.

Objectives

- To protect patients and people, other than those at work, against risks to their health and safety arising out of work activities.
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- To proactively identify foreseeable risk and put in place controls to reduce or prevent the likelihood of violence and aggression incidents resulting in a reduction in the number and severity of injuries sustained.
- Establishment of Procedures for the management of personal safety including violence & aggression in appropriate areas within Clinical Boards and Directorates.
- Ensure that suitable and sufficient assessment, reduction and control of risks arising from violent incidents are undertaken.
- Provision of appropriate staff training as identified by risk assessment and

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	2 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

the implementation of the Training Guidelines and Standards contained in the All Wales NHS Violence and Aggression Training Passport and Information Scheme.

Scope

This procedure applies to all staff in all locations including those with honorary contracts at Cardiff and Vale UHB.

Cardiff and Vale UHB accepts its responsibility under the Health and Safety at Work etc Act 1974, to manage the risks from work related violence to its employees and to protect the health and safety of patients, staff and visitors.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed for the V&A Personal Safety Policy and this found there to be a positive impact on the safety and wellbeing of UHB staff, Patients and Visitors to be treated in a safer environment with robust management processes in place to manage violence and aggression incidents.

Documents to read alongside this Procedure

- Violence and Aggression (Personal Safety) Policy
- Health and Safety Policy
- Lone Worker Policy
- Incident Hazard and Near Miss Reporting Policy
- Security Policy
- Risk Management Policy and Strategic Framework
- Procedure for care of children and young people under 16 years and their parents/carers/visitors who are violent or abusive or exhibit difficult or challenging behaviour
- Dealing with Visitors who are Violent/Abusive or Vexatious Procedure
- Care of Adult Patients with Capacity who are Violent or Abusive Procedure
- Violent Warning Marker Procedure

Approved by

Health and Safety Committee

Accountable Executive or Clinical Board Director

Director of Corporate Governance

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Disclaimer

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Document Title: Management of Violence & Aggression (Personal Safety) Procedure	3 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

Summary of reviews/amendments			
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1	25/04/2017	08/09/2017	New Document

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	4 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

CONTENTS

PAGE NO

1	Introduction	6
2	Procedure Statement	6
2.1	Definition of Violence	6
3	Aim and Objectives	7
4	Case Management	8
5	Organisation for Personal Safety	8
5.1	Management Profile	8
5.2	Responsibilities	8
	Chairman	
	Independent Member Lead	
	Chief Executive	
	Executive Director of Planning	
	Director of Nursing	
	Head of Health and Safety	
	Case Manager/Personal Safety Adviser	
	Clinical Boards	
	Directorate/Departmental Managers	
	Individual Responsibilities	
	Occupational Health/ Wellbeing Service	
5.3	Victim Support	14
5.4	Risk Assessment	15
5.5	Incident Reporting	16
5.6	Violence and Aggression Training	17
5.7	Violence and Aggression/Security Strategy Group	18
5.8	Disciplinary Action	18
5.9	Enforcement/ Sanctions	19
6	Audit and Monitoring	20

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	5 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

7	Resources	21
8	Training	21
9	Communication and Implementation	22
10	Equality & Diversity	22
11	Review	22
12	References	23

1.0 INTRODUCTION

Violence and aggression (V&A) is a significant risk to staff working in NHS Wales. Intimidation and violence in the workplace is the most frequently reported category of staff incidents within our organisation. The cost in human terms of violence against staff can be great. Some victims suffer physical and/or psychological pain. Confidence can be seriously affected while stress levels rise.

Violence towards staff includes not only physical attacks but also verbal abuse including racial abuse and threatening behaviour. These can originate from the general public, from patients and from other staff. Intimidation and violence is a significant hazard and as such the risks associated with them need to be managed effectively.

The NHS primary function is to provide healthcare to those in need. This places staff in direct contact with the public with the need to make difficult clinical decisions when faced with the potential of violence.

Under the Health and Safety at Work etc Act 1974, the Board has a legal obligation to manage the risks from work related violence to its employees and to protect the health and safety of patients, staff and visitors.

2.0 PROCEDURE STATEMENT

The Cardiff and Vale University Local Health Board (UHB) will take proactive action and ensure that by design the workplace is as safe as reasonably practical. It will also promote a clear message that violence cannot be tolerated and that suitable control measures will be initiated to provide, both the required care and protection to staff. In some instances it is justified to remove care.

2.1 DEFINITION OF VIOLENCE, AGGRESSION OR HARASSMENT

The Welsh Assembly Government defines work related violence as:-

“Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviour identified in harassment and bullying, for example verbal violence”.

The Department of Health defines violence to staff as:-

‘The application of force severe threats or serious abuse by members of the public towards people arising out of the course of their work whether or not they are on duty’.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	7 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

3.0 AIMS AND OBJECTIVES

3.1 The Procedure aims are to:

- To take all reasonably practical measures to prevent incidents of violence and aggression occurring and to protect staff and other persons from the risks to their personal safety.
- Creation of a safe working environment for all UHB staff to reduce the risks of intimidation and violence to staff and others whenever possible.
- To provide appropriate support if necessary and aftercare in the event of such incidents.
- Outline the management arrangements for Violence and Aggression within the UHB through the Statement of Intent, the organisational arrangements and structures.

3.2 The objectives of the procedure are: -

- To protect patients and people from risks to their health and safety arising out of work activities.
- To proactively identify foreseeable risk and put in place controls to reduce or prevent the likelihood of violence and aggression incidents resulting in a reduction in the number and severity of injuries sustained.
- Establishment of procedures and protocols for the management of personal safety including violence & aggression in appropriate areas within Clinical Boards and Directorates.
- Ensure that suitable and sufficient assessment, reduction and control of risks arising from violent incidents are undertaken.
- Provision of appropriate staff training as identified by risk assessment and the implementation of the Training Guidelines and Standards contained in the All Wales NHS Violence and Aggression Training Passport and Information Scheme.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	8 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- To ensure that provision is made within the organisation for informing those whose behaviour is considered unacceptable and that where considered appropriate treatment is withdrawn.
- To make all staff and the public aware that intimidation and violence against NHS staff is unacceptable and that the Health Board are determined to continually address this issue.

4.0 CASE MANAGEMENT

The function of Case Management is fundamental to the success of reducing Violence and Aggression within Cardiff and Vale University Health Board. It uses structured case management and support for the victim, achieved through early and effective actions.

Aftercare and support to victims and others affected by incidents of violence and aggression is an essential part of the case management process.

The main principle is that the NHS will not tolerate inappropriate behaviour including threats of violence and verbal and physical assault.

This objective will be achieved by working in close partnership with stakeholders within the NHS and external organisations such as the Police, Crown Prosecution Services (CPS), legal services, professional representative bodies and trade unions.

5.0. ORGANISATION

5.1. Management Profile

The management structure of the UHB places ultimate managerial responsibility on its Chief Executive and the Board for the management of violence and aggression.

The Director of Governance is the Executive Lead. They are responsible throughout the UHB for the implementation of the organisation's Management of Violence & Aggression Policy and for presenting relevant issues to the Board.

The Executive Lead has established a Personal Safety/Security Strategy Group chaired by the Head of Health and Safety. The Chair will report to the Executive Lead any matters on progress and support and items to be considered to the Health and Safety Committee. Minutes of the Personal Safety/Security Strategy Group will be included in the Health and Safety Committee for information.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	9 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

Operational management for Management of Violence and Aggression within the Health Board has been devolved to the Clinical Boards, and they are supported in the management through the Clinical Board Health and Safety Meetings. The duty of implementing these requirements has, however, been delegated to each Directorate Manager/Locality Manager/Head of Department or equivalent level of manager, who is responsible within their own area.

5.2. Responsibilities

5.2.1. Chairman

The Chairman has responsibility for:

- Identifying a Champion for Health and Safety including Violence and Aggression being a strategic area within Health and Safety.

5.2.2. Independent Member

The Independent Member will make arrangements to:

- ensure that Violence and Aggression is appropriately considered at the Health and Safety Committee, with regular progress reports being submitted.
- champion Violence and Aggression issues at Board level.
- ensure effective monitoring arrangements are in place.

5.2.3. Chief Executive

The Chief Executive has overall responsibility for making sure that arrangements are in place for:

- ensuring that the UHB's Management of Violence & Aggression (Personal Safety) Procedure is implemented;
- ensuring that the Procedure is reviewed 3 yearly or when appropriate by the Committee;
- appointing Director of Corporate Governance to lead on the Management of Violence and Aggression;

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	10 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

The Chief Executive has direct responsibility to authorise the exclusion of a patient who represents an unacceptable risk of violence to staff and/or patients.

The Chief Executive will be supported in progressing these responsibilities by the Clinical Boards and Senior Management Team.

5.2.4 Director of Corporate Governance

The Director of Corporate Governance has been appointed as the Executive lead and shall be responsible for:

- ensuring that the Board and the Health and Safety Committee are informed, as required, on violence and aggression matters affecting employees and/or the public;
- ensuring that regular progress reports are presented to the Board and the Health and Safety Committee;
- supporting training and development of staff – safe staff are our most important asset;
- monitoring violence and aggression performance against agreed targets;
- to ensure that violence and aggression responsibilities are included in the current job descriptions, training programmes and induction procedures;
- ensuring that violence and aggression information is effectively communicated throughout the organisation;
- ensuring that Risk Assessments and control measures are co-ordinated throughout the UHB;
- ensuring that Case Management/Personal Safety advice is available;
- ensuring the active involvement in work of the Violence and Aggression National Steering Group;
- ensuring that there is an appropriate Occupational Health Service and staff have access to appropriate psychological intervention;

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	11 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- ensuring that annual performance appraisal of all managers includes a measure of their effectiveness at managing violence & aggression incidents as appropriate;
- The Director of Corporate Governance will ensure earliest notification to Welsh Health Estates (WHE) in respect of proposed new builds and/or any proposed refurbishments (other than minor works), so that WHE in partnership with the Police in Wales can maximise the benefits of incorporating the principles of “Secure by Design”.
- ensuring that suitable and sufficient security guarding arrangements are in place to protect staff and patients as far as reasonably practical from violence and aggression events;

5.2.5 Director of Nursing

The Director of Nursing will be responsible for:

- ensuring that the violence and aggression aspects of patient safety are integrated throughout the UHB;
- providing advice with regard to patient safety;
- Ensuring that E-Datix be made available to staff for the reporting of violence & aggression incidents.

5.2.6 Head of Health and Safety

The Head of Health and Safety will be responsible for:

- directly supporting the Executive Lead and Independent Member Lead in delivering their violence and aggression responsibilities;
- develop a communication strategy and action plan to ensure delivery of obligations of the UHB arising from the All Wales Violence & Aggression Communication Strategy and Action Plan;
- ensuring that specialist advice in relation to Case Management and Personal Safety hazards is available. To enhance communication each Clinical Board has been allocated a designated competent Health and Safety Adviser;
- assisting the management of violence and aggression through the preparation of relevant policies and procedures;

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	12 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- monitoring of performance with regard to violence and aggression;
- co-ordinating and undertaking a full range of internally developed and nationally accredited training programmes to meet mandatory and statutory requirements;
- facilitating the implementation of the Incident, Hazard and Near Miss Reporting Procedure in association with the Patient Safety Manager;
- planning, measuring, reviewing and auditing activities so that legal requirements are satisfied and all risks are minimised;
- ensuring that statistical information is available on violence and aggression performance throughout the UHB and interpret such information in order to evolve action plans in co-ordination with Executive Directors and Clinical Boards to improve or maintain standards;
- ensuring a systematic approach to the identification of risks and appropriate control measures.

5.2.7 Case Manager/Personal Safety Adviser (Violence and Aggression)

- The Case Manager/Personal Safety Adviser will aim to provide a comprehensive, inclusive and professional case management service in relation to violence and aggression for the UHB. They will work towards the creation of safe and secure environment for staff and members of the public so that the highest standards of clinical care can be provided;
- They will provide support and information for the victims of violence and aggression, whilst at the same time using the process of case management to take forward prosecutions in partnership with stakeholders within the NHS and external organisations such as the Police and CPS. They will act as a central point of contact between Departments concerned - Police/CPS/Legal Services/Victim Support;
- The case management process may also involve adopting additional measures against perpetrators of unacceptable behaviour by issuing internal and civil sanctions such as patient undertakings, patient exclusions, anti social behaviour referrals or anti social behaviour orders detailed in the [Care of Adult Patients with Capacity who are Violent or Abusive Procedure](#)

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	13 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- The Case Manager/Personal Safety Adviser will ensure high quality local delivery of this work, within a national legal framework for tackling violence and aggression management work, according to training, standards, advice and guidance provided by the NHS Wales.
- The Case Manager/Personal Safety Adviser will lead on the implementation of the All Wales Violence Passport Information Scheme to ensure that training is provided.
- The Case Manager/Personal Safety Adviser will co-ordinate the provision of advice and monitor implementation of policies, risk assessments and safe working practices on all matters associated with the management of violence and aggression.

5.2.8 Clinical Boards

Clinical Boards and Directors of Corporate Functions have overall responsibility for making sure that arrangements are in place for:

- the monitoring of Management of Violence and Aggression performance within Clinical Board and Directorates;
- ensuring that risk assessments have been undertaken in accordance with the Risk Assessment and Risk Register Procedure or more specific procedures;
- ensuring that violence and aggression related risk assessments where appropriate have been passed to the relevant Health and Safety Adviser;
- ensuring that risks are entered onto the Clinical Boards Risk Register as appropriate;

5.2.9 Directorates/Localities/Departments

Directorate Managers and/or Heads of Department have overall responsibility for making sure that arrangements are in place:

- to access the specialist advice by liaising with the relevant Health and Safety or Case Manager/Personal Safety Adviser;
- to ensure individuals are aware of their responsibilities for health and safety and violence and aggression;

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	14 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- for the development and effective implementation of the Management of the Violence & Aggression (Personal Safety) Procedure within their Directorate/Department;
- for identifying hazards and carrying out risk assessments in line with current legislation and the Risk Assessment and Risk Register Procedure;
- for preparing and implementing the Organisational Structure and allocating responsibility for the management of violence and aggression within their Directorate/Department to specific people, and that the identified personnel are aware of their responsibility and are competent to perform these functions;
- to consult and involve staff and safety representatives effectively;
- for staff to have sufficient information about the risks they face and the preventive measures;
- for the right level of expertise and people to be properly trained on recruitment and when exposed to new or increased risks, changes in responsibility, the environment or the introduction or change of technology. Training must be repeated periodically where appropriate;
- to prepare and implement as necessary effective safe systems of work;
- to monitor violence and aggression performance;
- to ensure that there is adequate resource to co-ordinate and monitor violence and aggression matters within their department;
- to ensure that where matters arise outside the Directorate/Locality Manager's remit or control, this is notified to the Clinical Board and the Health and Safety Adviser;
- to facilitate the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health, safety and welfare at work of staff within the Directorate/Department;
- to organise the distribution of UHB instructions and guidance to staff within the Directorate/Locality/Department;

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	15 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- to assemble information on health and safety initiatives and issues including maintaining a Risk Profile and Register ensuring that significant Health and Safety risks are included in this process within the Directorate/Department.

Service Specific Departmental Guidelines

Service Specific Departmental Guidelines may be necessary and will be dependent upon issues such as location, presence of security personnel and the nature/location of the services provided.

5.2.10 Individual Employees

- All employees have a statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions.
- All employees (for the purpose of this Procedure this includes volunteers, bank, agency and locum staff) are required to co-operate with their Manager/Supervisor to enable the Board to meet its own legal duties.
- All employees are expected, in the course of their employment, to report to their Manager/Supervisor any hazardous situations or defective equipment.
- All employees must report incidents via the incident reporting system.

5.2.11 Occupational Health Department/Well Being Service

The Occupational Health Department /Well Being Service will ensure that:

- where referral to occupational health is necessary, access is expedited on an 'urgent' basis. The recommendations of the occupational health team must be delivered swiftly and monitored;
- victims are offered access to appropriate psychological intervention without delay i.e. no later than 3 days post incident.
- Confidential and Independent Counselling Services are available.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	16 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

5.3 Victim Support

5.3.1 The Department/Line Manager has the main responsibility to support staff post incident. In addition to this at any time the person(s) involved in the incident can contact directly the following for advice and support:

- Case Manager/ Personal Safety Advisor
- Case Management Officers.
- Occupational Health
- Staff Group Representatives

5.3.2 Aftercare Actions

The following points will be considered by the Department/Line Manager immediately and made available as necessary following an incident:

- Do arrangements need to be made for the member of staff to receive medical assessment or attention?
- Does the member of staff feel fit to continue duties and if not do they need assistance with transport to get home?
- Do they need recovery time after the incident?
- Has an electronic incident report (EDATIX) been completed?
- Has the Case Manager or Case Management Officers been informed?
- Has the member of staff had an opportunity to discuss the incident and talk about how it is was managed?
- Do other members of staff within the team who were affected by the incident require support?
- Has the member of staff been offered specialist counselling. Post Traumatic Stress support should be provided and where appropriate referrals should be fast tracked?
- Is the member of staff prepared to continue to provide care to the patient involved?
- Does the member of staff require support in liaising with Police over prosecution?
- Is a change of working practice or working environment required?

5.3.3 Where referral to the Case Management Team is considered relevant the victim can expect to meet with them at the earliest opportunity after the event and verify that the relevant support has been offered. Post meeting; the victim will receive communication outlining progress of the case.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	17 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

The Case Management Team will act as a single point of contact to provide support and information e.g. on the legal process, court expectations etc.

5.3.4 Information leaflets or cards are available for victims detailing pertinent information and contact names and numbers including:

- Case Management contact numbers
- Human Resources and security support available if required.
- Details of the Employee Well Being/Occupational Health

5.4 Risk Assessment

5.4.1 Identification of Risk

The risk assessment needs to consider options to eliminate or control a hazard in order to decrease the degree of risk to as low as reasonably practicable.

Managers and individual staff are encouraged to examine their own work areas and identify risks and take appropriate action. However, there are some particular situations that may be identified both from local and national perspectives. These include.

- Patients and visitors under the influence of alcohol and/or drugs, especially in the Emergency Unit/Outpatient settings;
- In-patients who are confused, elderly, or suffering from head injuries;
- Patients suffering from alcohol or drug withdrawal;
- Patients suffering from a paranoid illness where their perception of reality is distorted;
- Patients with poor communication ability'

Patients with a history of violent behaviour are more likely to become violent again, however it is essential to emphasise that reoccurrence of violence is not definite and may be preventable.

There are also some specific staff situations where the risk would appear to be higher, these include:

- Admission of patients into acute psychiatric units
- Individuals or small numbers of staff alone on night duty
- Security staff who assist others during violent incidents
- Dealing with relatives and carers who may be anxious or angry

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	18 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- Areas with cash or drugs which could be deliberately broken into
- Domiciliary Visits

5.4.2 Workplace Risk Assessment

Part of the risk assessment process should include examining the physical layout of the workplace, looking at issues such as the potential for staff to be trapped by furniture, the use of objects within the workplace as weapons, and issues around the observation of staff and patients. High risk areas such as interview areas in the emergency unit and mental health settings should be examined in terms of the need for appropriate alarm systems and/or ease of calling for staff assistance. However it is essential that the introduction of any alarm system is combined with appropriate staff training and guidance in the area of ensuring the staff on hearing the alarm are clear of their responsibilities and role (specifically in terms of calling for police assistance).

In high risk areas it is essential to designate safe areas where staff can quickly retreat to, lock the door and raise the alarm. For example the use of easily turned door locks rather than keys will facilitate safety in an emergency situation.

5.5 Incident Reporting and Investigation

All incidents of violence, including verbal abuse, must be reported through the Incident Reporting and Investigation Procedure and relevant investigations initiated.

It is essential to have in place processes/procedures that ensure timely (within 2 days) and accurate recording and analysis of all reported violence and aggression incidents. This will help ensure timely submission of agreed minimum data set to the relevant groups and the Welsh Government in line with the national violence and aggression action plan.

Within key identified areas of the organisation, electronic incident reporting will be developed for violence and aggression incidents. This will allow instant communication routes and better post event tracking.

Line managers are required to assess whether staff involved in an incident require help/support. (See Aftercare Section above).

It is recognised that it is the victim's choice as to whether debriefing or counselling is desired, it is not a mandatory requirement.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	19 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

5.6 Violence and Aggression Training

The identification of training needs is the responsibility of the Directorate Manager/Head of Department. The Health and Safety Department will be available to assist managers in identifying training needs in all aspects of Violence and Aggression.

A condition of employment for all employees is that they are required to complete the on-line E-Learning Mandatory/Corporate Induction training programme on commencement of employment.

Training will be determined upon the level of risk that has been identified by the risk assessment. Training plans will be developed in line with annual training plans/training needs analysis in collaboration with Learning & Educational Development, and monitored via the normal performance management arrangements within Clinical Boards.

Appropriate training will be provided as follows:

- **Module A** Induction and Awareness Raising
- **Module B** Theory of Personal Safety and De-escalation
- **Module C** Breakaway and Escape Techniques
- **Module C+** Care Control/Older People
- **Module D** Physical Intervention Techniques

Module A:

This particular module will provide participants with a general introduction to the subject of violence and aggression. It will provide a basic overview of the importance of managing violence and aggression in the workplace. It will also reflect upon the prevalence of violence and aggression within society and its relevance to the workplace. This will be supported through the provision of clear definitions for violence and aggression. Local policy and procedures will also be introduced.

Module B:

This particular module will provide participants with greater awareness of the issues associated with the theory of personal safety and de-escalation. It builds upon the introductory module and must be undertaken prior to any other additional

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	20 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

modules. Emphasis is placed upon the importance of de-escalation and the steps which can be taken to prevent incidents of violence and aggression occurring in the first place. The module is intended to equip participants with the skills to recognise and de-escalate potential violent incidents and will include issues associated with customer care and diversity.

Module C:

This module will provide the participant with the practical skills to enable them to break away from a situation of violence and aggression. Emphasis will be placed upon the importance of communication skills and management of personal safety throughout all breakaway techniques.

Specialised Training

Module C+ Care Control/Older People

This particular Module will provide participants with the skills to enable them to deal with patients who may require restrictive physical intervention who lack capacity to consent to treatment or care.

Module D:

This module will provide the participant with the methods and techniques to undertake physical intervention; training is available to all appropriate Mental Health staff within the UHB.

- Records of training should be kept by both the Directorate and Training Department.

5.7 Violence and Aggression / Security Strategy Group

The minutes from the Violence and Aggression / Security Strategy Group will be submitted to each meeting of the Health and Safety Committee. A report from the Health and Safety Committee will be submitted to the Board.

The Violence and Aggression / Security Strategy Group meet at least 4 times per year.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	21 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

5.8 Disciplinary Action

Disciplinary action under the terms of the Disciplinary Procedure will be taken against any employee, who shows wilful disregard for the safe working practices. Where the total disregard for Safe Working Practices seriously affects the health and safety of themselves or that of any other employees, the employee may be summarily dismissed. Also the employer and their employees may be subject to prosecution under the Health and Safety at Work Act etc 1974 and Corporate Manslaughter legislation.

5.9 Enforcement / Sanctions

5.9.1 Patient Warning and Withdrawal of Care

A system of warning patients whose behaviour is unacceptable has been established which meets the advice given within the All Wales Violence and Aggression Passport Scheme.

The removal of treatment is a significant action and must be approved by the Chief Executive prior to initiation. It will also ensure that those Health Board services that may be affected be informed. This will be undertaken within both the legal and control of data constraints.

A procedure for the removal of services for those patients who repeatedly refuse to co-operate with the required behaviour and/or present a serious threat has been developed. This procedure shall ensure that the patient and patients GP is informed of the reason for, and duration of such action.

[Care of Adult Patients with Capacity who are Violent or Abusive Procedure](#)

5.9.2 Violent Warning Markers

The use of patient violent markers will help to alert staff and serve as an early warning of a particular individual, associate or situation that may present a risk to themselves, colleagues or other patients. This will help to reduce the number of violent incidents at a local level and assist in creating a safe and secure environment for all.

It is the policy of the UHB to ensure that the likelihood of employees being exposed to violence and aggression whilst at work is reduced to a minimum. The use of a patient warning markers held electronically

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	22 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

will help reduce possible risks to staff by enabling them to consider and implement measures for their protection.

[Violent Warning Marker Procedure](#)

5.9.3 External Sanctions

Staff who become victims of violence as a result of their role will be supported in pursuing criminal actions against their perpetrators.

Offences of this nature are generally classed as Common Assault, contrary to Section 39 of the Criminal Justice Act 1988.

Paragraph 5.9(d) of the Code for Crown Prosecutors states that an aggravating feature of any offence is whether: "... the offence was committed against a person serving the public (for example, a police or prison officer, or a nurse)".

If an arrestable offence in accordance with the act has been committed, and the victim wishes to pursue the matter then the police will obtain a statement from the victim at the earliest opportunity.

The police will seek to arrest the offender; however this will depend on the capacity and medical treatment requirements which may result in delay.

If the Police consider that a caution or fixed penalty fine is the most appropriate action, the officer will act in accordance to the Memorandum of Understanding and liaise with the Case Manager or Line Manager before pursuing this course of action.

Further evidence may be required, e.g. CCTV footage, doctor's statement with regard to injuries, capacity assessments, witnesses statements etc

Once arrested based on the evidence the CPS will make the decision whether or not to pursue charges and with what offence. They will manage the prosecution at all stages.

Depending on the seriousness of the incident the matter could go to a Magistrate or Crown Court for trial. The CPS may also recommend to the court that an Anti Social Behaviour Order is considered following conviction.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	23 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

The UHB will be kept informed of progress and status of the Criminal Action.

Formal representations will be established with Community Safety partnerships (CSP) to ensure that violence and aggression against NHS Staff is included as a specific action set within the CSP crime & anti-social behaviour action plan.

6.0 AUDIT MONITORING ARRANGEMENTS FOR VIOLENCE AND AGGRESSION

A number of mechanisms will exist to measure the success of the procedure. These will include:

6.1.1 Internal Monitoring

Internal monitoring of the Management of Violence and Aggression within the UHB is the responsibility of the Clinical Boards who through their Health and Safety Adviser will carry out an Annual Audit. The findings will be sent to the Clinical Board Director and will be discussed at the Clinical Board Health and Safety Group. The results will then be collated by the Health, Safety & Environment Department as a UHB Wide Audit and discussed at the Health and Safety Committee.

Internal monitoring is achieved by the following means:

- Ensuring that the Violence and Aggression Action Plan status is considered at each Violence and Aggression / Security Strategy Group meeting
- Ensuring that each Clinical Board Health and Safety Group considers trends and information relating to the violence and aggression incidents within their area
- Ensuring that all incidents/accidents are investigated and actions are fed back to the reporting individual.
- Compiling records and statistics of staff violence and aggression training.
- Checking performance against policies, procedures, and safe systems of work to ensure that safe working conditions and practices exist.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	24 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

- Appropriate involvement of Safety Representatives in line with National Codes of Practice.
- Undertaking an annual review of Health and Safety/Violence and Aggression.

6.1.2 External Monitoring

External monitoring of Violence and Aggression within NHS premises is vested in the Health and Safety Executive.

The Welsh Government Policy Lead for Violence and Aggression requires regular data from the UHB relating to violence and aggression and will monitor performance as appropriate.

7. RESOURCES

- 7.1** With respect of resource implications identified within this procedure, the procedure reflects current arrangements and as such identifies no additional resource need.
- 7.2** The Health Board has identified designated budgets for Health and Safety which includes violence and aggression across the organisation. If any additional resources are required, this will be considered as part of the risk management arrangements within the Health Board.
- 7.3** Any additional costs identified as a result of risk assessment or specific new policies/requirements will be considered and prioritised by the appropriate Group/Committee.

8. TRAINING AND AWARENESS

- 8.1** The Health Board's Management of Violence and Aggression (Personal Safety) Procedure and enactment arrangements will be brought to the attention of all new staff at local induction.
- 8.2** Additionally training shall be given on the requirements of the procedure to all staff on at intervals not exceeding 3 years during their employment using the following mechanisms:
- Mandatory Training Programme
 - Mandatory Training Evaluation Form
 - Mandatory Training E Learning
 - Specific Violence and Aggression Courses

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	25 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

9. COMMUNICATIONS AND IMPLEMENTATION

- 9.1** A copy of the Procedure and related publications, are held at the Health, Safety and Environment Department, Denbigh House and the Health and Safety Offices at Llandough and Whitchurch Hospitals.
- 9.2** It is also available on the Cardiff and Vale Intranet site. For those staff without access to the intranet, it will be the responsibility of the local manager to post a hard copy of the Procedure in a prominent location.
- 9.3** Local Procedures and Protocols will be approved at the relevant Clinical Board Health and Safety Group, and a controlled copy of which will be submitted to the Health, Safety and Environment Department.
- 9.4** All employees should assume responsibility to read and understand the relevant sections.

10. EQUALITY & DIVERSITY STATEMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treat its staff reflects their individual needs and does not discriminate against individuals or groups.

This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular or individual group.

Where appropriate the UHB will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

Should a member of staff or any other person require access to this procedure in another language or format (such as braille or large print) they can do so by contacting the Health, Safety & Environment Department. Cardiff and Vale University Local Health Board will do its utmost to support and develop equitable access to all policies and procedures.

11. REVIEWING THE PROCEDURE

The Procedure will be reviewed within three years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate, by the Head of Health and Safety in collaboration with the Executive Lead.

Document Title: Management of Violence & Aggression (Personal Safety) Procedure	26 of 26	Approval Date: 25/04/2017
Reference Number: UHB 363		Next Review Date: 25/04/2020
Version Number: 1		Date of Publication: 08/09/2017
Approved By: Health and Safety Committee		

12. REFERENCES

Legislation -Health and Safety at Work etc Act 1974

HSC Management of Health and Safety at Work Regulations 1999 Approved Code of Practice L21

Safety Representatives & Safety Committees Regulations 1977

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

HSE 65 – Successful Management of Health and Safety HSG

Welsh Assembly Government Action Plan of Violence and Aggression

All Wales NHS Violence and Aggression Training Passport and Information Scheme