

<b>Corporate</b>	<b>CCG CO20 Violence, Aggression and Abuse Management Policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
V3	29/03/2018	March 2020

<b>Prepared By:</b>	Governance Manager, North of England Commissioning Support
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<b>Approval Given By:</b>	Quality, Safety and Risk Committee

### Document History

<b>Version</b>	<b>Date</b>	<b>Significant Changes</b>
1	March 2013	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite.
2	May 2015	Re-styled to CCG Policy standard Review of duties and responsibilities
3	February 2018	Review

### Equality Impact Assessment

<b>Date</b>	<b>Issues</b>
December 2017	See section 9 of this document

### Policy Validity Statement

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

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## 1. Introduction

For the purposes of this policy, NHS Newcastle Gateshead Clinical Commissioning Group will be referred to as “the CCG”.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with staff and visitors and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The aim of this policy is to reduce the risks, so far as it reasonably practicable, for staff.

### 1.1 Purpose and scope

The aim of this policy document is to reduce the risks, so far as it is reasonably practicable, for staff.

This policy applies to all employees of the CCG and in particular deals with the issue of violence, aggression and abuse against a member of its staff by a member of the public (i.e. patient, member of the patient’s family, member of the public etc.). If a member of staff feels that they are experiencing any violence, aggression or abuse by another member of staff, they should refer to the appropriate HR policies.

All employees have a common law duty of care to co-operate with their employer to comply with the CCG policy and follow their service, departmental and local procedures governing violence, aggression and abuse and abide by any risk assessment.

## 2. Definitions

The following terms are used in this document:

### 2.1 Violence

The CCG define acts of violence as:

*"Any incident in which a member of staff is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment." (Health and Safety Executive 1997)*

This is a very broad definition of ‘violence’, however it is important to acknowledge that violence can be either physical or non-physical and the two must be distinguished and recorded as different from one another.

The Counter Fraud and Security Management Service define physical assault “*the intentional or unintentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort,*” and non-physical assault as “*the use of inappropriate words or behaviour causing distress and/or constituting harassment.*”

## **2.2 Risk Assessment**

Risk Assessment is a process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to employees and others. It is the first step in deciding what prevention or control measures need to be taken to protect staff from harm.

## **3. Management of Violence, Aggression and Abuse**

### **3.1 Action to Be Taken When Physical Assault Has Taken Place on a Member of Staff: (Counter Fraud and Security Management Service Guidance)**

3.1.1 Police to be contacted immediately by the person assaulted, their line-manager or a relevant colleague.

3.1.2 The Chief Finance Officer as the nominated Executive Lead, is to be contacted as soon as practicable by the person assaulted, their line manager or a colleague, and inform the CCG Governance and Risk Officer.

3.1.3 The Chief Finance Officer will:

- Contact, as soon as is reasonably practicable, the Governance Manager (Health and Safety) with specific information on the assault.
- Arrange for full co-operation to be given to police or the Governance Manager H&S and any subsequent action.
- Ensure that details of the incident are recorded on the CCG's incident reporting system.
- Arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
- Ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
- Keep the line manager apprised of any on-going Local Security Management Specialist's situation.

### 3.1.4 The line manager will:

- Contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialist which is provided by a third party via the CSU.
- Offer support on an on-going basis as appropriate.

## 3.2 Security Management Service Action upon a physical incident occurring

### 3.2.1 The CSU Governance Manager (Health and Safety) in conjunction with the third party provider for Local Security Management Specialist will:

- Determine if the police are going to lead the investigation.
- If the police are handling the case, ensure that the case is regularly monitored as to progress, make sure the person assaulted and the CCG is kept updated, and ensure both are informed of any outcomes.
- The Crown Prosecution Service (CPS) should undertake any criminal prosecution if the police are handling the case.
- If the police are not handling the case, with the victim's consent carry out initial investigations in conjunction with NHS Protect Legal Protection Unit (LPU).
- Progress the investigation with all speed, including recording all details relating to the investigation on a locally held file (using the standards in the NHS Protect OS Manual of Guidance).
- Update the person affected by the physical assault and the nominated Executive Lead on a regular basis, as to progress and outcomes.

### 3.2.2 If the police are not handling the case or the Crown Prosecution Service are unwilling to undertake a criminal prosecution, NHS Protect Service's Legal Protection Unit will, if appropriate, provide advice and guidance on viability of a private prosecution.

### 3.2.3 The NHS Protect Legal Protection Unit, if appropriate, will advise on the viability of civil proceedings consultation with the CCG and the person(s) subjected to the assault.

The procedure(s) for implementing this policy document are as follows:

- Managers must develop local procedures for the management of violence, aggression and abuse and review accordingly.
- Managers to follow advice and guidance provided in Appendix A-F

### 3.3 Action Following Acts of Violence

#### 3.3.1 Members of staff carrying out the act of violence.

Where a member of staff is alleged to have carried out an act of violence, abuse or aggression this will be considered under the CCG Disciplinary policies and procedures.

Where the patient, member of the public or relative initiates the complaint then the CCG Complaints Procedure may also be invoked.

#### 3.3.2 Patients, relatives or members of the public who carry out the act of violence

Where a patient, relative or member of the public is alleged to have carried out an act of violence, abuse or aggression then the CCG reserve the right to respond to the alleged incident, as deemed necessary in light of the circumstances. The level of response will be dependent upon the seriousness of the incident. The potential responses or actions available to the CCG include:

- verbal warnings
- written warnings from the Chief Officer
- police presence at consultations
- withdrawal of medical services
- criminal prosecution
- civil prosecution

## 4. Duties and Responsibilities

<b>Quality, Safety and Risk Committee</b>	The Quality, Safety and Risk Committee has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Officer</b>	The Chief Officer, as Accountable Officer, has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>Head of Corporate Affairs</b>	The Head of Corporate Affairs will: <ul style="list-style-type: none"><li>• Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy.</li><li>• Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: NHS Code of Practice (2009).</li><li>• Maintain the policy database.</li></ul>

<p><b>Governing Body</b></p>	<p>The Governing Body, as the employer, is responsible for ensuring health and safety and conducting the CCG's undertakings in such a way as to ensure the safety of staff, visitors and others affected by its undertaking so far as is reasonably practicable. The Governance and Risk Committee is responsible for giving the Governing Body assurance on the following:</p> <ul style="list-style-type: none"> <li>• ensuring that there is an effective policy for Health and Safety at Work in respect of its employees, visitors, others and that it is reviewed and updated on a regular basis.</li> <li>• the promulgation of the policy and of health and safety information among CCG staff.</li> <li>• the establishment of health and safety procedures (Management of Health and Safety at Work Regulations 1999).</li> <li>• ensuring that all liability is covered by adequate insurance.</li> <li>• ensuring that sufficient resources are made available to enable managers of the CCG to fulfil their legal obligations.</li> </ul>
<p><b>Nominated Executive</b></p>	<p>The responsibilities of the Chief Officer are discharged through the Nominated Executive for Health and Safety. They will ensure that:</p> <ul style="list-style-type: none"> <li>• the CCG complies with all statutory obligations in relation to health and safety.</li> <li>• mechanisms are in place to effectively monitor performance on behalf of the Governing Body and that they are fully implemented.</li> <li>• the Governing Body and appropriate committees are informed and advised regarding action needed on any significant health and safety event and actual or potential risk.</li> <li>• the establishment and maintenance of an effective health and safety advisory service to the CCG through the appointment and/or training of adequate numbers of Competent Persons.</li> <li>• the availability of adequate health and safety training programmes for all levels of staff.</li> <li>• adequate resources are made available to ensure compliance with statutory health and safety obligations.</li> <li>• update and review with the Health and Safety team the Health and Safety Policy in accordance with the Health and Safety at Work etc. Act 1974 and the associated regulations issued by the Health and Safety Executive.</li> <li>• the appropriate committees function in accordance with statutory and mandatory health and safety regulations.</li> </ul> <p style="text-align: right;"><i>See next page.</i></p>

	<ul style="list-style-type: none"> <li>• so far as is reasonably practicable that all Managers are aware of their responsibilities.</li> <li>• a management system exists for reporting and investigating incidents.</li> <li>• health, safety and welfare performance is measured, strategic targets set and progress monitored and reviewed.</li> <li>• adequate provision for health and safety is included in any service level agreements/contracts.</li> </ul>
<p><b>All Managers</b></p>	<p>The Managers are responsible for ensuring that all activities within their areas of responsibility are managed and for the communication of health and safety information, in particular;</p> <ul style="list-style-type: none"> <li>• ensuring that CCG policy is implemented within their areas of responsibility by agreeing a programme of action for health and safety , setting objectives and monitoring their effectiveness.</li> <li>• ensuring that risk minimisation is integrated into new service developments which may affect the health and safety of the CCG.</li> <li>• ensuring that adequate information, instruction, training and supervision is provided as necessary for all levels of staff to ensure they are safe and without risk to health. (A Health and Safety Leadership Checklist can be found in Appendix A).</li> <li>• have a special knowledge of their department and will therefore have a key role to play in ensuring good health and safety practice. They will advise the Executive lead and provide a first point of contact for safety representatives, trade union officials and others who wish to make representation on health and safety matters. Their responsibilities include ensuring: <ul style="list-style-type: none"> <li>• so far as is reasonable, the health, safety and welfare of all persons, including visitors, casual/temporary staff in their place of work.</li> <li>• that necessary information, instruction, training and supervision are provided to all employees.</li> <li>• that all employees attend all relevant health and safety training.</li> <li>• that any relevant local procedures are developed and implemented in accordance with relevant corporate policies.</li> <li>• that suitable and sufficient risk assessments are carried out in their area of work and appropriate action taken.</li> </ul> </li> </ul> <p style="text-align: right;"><i>See next page.</i></p>

	<ul style="list-style-type: none"> <li>• that health and safety issues, including health and safety policies, are communicated and discussed at team meetings or relevant forum.</li> <li>• that specialist roles are acknowledged, e.g. Risk Assessors, Fire Wardens, and First Aiders.</li> <li>• that staff are familiar with CCG health and safety policies and implement them, calling on the assistance of the health and safety team and other specialist advisors as necessary.</li> <li>• compliance with all legal requirements and CCG policies in relation to health and safety in their areas of responsibility.</li> <li>• that all accidents and near misses are reported in a timely manner and properly investigated as per policy and any recommendations to prevent a recurrence are implemented as soon as practicable.</li> <li>• that they fully consult with and involve staff on matters relating to health and safety.</li> </ul> <p>A checklist for Managers is attached as Appendix B.</p>
<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• taking reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions.</li> <li>• following safe working practices applicable to their work at all times.</li> <li>• reporting any hazardous situation or shortcomings in the existing safety arrangements to their manager or on SIRMS.</li> <li>• working in accordance with information and training provided.</li> <li>• not misusing or interfering with anything that has been provided for their health and safety.</li> <li>• fully co-operating and abiding by risk assessments.</li> <li>• being aware of the location of first aid equipment and of the identify and location of First Aiders.</li> <li>• being aware of the arrangements for evacuating the building.</li> <li>• practicing good housekeeping, eg. Keeping work areas tidy and free from obstructions.</li> <li>• undertaking training/awareness sessions when provided.</li> </ul>

## **5. Implementation**

- 5.1** This policy will be available to all Staff.
- 5.2** All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **6. Training Implications**

The training required to comply with this policy are:

All Managers must ensure that all staff attend necessary events e.g.

- Conflict Resolution Training where required

## **7. Related Documents**

### **7.1 Other related policy documents**

- Complaints Policy
- Incident Reporting and Management Policy
- Serious Incidents (SIs) Management Policy
- SOP Lone Worker
- Bullying and Harassment Policy
- Grievance Policy

### **7.2 Legislation and statutory requirements**

- Cabinet Office (1974) *Health & Safety at Work Etc. Act 1974*. London. HMSO.
- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO.
- Cabinet Office (1999) *Management of Health & Safety At Work Regulations 1999*. London. HMSO.
- Cabinet Office (2001) *Freedom of Information Act 2001*. London. HMSO.
- Cabinet Office (2006) *Equality Act 2006*. London. HMSO.
- Cabinet Office (2007) *Corporate Manslaughter and Corporate Homicide Act 2007*. London. HMSO
- Cabinet Office (2008) *Health & Safety Offences Act 2008 Amends Section 33 (Prosecutions for criminal offences) of the Health and Safety at Work Act 1974*. London. HMSO.

## **8. Monitoring, Review and Archiving**

### **8.1 Monitoring**

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **8.2 Review**

8.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change including legislative change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **8.3 Archiving**

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management Code of Practice for Health and Social Care 2016..

## 9. Equality Impact Assessment



### ***Introduction - Equality Impact Assessment***

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



## **STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	Lee Crowe
<b>Title of service/policy/process:</b>	Violence, Aggression and Abuse Management Policy
Existing: <input type="checkbox"/> New/proposed: <input checked="" type="checkbox"/> Changed: <input type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.	
<b>Who will be affected by this policy/service /process? (please tick)</b>	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
If other please state:	
<hr/>	
<b>What is your source of feedback/existing evidence? (please tick)</b>	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
<ul style="list-style-type: none"> <li>• Health and Safety at Work Act</li> <li>• Management of Health and Safety at Work Regulations</li> <li>• Health and Safety Guidance HSG65</li> <li>• Feedback from CCG staff and regular service line meetings between NECS/CCG.</li> </ul>	

<b>Evidence</b>	<b>What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)</b>
<b>National Reports</b>	Not applicable
<b>Patient Surveys</b>	Policy has no impact on patients
<b>Staff Surveys</b>	Staff Survey's to include questions around H&S
<b>Complaints and Incidents</b>	This policy will ensure that systems are in place should there be any complaints received or Incidents regarding Health and Safety and that the CCG has robust systems in place around H&S Management
<b>Results of consultations with different stakeholder groups – staff/local community groups</b>	Only applicable to staff within CCG
<b>Focus Groups</b>	Only applicable to staff within CCG
<b>Other evidence (please describe)</b>	



## **STEP 2 - IMPACT ASSESSMENT**

<b>What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)</b>
<b>Age</b> A person belonging to a particular age The Policy will ensure that individuals of all ages are considered in relation to Health and Safety tasks.
<b>Disability</b> A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities This Policy has a positive impact on any staff who have a physical/Mental impairment by considering their needs regarding H&S and the subsequent policies and procedures that underpin the Health and Safety Strategy.
<b>Gender reassignment (including transgender)</b> Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception. As far as we are aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content within the policy does not include vocabulary that should cause offense.
<b>Marriage and civil partnership</b> Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters The Policy has no impact on marriage or civil partnership.
<b>Pregnancy and maternity</b> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. The Policy can be accessed by all staff via intranet and policies/procedures are in place which underpin the policy's aims. The CCG also has New and Expectant mothers risk assessment documentation in place to ensure all risks are considered.
<b>Race</b> It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities. There are no requirements for translation within the current staff group should the staff group characteristics change then versions and signage within the CCG in other languages can be obtained.
<b>Religion or belief</b> Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. Risk assessments and training can be arranged for staff unavailable due to religious or other reasons.
<b>Sex/Gender</b> A man or a woman. There is no discriminations between males and females within the policy
<b>Sexual orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes Policy uses appropriate language no additional considerations are required.
<b>Carers</b> A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person Risk assessments and training can be arranged for those staff that have caring responsibilities and there is also online training which can be accessed whilst working within the CCG or at home.
<b>Other identified groups</b> such as deprived socio-economic groups, substance/alcohol abuse and sex workers Other groups have been considered however as the Policy is for staff there are no additional impacts on health inequalities.



## **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

<b>How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?</b>
<b>Please list the stakeholders engaged:</b> Shared policy with Governance Colleagues within CCG. Regular service line meetings with CCG to discuss any H&S issues that arise.



#### **STEP 4 - METHODS OF COMMUNICATION**

**What methods of communication do you plan to use to inform service users of the policy?**

- Verbal – stakeholder groups/meetings     Verbal - Telephone  
 Written – Letter                       Written – Leaflets/guidance booklets  
 Email    Internet                       Other

**If other please state:**

#### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

**Tick to confirm you have you considered an agreed process for:**

- Sending out correspondence in alternative formats.  
 Sending out correspondence in alternative languages.  
 Producing / obtaining information in alternative formats.  
 Arranging / booking professional communication support.  
 Booking / arranging longer appointments for patients / service users with communication needs.

**If any of the above have not been considered, please state the reason:**

As this is a staff policy needs have been considered internally and appropriate recommendations made.



#### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce Characteristics	May require other formats such as braille, size of font etc. May also need to consider if face to face training takes place that accessibility of training venues is sufficient.



#### **STEP 6- ACTION PLAN**

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access Strategy	Age, Disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment.	All staff can access the policy for reference	CCG/ NECS H&S	On receipt of individual request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	CCG Governance Colleagues	NECS Health and Safety Team	Regular Service Line Meetings



**SIGN OFF**

<b>Completed by:</b>	<b>Lee Crowe</b>
<b>Date:</b>	<b>December 2017</b>
<b>Signed:</b>	
<b>Presented to: (appropriate committee)</b>	<b>Quality, Safety and Risk Committee</b>
<b>Publication date:</b>	<b>March 2018</b>

## Action to be taken when physical assault has taken place on a member of staff

### (NHS Protect Guidance)

1. Police to be contacted immediately by the person assaulted, their manager or relevant colleague.
2. The nominated Executive Lead for the CCG is to be contacted as soon as practicable by the person assaulted, their line manager or a colleague, and inform the CCG Risk Lead.
3. The nominated Executive Lead will:
  - Contact, as soon as is reasonably practicable, the relevant Local Security Management Specialist with specific information about the assault.
  - Arrange for full co-operation to be given to police or the Local Security Management Specialist and any subsequent action.
  - Ensure those details of the incident are recorded on the CCG's risk management recording system.
  - Arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
  - Ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
  - Keep the line manager informed of the on-going Local Security Management Specialist's situation.
4. The line manager will:
  - Contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialists.
  - Offer support on an on-going basis as appropriate.

## **Security Management Service Action upon a physical incident occurring provided by NECS**

The Local Security Management Specialist will:

- determine if the police are going to lead the investigation,
- if the police are handling the case, ensure that the case is regularly monitored as to progress, make sure the person assaulted and the CCG is kept updated, and ensure both are informed of any outcomes,
- the Crown Prosecution Service (CPS) should undertake any criminal prosecution if the police are handling the case,
- if the police are not handling the case, carry out initial investigations in conjunction with the Counter Fraud and Security Management Service's (CFSMS) Legal Protection Unit,
- progress the investigation with all speed, including recording all details relating to the investigation on a locally held file (using the standards in the CFSMS OS Manual of Guidance),
- update the person affected by the physical assault and the nominated Executive lead of Security Management of the CCG on a regular basis, as to progress and outcomes.

If the police are not handling the case or the Crown Prosecution Service are unwilling to undertake a criminal prosecution, then the Counter Fraud and Security Management Service's Legal Protection Unit will, if appropriate, consider a private prosecution.

NHS Protect Legal Protection Unit, if appropriate, will consider civil proceedings consultation with the CCG and the person(s) subjected to the assault.

### Action to be taken when a Non-Physical Assault has taken place

- Where appropriate the police should be contacted, as soon as is practicable, by the person subject to the non-physical assault, their manager or relevant colleague.
- The seriousness of the incident should be taken into account in deciding whether the police should be involved, but where the incident is believed to fall into a racially or religiously aggravated matter, then the incident should always be reported to the police.
- The police should be given information about the assailant's clinical condition (if known), if this could be seen as a contributory factor leading to the non-physical assault taking place, however, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This should be a matter for the police and/or the CCG.
- The nominated Executive Lead for the CCG must be contacted, as soon as practicable, by the person suffering the abuse, their manager or relevant colleague.

The nominated Executive lead the CCG will:

- liaise, co-operate with and monitor cases of non-physical assault that have been referred to and are being handled by the police,
- where the matter has been reported to the police and the police have decided not to pursue the matter, consider whether the CCG should consider/initiate private prosecution and/or civil proceedings via the NHS Protect Protection Unit or the CCG's Legal Service, where appropriate,
- ensure that details of the incident are recorded on the CCG's appropriate incident reporting system to comply with health and safety legislation,
- ensure that an acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be appraised of progress and outcome,
- ensure the person subject to the non-physical assault is informed of the outcome of any action taken.

## Advice/Guidance for Managers

This guide will not provide an answer to every situation, and your own experience will be a crucial factor along with following the Policy in deciding appropriate action. It will, however, hopefully increase awareness of the problem and provide practical advice.

### Why Must I Take Action?

#### Legislation

- The *Health and Safety at Work Etc. Act 1974* requires employers to take reasonable steps to ensure the health, safety and welfare of their employees while at work.
- The Management of Health and Safety at Work Regulations 1999 specifically requires the assessment of risks to employees.

#### *Efficiency*

The effects of violence can have serious operational costs and include: -

- sickness absence,
- impaired performance,
- de-motivation of other employees,
- negative effect on other customers/clients.

#### Responsibility

- As a manager, you are the employer's representative and thereby charged with the execution of the employer's responsibilities within your area of control.

### What Action Should I Take?

In considering what action to take never accept violence as "part of the job".

#### *Assess the Risk*

- Ensure a risk assessment has been carried out (include in General Risk Assessment)
- Consider the individual employee:
  - Perpetrators being reported to appropriate authorities i.e. police
  - Customer handling skills
  - Previous training/experience
  - Relationships with customers/clients
  - Previous incidents
- Monitor and analyse reported incidents

## Reduce the Risk

In reducing the risk, several factors need to be considered.

### Employees

- Ensure that employees where applicable have been on the conflict management training and have access to a copy of this policy and the employee guidance at Appendix D.
- Consider training needs in the light of the level of risk faced.
- Be willing always to offer support and advice and sources of advice (Health and Safety Team, Local Security Management Specialist, Police) and ensure that you communicate this to employees.
- Never dismiss or ignore signs of apprehension.
- Ensure that employees are aware that they are advised to leave dangerous situations even when their task is not completed.
- Encourage staff to adopt a “Customer First” approach, but never put themselves at risk.
- Assist employees in developing action plans (not necessarily a written document but an understanding of what to do in particular situations).
- Ensure that employees are aware of their responsibilities in supporting colleagues.
- Watch out for signs of bullying/intimidation.

### Working Methods

- Arrange appointment times to minimise risk:
  - morning meetings where alcohol abuse is a potential problem
  - avoid overlong delays by providing sufficient interval between appointments.
- Minimise staff isolation in dangerous situations:
  - limit visits to those, which are unavoidable,
  - arrange for employees to work in pairs in potentially dangerous situations.
- Ensure staff use the lone worker system in operation at the CCG and abide by any risk assessments and local procedures.

### Location

- Arrange interview areas to provide an easy escape route and ready support/back-up.
- Eliminate potential weapons wherever possible (any loose/moveable object is a potential weapon).
- Ensure that any reception/waiting areas are designed to minimize frustration e.g.:
  - comfortable seating,
  - soothing colours,
  - magazines etc.
- Ensure adequate lighting in and around buildings
- Restrict public access to necessary areas
- Provide door answering safeguards (e.g. viewers, chains, C.C.T.V.) where appropriate.
- Utilise sources of advice on environmental issues e.g. Local Security Management Specialist.
- Consider alternative locations for the provision of care where necessary.

## What Should I Do If An Incident Occurs?

### Immediately

- Ensure appropriate medical attention is given if required.
- In all cases the victim should be treated with sensitivity and offered support by managers and colleagues. Where particular anguish/trauma has been suffered, they should be advised of the availability of counselling from their General Practitioner or Occupational Health.
- Ensure that the victim is not blamed for contributing to the incident (self-blame is particularly common amongst victims of violence). Where you consider that the victim's actions may have contributed, this should be dealt with as a training and development issue and not through criticism.
- Call for professional medical help, if necessary.
- Follow the procedure laid down on the policy and where necessary contact the police if an assault has taken place.

### Follow Up

- At the earliest opportunity, ensure that an incident report form is completed (keep a copy or other record of the incident to assist in the identification of high risk situations).
- Ensure and check that the incident is investigated appropriately.
- In more serious cases, discuss with the individual whether he/she feels able to return to particular work situations and consider what, if any, support, advice or training might be beneficial.
- In cases of harassment at work (sexual, racial or other), Advisors are available to provide counselling for the victim. Refer to the Dignity at Work Policy for further information.

When an employee suffers actual physical injury, he/she might be entitled to compensation through the Criminal Injuries Compensation Board (CICB). The employee can apply for such compensation by writing to the C.I.C.B. at:

Blytheswood House  
200, West Regent Street  
Glasgow  
G2 4SW

## Advice/Guidance for Employees

Although this information cannot provide a precise answer to every situation, it should help to create a greater awareness of the problem as well as offering some practical advice.

### ***Before the encounter***

#### **Assess the risk**

Look for factors which might indicate a high level of risk and require specific action. Some “high risk” indicators are listed below:

#### **The Client (the potential assailant)**

- background unknown/authenticity unsure
- history of violence (the most important factor)
- history of alcohol/drug abuse
- previous threats (always take these seriously)
- perceived victimisation (feelings of having been let down during previous dealings)
- unrealistic expectations (likely to be severely disappointed by what you have to say)
- change/uncertainty
- high level of stress (e.g. the loss of a close family member, home, job etc.)

#### **You (the potential victim)**

- close ongoing relationship with the individual
- seen as the source of his/her frustration
- apprehension (this can increase the level of tension. Understanding the risk and taking steps to protect yourself can greatly reduce it)
- visits away from the work base
- male/female (both are vulnerable – women can be seen as easier targets - men more legitimate ones)
- do not ignore your own signs of apprehension (instinct, intuition)

### **Absence of these signs does NOT guarantee your safety**

#### **Take Action**

Take basic precautions and where the level of risk appears to be high, take specific preventative measures as identified in the risk assessment and use the lone worker system.

#### **Basic precautions**

- be sure that the customer/client is genuine before agreeing a visit
- when carrying out visits always leave a record of:
  - *Where* you're going - details – address etc
  - *Who* you're going to see
  - *Why* you're going (purpose of the visit)
  - *When* you expect to return

- If you don't intend to return to base, arrange to contact someone and use and update regularly the lone worker system.
- consider your escape route
- consider the level of risk and decide whether specific action is necessary

### **Specific preventative measures**

- discuss concerns with your manager
- request support/backup where necessary
- maintain contact on visits (by the lone worker system and phone)
- if risks are unacceptable, see the customer/client at work where support is more easily provided
- if meetings are likely to carry unacceptable risks, restrict/ control contact
- arrange morning meetings where there is a history of alcohol abuse.
- if a meeting takes place at work, ensure no loose objects can be used as weapons
- arrange seating to allow escape in cases of emergency

### ***During the encounter***

#### **Assess the risk**

Look for signs of high risk and watch out for danger signals.

#### **High Risk Indicators**

- any unexpected person
- effect of alcohol/drugs
- potential weapons (loose movable objects are potential weapons)
- frustration caused by circumstances immediately before the encounter e.g.
  - long delays
  - noisy/crowded waiting areas
  - re-direction from one place to another
- isolation - no colleagues nearby

#### **Danger Signals (in the potential assailant)**

These signals can be equally relevant whether given in a quiet, calm tone or shouted in an angry manner –

#### **Appearance:**

- tearful
- sweating
- restless
- staring - eyeball to eyeball confrontation
- pale skin
- obvious facial muscle tension

#### **Posture:**

- bodily nearness
- towering/threatening stance
- clenched hands
- folded arms

**Speech:**

- changed in tone, volume or pitch
- use of insults, threats or sarcasm, in particular, use of de-personalising language
- (sexist/racist abuse and foul language)
- repetition of the same word or phrase

**Victim Support and Counselling**

Support should be offered by your direct line manager. This can include signposting to counselling services and/or practical support such as help in seeking medical attention, contacting family or friends, providing an opportunity to discuss the incident and offering support during the investigation.

In cases where you have suffered particular anguish or trauma, your line manager may advise you to seek counselling from your General Practitioner, the Occupational Health service or an external counselling service.

## Requirements for Reporting Incidents

All incidents, covered by the definition of violence, whether physical or non-physical, must be recorded on the CCG's electronic reporting mechanism.

They must also be reported to the Police, where appropriate.

The legal requirement for reporting incidents falls under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

### Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

There is a legal requirement under RIDDOR 1995 to report certain specified work-related incidents, either to the enforcing authority for the workplace or to a central HSE reporting centre.

The Social Security Regulations require that all incidents at work are recorded, regardless of their severity.

### Accident/Incident Reporting

RIDDOR requires the specified responsible person, usually employers, to report certain defined work-related accidents or incidents to the enforcing authority. In summary, the accidents or incidents that are required to be reported include:

- all fatalities
- accidents resulting in any of the specified "major injuries"
- certain defined work-related diseases
- accidents resulting in employees being off work for more than three days
- certain dangerous occurrences such as building collapses, gas explosions, etc.

The accidents have to be reported by the quickest means, i.e. telephone, fax or e-mail and followed up on the approved reporting form (F2508) within 10 days.

### How to make a report:

Reports can be made in a variety of ways:

- by telephone to 0845 300 9923 Monday — Friday 8.30am-5.00pm
- by fax to 0845 300 9924
- by e-mail to [riddor@natbrit.com](mailto:riddor@natbrit.com)
- by internet at [www.riddor.gov.uk](http://www.riddor.gov.uk)
- by post to:

Incident Contact Centre  
Caerphilly Business Park  
Caerphilly, CF83 3GG.

## **Reporting Death or Major Injury**

In the event of an accident arising out of a work activity which results in:

- the death or major injury to an employee or self-employed person on work premises;
- the death of a member of the public; or
- a member of the public being taken to hospital

then a report must be made to the appropriate enforcing authority by the quickest practicable means, usually by telephone or e-mail to the ICC.

Where the nature and severity of an injury is not immediately apparent, the report required shall be submitted as soon as the nature of the condition is confirmed.

Deaths to be reported include those where an employee dies within one year as a result of an accident at work, whether or not this was reported at the time of the original accident.

Major injuries are defined by reference to schedule 1 of the regulations to include:

- fractures other than fingers, thumbs and toes
- amputation (including surgical amputation following an accident)
- dislocation of shoulder, hip, knee or spine
- eye injury resulting in temporary or permanent loss of sight, by chemical or hot metal burn, or penetrating injury
- unconsciousness caused by electric shock, exposure to a hazardous substance, biological agent, or asphyxia
- any acute condition or illness resulting in loss of consciousness or requiring resuscitation or admission to hospital for more than 24 hours
- illness requiring medical treatment related to exposure to a hazardous substance.

## **Reporting Lost Time Injuries (over seven day absence)**

In the event of an accident arising out of a work activity which results in the incapacity of an employee (or self-employed person working on the premises) for more than Seven consecutive days, then a report must be made, by one of the methods described above, within ten days.

Three consecutive days does NOT include the day of the accident, but includes:

- any day on which the person was unable to fulfil his/her normal work duties
- weekends and days not normally worked when the injured person was incapacitated.

This includes any act of non-consensual physical violence done to a person at work.

For full information on RIDDOR 1995 consult the guidance notes and regulations.

Web link: [RIDDOR 95 Explained](#)

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## Flow Chart for Action In The Event Of An Incident Concerning Violence/Aggression

