

Policy Type		Policy Name
Information Governance		CO20 Violence Aggression and Abuse Management Policy Security Policy
Corporate	X	
Standard Operating Procedure		
Human Resources		

Status	Final
Committee approved by	Executive Committee
Date Approved	December 2017
Equality Impact Assessment undertaken	Completed
Distribution	All CCG staff
Planned Review Date	December 2019

Document History

Version	Date	Significant Changes
1	3/2013	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite
2	08.05.2015	Re-styled to CCG policy standard Review of duties and responsibilities
3	10/2017	Reviewed in line with expiration date. Minimal amendments. No change to legislation.

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.

Approval

Role	Name	Date
Approval (1)	Policy Group	2013
Approval (2)	Executive Committee	29/09/2015
Approval (3)	Executive Committee	December 2017

Review

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

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1. Introduction

For the purposes of this policy, NHS Durham Dales, Easington and Sedgefield 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

3.4 Action Following unreasonable and/or persistent behaviour

Where a patient, relative or member of the public is alleged to demonstrate unreasonable and/or persistent behaviour members of staff should refer to the CCG complaints policy

4. Duties and Responsibilities

Executive Committee	The Executive Committee is responsible for formal review and approval of organisational process documents.
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Chief Officer	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.
Management responsibility	<p>All Executives, Managers and Supervisory Staff are responsible for the adherence and monitoring compliance with this policy.</p> <p>All managers in the CCG are responsible for security within their work area. Managers are required to assess security risks as part of the general assessments for their department/service, develop action plans and implement security measures.</p> <p>In particular they shall ensure:</p> <ul style="list-style-type: none"> • Arrangements are in place to ensure the security of premises and assets and the safety of staff, patients and visitors taking all preventative measures to safeguard people and property (including occupied but not owned by the CCG). • That risk assessments are in place and where significant security risks exist local procedures are in place to minimise or reduce the impact. • That staff are aware of local and CCG security procedures and the results of risk assessments by effective training and communication. • Security arrangements are reviewed following incidents and ensure necessary changes in procedures are implemented. • Disciplinary procedures are initiated for staff who breach security arrangements. • That all criminal activities are reported to the Police and that all security incidents are reported and safeguards are completed. • That all staff are briefed with regard to their own personal security and local procedures, and where appropriate, are supported to attend security training. • That all staff are issued with staff identification badges (ID badges). • That work areas under their control are operated in accordance with this policy and any associated procedures. • That all breaches of security arrangements are investigated and reported immediately in accordance with laid down procedures. • That all staff on leaving the CCG return their ID badges, uniforms, keys and electronic passes.

	<ul style="list-style-type: none"> • That rules with regard to confidential paperwork are adhered to. • That advice is sought, as appropriate, from the LSMS and others where there is any doubt as to the standards that are to be applied in adhering to this policy. • That arrangements are in place to summon the Chief Officer or appointed deputy directly in the event of any serious incident occurring in the area under their control. • That official visitors/contractors are issued with the relevant visitor badge and this is monitored to ensure they are carried at all times when on CCG premises. • That all security incidents are recorded using the CCG's incident reporting system. • That any suspicion of fraud is reported to the local counter fraud service. • That a response is made at the earliest opportunity to any request from employees for advice on security concerns. • That appropriate support is given to staff involved in any security related incident.
<p>Employees' responsibility</p>	<p>All employees have a duty to co-operate with the implementation of this policy.</p> <p>All CCG employees, whether permanent, temporary or working through an agency or other third party, are responsible for acquainting themselves with this policy, following the guidance contained in it and complying with all security measures in their department.</p> <p>In particular it should be ensured:</p> <ul style="list-style-type: none"> • That they are vigilant and responsible in the workplace, bringing to the attention of their immediate manager, as appropriate, any suspicious activity they observe on CCG premises. • That they attend, or carry out any appropriate security training or education. • That they co-operate with managers to achieve the aims of the security policy, highlighting any identified risks. • That they complete incident report forms for all security related incidents. • That they wear their staff identification badges at all times. • That they report immediately to their departmental manager any loss of or malicious damage to their own patients.

All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.
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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.

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



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Lee Crowe
Title of service/policy/process:	Violence, Aggression and Abuse Management Policy
Existing: <input type="checkbox"/> New/proposed: <input checked="" type="checkbox"/> Changed: <input type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
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.	
Who will be affected by this policy/service /process? (please tick)	
<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:	
What is your source of feedback/existing evidence? (please tick)	
<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"> • Health and Safety at Work Act • Management of Health and Safety at Work Regulations • Health and Safety Guidance HSG65 • Feedback from CCG staff and regular service line meetings between NECS/CCG. 	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Not applicable
Patient Surveys	Policy has no impact on patients
Staff Surveys	Staff Survey's to include questions around H&S
Complaints and Incidents	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
Results of consultations with different stakeholder groups – staff/local community groups	Only applicable to staff within CCG
Focus Groups	Only applicable to staff within CCG
Other evidence (please describe)	



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age 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.
Disability 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.
Gender reassignment (including transgender) 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.
Marriage and civil partnership 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.
Pregnancy and maternity 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.
Race 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.
Religion or belief 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.
Sex/Gender A man or a woman.
There is no discriminations between males and females within the policy
Sexual orientation 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.
Carers _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.
Other identified groups 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

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
Please list the stakeholders engaged:
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

Completed by:	Lee Crowe
Date:	December 2017
Signed:	
Presented to: (appropriate committee)	Executive Committee
Publication date:	December 2017

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 on 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 Specialist.
 - offer support on an on-going basis as appropriate.

Security Management Service Action upon a physical incident occurring provided by CSU

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 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
- Minimize 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. 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 & 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
- by internet at 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 7 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](#)

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

