



# Policy for the Management of Violence & Aggression

**NEE/CCG/2013/012**

<b>Target Audience</b>	Board members, sub-committee members and all staff working for, or on behalf of, NEE CCG
<b>Brief Description (max 50 words)</b>	This policy sets out the principles by which the North East Essex Clinical Commissioning Group will develop, manage and review any incidents of violence and aggression against CCG staff.
<b>Action Required</b>	Following approval at Operational Executive Committee, the policy will be uploaded to the CCG Website and an email sent to advise staff.

## Document Information

<b>Title /Version Number/(Date)</b>	Violence and Aggression Policy/version 5.1/January 2017
<b>Document Status (for information/ action etc.)and timescale</b>	For approval
<b>Accountable Executive</b>	Director of Resources (CFO)
<b>Responsible Post holder/Policy Owner</b>	Corporate Business Manager
<b>Date Approved</b>	19/01/2017
<b>Approved By</b>	Operational Executive Committee
<b>Publication Date</b>	19 <sup>th</sup> March 2013
<b>Review Date</b>	January 2019
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<b>Stakeholders engaged in development/review</b>	Brendan Harper, Local Security Management Specialist, Mazars
<b>Equality Impact Assessment</b>	<b>EQUALITY IMPACT ASSESSMENT</b> This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to the Board, every member of staff within the CCG irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG
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## Amendment History

Version	Date	Reviewer Name(s)	Comments
5.1	January 2016	Corporate, Brendan Harper	Policy reviewed. Minor amendments, nothing significant.

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## 1. Introduction

Everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is safe and secure.

- Healthcare workers face an increased risk of violence and aggression.
- Health and Safety Executive data sources detailing Illness prevalence, Labour Force Survey annual average 2011/12, 2013/14, 2014/15;
- Injury incidence, Labour Force Survey annual average 2012/13-2014/15;
- Injury Kind, RIDDOR non-fatal injury 2013/14-2014/15;
- Days Lost, Labour Force Survey 2014/15 (\*indicates that estimate is based on fewer than 40 sample cases).  
It was reported that of 86,000 self-reported non-fatal workplace injuries 21% were for physical assault.

Under the Health and Safety at Work Act etc. 1974, North East Essex Clinical Commissioning Group (CCG) has a statutory obligation to ensure so far as is reasonably practicable, a safe and secure environment for its staff. Violent, abusive behaviour and criminal acts will not be tolerated. The risks of violence to staff must be assessed and appropriate actions will be taken to protect staff, patients and visitors.

### 1.1 NHS Protect

NHS Protect (formerly the NHS Security Management Service (NHS SMS)), a special health authority, was created in April 2003 with the objective to establish a safe and secure environment that has systems and policies in place to: protect NHS staff from violence, harassment and abuse; safeguard NHS property and assets from theft or criminal damage; and protect resources from fraud, bribery and corruption.

It has policy and operational responsibility for security management work in the NHS (Statutory Instrument 3039/2002).

Roles defined within the above statutory instrument are applicable to all NHS Organisations, and therefore will apply to North Essex CCG. Revised guidance is expected to be issued by NHS Protect in the future.

## 2. Purpose

This Policy document seeks to provide guidance to all staff working in the CCG, based on both the existing Health and Safety legislation and the national and legal frameworks for tackling physical and non-physical assaults. This additional legal framework was introduced in November 2003, under the direction of the Secretary of State for Health. This policy supersedes the previous NHS Zero Tolerance Campaign.

The aim of this policy is to detail the CCG strategy in tackling violence and aggression against NHS staff. This policy has been introduced in the context of the mandatory requirement to report all cases of physical assaults to NHS Protect. It details the avenues that are available for staff, and the CCG alike, to seek legal redress.

The new legal definitions of Physical and Non-Physical assault will be explained, along with detailed guidance on how to deal with incidents involving violence, abuse, threats, intimidation, harassment and other inappropriate behaviours. The policy also clearly defines the roles of the Security Management Director (SMD) and the Local Security Management Specialist (LSMS) in supporting the CCG staff in dealing with, and tackling, violent and abusive persons.

### **3. Scope**

This policy applies to all full time and part time employees of the CCG, Contractors or Sub-Contractors who provide services to the CCG (including agency staff-Clinical and Non-Clinical), students/trainees, volunteers, clinical attachments, apprentices, seconded staff and all other staff on placement within the CCG. In addition, it further extends to patients (inpatients and outpatients), their relatives, carers and visitors.

This policy reinforces the reporting system for physical assaults on NHS employees. There is now a specific requirement from the NHS SMS that all physical assaults should be reported to them, through the Local Security Management Specialist.

Under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a duty to ensure the health, safety and welfare of their staff. The use of this policy applies to not only the specific requirements of the NHS SMS, but also the statutory requirements of Health and Safety legislation. Therefore, this policy bolsters the CCG's existing legal duties to protect staff, as far as is reasonably practicable, from the effects of violence and aggression in the workplace.

### **4. Duties**

#### **4.1 The Chief Officer:**

As the Accountable officer, the Chief Officer has the ultimate responsibility for ensuring compliance with the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. The overall responsibility for the Health and Safety of staff rests with the CCG board.

#### **4.2 The Director of Resources (CFO)**

The Standards\_for\_commissioners\_2016-2017\_Security\_management, detail a legal requirement for all CCG's to appoint a Board Executive Director to become the Security Management Director (SMD). They lead on security management work, and this includes tackling violence against staff. The SMD for the CCG is the Director of Resources (CFO). This appointment demonstrates that board level responsibility has been clearly defined.

The SMD ensures that all appropriate actions are taken to create a pro-security culture within the health body, so that staff and patients accept the responsibility for this issue and ensures that where security incidents and breaches occur that they are detected and reported according to the CCG's Incident Reporting and Management Policy.

#### **4.3 Local Security Management Specialist (LSMS):**

The second key requirement of the Directions is that the CCG must appoint a person to perform the role of the Local Security Management Specialist (LSMS).

The appointed LSMS must have received the necessary training and accreditation from NHS Protect.

The LSMS reports directly to the designated SMD and:

- Works on behalf of the CCG to deliver an environment that is safe and secure, so that the highest standards of clinical care can be made available to patients.
- Provides a comprehensive, inclusive and professional security management service for the CCG, working with managers towards the creation of pro-security culture.
- Ensures that the CCG provides mandatory Conflict Resolution Training to its entire frontline staff as required by the Secretary of State's Directions.

#### **4.4 Senior Managers, Supervisors and Heads of Services/Departments:**

All heads of department and managers are responsible for the safety of their staff, and in particular for ensuring compliance with this policy. Additionally, they are to ensure that adequate risk assessments have been undertaken, and that positive practical support is given to staff involved in incidents. Ensuring that staff receive appropriate training, such as conflict resolution, is also a mandatory requirement.

Senior Managers and Heads of Services are responsible for ensuring that:

- risks assessments are undertaken,
- local policies and procedures are introduced;
- safe systems of work are adopted;
- training is available and provided;
- health and safety and security training records are maintained;
- ensuring statutory health & safety requirements and compliance;
- incident reporting is undertaken
- effective communication and support for staff that may face violence and aggression.

#### **4.5 All Staff:**

Every member of staff has a general duty of care for his or her own health and safety and that of immediate colleagues. They are required to be conversant and comply with the relevant policies and procedures, adhere to management measures to reduce the risks of violence and to report any potential and actual incidents that may affect their safety in line with the CCG's Incident Reporting Policy. All front line staff are also required to attend mandatory training such as Conflict Resolution training.

## **5. Prevention**

### **5.1 Identifying Risks**

In conjunction with the CCG's Security Policy, Health and Safety Policy and Risk Management Strategy Policy, managers of all departments are required to ensure "suitable and sufficient" risk assessments are undertaken. The risk assessments should be reviewed at least annually and after an incident. Certain areas in the CCG are subject to higher levels of violent and abusive incidents, but all wards and departments should be assessed with a view to identifying and minimising risk. For

additional information on risk assessment refer to the aforementioned policies. The Corporate Business Manager can also be contacted.

The risk assessment should be carried out in conjunction with the staff in the department to ensure that all actual and potential risks are captured. The hazards identified in the assessment should be scored using the risk matrix (appendix H) to establish both the impact/severity of the hazard, and its likelihood of occurrence which should lead to identifying a risk level.

The general risk assessment should cover aspects such as the type of work, location, training and competency of staff, supervision and communication of problems, emergency situations and contingencies. In some instances a patient specific risk assessment will need to be undertaken.

Where necessary an action plan should be created in order of risk priority and actions implemented, in line with the Risk Management Strategy Policy.

The completed risk assessment, control measures and required actions should be communicated to all staff in the area, and a copy sent to the Corporate Business Manager. Staff new to the area should be informed of risks at local induction.

Any changes in practice should be monitored to ensure that they are both adhered to and also adequately control the risks identified.

## **5.2 Lone Working**

Managers of staff working alone, off site or making home visits need to ensure that a risk assessment is carried out where it is foreseeable that the staff may find themselves in a violent or aggressive situation, and where possible sensible precautions are taken to minimise risk. A procedures document needs to be created for that department to ensure that all staff are aware of any risks identified and as to what actions they should take to minimise risk or how to react to an incident.

Procedures should include information such as logging of home visits, movement plans, and regular contact with colleagues and/or reporting back to base, together with contingency plans for providing assistance. Furthermore, lone working may mean that there are additional difficulties in obtaining assistance in the event of an incident such as accidents or vehicle breakdowns.

All additional persons and departments that may be involved in any procedures relating to lone working should be fully informed and provided with a copy of the written procedures.

Detailed information and guidance is contained within the CCG Lone Working Policy.

## **5.3 Post Incident Review**

It is important to identify the prevalent and aggravating factors following an incident of violence and aggression in order to prevent the event from happening again, but if it cannot be prevented then at least prepared for. Should any member of staff be the victim of violence and aggression the department manager should ensure a post incident review is undertaken. It may be relevant to consider the findings in any 'care plan' if a patient has been involved. If the incident is of a serious nature then

all the staff and witnesses involved in the incident should be brought together and ways to prevent the incident occurring again should be discussed.

This document will also assist the department in any risk assessment review which should follow any incident of violence and aggression and allow the organisation to measure the effectiveness of any policies and procedures, staff training or de-escalation skills to ensure that lessons are learnt, not repeated.

## **6.0 Physical Assault**

### **6.1 What is a Physical Assault?**

Physical assaults on NHS staff are now defined as:

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

This definition replaces any other definition that may currently be in use within the NHS for reports of physical assault.

### **6.2 What do I do when a Physical Assault has occurred?**

As soon as practicable - following an incident of physical assault whilst ensuring that everyone involved is safe, the matter must be reported by the person assaulted, their manager or colleague (on their behalf) to the police, except in those cases where a 'clinical condition' exists. Clacton and Fryatt Hospitals and the Primary Care Centre can alert local security assistance, but this should not delay calling the Police.

***“‘clinical condition’ -where clinical opinion indicates that the assault was unlikely to have been intentional as the assailant did not know that what they had done was wrong due to a medical illness (including confusion), mental ill health, a severe learning disability or as a result of treatment administered”***

Note: **Physical assaults where a clinical condition exists are also required to be reported to NHS Protect.**

Whilst this means there will be some instances where the police are not called, **the presence of a mental illness or learning disability must not automatically be used as a reason not to report the assault to the police.** Each case must be considered on a case by case basis in light of all the available facts. It is important to note that decisions on intent and subsequent legal action rests with the investigating body, not with the CCG.

If the matter is reported to the Police, a senior clinician should assess the assailant at the time of the incident and provide only relevant information about the assailant's clinical condition to the Police.

Early on in their investigation, the Police will require either a letter or a statement from the patient's Consultant, giving their professional opinion as to whether the patient was responsible for their actions and whether or not they are fit to be interviewed by the Police.

Where the police are involved and attend an incident, every effort should be made to ascertain if the police intend to take action against the assailant, along with obtaining the details of the police officers involved so that these can be passed onto



the appropriate manager or LSMS to assist in their role in monitoring the progress of such cases.

The staff member's manager/head of department will arrange support as necessary linking with Occupational Health who can arrange specialist support as required.

### **6.3 How do I report a Physical Assault?**

Firstly, report the incident to your, or another appropriate, manager. An Incident Report Form (IRF) should be completed, as per the CCG Incident Reporting and Management Policy. The IRF may be obtained from the NEE CCG Extranet. The Corporate Business Manager will ensure that the details are recorded and forwarded to the NHS SMS and Security Management Director. The reporting of all physical assaults to the SMS is mandatory.

If the assault occurs in the community the Police should be called immediately. There may also be a requirement to report physical assaults to the Health and Safety Executive (HSE). This will be required if the assault resulted in a staff member being absent or unable to undertake their normal duties for three or more days, a serious injury or fatality in accordance with the Reporting Injuries Diseases Dangerous Occurrences Regulations 1992. The Corporate Services Team will liaise with HR ensure that where applicable a RIDDOR report is completed, based on the data contained within the CCG Incident Report Form. A concordat between the HSE and the NHS SMS has been signed and covers data sharing and co-operations on investigations.

### **6.4 What will happen when I have reported the physical assault?**

The Corporate Business Manager will arrange for an acknowledgement to be sent to the person assaulted, so they know that the incident has been acknowledged. Reports of physical assault received by the LSMS can typically be divided into two categories:

- Those which are being pursued by the police and requiring monitoring by the LSMS;
- Those which require investigation by the LSMS.

The LSMS will contact the police officer(s) who attended the incident, or who has been assigned to investigate the incident, to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept apprised of progress and outcome.

Where the police decline to investigate the incident, the LSMS will consider investigating further to see whether or not a private prosecution or other action, such as an Anti Social Behaviour Order (ASBO) or civil injunction is necessary.

When an investigation is concluded, and it is considered that there is sufficient evidence to support a prosecution, the matter will be referred to the Legal Protection Unit (LPU) of the NHS SMS for further action as appropriate.

Irrespective of whether a sanction is pursued or not, the department manager will always consider whether additional action such as "warning letters" about future conduct should be sent. Where it is particularly serious or repeated in nature and staff, patient and public safety could be at risk, the Chief Officer/SMD along with other appropriate Directors should consider whether withholding of treatment is appropriate (see range of legal sanctions section 8.0).

NEE/CCG/2013/012

Version 5.1

Approved: 19/01/2017

Review Date: January 2019

## **7. Non-physical Assault**

### **7.1 What is a non-physical assault?**

Non-Physical assaults on NHS staff are defined as:

***“The use of inappropriate words or behaviour causing distress and / or constituting harassment”.***

This definition replaces any other definition that may currently be in use within the NHS for reports of non-physical assault. It is difficult to provide a comprehensive description of all types of incidents, however, examples of the types of behaviour covered by this policy are summarised below, although the list is not exhaustive:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe;
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Offensive gestures and being sexually abusive;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimisation or intimidation; (Staff on staff bullying does not fall into the remit of this policy. Any such issues will be dealt with by Human Resources under the Bullying and Harassment Policy).
- Stalking;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or any of the above which is linked to destruction of or damage to property.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other forms of communication, such as graffiti on NHS property.

### **7.2 What do I do when a non-physical assault has occurred?**

Taking action is appropriate where non-physical assault or abusive behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety;
- Prejudice any benefit the patient might receive from the care or treatment;
- Prejudice the safety of other patients;
- Result in damage to property inflicted by the patient, relative, visitor or as a result of containing their behaviour.

The following is a list of possible aggravating factors which should be considered when deciding to report an incident to the police. It is by no means exhaustive:

- The effect on the victim and / or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the grounds of race, religious belief (or lack of), nationality, gender, sexual orientation, age, disability or political affiliation;
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property;
- The incident was an attempted, incomplete or unsuccessful physical assault;
- The incident involves action by more than one assailant;
- The incident is not the first to involve the same assailant(s);
- There is an indication that a particular member of staff or department / section is being targeted;
- There is serious concern that any threats made will be carried out;
- There is a concern that the individual's behaviour may deteriorate.

The clinical condition of the assailant should be considered as part of the decision making process, but non-physical assaults involving racially or religious content should be considered a police reportable incident.

### **7.3 How do I report a non-physical assault?**

If you feel the behaviour exhibited is serious then you should contact the police and report the incident to them. Refer also to the CCG Bullying and Harassment Policy.

You must notify your manager of the incident and complete an IRF which should detail what happened, and noting the behaviour of the offender and what they said or did. This form should be forwarded to the Corporate Business Manager without delay.

### **7.4 What will happen when I have reported a non-physical assault?**

A thorough investigation of the incident will form the basis for any subsequent action. The manager must carry out an investigation as it is essential to ensure that contributing factors are identified which will ensure that lessons are learnt and vital information utilised for risk assessment purposes and preventative action. This can be done in conjunction with the Corporate Business Manager.

However, where appropriate, evidence gathered will also ensure that appropriate sanctions are sought. It is important that each case is judged on its own merits. The sections below outline a range of options that can be taken in order to effectively tackle non-physical assaults, depending on severity of the incident and aggravating factors. The 'clinical condition' of the assailant should always be considered.

## **8.0 Range of Sanctions**

A wide range of measures can be taken by the CCG depending on the severity of the Physical and Non-Physical assault. These sanctions may assist in the management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour, these may include:

- Verbal warnings

- Acknowledgement of Responsibilities Agreements (ARA)
- Written Warnings
- Withholding treatment
- Civil Injunctions and Anti Social Behaviour Orders (ASBO)
- Criminal Prosecution

Throughout any of these processes the CCG is committed to developing and continuing to work with the Police and Crown Prosecution Service (CPS) to ensure the best possible response and subsequent action that is appropriate in the circumstances.

### **8.1 Verbal Warnings**

Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult patients, relatives or visitors in an attempt to modify their behaviour, or to punish them, but used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

It is important that patients, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. The incident should also be reported and recorded locally, preferably in patient notes if appropriate.

Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The aim of the verbal warning process is twofold:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it reoccurring;
- To ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

A meeting should be arranged by the lead nurse/ manager/head of service and conducted in a fair and objective manner. The meeting should be held as soon as is practicable following the incident. A formal record should be made and maintained, on the patient's records and by completing an IRF where the details will be captured on the Risk Management Reporting System (DATIX).

Verbal Warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary). Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

### **8.2 Acknowledgement of Responsibilities Agreement (ARA)**

ARA's are an option that can be considered for individual patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or

as an immediate intervention depending on the circumstances. ARA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.

The agreement itself should specify a list of acts or behaviours in which an individual (patient, relative or visitor) has been involved in with a view to get agreement and cooperation from them not to continue their inappropriate behaviour. ARAs should last at least for a period of six-months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ARA should be outlined formally in a written document for the perpetrator. A template for such a letter can be found at Appendix A to this policy, a copy of which they should be asked to sign. This template can be adapted to suit local needs. The terms of the agreement must be written in a manner which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the outset. ARAs are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure this is not misinterpreted as such.

The appropriate Manager, clinician and LSMS should consider:

- The desired outcome;
- Appropriate conditions of the behavioural agreement.

The following issues should be covered:

- Reason for agreement;
- An explanation as to why the identified behaviour is unacceptable;
- A clear explanation that such behaviour must stop;
- The consequences of continued unacceptable behaviour;
- Details of the mechanism for seeking a review.

If it is clear that they will not comply, or a pattern of non-compliance becomes evident, and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance should be issued. A template for such a letter can be found at appendix B.

The use of ARAs would not be appropriate in the following circumstances:

- Where the patient's GP, or SMD/LSMS in the health body, having consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced such as a mental disorder or severe learning disability, where an ARA could worsen the patient's well-being or affect their recovery for example. **However, the presence of a mental disorder or learning disability should not preclude appropriate action from being taken**, and it is important to note that the incident must still be recorded;

- For anyone under the age of 16 ARA must involve the child's parent(s) or guardian(s).

Monitoring is essential if the ARA is to be effective. Staff are expected to report any continuing breaches to their managers and the Corporate Business Manager. This will enable the continued inappropriate behaviour to be highlighted and addressed. The appropriate Manager, and LSMS will be made aware of the further violations.

Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The LSMS and the NHS SMS LPU will provide assistance in specific cases, should this be necessary. In the case of mental health, any action which may or may not include legal action must be made in conjunction with clinical opinion.

## **9.0 Support**

### **9.1 Victim Support Needs**

In the event of an unpleasant incident, the quality of support to the victim and those associated with it is crucially important in restoring wellbeing. It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals. Involving managers in the factual debriefing will be a reflection of the seriousness of the incident and support the experience of the victim. If the member of staff is too shaky to travel home by normal arrangements, then arrangements should be made to send them home by taxi or accompanied by a colleague.

Staff morale and confidence can be improved if they see that there is a genuine commitment from managers, employers and the authorities to support and pursue prosecution in cases of assault.

### **9.2 Medical support**

Victims of physical assault requiring medical attention should be referred to the Occupational Health Department or Out of Hours Health Service, if a serious trauma the Accident and Emergency Department. Wherever possible, a colleague should accompany the victim.

### **9.3 Emotional support**

Unless the victim cannot work, it is probably more helpful for the member of staff to remain at work among colleagues than to be sent home. However, this must be carefully assessed and the wishes of the victim must be considered. The immediate and continuing interest in the member of staff's wellbeing by colleagues and managers is very important, together with the opportunity for them to talk through the incident. Managers and colleagues can be most helpful by being available to listen. The support required will not be only in the immediate aftermath of an incident, but may also continue for some time after the event. The Occupational Health department will be able to offer assistance and support if necessary.

## **10. Policy Development**

### **10.1 Consultation and Communication with Stakeholders**

The following stakeholders have been consulted in relation to the development of this document:

- LSMS
- Risk Management Team
- Legal Services Manager
- NE Cluster Health and Safety Forum

### **10.2 Approval and Ratification Process**

This document has been ratified by the NE Cluster Health and Safety Forum, and the Operational Executive Committee.

### **10.3 Owner and version control/review processes**

This document will be reviewed by the Corporate Business Manager annually but it is the responsibility of the Corporate Business Manager to review this policy prior to the review date if it is required.

## **11. Dissemination and Implementation Process**

### **11.1 Dissemination**

The 'read-only' master version of this policy will be added to the policies and procedures section of the NHS NEE extranet site. Paper copies of this policy MUST only be made from the current master version found at this location.

### **11.2 Implementation of Policy Documents**

This policy is available on the CCG intranet. All staff will be notified of the policy and any amendments via the process detailed within the Policy and Procedures Policy.

## **12. Training needs/support**

Adequate training will assist in reducing the likelihood of violence and therefore potential injuries to all parties. Training will also promote dignity and welfare of the persons involved.

Staff must attend the appropriate relevant training that has been designed for the particular risks they face. This is generally decided upon from the actual locations of the work undertaken.

Training is a mandatory requirement for staff and will be regularly refreshed. Details of Training requirements for different staff groups are included in the Mandatory Training directory which can be found on the CCG extranet. It is the responsibility of both managers and individuals to ensure the applicable level of training is undertaken.

### **12.1 Conflict Resolution Training**

Staff, particularly all front line staff must receive the National Syllabus in Conflict Resolution training. This is the largest training programme ever undertaken in the NHS and its aim is to ensure that all frontline staff receive high quality, consistent training in non-physical Conflict Resolution by 2008. The training, which is mandatory, has been developed by the NHS Security Management Service in conjunction with the British Medical Association, Royal College of Nursing and UNISON. This measure has been introduced as per the directions of the Secretary of State issued in November 2003.

NEE/CCG/2013/012

Version 5.1

Approved: 19/01/2017

Review Date: January 2019

The point of contact for the booking onto this training is through the Training and Education Department.

### **13. Library and archiving arrangements**

Once an out of date policy has been removed from the extranet, the policy will be stored in an electronic archive file. This will be maintained by the Corporate Services and Quality teams.

### **14. Monitoring of Compliance and effectiveness**

This policy, associated procedures and adjoining appendices will be monitored and reviewed by the Operational Executive Committee.

The CCG aims to demonstrate its compliance to the NHSLA standards with this policy, an approved document which describes the process for managing the risks associated with the prevention and management of violence and aggression.

The areas of compliance that will be routinely monitored are:

- The local arrangements for preventing and managing violence and aggression.
- The CCGs expectations in relation to staff training as identified in the training analysis
- The arrangements for the support of staff and others involved in or affected by violence and aggression.
- The arrangements for ensuring the safety of Lone Workers
- The process for monitoring compliance for all of the above.

The requirement to undertake the above monitoring will be the responsibility of the LSMS in consultation with the SMD.

Staff members' experience of violence and aggression are also monitored through the national staff survey.

### **15. Associated documents and policies**

- Security Policy
- Risk Management Strategy Policy
- Health and Safety Policy
- Serious Incident Management Policy
- Stress Management Policy
- Whistleblowing Policy

### **16. References and Definitions**

#### **16.1 References**

1. Standards\_for\_commissioners\_2016-2017\_Security\_management,
2. Health & Safety at Work Act 1974
3. The Management of Health and Safety at Work Regulations 1999
4. Reporting of Injuries, Disease & Dangerous Occurrences 1995 No. 3163 (RIDDOR)  
[http://www.legislation.hms.gov.uk/si/si1995/Uksi\\_19953163\\_en\\_1.htm](http://www.legislation.hms.gov.uk/si/si1995/Uksi_19953163_en_1.htm)

NEE/CCG/2013/012

Version 5.1

Approved: 19/01/2017

Review Date: January 2019



## 16.2 Definitions

Some of the common words used within this document have already had their meaning defined such as; assault and non-physical assault etc. The following are definitions of additional words commonly found within this document:

**Risk** - a situation involving exposure to danger.

**Incident** - an instance of something happening; an event or occurrence.

**Risk Assessment** - Risk assessing is a process of measuring the severity of something harmful occurring with its likelihood to create a score of seriousness and plan control measures. Numerical scores are used.

The resulting assessment is either low, moderate, high or extreme and this is an indication of the seriousness of the risk.

**Sanctions** - For the purpose of this document the term 'sanctions' relates to agreements or restrictions put in place as a result of a course of action taken to address serious or consistent episodes of violence, aggression or inappropriate behaviour.

## Appendix A



North East Essex  
Clinical Commissioning Group

<Date>

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>**

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This CCG is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour when attending the < insert name of trust/ location> in the future and comply with the following conditions as discussed at our meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: (to be adjusted as appropriate):

The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.

The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement.

Sincerely,

Signed by Chief Officer

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

## Appendix B



North East Essex  
Clinical Commissioning Group

<Date>

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This CCG is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions  
<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it is essential in order that we can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to us in the envelope provided. In the event that we receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours faithfully,

Signed by Chief Officer

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated

## Appendix C



North East Essex  
Clinical Commissioning Group

<Date>

Dear

### **FINAL WARNING**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This CCG is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence >. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what the CCG considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:

(to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment the CCG considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Chief Officer

Date

## Appendix D: Contacts List

Role	Name	Telephone No
Chief Officer	Sam Hepplewhite	01206 918746
Director of Resources	Kirsty Denwood	01206 918750
Corporate Business Manager	Angie Roberts	01206 918700
Governance Lay Member	Martyn Hanlon	Via Corporate Business Manager
Local Security Management Specialist	Brendan Harper	07917 790112



## **Appendix E – Violence and aggression Risk Assessment Guidance**

### **Guidance on completing the risk assessment form**

The completed form must be kept and a copy of the assessment must be available to staff at all times.

### **Description of staff (Describe the situation as it is now)**

List the roles or job titles, consider what staff and the number likely to be involved in the work activity, remember to consider other staff involved e.g. reception and or domestic staff.

### **Description of violent or aggressive behaviour (Hazards)**

Write down a description of the behaviours which are experienced or potentially experienced by staff (e.g. verbal abuse of staff by patients waiting in A&E)

### **Consequence (Harm that could result)**

Describe the impact on staff and refer to the severity matrix and assign a rating

### **Control measures already taken to reduce risk (What are existing controls?)**

List the controls already in use e.g. safe system of work, care plans, staff training, client/relative information packs, 'buddy system, etc.

### **Likelihood & Severity**

Refer to risk assessment matrix for violence and aggression

### **Risk Rating**

Refer to Risk Assessment form

### **Additional control measures required**

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the 'Additional Control Measures required' may take some time to implement or may not be achieved within the department's resources. In these instances the risks should be identified on the risk register.

### **Assessors**

The risk assessor should be a member of staff who is competent in the Management of Conflict and Violence. The assessor should work in conjunction with those exposed to potential violence. The activity should be reviewed whenever there is a change in the process, equipment etc, or following an incident.

### **Contingency plan following an assault**

It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place, an incident form must be completed. Procedure for dealing with incidents is detailed in the NHS NEE CCG Incident Reporting and Management Policy available on the extranet.

## Appendix F: IDENTIFYING VIOLENCE CHECKLIST

Tables 1 and 2 form the first part of the process  
Any outstanding or “no” answers **must be** transferred to the risk assessment form.

Table 1 is to be completed by managers

Table 2 is to be completed by staff

<b>a. TABLE 1 Managers</b>			
	Yes	No	N/A
<b>Are your staff:</b>			
In your department in contact with the public where violence may or is likely to occur?			
Aware of whether violence has been identified as a problem in the department?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc?			
Given all available information about the client from all relevant agencies?			
That verbal aggression by telephone could be perceived as a problem?			
Provided with a sound grasp of the departments preventative strategy?			
Attended the relevant mandatory training appropriate to the risks for managing potential violence and/or aggression?			
<b>Do they:</b>			
Have access to incident forms for reporting incidents.			
Appreciate the need for this procedure?			
Use the forms?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department e.g. Police liaison, counselling, etc.?			

<b>TABLE 2 Staff</b>			
	Yes	No	N/A
<b>Have you:</b>			
Had appropriate mandatory training regarding violence and aggression to staff?			
A sound grasp of your department's safety policy?			
A clear idea about the area into which you are going to work?			
Carefully previewed clinic list/patients? Any known potentially violent patients/relatives?			
<b>Do you have:</b>			
Access to forms to record and report incidents			
A personal alarm (where appropriate)? Does it work? Is it handy? Aware of how to contact security or the police ?			
<b>Are you:</b>			
Aware that your approach, body language or mannerisms may influence the patient/relative/visitor behaviour?			

**Appendix G: NHS NEE CCG RISK ASSESSMENT PROFORMA**

<b>RISK SCORING MATRIX</b>					
<b>Likelihood of harm ↓</b>	<b>Consequence/severity of harm →</b>				
	<b>Insignificant (1)</b>	<b>Minor (2)</b>	<b>Moderate (3)</b>	<b>Major (4)</b>	<b>Catastrophic (5)</b>
<b>Almost Certain (5)</b>	5	10	15	20	25
<b>Likely (4)</b>	4	8	12	16	20
<b>Possible (3)</b>	3	6	9	12	15
<b>Unlikely (2)</b>	2	4	6	8	10
<b>Rare (1)</b>	1	2	3	4	5

From the highlighted matrix consider the potential risk of injury, personal distress, complaint, resource issues, service impact and litigation.

**ASSESSMENT DESCRIPTION**  
**ASSESSMENT REFERENCE NO:**

**ASSESSOR(S)**  
**USER**

**DATE CARRIED OUT**

INTRODUCTION:

<b>IDENTIFIED HAZARD</b>	<b>PERCEIVED RISKS</b>	<b>CURRENT PROCESS, PROCEDURE &amp; CONTROLS</b>		<b>REQUIRED ACTIONS</b>	<b>RESIDUAL RISK H/M/L</b>
<i>Violence &amp; Aggression Incidents</i> <i>Main triggers</i>	<i>Physical Harm &amp; injury to both staff and assailant</i>	<u>Consider all the things already in place. Some items may reduce the risk where other processes may increase the risk.</u>	Assess the initial risk level	<u>Now consider what needs to be done to reduce or eliminate the risk.</u>  <b>Policy</b>	Assess the risk level once actions are in place

IDENTIFIED HAZARD	PERCEIVED RISKS	CURRENT PROCESS, PROCEDURE & CONTROLS		REQUIRED ACTIONS	RESIDUAL RISK H/M/L
<p>can be through –</p> <p>*Drink, drugs or inherent aggression</p> <p>* Mental Health Conditions</p> <p>* Impatience</p> <p>*Frustration (due to lack of information)</p> <p>* Anxiety due to condition or a lack of choice.</p> <p>*Resentment (having no right to an appeal decision)</p> <p>* inadequate interaction with staff (staff member not</p>	<p><u>Psychological harm</u> –</p> <p>Effects of being a victim of being harmed through a violent or aggressive incident can be damaging.</p> <p>Sometimes staff may even feel partly to blame for violent incidents, or feel that they have in someway failed</p> <p>Stress, anxiety, fear and depression can occur as a result of violence incident.</p>	<p><b>Policy</b></p> <p>CCG has a Policy for the Management of Violence &amp; Aggression which must be made available for staff.</p> <p>Can be requested through Line Managers &amp; Corporate Business Manager or through Extranet</p> <p><b>Incident Reporting / Investigation</b></p> <p>The CCG has an Incident Reporting and Management Policy and arrangements for reporting incidents.</p> <ul style="list-style-type: none"> <li>- All instances of violence of aggression must be appropriately reported ward/practice manager. Most assaults the Police will need to be called (see policy for exceptions)</li> <li>- The appropriate manager should then investigate and highlight any actions that should be taken to prevent or reduce the effects of a re-occurrence</li> </ul>		<p>The CCG policy needs to be complied with and made available to all staff. Need to confirm staff understand the policy</p> <p>Ensure all staff understand the signs &amp; triggers of potentially violent or aggressive situations.</p> <p><b>Incident Reporting / Investigation</b></p> <p>Staff must be made aware of the policy and understand the need to report instances of violence and aggression. Staff need adequate access to Incident Reporting Forms IRF</p> <p>All incidents are reported to the Corporate Business Manager via Incident Reporting Form. A copy must be as soon as possible after the incident.</p> <ul style="list-style-type: none"> <li>- The police will also need to be called in most instances (see the Policy for the Management of Violence &amp; Aggression)</li> </ul>	

IDENTIFIED HAZARD	PERCEIVED RISKS	CURRENT PROCESS, PROCEDURE & CONTROLS		REQUIRED ACTIONS	RESIDUAL RISK H/M/L
<p><i>communicating in a professional manner, ie jargon or being rude )</i></p> <p><i>Environmental Factors</i></p> <p><i>-Layout of room (escape)</i></p> <p><i>User friendly (patient confusion)</i></p> <p><i>- Medical Equipment (weapons)</i></p> <p><i>-Distressing Décor</i></p>	<p><i>Injury or Stress - related health problems. Often can lead to long-term sick leave. This is obviously affects the victim, but also has implications for significant resources for the CCG.</i></p>	<p><b>Risk Assessment</b></p> <p>It is a legal requirement that local Risk Assessments are undertaken and regularly reviewed. A Risk Strategy Policy is in place and the Corporate Business Manager and managers can supply advice and assistance with the risk assessment process.</p> <p><b>Training</b></p> <p>Appropriate Training is supplied through Organisational</p>		<p><b>Risk Assessment</b></p> <p>Produce Risk Assessments highlighting who could be harmed, how the situation is currently being managed, the risk level and what else might need to be done to reduce or remove the risk to a reasonably practicable level. Assessments must be undertaken and processed inline with the Risk Strategy Policy.</p> <p>**** Remember things like vulnerable staff such as pregnant, young workers and lone workers</p> <p>*Consider the environment – can anything be done to make it safer.</p> <ul style="list-style-type: none"> <li>- Security Arrangements such as Entry and exit</li> <li>- Lighting</li> <li>- Local procedures</li> <li>- Personal or static distress alarms</li> <li>- Try and remove items that</li> </ul>	

IDENTIFIED HAZARD	PERCEIVED RISKS	CURRENT PROCESS, PROCEDURE & CONTROLS		REQUIRED ACTIONS	RESIDUAL RISK H/M/L
		<p>Development and Training Department.</p> <p>There are different mandatory courses available, depending on staff workplaces and risks.</p> <p><b>Counselling Service</b></p> <p>The CCG has access to a Counselling Service through Occupational Health. It is very important that staff affected by a Violent or Aggressive incidents are offered the opportunity to attend. This should include serious verbal violence.</p> <p><b>Security Arrangements &amp; other considerations</b></p> <p>The appropriate arrangements will be highlighted during the risk assessment process. Panic devices should be fitted in high risk areas and individual alarms given to persons</p>		<p>can be used a weapons</p> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>- Staff must have received the appropriate training. Knowledge of the triggers &amp; conflict de-escalation is a vital way to avoid a situation. It is therefore a mandatory sessions for clinical frontline staff</li> </ul> <p>Have ALL staff received the appropriate level of training (including updates) ? Have you kept accurate local records to aid with the management and identification of training</p> <p><b>Counselling Service</b></p> <p>Are staff made aware of this and supported to attend when required.</p>	

IDENTIFIED HAZARD	PERCEIVED RISKS	CURRENT PROCESS, PROCEDURE & CONTROLS		REQUIRED ACTIONS	RESIDUAL RISK H/M/L
				<p><b>Security Arrangements &amp; other considerations</b></p> <p>Undertake the Risk Assessment</p> <p><b>Serious Untoward Incidents (SUI)</b></p> <p>Managers must ensure they are familiar with the Policy and required actions. The Corporate Business Manager / or CCG on call Director must be called.</p> <p><b><u>For further assistance contact your Manager or the Corporate Business Manager</u></b></p>	

## SUMMARY & RECOMMENDATIONS:

Use this to highlight key areas and actions highlighted in the risk assessment

ASSESSOR **Managers Name** CONTACT TEL NO DATE REVIEW DATE (this should be no greater than 1 year)

### DISTRIBUTION:

<i>Department</i> <i>Signed –</i> <i>Date -</i>	<i>The above assessment has been acknowledged. <b>Comment on Required actions</b></i> ▪ ▪ ▪ ▪ ▪
---	--

<i>Corporate Business Manager – All Risk Assessments</i>	
<i>Local Manager – All assessments Manager risks up to level 5</i>	
<i>Head of Service - All Medium and above Risks (5-10)</i>	
<i>Assistant Director – All Serious Risks (10 -16)</i>	
<i>Executive Director – All extreme risk (16 -25)</i>	



## RISK SCORING MATRIX

RISK SCORING MATRIX					
Likelihood of Risk ↓	Consequence / Impact →				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

When the following Likelihood and Consequence are multiplied together, the scores give a risk rating of between 1 and 25 on matrix.

### LIKELIHOOD OF OCCURRENCE

Likelihood	Rating	Description
Rare	1	May occur only in exceptional circumstances
Unlikely	2	Event Unlikely to occur
Possible	3	Reasonable chance of occurring
Likely	4	Will occur in most circumstances
Almost Certain	5	Most likely to occur, than not

### CONSEQUENCE SCORING - Injury / Death chart

Consequence	Rating	Description
Insignificant	1	Minor impact injury which did not affect the person / Reduced Organisational performance for than 1 week
Minor	2	Minor Injury, first aid required / Reduced Organisational performance, between 1 week and 1 month
Moderate	3	Semi-permanent injury/damage lasting up to 1 year. An over 3-day staff injury reportable under RIDDOR. Litigation cost of £50,000 to £500,000. / Reduced performance up to one month
Major	4	Significant or permanent injury (loss of/use of limb. Major injury, reportable under RIDDOR, fractured neck of femur / High environmental implication / Litigation cost of £500,000 to £1million. / Temporary service closure. / low key national media coverage
Catastrophic	5	Unexpected death of a patient or member of staff. International adverse publicity/severe loss of confidence in the organisation. Extended service closure. Litigation cost greater than £1,000,000 / adverse high profile national media coverage

## **ACTION AND REPORTING REQUIREMENTS**

<b>Risk Level</b>	<b>Rating</b>	<b>Actions</b>	<b>Required Responsibility</b>
LOW (Green)	1 -3	Managed through normal local control measures. Entered onto Service Risk Register	Local Actions –Managed by <b>Line Manager</b> / Team leader Head of Service informed and formal risk assessment undertaken
MEDIUM (Amber)	5 -8	Review control measures through formal risk assessment. Entered on Directorate Risk Register	<b>Head of Service</b> (or equivalent) for senior Management Action – responsible for controlling and reducing risk as soon as reasonably practicable. Risk Assessment supplied to Assistant Director and Corporate Business Manager
SERIOUS (Amber)	9 -12	Treatment plans to be developed, implemented and monitored Entered onto Corporate Risk Register	<b>Assistant Director</b> level Action - responsible for controlling risk and reducing risk as soon as practicable. Risk Assessment required and supplied to the Executive Director and Corporate Business Manager
EXTREME (Red)	15 - 25	<b>Immediate Actions Required to reduce risk</b> Entered onto Corporate Risk Register	<b>Executive Director</b> level action - required to instigate immediate actions to reduce risk. Action Plan required and supplied to the Chief Operating Officer and Corporate Business Manager

The acceptability of each risk will be assessed on its own merits, but will, generally, follow the categories below.

	Rating	Level of Risk	Acceptability to the CCG	Action Required? (see chart below)	
				From Incident	From Risk Assessment
Green	Between 1-3	<b>Low Risk</b>	Regarded as acceptable by the CCG	1, 2, 3	4,5,7, 10
Amber	between 5 - 8	<b>Moderate Risk</b>	Acceptable in the short term provided responsibility for control has been identified and is being implemented	1,2,3,4,5,7,10	4,5,6,7,10,
Amber	between 9 – 12	<b>High Risk</b>	Not acceptable in the medium term and require input to reduce them.	1,2,3,4,5,6,7, 8, 12	4,5,6,7,8,10,13
Red	Scores of 15 and above	<b>Extreme</b>	Not acceptable in the short term and require urgent action to reduce	All	3,4,5,6,7,8,9, 10,11,12,13

## Appendix H: POST-INCIDENT SUPPORT: GUIDANCE AND RECORDING FORM

Support will be available for any individual involved in, or potentially affected by, an incident whether staff or patient/service user. This Guidance should be interpreted to suit the situation.

This form is to enable the manager or co-ordinator (i.e. person in charge at the time of the event) of the shift to think through the support required and to record the subsequent actions for future reference. The completed form must be kept within the person's confidential file.

<b>Name of Individual concerned</b>	<b>Name of manager/ co-ordinator</b>
<b>IMMEDIATE ACTION:</b>	
<p>The immediate situation having been managed and any further risks minimised:</p> <ul style="list-style-type: none"> <li>• Ensure that the affected person is in a place of safety</li> <li>• carry out first aid if necessary</li> <li>• Call the Police (less some clinical assaults)</li> <li>• Assess the emotional and practical needs through personal debrief, encouraging expression of feelings in an uncritical atmosphere</li> <li>• Decide on an initial plan of action with the agreement of the person, and take steps to carry this out</li> <li>• Make a record below</li> </ul>	
<b>IMMEDIATE STEPS TAKEN TO ENSURE SAFETY OF ALL CONCERNED:</b>	
<b>SUMMARY OF PERSONAL DEBRIEF:</b>	<p><b>POSSIBLE INITIAL ACTIONS:</b></p> <p>i. Go to Casualty:-</p> <ul style="list-style-type: none"> <li>• How? With whom? Where after?</li> <li>1. <i>Time out locally:</i> -</li> <li>• <i>Support through discussion, feedback, cup of tea etc</i></li> <li>2. <i>Go Home:</i> -</li> <li>• How? With whom? Anyone at home?</li> <li>• Arrange to contact later.</li> </ul>
<b>INITIAL ACTION PLAN:</b>	<p>3. <b>FORMALITIES - Have you:-</b></p> <ul style="list-style-type: none"> <li>• Completed an Incident Report Form ?</li> <li>• Checked Hep B and tetanus status if necessary?</li> <li>• Referred to Occupational Health if necessary?</li> <li>• Followed contamination procedure if skin has been broken?</li> <li>• Offered counselling support through OH</li> <li>• Review the Risk Assessment</li> </ul>

<b>RECORD OF ACTION TAKEN WITHIN 24 HOURS</b>		<b>4. WITHIN 24 HOURS OF THE INCIDENT</b> <ul style="list-style-type: none"> <li>• Contact person to find out progress</li> <li>• Ensure future opportunity for: <ul style="list-style-type: none"> <li>- Revisiting feelings</li> <li>- <b>Determining the support wanted by the individual</b></li> <li>- <b>Emphasising availability of informal support at any time</b></li> </ul> </li> <li>• Revisit relevant risk assessment</li> <li>• Arrange/carry out clinical debrief involving relevant staff</li> <li>• Reorganise shifts to accommodate if necessary</li> <li>• Record actions here</li> </ul>	
<b>ONGOING SUPPORTIVE ACTION: (in agreement with the individual)</b>			
<b>Date</b>	<b>Nature of Support</b>	<b>Signature</b>	
<b>SUMMARY OF INCIDENT:</b>			
Date of Incident:		First Aid Required: <b>Yes / No</b>	Attended A&E Dept: <b>Yes / No</b>
Assault: <b>Physical / Non-physical</b>			
Nature: <b>Non-Clinical / Clinical Assault (victim and clinical team agreed) Yes / No</b>			
Actions: <b>Internal Actions / Police / Civil Actions</b>			
Debriefed and supported, then went home: <b>Yes / No</b>		Debriefed and supported, then returned to work: <b>Yes / No</b>	
Number of Days away from work or normal duties <b>1 / 2 / 3 / 4 / 5 / 5+</b>			
<b>SIGNATURES:</b>	Individual		Date
	Manager /		Date
	Co-ordinator		