

Management of Violence and Aggression Policy

V4.0

June 2025

Summary

This policy is designed to ensure that staff working and patients being cared for in a healthcare environment are provided with an environment that is safe and secure and that minimises the risk of violence and aggression, in line with the requirements of the NHS England and the Health and Safety Executive (HSE) HSG65 (Third edition published 2013), the key elements of successful health and safety management; in relation to managing the risk of violence and aggression.

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

Common Assault – s.39 Criminal Justice Act 1988.

An assault is any act (and not mere omission to act) by which a person intentionally or recklessly causes another to suffer or apprehend immediate unlawful violence.

For the Trust to manage these assaults the legal definition has been broken down into the two acts involved in a Common Assault as follows:

- Suffering an act of violence “physical assault”.
- Apprehend a violent act “non-physical assault”.

NHS Violence Prevention and Reduction Standard (VPRR): provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. The Royal Cornwall Hospital NHS Trusts has committed to undertake six-monthly compliance assessments or quarterly if significant concerns are identified. VPRR Standard is managed by NHS England and NHS Improvement as was endorsed by the Social Partnership Forum on 15 December 2020 with guidance being released on 13 June 2022 and updated guidance on 3 December 2024 (version 2).

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. The Trust has a statutory obligation to ensure that, as far as is reasonably practicable, it provides an environment that is safe and secure for staff to work and patients to be treated in.
- 1.2. Everyone has a duty to behave in an acceptable and appropriate manner. Violent or abusive behaviour will not be tolerated by the Trust and the risk of violence must be assessed and reasonable action taken to protect against it.
- 1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. This policy is designed to ensure that staff working and patients being cared for in a healthcare environment are provided with an environment that is safe and secure and that minimises the risk of violence and aggression.
- 2.2. This is in line with the requirements of the NHS England Violence Prevention and Reduction Standard and the Health and Safety Executive (HSE) HSG65 (Third edition published 2013), the key elements of successful health and safety management; in relation to managing the risk of violence and aggression.
- 2.3. The policy details the routes that are available for staff, and the Trust alike, to seek local and legal redress.
- 2.4. The policy will also clearly define the roles of the Security Management Director (SMD) and the Local Security Management Specialist (LSMS) in supporting Trust staff to avoid, deal with, and manage, violent and abusive persons.
- 2.5. This policy should be read in conjunction with the “Lone Working Policy” and the “Clinically Related Challenging Behaviour guidance within the Restrictive Practice Policy”.
- 2.6. This policy should be read in conjunction with the “RCHT Violence Prevention and Reduction Strategy 2023-2026”, until such time that a separate “Violence Prevention and Reduction policy”, is available.

3. Scope

- 3.1. This policy applies to all full time and part time employees of the Trust, Contractors or Sub-Contractors who provide services to the Trust including agency staff (Clinical and Non-Clinical), students/trainees, volunteers, clinical attachments, apprentices, seconded staff and all other staff on placement within the Trust. In addition, it will further extend to patients (inpatients and outpatients), their relatives and all visitors.
- 3.2. Under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, employers have a duty to ensure the health, safety and welfare of their staff, and to protect staff, as far as reasonably practicable, from the effects of violence and aggression in the workplace.

4. Definitions / Glossary

- **SMD:**

Security Management Director.

- **LSMS:**

Local Security Management Specialist (Trust Security Lead [LSMS]).

- **ARA:**

Acknowledgement of Responsibilities Agreement letter(s).

- **Clinically Related Challenging Behaviour:**

Refers to any non-verbal, verbal or physical distress exhibited by a person, which makes it difficult to deliver good care safely.

In the context of Royal Cornwall Hospital NHS Trust, it refers to behaviours which are as a direct result of illness or symptoms (non-elective behaviour).

Clinically related challenging behaviour is not covered within the scope of this policy other than for reportable incidents and training.

Clinically related challenging behaviour is not covered within the scope of this policy, there are other policies, processes and guidance in place for these types of incidents and the management thereof.

- **Community Protection Notice (CPN) or Criminal Behaviour Order (CBO) formerly Anti-Social Behaviour Order (ASBO):**

All are forms of civil orders to protect the public from behaviour that causes or is likely to cause harassment, alarm or distress. An order contains conditions prohibiting an individual from carrying out specific anti-social acts or (for example) from entering defined areas.

5. Ownership and Responsibilities

As the Accountable officer, the Chief Executive has the ultimate responsibility for ensuring compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

5.1. Role of the Security Management Director (SMD)

Shall lead on security management work, and this includes tackling violence against staff. The SMD for the Royal Cornwall Hospitals NHS Trust is the Director of Estates and Facilities. This appointment demonstrates that board level responsibility has been clearly defined. The overall responsibility for the Health and Safety of staff rests with the Trust board.

5.2. Role of the Local Security Management Specialist (LSMS)

- 5.2.1. To ensure that all appropriate actions are taken to create a pro-security culture within the Trust and ensure that where security incidents and breaches occur that they are investigated and reported.
- 5.2.2. The overall objective of the LSMS will be to work on behalf of the Trust to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients.
- 5.2.3. The LSMS is responsible for providing support to the Trust in all matters with regard to the management of violence, and aggression. This will include the issuing of ARA letters on behalf of the Trust.

5.3. Role of Managers and Heads of Departments

All Managers and Heads of Department are responsible for the safety of their staff, and in particular for ensuring compliance with this policy. Additionally, they are to ensure that;

- Adequate risks assessments are undertaken.
- Local policies and procedures are introduced where necessary.
- Safe systems of work are adopted.
- Adequate staff training is provided in accordance with Appendix 4.
- Health, Safety and Security training records are maintained.
- All staff attend the Trust's mandated Equality, Diversity and Human Rights Training.
- Ensuring statutory health and safety requirements and compliance.
- Incident reporting is accurately completed via Datix, investigated and learning shared to reduce future incidents.
- Effective communication and support for staff who may face violence and aggression.
- Positive practical support is given to staff involved in incidents.

5.4. Role of Every Member of Staff

Every member of staff has a general duty of care for their 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 attempts to reduce the risks of violence and to report any potential and actual incidents that may affect their safety in line with the Trust's incident reporting policy.

All front-line staff are also required to attend mandatory training such as Conflict Resolution training (Appendix 4) and Equality, Diversity and Human Rights Training.

6. Standards and Practice

6.1. Prevention

- 6.1.1. Prevention is about stopping incidents of violence from occurring in the first instance. This is achieved by using interventions to either eliminate or reduce the underlying risk factors or to reduce the recurrence of further incidents of violence and its ill effects. Prevention should be based on effective use of available information to ensure that the risk of future incidents can be minimised – this includes learning from operational experience and adopting an inclusive approach that involves staff.
- 6.1.2. Prevention is also about individual members of staff being able to recognise when a situation may become confrontational. It is about having and using the appropriate means of gaining support to defuse the situation or prevent it from escalating into an act of violence.

6.2. Risk Assessment

- 6.2.1. Violence and Aggression within the Trust will not be tolerated. Individual departments must carry out risk assessments where staff may be exposed to incidents of Violence and Aggression by patients or visitors.
- 6.2.2. These Risk Assessments must take into account the risk of any form of violence occurring, and be recorded, within each ward and department. The results of the assessment must be brought to the attention of staff that may be involved in/affected by the potential for violence. This should include incidents of verbal aggression.
- 6.2.3. The assessments should be undertaken by a manager, or suitably trained individual, and reviewed annually or when a significant change occurs which will affect the results of the assessment. Once completed the risk assessments should be added to the Trust Risk Management System Datix.
- 6.2.4. The assessment must take into account factors that may influence violence within the workplace, such as:
 - The working environment (e.g. layout, design, lighting, noise, colour, furniture and fittings).
 - Information systems and organisational procedures (e.g. is adequate information provided to patients and visitors about expected delays, are there any organisational procedures that could antagonise a person).
 - Staffing levels.

- Staff training.
- Plans to manage violent situations, should they occur (e.g. security provision).
- Off-site working responsibilities.

6.3. What do I do when a Physical Assault has occurred?

- 6.3.1. As soon as practicable - following an incident of a physical assault, first ensuring that everyone involved is now safe the matter should be reported by the person assaulted, a manager or colleague (on their behalf) to the police, except in those cases where 'clinical challenging behaviour' (see Definitions) exists. A Datix report must also be submitted.
- 6.3.2. As soon as is reasonable after the assault make an accurate account in note form about the assault while the incident is fresh in people's minds. Any evidence should be left untouched, but kept safe until the police arrive. Details of any witnesses should be taken and provided to the police.
- 6.3.3. Where the police 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 LSMS to assist in monitoring the progress of such cases.
- 6.3.4. The Manager/Head of Department will arrange support as necessary for the person who was the victim of the assault (see Para. 6.17).

6.4. How do I report a Physical Assault?

- 6.4.1. Firstly, report the incident to your manager or senior member of staff on duty and the Police. (Incidents relating to 'Clinically related challenging behaviour' may not need reporting to the Police).
- 6.4.2. A Datix report must be submitted. The LSMS should receive a copy.
- 6.4.3. There is a requirement to report to the Health and Safety Executive (HSE) physical assaults that result in a staff member being absent or unable to undertake their normal duties for more than seven days, a serious injury or fatality in accordance with RIDDOR.
- 6.4.4. The Health and Safety Team will ensure that a RIDDOR report is completed based on the data on the Datix report form.
- 6.4.5. The Health and Safety Team will forward a copy of the RIDDOR report form to the LSMS.

6.5. What will happen when I have reported the physical assault?

- 6.5.1. Once notified the LSMS will arrange for an acknowledgement to be sent to the person assaulted so they know that the incident has been received.
- 6.5.2. 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 further support from the LSMS.
- 6.5.3. The LSMS will attempt to 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.
- 6.5.4. 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 a Criminal Behaviour Order (formerly Anti-Social Behaviour Order [ASBO]) or civil injunction is necessary.
- 6.5.5. Irrespective of whether a sanction is pursued or not, the LSMS will always consider whether additional action such as “warning letters” about future conduct should be sent.
- 6.5.6. Where an incident is particularly serious or has been repeated by the same person which puts staff, patient and public safety at risk, the Chief Executive / SMD along with other appropriate Directors may consider whether withholding of treatment is appropriate.

6.6. Non-Physical Assault

- 6.6.1. It is difficult to provide a comprehensive description of all of the types of incidents of non-physical assault. However, some examples of the types of behaviour covered by this policy are summarised below:
 - 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.
 - Near misses i.e. unsuccessful physical assaults.

- Threats or risk of serious injury to a member of staff, patients or visitors.
- Bullying, victimisation or intimidation.
- 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.

6.6.2. If any of the above situations involve one member of staff against another member of staff the incident should be reported to the appropriate line manager.

Any such issues will be dealt with by Human Resources who will apply the appropriate policy.

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

6.7. What do I do when a non-physical assault has occurred?

6.7.1. As soon as is reasonable after the assault make notes about the incident, especially if it is a threat by telephone. Any evidence should be left untouched, but kept safe until the police arrive. Details of any witnesses should be taken and provided to the police.

6.7.2. 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.
- 6.7.3. The clinical condition of the assailant should be considered as part of the decision-making process.

6.8. How do I report a non-physical assault?

- 6.8.1. You must notify your manager of the incident. They will help you complete and submit a Datix Report, which should detail what happened, and noting the behaviour of the offender and what they said or did. They can also provide you with other forms of support available within the Trust.
- 6.8.2. A copy of the datix incident should also be sent to the LSMS for possible further investigation.

6.9. What will happen when I have reported a non-physical assault?

- 6.9.1. A thorough investigation of the incident will form the basis for any subsequent action.
- 6.9.2. 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.
- 6.9.3. 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.
- 6.9.4. The sanctions listed 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.
- 6.9.5. The 'clinical condition' of the assailant should always be considered.
- 6.9.6. Certain non-physical assault incident, reported via Datix may also be reported to the police for further investigation (such as hate crimes).

6.10. Range of Sanctions

- 6.10.1. 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 at the time of the incident or afterwards.
 - Written warning letters.
 - Acknowledgement of Responsibilities Agreements (ARA).
 - Final Written Warning.

- Withholding treatment.
 - Civil Injunctions and Criminal Behaviour Orders (ASBO).
 - Criminal prosecution.
- 6.10.2. Throughout any of these processes the Trust is committed to developing and continuing to work with the Police and Crown Prosecution Service to ensure the best possible response and subsequent action is appropriate in the circumstances.
- 6.10.3. Paragraph 6.5.6 describes appropriate persons to approve the withholding of treatment. Approval of other sanctions will be made following discussion Ward Manager, LSMS and appropriate member of Care Group Senior Leadership Team and/or Director.

6.11. The Verbal Warnings

- 6.11.1. When dealing with some incidents of a minor nature, it may be appropriate to speak to the transgressor and issue a verbal warning. This type of warning can be tailored to suit each occasion, and should be recorded.
- 6.11.2. 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.
- 6.11.3. A record of all verbal warnings should be documented.

6.12. Initial Warning Letters (Care Group)

- 6.12.1. Written warning letters issued by the Care Group 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 following an incident, depending on the circumstances.
- 6.12.2. A copy of any Care Group Warning letters issued must be sent to the Local Security Management Specialist, who co-ordinates on behalf of the Trust.

6.13. Written Warning - Acknowledgement of Responsibilities Agreement (ARA)

- 6.13.1. All ARA's warning letters are issued and managed by the Local Security Management Specialist on behalf of the Trust.
- 6.13.2. 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 follow up intervention depending on the circumstances.

- 6.13.3. An ARA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.
- 6.13.4. All ARA's are issued by the Local Security Management Specialist on behalf of the Trust. Once issued an ARA warning flag is added to the health record. The ARA remains valid for 12 months from the date of issue.
- 6.13.5. The use of ARA's would not be appropriate in the following circumstances:
- For those displaying clinically related challenging behaviour.
 - For anyone under the age of 16, other than in exceptional circumstances. However, an ARA to the child's parent(s) or guardian(s) may however be appropriate.

The Trust has other procedures for those patients displaying clinically related challenging behaviour.

6.14. Final Written Warning

- 6.14.1. If after serving warning letters or ARA, this fails to stop unacceptable behaviour or fails to stop the unacceptable behaviour from escalating, a Final Warning letter should be considered.
- 6.14.2. All Final Written warning letters are issued and managed by the Local Security Management Specialist on behalf of the Trust.
- 6.14.3. The final written warning provides the offender with a clear understanding of the Trust's potential courses of action, to withhold treatment, and the offender's course of action if they should re-offend within a period of 12 months.
- 6.14.4. A final written warning issued to the patient, is drafted by the Local Security Management Specialist on behalf of the Trust but is signed off by the SMD and is copied to the patient's consultant and GP.

The Final Written Warning should:

- Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents).
- Explain that the behaviour demonstrated is unacceptable.
- Explain that appropriate sanctions will apply to violent or abusive patients.
- Give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures. Abusive, persistent and/or vexatious complainants should also be passed through the Patient Experience Team.

- Explain that the patient's GP and consultant will be sent a copy of the letter.

6.15. Withholding of Treatment

- 6.15.1. The withholding of treatment raises a number of ethical as well as clinical issues for clinicians and managers.
- 6.15.2. There is a clear indication that withholding of treatment can act as a deterrent to potentially violent patients and visitors and ensure that those who work hard to deliver quality patient care and services can do so in a safe environment.
- 6.15.3. Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient's consultant or senior member of the medical team on a case-by-case basis and clearly documented.
- 6.15.4. Under no circumstances should it be inferred or implied to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever following legal advice.
- 6.15.5. Where it is decided that a patient should be excluded from Trust premises and treatment withheld, a written explanation for the exclusion must be provided to the patient. The withholding of treatment letter is drafted by the Local Security Management Specialist on behalf of the Trust but is signed off by the Chief Executive Officer.
- 6.15.6. This letter must state:
 - The reason why treatment is being withheld (including specific information, dates and times of incidents).
 - The period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed).
 - Details of the mechanism for seeking a review of a decision to withhold treatment.
 - The action that the health body intends to take if an excluded individual returns to health body premises for any reason other than a medical emergency.
 - Each case is judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals.
 - That their GP and consultant will be notified in writing of the decision.

6.16. Consideration of Appeals Against Sanctions

Those patients, relatives or visitors in receipt of initial warning or ARA letters can appeal against the letter by contacting the Patient Experience team in the first instance where normal process will be followed.

For Final Written Warnings or Withholding of Treatment, the SMD will review on a case-by-case basis and will consider appeals against sanctions in line with the Trust Complaints Procedures.

6.17. Support Needs

- 6.17.1. 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.
- 6.17.2. It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked.
- 6.17.3. The nature of the support required by the victim will reflect the seriousness of the incident and the victim's needs.
- 6.17.4. If the victim is traumatised and unable to travel home by normal arrangements, then arrangements should be made to send them home by taxi or with a colleague.
- 6.17.5. Staff morale and confidence will be improved following a genuine commitment from managers and the authorities to support and pursue prosecution in cases of assault.
- 6.17.6. TRiM practitioners and managers are available across the Trust to provide support to staff and managers.
- 6.17.7. The Occupational Health department will be able to offer assistance and support if necessary.

6.18. Medical Support

- 6.18.1. Victims of physical assault who require medical attention should either attend the Emergency Department or seek appropriate medical attention based on their injuries.
- 6.18.2. Wherever possible, a colleague should accompany the victim. Managers of victims should also consider referral of their staff to the Occupational Health department at earliest opportunity.

6.19. Emotional Support

- 6.19.1. 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, the wishes of the victim must be respected.
- 6.19.2. The support required will not be only in the immediate aftermath of an incident but may also continue for some time after the event.
- 6.19.3. The Occupational Health department will be able to offer assistance and support if necessary.

7. Dissemination and Implementation

7.1. Once this policy has been approved and ratified it will be brought to the attention of the workforce via the following:

- The policy will be placed on the Trust's Document Library.
- The policy will be brought to the attention of all the work force attending appropriate training.
- As part of the Trust's induction process, all health and safety, security and fire safety policies must be brought to the attention of all new members of staff.

7.2. Training

7.2.1. All new employees will attend Trust Induction, which will outline basic responsibilities and provide an awareness of violence and aggression risks.

7.2.2. Conflict Resolution Training (CRT) for all frontline staff within the Trust is mandatory. This training forms part of Trust induction program.

All training will meet the aims and outcomes as laid out in – Conflict Resolution Training: Implementing the learning aims and outcomes. Frontline staff being those staff who ordinarily deal with members of the public or patients, as part of their job role. (See Appendix 4).

7.2.3. Personal Safety Training: based upon localised Violence and Aggression risk assessment, staff working in 'high risk' areas, will receive Personal Safety Training as mandatory, in addition to CRT. (See Appendix 4).

7.2.4. Managing Clinically Related Challenging Behaviour Restraint Training: based upon localised risk assessment, and reported incidents of clinically related challenging behaviour, staff to receive bespoke restraint training. (See Appendix 4).

7.2.5. All employees will undertake Equality, Diversity and Human Rights Training as soon as practicably possible and remain compliant with the training. The Equality, Diversity and Human Rights Training for all staff within the Trust is mandatory.

7.2.6. Trust Learning and Development Department provide all of the above training, along with other bespoke training packages.

7.2.7. It is the responsibility of department/ward manager to determine what training is required by their staff according to job role. Staff must be made available to attend the training they require and ensure they remain in date (as per Appendix 4).

7.2.8. The Health and Safety team will provide risk assessment training where required or appropriate.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Datix Violence and Aggression Reports. Acknowledgement of Responsibilities agreements. Violence and Aggression Training Reports. Violence Prevention and Reduction Standard Action Plan. Equality, Diversity and Human Rights Training will form part any investigation undertaken.
Lead	The Local Security Management Specialist.
Tool	This policy will be monitored the LSMS, this will include a review of information from: • Datix Reports. • Feedback from staff attending Conflict Resolution Training via the Trust Trainers. • Compliance with and the effectiveness of this policy will also be monitored by the Health and Safety Committee via the statistics provided by the Trust MAV trainers. • Violence Prevention and Reduction Strategy. • Violence Prevention and Reduction Standards Action Plan.
Frequency	Violence and Aggression Datix reports are monitored as required. Violence Prevention and Reduction Standard is monitored six-monthly. Governance oversight will be maintained by Health and Safety Committee with onward reporting to the Quality Improvement Committee on behalf of the Trust Board.
Reporting arrangements	The LSMS will produce an annual report to the SMD and NED, which will also be reviewed at Health and Safety Committee, ARAC and by the Trust Board. This will also be used to monitor the effectiveness of the policy, the number of physical and verbal incidents and staff training.
Acting on recommendations and Lead(s)	Any required actions will be identified and completed within a timeframe specified by the SMD and reviewed through the Health and Safety Committee.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Any changes that are identified and require action will be taken by the LSMS to the Health and Safety Committee for support and Quality Assurance Committee for approval. Any lessons learnt will be shared with all relevant stakeholders.

9. Updating and Review

- 9.1. This policy has been agreed by Trust management and the staff and management side of the Health and Safety Committee / Group.
- 9.2. This policy will be reviewed every 3 years or earlier in view of developments which may include legislative changes, National policy instruction (NHS or Department of Health) or Trust Board decision.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Management of Violence and Aggression Policy V4.0
This document replaces (exact title of previous version):	Management of Violence and Aggression Policy V3.1
Date Issued/Approved:	June 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate / Department responsible (author/owner):	Natasha Quick, Local Security Management Specialist.
Contact details:	01872 25 2147
Brief summary of contents:	This policy is designed to ensure that staff working and patients being cared for in a healthcare environment are provided with an environment that is safe and secure and that minimises the risk of violence and aggression.
Suggested Keywords:	Acknowledgement of Responsibilities Agreement (ARA), Anti-Social Behaviour Order (ASBO), NHS Counter Fraud and Security Management Service (CFSMS), Equality Impact Assessment (EIA), Health and Safety Executive (HSE), Legal Protection Unit (LPU), Local Security Management Specialist (LSMS), NHS Security Management Service (NHS SMS), Security Incident Reporting System (SIRS), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Violence and Aggression (VA), Violence Prevention and Reduction (VPR).
Target Audience:	RCHT: Yes. CFT: No. CIOS ICB: No.
Executive Director responsible for Policy:	Director of Estates and Facilities.
Approval route for consultation and ratification:	Health and Safety Committee.

Information Category	Detailed Information
General Manager confirming approval processes:	Natasha Quick, Trust Security Lead (LSMS).
Name of Governance Lead confirming approval by specialty and care group management meetings:	Debbie Price, Business and Security Systems Manager.
Links to key external standards:	NHS Violence Prevention and Reduction Standard (Dec 2024). NHS Resolution (Violence and Aggression).
Related Documents:	▪ Assaults on Emergency Workers (Offences) Act 2018. ▪ A Safer Place to Work – Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, National Audit Office (March 2003). ▪ Health and Safety at Work etc Act 1974. ▪ The Management of Health and Safety at Work Regulations 1999. ▪ Lone Worker Policy. ▪ Restrictive Practice Policy. ▪ Reporting of Injuries, Disease and Dangerous Occurrences 2013 (RIDDOR). ▪ The Anti-Social Behaviour Act 2003 (c 38). ▪ Core Care Plan Restraint, Violence and Aggression. ▪ Equality Act 2010. ▪ Human Rights Act 1998.
Training Need Identified?	Yes.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Estates and Facilities / Security.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
15 Feb 07	V1.0	Final Amendments and approved. EIA Completed.	Debby Blease.
21 Sep 2016	V2.0	Policy Reviewed and Minor updates.	Paul Dixon.
Jun 2021	V3.0	Full 3 Year Review. Minor Changes to reflect Legislative changes.	Paul Dixon, Local Security Management Specialist.
Feb 2023	V3.1	Minor changes made to reflect Violence Prevention and Reduction Standard. Review of Equality Impact Assessment. Minor amendment arising out of E-Governance Feedback.	Paul Dixon, Local Security Management Specialist. Karen Beckett, Programme Manager (VPR).
June 2024	V4.0	Full 3 year review. Minor changes to clarify in relation to ARA and CRCB process Minor changes made to reflect Violence Prevention and Reduction Standards.	Natasha Quick, Local Security Management Specialist.

All or part of this document can be released under the Freedom of Information Act 2000.

**This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing.**

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team.

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Management of Violence and Aggression Policy V4.0.
Directorate and service area:	Estates and Facilities / Security.
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Natasha Quick, Local Security Management Specialist.
Contact details:	01872 25 2147

Information Category	Detailed Information
Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure a secure environment for staff, patients and visitors and comply with legislation, guidance, best practice and Trust policies.
Policy Objectives	To protect and maintain the security and safety of staff and patients. To ensure that all staff are aware of the avenues available to them, and the Trust, to seek local and legal redress should a violent or aggressive incident occur. Clarity around roles responsibilities and process to follow is defined throughout the Policy.
Policy Intended Outcomes	Universal implementation of Policy across Trust for all staff.
How will you measure each outcome?	Monitoring incident reporting, training, sanctions and Violence Prevention and Reduction Standard Action Plan.
Who is intended to benefit from the policy?	All Staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes. - Patients/ visitors: No. - Local groups/ system partners: No. - External organisations: No. - Other: No.
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Health and Safety Committee.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This document provides a comprehensive policy which encourages, endorses and guides all staff, patients and visitors to act or take measures in a way that promotes an environment that is secure for the individual as well as Trust and private property. None of the measures are designed to cause distress, inequality or prevent patients accessing healthcare either planned or in an emergency.
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	The policy will have a positive effect due to the provision of clear process guidance and clarity around roles and responsibilities of all Trust staff and is not deemed to prejudice any group or individual. The only potential negative effect of these measures would be through sanctions brought by the Trust against those who cause distress, violence or aggression
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	against others, or steal Trust or private property.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	In these cases the Trust ensures that individuals are still able to access emergency healthcare when required irrespective of the sanctions imposed by the Trust. These measures are deemed fair and reflect current guidance and are used in other Trusts' throughout England. They are not deemed to prejudice any group or individual and do not preclude these individuals from accessing healthcare at the Trust in an emergency. The Trust is acutely aware that the policy may be applied disproportionately to people with protected characteristics and have mitigated this through the mandated Equality, Diversity and Human Rights Training.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Debbie Price, Business and Security Systems Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Contact Numbers

Royal Cornwall Hospital

To summon assistance from the Security Response team in an emergency call – 2999.

To call the police in an emergency – call 999 (prefixed by 9 for an outside line).

To call the Security Response team non-emergency call – 2468.

To call the police non-emergency - call 101 (prefixed by 9 for an outside line).

West Cornwall Hospital

To summon assistance from the Porter/Security team in an emergency call – 2999.

To call the police in an emergency – call 999 (prefixed by 9 for an outside line).

To call the police non-emergency - call 101 (prefixed by 9 for an outside line).

St Michael's Hospital

To call the police in an emergency – call 999 (prefixed by 9 for an outside line).

To call the police non-emergency - call 101 (prefixed by 9 for an outside line).

For advice on this policy, security management and operational security services or other security guidance contact:

Local Security Management Specialist - 01872 25 2147.

richt.securitymanagementandoperations@nhs.net

I.D. Badges - 01872 25 2260.

Access Control - richt.accesscontrol@nhs.net

Learning and Development Violence and Aggression Team

Mobile: 07795 318298 or via Switchboard.

To book staff onto Conflict Resolution Training please contact the Learning and Development Department - 01872 25 **5148**.

Occupational Health Department

To refer staff to Occupational Health or advice re employee support policy please contact.

Ext 01872 25 **2770**.

richt.trim@nhs.net

Appendix 4. Violence, Aggression and Challenging Behaviour Risk Assessment Matrix

[for determining Mandatory / Training Requirements]

Perceived Threat	Action to be taken	Outcome of Risk Assessment	Training needs
Uncooperative but non violent disorder / behaviour.	Staff assess cause and attempt to defuse situation. Seek assistance / alert other staff of potential risk. Where concerns about potential escalation call security on non emergency number 2468, to request 'presence'.	Level 0 Risk Assessment: Training needs:	Not significant Induction Violence and Aggression Awareness.
Verbally abusive, offering threat.	Staff to continue with level 0 approaches. Where not directly clinically related behavior, person to be advised of their unacceptability of behavior and possible actions the dept. will take if continues. Assess whether security required in emergency response 2999. (Direct security team as appropriate). Datix if appropriate.	Level 1 Risk Assessment: Training needs:	Low Conflict resolution. mandatory for all frontline staff, to be updated minimum of every 3 years.
Threat increased, may lead to threatening and physical behaviour requiring staff to protect themselves / others and/or disengage.	Ensure safety of self and others where possible. Isolate the problem behaviour. Staff to request emergency response from security team 2999. (Consider calling police to support). Direct security team as appropriate. Request support from other staff. Senior staff to brief staff around activity. As soon as de-escalation occurs, revert to lower level management of the incident. Datix if appropriate.	Level 2 Risk Assessment: Training needs:	Medium Conflict resolution AND personal safety training. Personal Safety Training mandatory , to be updated minimum of every two years.

Perceived Threat	Action to be taken	Outcome of Risk Assessment	Training needs
Immediate threat of harm – to staff, self or others. Person may require restraining. Or where patient lacks capacity and in their best interest requires restraint.	Where appropriate, staff to request emergency response from security team 2999. (Consider calling police to support). Request support from other staff. Senior staff to brief staff around activity. Ensure safety of self and others where possible. Isolate the problem behaviour. Where appropriate assess capacity and document as per Trust Policy – Mental Capacity Act. Datix. As soon as de-escalation occurs, revert to lower-level management of the incident.	Level 3 Risk Assessment: Training Needs:	High Conflict resolution. AND Personal safety training. PLUS: bespoke Restraint training (non mandatory) where appropriate.
		Training may be tailored to the need of the ward/department. Contact the Specialist Trainers for advice, Learning and Development Dept.	

In conjunction to this matrix please refer to the following policies on the RCHT Document Library.

- Restrictive Practices.
- Deprivation of Liberty Safeguards (DoLS) Policy.