Violence and Aggression Policy

Document Status | Approved
---|---
Version: | V7.0

## DOCUMENT CHANGE HISTORY

<table>
<thead>
<tr>
<th>Initiated by</th>
<th>Date</th>
<th>Author</th>
</tr>
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<tbody>
<tr>
<td>Danny Daniel</td>
<td>September 2008</td>
<td>Danny Daniel, Health, Safety &amp; Security Manager</td>
</tr>
<tr>
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<td>Date</td>
<td>Comments (i.e. viewed, or reviewed, amended approved by person or committee)</td>
</tr>
<tr>
<td>V0.1</td>
<td>10 September 2008</td>
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<td>V1.0</td>
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<td>V2.0</td>
<td>2 June 2010</td>
<td>Reviewed by the Health, Safety &amp; Security Manager and LSMS</td>
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<tr>
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<tr>
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<tr>
<td>V4.0</td>
<td></td>
<td>Agreed by Executive Management Team</td>
</tr>
<tr>
<td>V4.1</td>
<td>May 2011</td>
<td>Amended in line with NHSLA requirements</td>
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</table>
The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

### Names and roles of contributors, user engagement etc: H&S Committee, Governance Team

<table>
<thead>
<tr>
<th>Document Reference</th>
<th>Fundamental Standards of Care (2014)</th>
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<td>Directorate</td>
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<tr>
<td>Approved at Date Approved</td>
<td>Executive Leadership Board</td>
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<tr>
<td></td>
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<td>Equality Impact Assessment</td>
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<td>Learning &amp; Development Policy</td>
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<td>CSOP 6.11 Computer Aided Dispatch (CAD) Warning Policy</td>
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<td></td>
<td>Managing Stress and Enhancing Psychological Wellbeing Policy</td>
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<td></td>
<td>Security Policy</td>
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<td></td>
<td>Lone Working Policy</td>
</tr>
<tr>
<td>Dissemination Requirements</td>
<td>All staff via email, intranet, managers briefing and Need to Know publication and through Line Managers for staff that do not have access to IT.</td>
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1.0 Introduction

1.1 The East of England Ambulance Service NHS Trust (the Trust) fully supports the NHS Tackling Violence and Aggression against Staff Campaign with the objective of reducing incidents where staff suffer from acts of violence and/or aggression. Violence and aggression towards employees is a crime and will not be tolerated. The Trust will press the Police and Crown Prosecution Service (CPS) for the maximum possible penalty for anyone who behaves in a violent, aggressive or abusive way to Trust staff. The Trust operates a policy giving the option of withholding treatment from violent and abusive patients if they continue to act in an inappropriate manner.

1.2 This policy aims to establish the arrangements, for managers and staff, for reducing the risk of abuse/violence and should be read in conjunction with the Trust Risk Management Strategy.

1.3 The Trust recognises that it has a responsibility to provide, as far as is reasonably practicable, a safe working environment. Due to the nature of our work the Trust acknowledges the risk of potential aggression or violence exists, and will actively pursue ways of reducing these risks to any employee. However, the Trust cannot control all the premises that its staff enter.

2.0 Purpose

2.1 The document sets out the Trust’s Policy for dealing with violence and aggression where it is likely to, or does affect, Trust employees during the course of their work. This document has been produced in conjunction with the Secretary of State’s Direction 2003 on minimising violence and aggression to NHS staff with the objective of reducing incidents where staff suffer from acts of violence and / or aggression. The Trust will not tolerate violence and aggression towards its employees and will provide support to those staff that are affected.

3.0 Duties

3.1 Duties within the Organisation

3.1.1 Chief Executive

The Chief Executive has overall responsibility for the health, safety and well being of all Trust staff.

3.1.2 Clinical Director

The Director of Nursing and Clinical Quality is the Trust nominated Security Management Director (SMD), Accountable Officer and Executive Lead responsible for providing the Board with assurances that all possible measures have been taken to minimise the risks to staff, patients and the organisation from violence and aggression arising in the course of the Trust’s business. They are responsible for the prioritisation of resources in relation to control measures and have the responsibility for bringing to the attention of the Board and Executive Team all cases of physical assault against staff including where weapons are used.
The Director of Nursing & Clinical Quality is responsible for ensuring the implementation and application of the Trust’s Violence and Aggression Policy and will ensure that:

- The Trust is advised on an ongoing basis of risks associated within areas of responsibility.
- All staff receive the necessary health, safety and security information, instruction and training commensurate with their role (Conflict Resolution Training) to ensure safe working practice throughout the Trust.
- Active participation is taken in the continuous management and development of the Trust’s Health and Safety, Risk Management and Violence and Aggression reduction measures.

### 3.1.3 Non Executive

Although it is no longer an NHS Protect requirement for Trusts has designated a Non-Executive Director to promote security management work at board level, as it is still considered to be good practice. These requirements have been met through the sponsorship of security management by the Non-Executive Chair of the Audit Committee, as well as by the discussion and promotion of Security Management at the Quality Governance Committee.

### 3.1.4 Health, Safety & Security Officer

The Health, Safety Officer is responsible for:

- Developing an annual work programme for approval to ensure the local delivery of the Health and Safety Executive (HSE) and NHS Protect requirements;
- Produce an Annual Report for presentation to the Trust Board by the Director of Nursing and Clinical Quality and to NHS Protect;
- Work with the Police/CPS in the application of applying a range of sanctions against those responsible for violence and aggression against our staff, where there has been a security incident or loss and/or damage has occurred;
- Work with NHS Protect Legal Protection Unit to ensure that where appropriate action by Police/CPS is not forthcoming, redress is taken against persons who commit crimes against the Trust or its employees;
- Ensure that the Trust reports all acts of violence to NHS Protect in the approved format;
- Ensuring the Trust is represented at quarterly NHS Protect local meetings and national conferences;
- Ensure that security audits of a percentage of premises owned by the Trust are undertaken; and
- Ensure that the reporting and, where necessary the investigation, of acts of violence and aggression against our staff to outside agencies are completed as required.

### 3.1.5 Local Security Management Specialist (LSMS)

The LSMS is considered to be the Trust expert in relation to security, theft, violence and aggression. They are responsible for:

- Developing an annual work programme for approval by the Health, Safety Officer;
- Assisting the Health, Safety Officer in producing the Trust’s Annual Board Report;
- Work with the Police/CPS in the application of applying a range of sanctions against those responsible for violence and/or aggression against our staff, where there has been a security incident or loss and/or damage has occurred;
- Work with NHS Protect Legal Protection Unit to ensure that where appropriate redress is taken against persons who commit crimes against the Trust or its employees;
- Report all acts of Violence to NHS Protect in the approved format;
- Attending quarterly NHS Protect local meetings;
- Ensure that information sent to the Trust by NHS Protect in relation to Security Alerts are disseminated in accordance with the Data Protection Act (DPA);
- Undertaking security audits of a percentage of premises owned by the Trust; and
- The reporting and, where necessary the investigation, of acts of violence and aggression against our staff to outside agencies as required.

3.1.6 **Deputy Directors of Service Delivery and Heads of Departments**

Deputy Directors of Service Delivery and Heads of Departments will be responsible for ensuring that Key Performance Indicators are set for Senior Managers to enable them to carry out their roles as defined in 3.1.7 below.

3.1.7 **Managers**

Managers are responsible for ensuring that:

- Overall risk assessments are in place in relation to potential violence and aggression (see also Section 6 below for details). Where there are specific local circumstances such as nightclubs, music festivals or special events, the Locality Resilience Managers will need to carry out a risk assessment to assess the level of risk of aggression or violence at these events. This information and any consequent action plans must be conveyed to staff (including the Emergency Operations Centre – EOC) that needs to know. The Trust must also endeavour to ensure that any risk assessments undertaken by the organiser of the event will be passed on to staff including the Health, Safety & Security Team;
- All staff whose role comes into contact with the public receive the necessary violence and aggression information, instruction and training, including bi-annual conflict resolution training;
- Managers must ensure that procedures are in place to minimise risks to staff and that suitable training and support mechanisms are available (Managing Stress and Enhancing Psychological Wellbeing Policy). This includes the updating of records of known violent individuals and addresses, and ensuring that this information is available and disseminated;
- Managers will co-ordinate relevant Occupational Health referrals and/or staff support to employees that encounter violence and aggression while at work;
- Managers must ensure that all incidents, near misses relating to violence and aggression are reported and accurately documented in accordance with statutory requirements and Trust procedures and where appropriate report these to the Police/HSE;
- Ensure that staff are made aware of all Policies and Procedures for reporting, actions and support in relation to violence and aggression;
- Managers must investigate all violent or aggressive incidents that cause injury or damage to staff or to Trust property. Managers must consider the results of all investigations to ensure that learning is shared across the whole Trust;
Violence and Aggression Policy

- Where staff are subjected to abuse or threats over the phone Managers must ensure that staff are aware of procedures in place to terminate the call; and
- Where staff have been subjected to physical or non physical abuse at a patient’s home address, Managers will co-ordinate the placing of a temporary flag on the CAD or Cleric systems on that address if deemed to be an appropriate sanction.

3.1.8 Senior EOC Manager – EOCs

Managers are responsible for:

- The maintenance of the violence warning systems on the Computer Aided Dispatch (CAD) system used by the Trust;
- The adding and removal of violent warnings markers on the CAD in accordance with the DPA. (The Duty EOC Officer, Dispatch Team Leader and Clinical Co-ordinators can add a temporary Marker at the request of a Duty Locality Officer which is backed up by a DATIX and email to cadflags@eastamb.nhs.uk);
- The dissemination of appropriate warnings to staff who are dispatched to addresses where warning markers are held on the CAD;
- Where the member of staff is a lone worker ensure that this information is verbally communicated to the member of staff;
- Ensure that the emergency phone line or communications equipment to EOC is operational and staffed at all times;
- Contact the Police in the event of an emergency communication from a member of staff and ask for assistance for them and if possible send additional resources to the scene to assist;
- Ensure where at all possible, a single operated vehicle is not dispatched to incidents where there is a known medium/high risk of violence/abuse without back up from the Police or other available staff. It should be remembered that informing the police does not guarantee their immediate response;
- For incidents reported to involve firearms or weapons ensure that the Police are informed and a rendezvous point agreed and ensure that this is communicated to staff. Where at all possible this should be a manager who can co-ordinate the Trust response.
- Provision of the link to the staff support system;
- Ensure that where animals are known to be on the premises that, where possible, the animal is restrained or placed in another room prior to the arrival of staff. Current legislation states that any attack by a dog is now a criminal offence and should be reported to the police;
- Where an incident of violence and aggression has been reported by a member of staff, contact the nearest manager and on call command structure, to advise them of the incident, so that it can be investigated and any appropriate support given to the staff;
- Ensure compliance with CSOP 6.11 Computer Aided Dispatch (CAD) Warning Policy;
- Ensure compliance with Operational Instruction No 144, Requests for Police Assistance;
- Ensure compliance with Operational Instruction No 140, Digital Radio Ambient Listening Policy

3.1.9 Staff

All staff are responsible for following any instruction by the Trust or other Authorities to protect themselves and others from the risk of violence or aggression by:
Not putting themselves at any unnecessary risk by following any approach which they are not qualified or prepared for;

Ensuring that when arriving at an incident where the risk of violence is clearly visible, to move to a safe position and immediately inform EOC of their actions, and only provide emergency medical treatment **WHEN IT IS SAFE TO DO SO.** In addition:

- Employees should not enter a known hostile, violent or dangerous environment. (e.g. fight still in progress), unless supported by the police;
- For incidents reported to involve firearms or weapons (e.g. knives) staff will proceed to a designated rendezvous point and meet up with Police. The Police will then advise on when staff can proceed to the scene of the incident. However, it is important to be aware that it is not possible to eliminate all risks and there may still be an element of danger present;
- Never underestimate the threat of violence nor should it be responded to aggressively as this may increase the risk of confrontation;
- Where a dog or a potentially dangerous animal is present at the patient’s address, staff should request that the dog/animal be safely secured prior to their entry. It is now a criminal offence if a dog attacks a member of staff and this should be reported to the police;
- Staff should avoid confrontation and do all that is reasonably possible to diffuse a potentially violent or aggressive situation in line with their training;
- Staff should not attempt to deal with a dangerous or aggressive patient or member of the public but inform EOC via radio or mobile phone, of the situation and withdraw to a safe location and await assistance;
- If an employee suffers an injury as a result of intentional physical violence, details should be passed to EOC as soon as possible who will notify the nearest Manager and On Call Duty Officer;
- Report all incidents of violence or aggression appropriately in accordance with the Trust’s Procedures for Reporting Incidents.
- If an employee wishes action to be taken by the Police against an individual in relation to any incident of violence and aggression, it is their responsibility to make a formal complaint to the Police so the Police can instigate appropriate action. Your line manager will assist you in this process.
- All staff have the right to refuse to convey any patient(s) who offers verbal abuse, are aggressive or threaten violence. However, there are certain clinical conditions where it is possible that the patient may present in a violent way (e.g. a post ictal state, head injury, seizure) and these patients should be approached with caution and treated according to their condition. Where there are no known clinical conditions the following procedures will apply:
  - withdraw to a safe distance
  - If en-route to hospital and the patient becomes aggressive / threatening, stop the vehicle where safe to do so and offer the patient the option of exiting the vehicle. (Note: where the journey involves a motorway progress should be made to the nearest exit before stopping – due regard must be given to the patients safety);
  - Notify EOC who will inform the Police;
  - Record the details of the incident fully on the Trust Incident Reporting system; and
  - Complete a Patient Clinical Record with as much detail as possible with regards to the patient’s condition.

**IT IS IMPORTANT TO REMEMBER THE PATIENT HAS THE RIGHT TO REFUSE TREATMENT.**

### 3.1.10 Telephone: abusive / threatening calls
All staff operating telephones, having applied the correct procedures, have the right to ‘terminate’ calls where abusive, obscene or threatening language is directed towards them. In EOCs, this may not always be the case as a patient’s medical condition may affect their behaviour and therefore termination of the call may be delayed where appropriate or if the caller’s behaviour is being directly affected by their emotional state.

Staff receiving calls should adopt the following procedure when dealing with abusive, obscene or threatening language that is directed towards them as an individual:-

- Warn the caller that the call will be terminated if they continue to use abusive, obscene, threatening language;
- If the behaviour persists, to remind the caller that the warning has been given;
- If the behaviour continues despite the two warnings to remind the caller that the two warnings have been given and that the caller is being passed to a Supervisor and/or Manager;
- The Supervisor and/or Manager are to give a third warning to the caller to stop using abusive, obscene or threatening language. If the behaviour continues the Supervisor/Manager is to advise the caller that the call is being terminated;
- The incident to be reported as an abusive/hostile call using the Trust incident reporting system;
- If threats to kill, harm or cause damage are received anonymously or otherwise, whether at home or in the workplace the Police must be notified.

Where the recipient of a call is a “lone” worker (e.g. secretarial staff, ambulance fleet assistant) and/or a Supervisor/Manager is not immediately available, the staff member shall terminate the call as detailed above. The lone worker is required to inform their Supervisor and/or line Manager or other responsible person as soon as possible via the Trust Incident Reporting system.

Further clarification of roles and responsibilities including Police, CPS, Witness Care Unit, can be found on the Health, Safety & Security Section on the Trust’s Intranet and specifically in the “Acts of Violence and Aggression Guidance”.

4.0 Consultation and Communications with Stakeholders

This Policy is the responsibility of the Health and Safety Committee and representatives from the Trade Unions are an integral part of that committee;

All employees are entitled to have access to this Policy which will be located on the Trust Intranet site. Copies are also available from the Health, Safety Officer and any employee can seek advice from their manager or their trade union representative.

5.0 Definitions

The NHS Tackling Violence and Aggression against staff defines violence as: ‘Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health’.
The Health and Safety Executive's working definition of violence is: 'Any incident, in which the employee is abused, threatened or assaulted by a member of the public or other Trust employees in circumstances arising out of his/her employment.'

For the purposes of the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, the term 'accident' has been extended to include 'an act of non consensual violence done to a person at work'.

The Trust: East of England Ambulance Service NHS Trust
The Policy: The Trust’s Violence and Aggression Policy
Staff: Includes both contractors and volunteers working on behalf of the Trust.

6.0 Risk Assessments
This Policy will require that risk assessments be undertaken, in order:
- To prevent, wherever possible, risks to staff from violence and aggression;
- To ensure that staff and their representatives are involved in the risk assessment process and are kept fully informed of the outcome of the assessments and the steps to reduce risk;
- To fulfil legal and ethical obligations by ensuring the Trust is aware of the safety issues from incidents of violence and aggression;
- To protect staff from all forms of violence and/or aggression whenever possible;
- To provide aftercare, should staff be subjected to violence and/or aggression;
- Staff are provided with training to enable them to avoid and/or deal with actual or potential violence;
- That the training needs of staff are appropriately assessed and that all staff can access the Trust’s Conflict Resolution Training sessions.

7.0 Training
The Trust’s expectations in relation to staff training around the management of violence and aggression will be covered through Conflict Resolution Training (CRT) which is detailed within the Trusts Training Needs Analysis (TNA). The TNA can be found on the Trust Website. The Trust will:
- Ensure that all staff are provided with Conflict Resolution Training (CRT) as required by the Secretary of State Direction 2003, NHS Protect guidance and the People, Development and Education Training Matrix, so that they can recognise, avoid and diffuse potentially violent situations;
- Ensure that all staff who answer the telephone are provided with the necessary training in answering calls where the person uses threatening, obscene or abusive language; and
- Undertake periodic review of this training in light of experience of the actual incidents of staff involved in violent and abusive incidents.

Attendance on the CRT training course is mandatory.
8.0 **Equality Impact Assessment**

An Equality Impact Assessment has been completed for this Policy and there is no impact.

9.0 **Monitoring Compliance with and the Effectiveness of Documents**

9.1 The Health, Safety Officer and LSMS will monitor all incidents of violence and aggression against staff and report to the Director of Nursing & Clinical Quality on all matters in relation to this Policy;

9.2 Violence and Aggression is a standing agenda item on the Health and Safety Committee which meets quarterly; and reports to the Quality Governance Committee

10.0 **Standards/Key Performance Indicators**

Key performance indicators will be agreed by the Executive Directors of the Trust for Managers. These will be monitored by the Health and Safety Committee at each quarterly meeting.

11.0 **Review**

This Policy will be reviewed every two years by the Health and Safety Committee or earlier if prompted by changes in legislation or working practices.

12.0 **References**

- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work etc., Act 1974
- Reporting of Disease and Dangerous Occurrences Regulations 1995
- Secretary of State for Health Direction 2003
- CSOP 6.11 Computer Aided Dispatch (CAD) Warning Policy
- OI 140 EOC and Operations Digital Radio Ambient Listening Policy
- OI 144 Requests for Police Assistance
- Managing Stress and Enhancing Psychological Wellbeing Policy
- Acts of Violence and Aggression Procedure
- Data Protection Act 2000
- Dangerous Dogs Act 2014
- Guidance on Lone Working
- Violence & Aggression Diary Sheet for Assaults
- Managers Responsibility Flow Chart
- Physical Assaults Flow Chart
- Non Physical Assaults Flow Chart
- Violence & Aggression Feedback Evaluation Form
### APPENDIX 1

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>How</th>
<th>Frequency</th>
<th>Evidence</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>1.3.8.</td>
<td>The Policy is the responsibility of the Health and Safety Committee which is chaired by the Director of Nursing and Clinical Quality who is the nominated Director for Health and Safety in the Trust</td>
<td>This Policy will be reviewed every two years or when circumstances indicate that it is no longer valid</td>
<td>Every two years</td>
<td>Health and Safety Committee Minutes</td>
<td>Minutes of meetings</td>
<td>The SMD and LSMS will monitor the policy</td>
<td>The policy will be communicated to all staff via the internal intranet. Those staff who do not have access to this format will be informed by their manager and a copy of the policy will be placed on the premises notice board.</td>
</tr>
<tr>
<td>Duties of Staff</td>
<td>Each individual within the Trust has their duties identified within the policy.</td>
<td>The LSMS will check that staff are complying with their duties by monitoring incident reports. Managers are responsible for investigating all incidents of V&amp;A</td>
<td>As reports come in and during the 5-10% audits undertaken annually. Results of investigations and action/lessons learnt are audited by the DATIX team</td>
<td>Incident reports Audit reports Inspection sheets</td>
<td>Quarterly reports on V&amp;A are presented to the Health and Safety Committee as and when an incident occurs.</td>
<td>The LSMS will work with the relevant manager to ensure that an action plan is developed and agreed.</td>
<td>Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.</td>
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## Violence and Aggression Policy

<table>
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<tr>
<th>Who</th>
<th>How</th>
<th>Frequency</th>
<th>Evidence</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>Risk Assessments</td>
<td>Managers for specific areas e.g. nightclubs. Staffs Dynamic</td>
<td>Incident reports V&amp;A Reports</td>
<td>As necessary Quarterly</td>
<td>Local Risk Register</td>
<td>All acts of V&amp;A are reported quarterly to the Health and Safety Committee. The Trust LSMS receives all reports of incidents of V&amp;A</td>
<td>Where recommendations are made an agreed action plan is formulated and implemented. Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.</td>
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<tr>
<td>Lone Working</td>
<td>EOC Managers LSMS</td>
<td>CAD Warning Policy Lone Working Policy Incident investigation Notification of all incidents Airwave</td>
<td>As Necessary</td>
<td>DATIX reports</td>
<td>All acts of V&amp;A are reported quarterly to the Health and Safety Committee.</td>
<td>Where actions have not been completed the issue will be escalated to the next level of management. Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.</td>
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<tr>
<td>Training</td>
<td>Managers, PDE, Health &amp; Safety Committee</td>
<td>Training plans, attendance sheets</td>
<td>As necessary</td>
<td>Attendance sheets, CPD programme, induction programme. PDE report monthly on non compliance</td>
<td>PDE report this to the appropriate managers and groups for actions</td>
<td>Any required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
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### Executive Summary Page for Equality Impact Assessment:

<table>
<thead>
<tr>
<th>Document Reference:</th>
<th>Document Title: Violence &amp; Aggression Policy</th>
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<tbody>
<tr>
<td>Assessment Date:</td>
<td>23/02/2017</td>
</tr>
<tr>
<td>Responsible Director:</td>
<td>Sandy Brown</td>
</tr>
<tr>
<td>Lead Manager:</td>
<td>Emma de Carteret</td>
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</tbody>
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**Conclusion of Equality Impact Assessment:**

**Recommendations for Action Plan:**
None

**Risks Identified:**
None

**Approved by a member of the executive team:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Name: Sandy Brown</td>
<td>Position: Director of Nursing and Clinical Quality</td>
</tr>
<tr>
<td>Signature:</td>
<td>Date: 23/02/2017</td>
</tr>
</tbody>
</table>