

# ALL WALES NHS VIOLENCE AND AGGRESSION TRAINING PASSPORT AND INFORMATION SCHEME



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GIG  
CYMRL



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



*All Wales Violence and Aggression  
Training Passport and Information Scheme*

## **FOREWORD**

The *All Wales NHS Violence and Aggression Training Passport and Information Scheme* is the second such scheme that has been developed by the NHS in Wales. The project is based on partnership and signifies the coming together of NHS organisations, staff organisations and the Health and Safety Executive within Wales to work towards a shared vision.

The risks that staff are exposed to as a result of violence and aggression have been well publicised and it is important that NHS employers do all that they can to deal with the problem. This Scheme will, in time, lead to a more effective use of resource, consistency in methods to tackle violence and aggression and improvements in the health and wellbeing of staff.

The key to the success of this initiative is the involvement of all those who have an interest in preventing the exposure of staff and patients to verbal and physical aggression. This includes:-

- Trust/Local Health Board Boards who should review their current prevention strategies and ensure that they meet the minimum standards laid out in this document.
- Local managers who must ensure that they consider the welfare of their staff and other patients as an integral part of their management role.
- Employees who must practice safely at all times and report on any difficulties they may be having. They must also report any acts of physical or verbal aggression to which they are exposed, and
- Advisors within Trusts/Local Health Boards must ensure that they provide accurate and timely advice when required.

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On behalf of the Welsh Assembly Government and the Health and Safety Executive we welcome this second initiative as a signal of yet more good work and collaboration that is taking place within the NHS in Wales and look forward to monitoring its progress over the forthcoming years.

Signed



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Minister for Health and Social Services  
Welsh Assembly Government



Terry Rose  
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## **INTRODUCTION TO THE ALL WALES NHS VIOLENCE AND AGGRESSION TRAINING PASSPORT AND INFORMATION SCHEME**

### **What is the Passport Scheme?**

The All Wales NHS Violence and Aggression Training Passport and Information Scheme provides a framework for the delivery of violence and aggression training within the NHS in Wales. It also provides guidance on the development of documentation to ensure the effective assessment and management of violence and aggression.

The overall aim of the Scheme is to ensure consistent standards of documentation and training within the NHS. This will reduce the need for retraining and represent a considerable saving in training time and resource.

### **Have similar Schemes previously been developed?**

In January 2003 the All Wales NHS Manual Handling Training Passport and Information Scheme was launched. This represented the culmination of work that had been undertaken by manual handling professionals within Welsh NHS Trusts. The success of this Scheme prompted a call to develop a similar scheme for violence and aggression. Like manual handling, violence and aggression presents a significant risk to the NHS in Wales. All NHS employers have to assess the risk that violence and aggression presents and ensure that they equip staff to deal with that risk.

Similar schemes are also already well established in the Construction Industry where there is a core workforce moving from employer to employer.

### **Background**

The Scheme has been developed by the All Wales NHS Steering Group for the Management of Violence and Aggression. The first meeting of the Group took place in May 2003. The membership of the group is multidisciplinary and it is made up of:-

- ❑ at least one representative of NHS Trusts in Wales and the Powys Local Health Board

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- a representative of the Health and Safety Executive
- a representative of the Welsh Assembly Government
- a representative of the Royal College of Nursing, and
- a representative of the British Medical Association.

The membership of the group represents a number of stakeholders who have an interest in the effective management of violence and aggression.

The Group was established as it is recognised that there is a significant risk to staff working in the NHS as a result of incidents of violence and aggression. On the 14 October 1999 the NHS Zero Tolerance Zone Campaign was formally launched. The aims of the cross-Government campaign are:-

- to get over to the public that violence against staff working the in the NHS is unacceptable and the Government (and the NHS) is determined to stamp it out;
- to get over to all staff that violence and intimidation is unacceptable and is being tackled.

Employers are required to develop policies, procedures and documentation which will help to identify and manage the risk of violence and aggression. As the basic information for this documentation is common from employer to employer it was decided to develop proforma documentation to assist NHS employers in Wales and to cut down on duplication.

### **What is Violence and Aggression?**

For the purposes of this Scheme *violence and aggression* is defined as:-

*Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example verbal violence.*

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**Why is it necessary?**

Nurses and other healthcare workers face an increased risk of violence and aggression. The general increase in violence in society is compounded by problems of substance misuse and use of weapons. The 2002/2003 British Crime Survey found that 5% of Health and Social Welfare professional, including nurses and doctors, had experienced work-related violence and aggression. This statistic does not include verbal aggression.

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. Where they may be at risk this must be assessed, documented and staff provided with adequate information, instruction and training.

The Health and Safety Executive within Wales have highlighted the issue during audits and inspections that they have undertaken of NHS Trusts and Local Health Boards. Between April 1996 and March 2004 they served 16 improvement notices on NHS Trusts relating to the management of violence and aggression.

The measures which can be introduced to control this risk are common across the NHS. It therefore makes good sense to share resource and work together.

The NHS invests a considerable amount of resource in a variety of different levels of training. If staff leave their employer this training is often lost as their new employer will retrain them. As the vast majority of staff leaving an NHS employer move to a neighbouring NHS employer within Wales it would be beneficial to allow them to transfer their training skills, minimising duplication and time lost to the service.

**What are the aims and objectives of the Scheme?**

The aims and objectives of the scheme are:-

- To ensure consistency in violence and aggression training/assessment within participating Trusts and Local Health Boards

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- To develop a mechanism whereby skills can be transferred between participating Trusts and Local Health Boards.
- To ensure the sharing of resource to minimise duplication within participating Trusts and Local Health Boards.

**Who will monitor the Scheme?**

The All Wales NHS Steering Group for the Management of Violence and Aggression (The Steering Group) will continue to meet after the implementation of the Scheme to ensure its integrity and effectiveness.

Material provided within the 'Passport' will be constantly reviewed and updated to ensure that it remains in line with legislation and best practice.

New material/information will be added as and when required by legislation and best practice. At the time of writing this first edition a number of further initiatives are being developed.

It is important that managers in the workplace monitor the Scheme on a day-to-day basis by:

- Asking staff about their work
- Checking whether staff are behaving in a manner that will encourage the most appropriate management of violence and aggression.
- Reviewing incidents that occur to ensure that they have been managed effectively, to identify trends and to ensure that staff and service users are supported.

**What is the legal position?**

The ultimate responsibility for the health and safety of staff rests with the employing organisation. This position is re-enforced in both criminal and civil law.

The participation in the Scheme, does however, signify an organisations willingness to educate and train their staff to a consistent standard.

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Participation in the Scheme sets an approved national standard against which NHS employers in Wales can be judged. This has been welcomed by the Health and Safety Executive and Trust legal advisors.

Note: The material contained within this pack was up-to-date at the time of going to press.

**Can other organisations use the pack?**

Whilst the Scheme was developed with the NHS in Wales in mind it represents best practice and could equally be applicable in other care situations.

**What does this pack contain?**

***Part 1: Violence and Aggression Management and Training Guidelines***

It is important that NHS organisations recognise the need for training standards in violence and aggression. There is a legal requirement to ensure that those advising and training others in the safe management of violence and aggression have the appropriate skills and knowledge.

This section outlines the skills required to undertake violence and aggression training. It recognises that training may consist of differing elements and that the skills will therefore vary depending on the level of training provided. Participating Trusts and Local Health Boards should consider the current level of expertise of those providing advice and training and, where employed by the Trust or Local Health Board, their subsequent professional development needs.

This section also outlines the standards for provision of adequate training facilities.

***Part 2: Therapeutic Management of Violence and Aggression Course Aims and Objectives***

This section outlines the aims and objectives of the Schemes training programme.

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The training programme is broken down into modular sections to allow for flexibility in its delivery.

The section, at present provides guidance on the content of 3 different levels of training as follows:-

- Module A – Induction and Awareness Raising
- Module B – Theory of Personal Safety and De-escalation
- Module C – Breakaway

A fourth module, Module D which will deal with Physical Intervention Training is currently being considered.

When comparing current training content this was the area of greatest variance. However, due regard is being paid by the NHS Trusts and Local Health Boards to the Mental Health Act Code of Practice (1999), Nursing and Midwifery Council Guidelines of the Therapeutic Management of Violence and Aggression and the legal position relating to the use of reasonable force.

The Group will start to consider this module, in doing so it will take account of the great deal of work that is already underway. The Children and Families Division within the Welsh Assembly Government is developing the Framework for Restrictive Physical Intervention Policy and Practice and the publication of the National Institute for Clinical Excellence (NICE) Guidelines on the Short Term Management of Disturbed (Violent) Behaviour in Psychiatric Inpatients is awaited.

At the time of going to press there was no accredited training available in the management of violence and aggression which is specific to the needs of healthcare. The Steering Group will continue to monitor this position.

***Part 3: Records of Training***

This section provides standard documents for recording training and achievements of course participants.

This information will transfer with the employee if they move from employer to employer.

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***Part 4: Violence and Aggression Risk Assessment Forms***

This section provides risk assessment forms for assessment of tasks/environments where there may be a risk of violence and aggression.

At present individual patient assessments are not incorporated into the documentation. It is felt that this area is generally well represented with documents such as the Functional Assessments and Care Environments (FACE) risk assessment tools and a number of other documents. It is intended in future documents to provide basic guidance on the content of an individual patient assessment for areas that do not already have this documentation.

***Part 5: Guidelines for Protecting NHS Staff from Violence and Aggression***

Employees as well as patients' have rights under the Articles of the Human Rights Act 1998 and these must be respected. The important rights when considered in the context of violence and aggression are as follows:

- Article 2 'Right to Life'
- Article 3 'Prohibition of inhumane or degrading treatment'
- Article 8 'Right to Respect for Private and Family Life'
- Article 14 'Prohibition of Discrimination'.

It is important that mutual respect is shown between employees, patients and their relatives/carers. However, Trusts and Local Health Boards will, after giving consideration to all other options, seek to exclude patients and relatives from their premises where acts of violence and aggression towards staff becomes unacceptable. This action would not be undertaken lightly. Under such circumstances a decision may be made to serve a Patient Undertaking. This explains to the patient that their behaviour has been unacceptable and it specifies what is expected of them. If they do not meet the needs of the Patient Undertaking they may be excluded from the premises and advised that they will only receive emergency treatment. A template for developing such a document is contained within the Scheme. Legal advice has been sought from Morgan Cole Solicitors in the development of the guidance.

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**Part 6 : Lone Working**

A number of NHS staff routinely work alone, others may do so infrequently due to particular circumstances. Employees that work alone are more vulnerable to violence from members of the public. 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.

Two documents are contained within the Scheme to provide guidance to Trusts and Local Health Boards where there is lone working, they are:-

- ❑ A Proforma Lone Worker Policy which NHS employers can adapt to suit their needs and,
- ❑ Specification for a Lone Worker Alert System.

**Future Additions**

It is intended to add information to the Scheme as and when it becomes available. Amendments will be made available as appropriate.

## **PART 1: MANAGEMENT OF VIOLENCE AND AGGRESSION TRAINING GUIDELINES**

### **1. Introduction**

- 1.1 There has been a growing recognition of the need for standards associated with both the actual delivery and course content of training in the management of violence and aggression.
- 1.2 Whilst professional guidelines provide general advice on the management of violence and aggression in the workplace this passport scheme provides employers with specific guidelines for the provision of training. The scheme is intended to assist employers in ensuring that employees receive a minimum standard of training, which will lead to competence in the management of potential and actual incidents of violence and aggression.
- 1.3 To ensure compliance with the standards identified in this scheme employing organisations will need a robust training and education programme for all employees. Those involved in the provision of training must be appropriately skilled and qualified to deliver the programme identified within this scheme.
- 1.4 Employing organisation will need to ensure that a strategy for recall and update training is put in place. Any recall strategy will need to reflect the underpinning environmental and clinical risk assessments undertaken across the organisation.

### **2. Why are standards needed?**

- To reduce the risks to patients, visitors and employees from poor practices.
- To provide protection for employers and all employees.
- To ensure effective and efficient use of resources (manpower and time).
- To promote consistent, best practice through the development of transferable skills.
- To ensure compliance with the law.

### **3. *What are the pre-training requisites?***

- There must be a comprehensive training needs analysis across the organisation to identify what training is required. This will be informed by risk assessment.
- There must be specific policies and procedures in place to support employees and patient safety and promote best practice.
- The senior management team of the organisation must fully endorse the training strategy developed to support effective safe management of violence and aggression.
- Sufficient resources must be allocated within the organisation to facilitate the delivery of adequate levels of training and implement practice in accordance with agreed policies and procedures.
- Individuals undertaking the role of trainer in the management of violence and aggression must be competent trainers in accordance with the defined specification.
- Consideration must be given to ensuring the safety and well being of all employees participating in the management of violence and aggression. This can be achieved by:
  - Provision of timely occupational health advice to both employees and managers.
  - Employee awareness of the need to report any restrictions which may impede their ability to undertake practical techniques associated with the management of violence and aggression.
  - Adequate facilities to provide skilled debriefing and support following incidents of violence and aggression.
  - A mechanism which facilitates feedback from trainers to managers to ensure that specific issues relating to individuals or the collective group in training the various modules are brought to the manager's attention.

### **4. *Identifying a Trainer***

- 4.1 For training in the management of violence and aggression to be effective all training must be delivered by knowledgeable and credible trainers.

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4.2 Whilst person specifications for trainers delivering the various modules (Induction to Module C) have been provided below, it is for the employing organisation to determine whether the individual appointed to provide the training meets the specification and is deemed to be an appropriate individual to undertake the role.

**4A. Person Specification A : Induction & Awareness**

Presentation skills:

- Must be able to demonstrate ability to deliver a presentation.
- Must be able to demonstrate an understanding of local health and safety policies and procedures relevant to the management of violence and aggression.
- Must be able to translate theoretical knowledge of the subject matter into an appropriate healthcare context.
- Must be able to demonstrate an up to date knowledge of relevant health and safety legislation.
- Must be able to demonstrate a working knowledge and understanding of the cultural/societal issues associated with violence and aggression.
- Must be able to demonstrate an understanding of the organisation's structure and management arrangements.

**4B. Person Specification B : Talkdown and Breakaway**

- Must have a recognised training qualification or be able to demonstrate experience up to City and Guilds 730/NVQ equivalent/Certificate in Education.
- Must be able to demonstrate up to date knowledge of relevant literature and professional guidelines associated with the management of violence and aggression.
- Must be able to demonstrate up to date knowledge of relevant legal issues.
- Must be able to translate theoretical knowledge of the subject matter into appropriate healthcare context with knowledge of practical application.
- Must be physically capable of demonstrating good practice.
- Must be able to demonstrate/identify the mechanism for keeping abreast of developments in the field.
- Must be able to demonstrate a working knowledge and understanding of the professional codes of practice of the employees receiving training.
- Must be able to demonstrate an understanding of risk assessment processes within a healthcare setting.

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**5. Organisation and Implementation of Training**

- 5.1 Training must be available to all employees who require it.
- 5.2 Training provision must be based upon risk assessment.
- 5.3 The training facility must be risk assessed for suitability giving consideration to the training to be provided.
- 5.4 Practical skills training must be safe and sufficiently supervised. Consideration will need to be given to:
  - Size and layout of the training venue
  - The techniques to be performed
  - The equipment available (mats, chairs, beds etc)
- 5.5 Consideration will be given to the availability and access to a First Aider/First Aid facilities.
- 5.6 There will be a minimum of one trainer to eight trainees when practical manoeuvres are being demonstrated and practised eg, during breakaway.

**6. Planning and recording of training**

- 6.1 Training must meet the needs of participants and the organisation.
- 6.2 Duration of training must be sufficient to support and develop knowledge, attitude and skills. Demonstrations alone are not sufficient for practical skills training. Employees must have sufficient time to practice taught skills under close supervision of the allocated trainer.
- 6.3 If an employee attends a module and is unable to participate in any part of the training eg, due to a health related issue etc, all aspects of non-participation must be clearly recorded on the attendance record. This information must also be shared with their service manager.
- 6.4 Attendance at training sessions must be recorded. Feedback on employee attendance, ability and issues of concern regarding performance at training sessions must be provided to service managers.

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- 6.5 A robust system for recall and update training must be in place. Frequency and level of update training will be determined by risk assessment.
- 6.6 Reasons for non-attendance at training sessions must be recorded.
- 6.7 A system for capturing participants feedback and evaluation of the training provided should be in place. Information from feedback / evaluation should be shared with managers.
- 6.8 Full records of all training provided must be kept including:
- Printed names and signatures of trainee and trainers
  - Employees job title and place of work
  - Date and venue of training
  - Level of participation for all components of the training session ie, full/observed only
  - Content of training session and title / level
  - Declaration of health status.
  - Detailed lesson plan for each training session.

**7. *What the Standard Elements of training should include***

- 7.1 This training programme is broken down into modules to allow for flexibility in content and delivery. It specifies the minimum standards required.
- 7.2 Employing organisations participating in this passport scheme must ensure that their training courses meet the aims and objectives specified within each training module as a minimum.

Module A	Induction & Awareness raising
Module B	Theory of Personal Safety and De-escalation
Module C	Breakaway
(Module D	Physical Intervention – under development)

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**8. *The importance of audit and review***

- 8.1 Managers and employees need to acknowledge the importance of monitoring practice in the workplace.
- 8.2 A robust monitoring system to support the implementation of audit and review of practice associated with the management of violence and aggression must be put in place.
- 8.3 Incidents associated with violence and aggression must be thoroughly reviewed and appropriate action taken to reduce the likelihood of future incidents as far as reasonably practical.
- 8.4 A mechanism to support post incident debriefing must be put in place to ensure the timely review of events associated with the incident and ensure lessons learnt are appropriately shared.

## **PART 2: VIOLENCE AND AGGRESSION TRAINING AIMS AND OBJECTIVES**

1. The aim of the training is to provide employees with the varying degrees of information/skills that they require to protect themselves and others from the risk of violence and aggression.
2. NHS organisations participating in the Passport Scheme must ensure, as a minimum, that their training courses meet the aims and objectives specified within each training module.
3. The training programme is broken down into modular sections to allow for flexibility in it's delivery. The modules cover the following topics:
  - Module A – Induction & Awareness Raising
  - Module B – Theory of Personal Safety and De-escalation
  - Module C – Breakaway

### **Module A – Induction and Awareness Raising**

The suggested time for this session is one hour.

#### ***Introduction***

This particular module will provide participants with a general introduction to the subject of violence and aggression. It will provide a basic overview of the importance of managing violence and aggression in the workplace. It will also reflect upon the prevalence of violence and aggression within society and its relevance to the workplace. This will be supported through the provision of clear definitions for violence and aggression. Local policy and procedures will also be introduced.

- Aims**
  - To introduce trainer (self)
  - To raise awareness of employers and employees rights and responsibilities.
  - To introduce key issues in the management of violence and aggression.

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- ❑ **Objectives** - at the end of the session the trainee should be able to:
  - ❑ Define the terms 'violence and aggression'.
  - ❑ Describe where you will locate the local policy and procedure for management of violence and aggression.
  - ❑ Demonstrate an awareness of the staff support mechanisms available within the organisation and how to access this service.
  - ❑ Demonstrate an understanding of the importance of reporting incidents and be able to describe the process for reporting such incidents.

***Identification of the Problem of Violence and Aggression***

- ❑ **Aims**
  - ❑ To raise awareness of the changing culture of violence and aggression in society in relation to NHS/organisation employees.
  - ❑ To raise awareness of the duty of care owed by the employer and employee.
- ❑ **Objectives**
  - ❑ Outline factors contributing to the changing culture within the organisation.
  - ❑ State the responsibilities of the employer.
  - ❑ Demonstrate knowledge of their responsibilities as employees.
  - ❑ Define the concept of risk assessment.

***Define Violence and Aggression***

- ❑ **Aim**
  - ❑ To raise awareness of the meaning of the terms violence and aggression.
- ❑ **Objective**
  - ❑ Demonstrate an awareness of the different types of violence and aggression.

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**Local Policy and Procedures**

- ☐ **Aims**
  - ☐ To raise awareness of the existence of the local policy and procedure and their location.
  - ☐ To raise awareness of staff support systems available within the organisation.
  
- ☐ **Objectives**
  - ☐ Describe how they would locate the policy and procedure within their workplace.
  - ☐ Demonstrate an awareness of the staff support mechanisms available within the organisation and how to access this service.

**Reporting Incidents**

- ☐ **Aim**
  - ☐ To raise awareness of the importance of reporting incidents of violence and aggression.
  
- ☐ **Objective**
  - ☐ Demonstrate an understanding of the importance of the incident reporting system and its relevance to the organisation.

**Module B – Theory of Personal Safety and De-escalation**

The suggested time for this session is 3 hours.

**Introduction**

This particular module will provide participants with greater awareness of issues associated with the theory of personal safety and de-escalation. It builds upon the introductory module *and must be undertaken prior to any other additional modules*. Emphasis is placed upon the importance of de-escalation and the steps which can be taken to prevent incidents of violence and aggression occurring in the first place. The module is intended to equip participants with the skills to recognise and de-escalate potential violent incidents and will include issues associated with customer care and diversity.

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**Personal Safety and De-escalation**

- Aims**
  - To raise awareness of the terms violence and aggression.
  - To increase awareness of personal safety.
  - To increase awareness of the environment and the risks that it can present.
  - To increase recognition of trigger factors which can lead to violent and/or aggressive behaviour.
  - To have an awareness of communication skills which can assist in diffusing violent and aggressive situations.
  - To emphasise the importance of relevant health and safety legislation.
  - To increase awareness of legal and ethical issues.
  - To increase awareness of cultural and gender issues.
  - To increase awareness of policies and procedures on the management of violence and aggression in the workplace.
  - To increase awareness of the post incident support debriefing.
  
- Objectives** - at the end of the session the trainee should be able to:
  - Define the terms 'violence and aggression'.
  - Describe the factors which could influence and affect your personal safety and environment.
  - Identify trigger factors which can lead to a violent and/or aggressive incident.
  - Identify communication skills which can de-escalate a potentially aggressive and/or violent situation.
  - Discuss legal and ethical issues associated with the management of violence and aggression.
  - Discuss cultural and gender issues associated with the management of violence and aggression.
  - State employer and employee responsibilities with regard to relevant health and safety legislation.
  - Demonstrate an understanding of the organisation's policies and procedures on the management of violence and aggression.
  - Demonstrate an understanding of staff support systems available.

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**Identification of Personal Safety Factors**

- Aims**
  - To raise awareness of the terms violence and aggression.
  - To increase awareness of personal safety.
  - To increase awareness of the environment.
  
- Objectives** - at the end of the session the trainee should be able to:
  - Define the terms violence and aggression.
  - Describe the factors which could influence and affect their personal safety and environment

**Recognition of Communication Skills**

- Aim**
  - To increase awareness of the impact of verbal and non-verbal communication skills.
  
- Objective** – at the end of the session the trainees should be able to:
  - List the different ways of communicating and demonstrate an understanding of the effect these may have upon others.

**Recognition of Trigger Factors**

- Aims**
  - To increase recognition of trigger factors which can lead to violent and/or aggressive behaviour.
  - To gain an understanding of how behaviour escalates into a violent and/or aggressive situation.
  
- Objectives** - the end of the session the trainees should be able to:
  - Identify trigger factors which can lead to a violent and/or aggressive incident.
  - Explain the assault cycle.

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***Legal and Ethical Issues***

- Aims**
  - To emphasise the importance of relevant health and safety legislation.
  - To increase awareness of legal and ethical issues.
  - To raise awareness of the term 'assault'.
  
- Objectives** - at the end of the session the trainees should be able to:
  - Discuss legal and ethical issues associated with the management of violence and aggression.
  - Define the term 'assault'.

***Local Policy and Procedures***

- Aim**
  - To increase awareness of policies and procedures in the management of violence and aggression in the workplace.
  
- Objective** - at the end of the session the trainees should be able to:
  - Demonstrate an understanding of the organisation's policies and procedures in the management of violence and aggression.

***Post Incident Support***

- Aim**
  - To increase awareness of post incident support / debriefing.
  
- Objective** - at the end of the session the trainees should be able to:
  - Demonstrate an understanding of staff support systems available.

## **Update/Refresher Training**

Update/refresher training for employees should be prioritised based upon risk assessment. However, it is a requirement of the Passport Scheme that it takes place, for module B, as a *minimum* every 2 years. If an employees role changes or it is identified after initial training that they do not actually require this level of training then it is not necessary to update them to this level.

## **Module C – Breakaway**

The suggested time for this module is 3 hours.

### ***Introduction***

This module will provide the participant with practical skills to enable them to breakaway from a situation of violence and aggression. Emphasis will be placed upon the importance of communication skills and management of personal safety throughout all breakaway techniques.

All participants must have received Module B before undertaking this module

- Aims**
  - To provide practical techniques enabling breakaway from violent/aggressive situations.
  - To reinforce the need to maintain communication which can assist in diffusing a violent/aggressive situation.
  - To increase awareness of the environment and the risks it may present.
  - To increase awareness of personal safety.
  - To emphasise the importance of relevant health and safety legislation.
  - To increase awareness of legal and ethical issues.
  - To increase awareness of cultural and gender issues.
  - To increase awareness of local reporting procedures.
  - To increase awareness of the use of personal alarm systems.
  - To raise awareness of the relevance of clinical risk assessment.

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- ❑ **Objectives** - at the end of the session the trainee should be able to:
  - ❑ Describe the factors which could influence and affect your personal safety and environment.
  - ❑ Explain communication skills which can assist in de-escalating a violent/aggressive situation.
  - ❑ Demonstrate an understanding of local reporting policies and procedures.
  - ❑ State employer and employee responsibilities with regard to relevant health and safety legislation.
  - ❑ Discuss legal and ethical issues associated with the management of violence and aggression.
  - ❑ Discuss cultural and gender issues associated with the management of violence and aggression.
  - ❑ Demonstrate and practice the practical use of breakaway techniques, from an attack/grab, without causing harm to those involved. Situations will include:
    - Hair grabs
    - Wrist grabs
    - Clothes grabs
    - Strangle holds
  - ❑ Describe situations which may require additional assistance.
  - ❑ Describe circumstances when personal/alarm systems should be used.
  - ❑ Explain how clinical risk assessment can help to reduce risk of assault.

***Legal and Ethical Issues***

- ❑ **Aims**
  - ❑ To emphasise the importance of relevant health and safety legislation.
  - ❑ To increase awareness of legal and ethical issues.
  - ❑ To raise awareness of the term 'assault'.
- ❑ **Objectives** - at the end of the session the trainees should be able to:
  - ❑ Discuss legal and ethical issues associated with the management of violence and aggression.
  - ❑ Define the term 'assault'.

***Hair grabs - Front and back***

- ❑ **Aims**
  - ❑ To recognise when to disengage from a hair grab.
  - ❑ To safely disengage and withdraw from a hair grab without causing harm to those involved.
  
- ❑ **Objectives**
  - ❑ Demonstrate and practice the effective use of technique(s).
  - ❑ Describe when to utilise breakaway technique(s) (eg, elderly, adults etc.)

***Clothes Grabs – Single and double grabs***

- ❑ **Aim**
  - ❑ To recognise when to disengage from a clothes grab.
  - ❑ To safely disengage and withdraw from a clothes grab without causing harm to those involved.
  
- ❑ **Objectives**
  - ❑ Demonstrate effective use of technique(s).
  - ❑ Describe when to utilise breakaway technique(s) (eg, elderly, adults etc.)

***Wrist Grabs – Single and double grabs***

- ❑ **Aims**
  - ❑ To recognise when to disengage from a wrist grab.
  - ❑ To safely disengage and withdraw from a wrist grab without causing harm to those involved.
  
- ❑ **Objectives**
  - ❑ Demonstrate effective use of technique(s).
  - ❑ Describe when to utilise breakaway technique(s) (eg, elderly, adults etc.)

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**Strangle Holds – Front, side and back**

- ❑ **Aims**
  - ❑ To recognise when to disengage from a strangle hold.
  - ❑ To safely disengage and withdraw from a strangle hold without causing harm to those involved.
- ❑ **Objective**
  - ❑ Demonstrate effective use of breakaway from strangle holds.

**Policies, Procedures and Environmental Factors**

- ❑ **Aims**
  - ❑ To increase awareness of the use of personal/alarm systems.
  - ❑ To emphasise the importance of environmental awareness.
  - ❑ To raise awareness of the relevance of clinical risk assessment.
  - ❑ To increase awareness of local health and safety policies and procedures.
- ❑ **Objectives**
  - ❑ Describe the benefits of personal/alarm systems.
  - ❑ Describe factors which could influence and affect personal safety.
  - ❑ Explain the relevance of clinical risk assessment within the management of potentially violent/aggressive situations.
  - ❑ Identify relevant health and safety policies and procedures.

**Update/Refresher Training**

Update/refresher training for employees should be prioritised based upon risk assessment. However, it is a requirement of the Passport Scheme that it takes place, for module C, as a *minimum* every 2 years. If an employees role changes or it is identified after initial training that they do not actually require this level of training then it is not necessary to update them in this particular module.

### **PART 3: RECORDS OF TRAINING**

1. It is important that adequate records of training are maintained. Trusts and Local Health Boards participating in the scheme must review their methods of record keeping.
2. Standards for maintaining records must be recorded in the Trust or Local Health Boards policy. This must state how long the records will be kept for and who will maintain the records.
3. Each individual shall be given a copy of their own training record. This will transfer with them if they move to another employer.
4. Individual records of training are maintained in addition to lesson plans and teaching notes which will identify the actual material that was provided in any individual module.
5. An example of a record of attendance is provided together with an additional record of training for each module contained within the Passport Scheme.
6. Prior to any physical training taking place, an employee must complete a Health Questionnaire. Employees must also be aware that if they suffer any discomfort during training this must be reported immediately.



## RECORD OF ATTENDANCE

COURSE TITLE \_\_\_\_\_ MODULE \_\_\_\_\_ DATE \_\_\_\_\_

START TIME \_\_\_\_\_ FINISH TIME \_\_\_\_\_ VENUE \_\_\_\_\_

PRINT NAME	NI No. or DoB	GRADE	BASE	AM SIGNATURE	PM SIGNATURE	HANDOUTS GIVEN√

TUTORS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

TUTORS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## OTHER INFORMATION

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## **VIOLENCE AND AGGRESSION TRAINING QUESTIONNAIRE**

During the training course you will be required to participate in physical activity. You will carry out a number of practical exercises. In order for the trainer to train you safely and provide guidance pertinent to you personally they need to know about any pre-existing condition which you may have. The information given will be treated in confidence.

If you knowingly give incorrect information the Trust/Local Health Board can bear no responsibility for any resultant pain or injury.

You are required therefore to tick in the box adjacent to any factor which could affect the way in which your training is provided and sign below.

- 1 I suffer from back, neck or shoulder pain or injury
- 2 I am receiving treatment for any condition which may affect my ability to engage in physical activity without pain or injury
- 3 I am pregnant
- 4 I have given birth in the last six months
- 5 I am breast feeding
- 6 None of the above applies

NAME: \_\_\_\_\_ DoB: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- If you have answered 'yes' to any of the questions 1-5 the trainer may seek further information from you in confidence.
- If necessary advice will be sought from the Occupational Health Department.
- **Should you suffer any discomfort or injury during the training you must report this to the trainer immediately.**

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**INDIVIDUAL TRAINING RECORD – VIOLENCE AND  
AGGRESSION**

**Module A – Induction & Awareness Raising**

NAME (PLEASE PRINT): .....

<b>Topic</b>	<b>Discussed</b> ✓
Introduction	
Identification of the Problem of Violence and Aggression	
Define Violence and Aggression	
Local Policy and Procedures	
Reporting Incidents	

I confirm that I have received instruction in the topics as indicated. I have also been given the opportunity to discuss relevant issues and ask questions.

I confirm that I have received all handouts.

Trainees Signature: .....

Trainers Name:..... Date:.....

Trainers Title: .....

Trainers Signature:.....

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**Module B – Theory of Personal Safety and De-escalation**

NAME (PLEASE PRINT): .....

<b>Topic</b>	<b>Discussed</b> ✓
Introduction	
Personal Safety and De-escalation	
Identification of Personal Safety Factors	
Recognition of Communication Skills	
Recognition of Trigger Factors	
Legal and Ethical Issues	
Local Policy and Procedures	
Post Incident Support	

I confirm that I have received training in the topics as indicated. I have also been given the opportunity to discuss relevant issues and ask questions.

I confirm that I have received all handouts

Trainees Signature: .....

Trainers Name:..... Date: .....

Trainers Title: .....

Trainers Signature: .....

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**Module C - Breakaway**

NAME (PLEASE PRINT): .....

Topic	Discussed <input type="checkbox"/>
Introduction	
Legal and Ethical Issues	
Policies, Procedures and Environmental Factors	

**Practical Skills**

Situation /Techniques	Discussed	Demo	Practised	Comments
<b>Hair grabs</b> <ul style="list-style-type: none"> <li>• front</li> <li>• back</li> </ul>				
<b>Clothes Grabs</b> <ul style="list-style-type: none"> <li>• single</li> <li>• double</li> </ul>				
<b>Wrist Grabs</b> <ul style="list-style-type: none"> <li>• single</li> <li>• double grabs</li> </ul>				
<b>Strangle Holds</b> <ul style="list-style-type: none"> <li>• front</li> <li>• side</li> <li>• back</li> </ul>				

I confirm that I have received training in the topics and techniques as indicated. I have also been given the opportunity to discuss relevant issues and ask questions.

I confirm that I have received all handouts

Trainees Signature:  
.....

Trainers Name:..... Date: .....

Trainers Title: .....

Trainers Signature:.....

## **PART 4 : VIOLENCE AND AGGRESSION RISK ASSESSMENT**

1. The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risks their staff face through the work they carry out. This includes the risk of violence and aggression. The assessment should identify the measures needed to either eliminate the risks or, if this is not reasonably practicable, adequately control them.
2. The Regulations do not specify which measures should be introduced to control the risk. It is for the employer to satisfy themselves that the measures they have taken are adequate. In doing so the Trust or Local Health Board must consider the good practice of other employers managing similar issues.
3. A Violence and Aggression Risk Assessment should be documented for any task/activity which presents a significant risk. The form contained within this pack is designed for the assessment of generic activities and tasks. It is not intended to be used to assess risks relating to a specific patient. A separate Patient Risk Assessment should be undertaken if an individual is presenting a risk. There are a number of these assessments already in existence eg, FACE (Functional Analysis of Care Environments) Risk Assessment which is used in some mental health settings. The Steering Group intends to publish good practice guidelines for undertaking individual patient risk assessments although it does not intend to produce a specific form.
4. Where individual Patient Risk Assessments are undertaken they should be reviewed and updated when necessary. The significant findings should be communicated to all relevant departments within the Organisation and other agencies. However, it is important to ensure that the Data Protection Act 1998 is not contravened and that information is shared on a 'need to know' basis.
5. In addition to formal documented risk assessments employees must conduct a Personal Risk Assessment before they perform a task/activity which may present a risk of violence and aggression. This assessment should examine the risk to themselves and others who may be affected by the activity. If necessary they must communicate their findings to others.

## **GUIDANCE NOTES ON COMPLETING THE ALL WALES NHS VIOLENCE AND AGGRESSION RISK ASSESSMENT FORM**

The following notes are designed to allow you to carry out a suitable and sufficient assessment of the risk of violence and aggression in your Ward/Department/working environment. The form is divided into 7 main sections. The aim has been to make the areas to be assessed as clear as possible. It is not possible to cover all eventualities and those completing the form must not feel that they cannot record any other relevant details. Where necessary continuation sheets can be used.

### ***Section A – Administration Details***

This section is designed to identify the location where the assessment is being conducted.

The risk assessment should be undertaken in consultation with employees and reviewed at least annually or after an incident has occurred. If a major change is required as part of a review a new form must be completed. If the circumstances remain largely the same then there is a section to record that a review has been undertaken.

### ***Section B – Task or Activity***

Write down the tasks or activities which could lead to a risk of violence and aggression. Generic terms can be used such as interviewing/assessment of patients, undertaking receptionist duties, security patrols, visiting patients in the community etc. Where it is felt that there is a specific activity which presents an elevated risk this may need to be documented separately eg, providing homeless outreach services.

Specify the personnel that may be involved in the task or activity. Remember to consider students and other personnel who may be similarly at risk eg, medical staff, social workers undertaking joint assessments, porters, domestics etc.

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**Section C – Assessment of Risk**

This section is designed to identify the likelihood of the risk of violence to employees based on the various hazards that employees may be exposed to in undertaking their duties. The section should be completed by answering all of the relevant questions. Once this has been done the answers should be reviewed and a decision of the degree of perceived/actual risk made.

It is important to consult all those who may be involved in the activity/task when undertaking a risk assessment. Perception of risk may vary from individual to individual. Also employees may have been involved in incidents which they have not previously reported or shared with their colleagues.

If after completing Point 1 it is felt that there is **no** perceived or actual risk the form need not be completed any further.

Points 5 and 6 questions whether incidents of violence and aggression are more likely to occur on specific days or times of day. This may be important when planning control measures eg, it may be more important to have additional staff when the pubs are closing, or patients may be more likely to be aggressive during periods when there is limited activity or stimulation.

Point 14 – staff may be particularly vulnerable when they are working alone or in isolation from others. It is important to ensure that when employees are required to work alone there are adequate procedures in place. Further guidance on the risks from 'lone working' together with good practice can be found in Part 6 of the Passport Scheme.

Point 15 - A great deal of emphasis can be placed on the provision of alarm systems. However, they do not control or reduce the risk of violence and aggression but merely serve to allow the person being exposed to call for assistance. When installing alarm systems appropriate arrangements must be made for management of the system and to ensure that there is an effective response to any incident.

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Point 16 – Training – The All Wales NHS Violence and Aggression Training Passport and Information Scheme sets out the minimum standards for training in violence and aggression (refer to Part 2 of the Passport Scheme). The training is designed to allow employees to attend those modules appropriate for the risk to which they are exposed. A Training Needs Analysis should have been undertaken to identify the level of training that is required. However, training requirements may change as a result of a Risk Assessment and the introduction of additional control measures. Section 16 should be amended if this is found to be the case.

Point 17 – Contingency Plans that are put into place must be appropriate and managed. It is no use relying on a contingency plan which requires unrealistic arrangements to be in place. Also it is necessary to ensure that plans are robust and allow for such operational issues as annual leave and sickness. **Staff must be aware of circumstances when they should dial 999 or other emergency numbers.**

Point 18 – This section relates to community and home visits. It is appropriate to record if staff are required to visit known trouble spots. It is also good practice to ensure that individual assessments are undertaken of premises visited. Some Trusts and Local Authorities already have systems where the person making the referral has an obligation to identify any known risks. Such systems are commendable and should be extended across the health and social care sector.

***Section D – Current Control Measures***

This section is where any existing control measures/precautions are listed. Many of these control measures will have been highlighted in Section C. These can be summarised and cross referenced where appropriate. A continuation sheet can be used if necessary.

### ***Section E – Initial Risk Rating Figure***

In order to prioritise actions, it is necessary to evaluate the level of risk presented by the hazards identified. This is done using a simple rating system and a basic multiplication. Further guidance is given in the Risk Matrix Section.

### ***Section F – Additional Risk Control Measures Required***

Where the level of risk is considered to be unacceptable this part of the form is used to determine additional risk control measures.

When considering actions to be taken a hierarchy of risk control measures should be considered in the following order;

- Elimination or removal of the risk
- Substitution with a less risky option
- Enclosure or segregation of the risk
- Prevention of access of/to the risk
- Organising work to reduce exposure to the risk
- Safe systems of work/safe operating procedures

Consideration should also be given to staff training requirements, including those arising from implementation of the control measures.

There will be occasions when the additional control measures required may take some time to implement. The request for these controls should form part of the Action Plan to be agreed with the manager. The new risk rating figure will quantify the projected reduction in risk.

### ***Section G – Action Plan Agreed with Manager***

The Action Plan is documented confirmation that the additional risk control measures have been identified and agreed with the manager. This should specify the expected completion date and confirm when controls have been implemented. A final/residual risk rating figure should then be calculated: this may be different to the risk rating detailed in Section F if some of the recommendations cannot be actioned.



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**RISK MATRIX**

Note: You must assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

Review of Risk Assessments - you must review your risk assessments in the following three circumstances:

- in accordance with the specified review period and/or
- as a result of change, and/or
- following an incident

**LIKELIHOOD:**

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but it is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

**SEVERITY:**

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale.

Level	Descriptor	Actual or Potential Impact on Individual(s)	Actual or Potential Impact on Organisation
5	Catastrophic	DEATH	National adverse publicity. WAG Investigation. Litigation expected/certain.
4	Major	PERMANENT INJURY: eg, RIDDOR reportable injury/ Ill health retirement/redeployment	RIDDOR reportable Long-term sickness. Litigation expected/certain.
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE eg, injury that takes up to one year to resolve or requires Occupational Health involvement/rehabilitation	Litigation possible but not certain. High potential for complaint.
2	Minor	SHORT-TERM INJURY/DAMAGE eg, injury that has been resolved within one month Short-term sickness.	Minimal risk to organisation. Litigation unlikely. Complaint possible.
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to organisation. Unlikely to cause complaint. Litigation risk remote.

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**RISK SCORE/ACTION TO BE TAKEN:**

LIKELIHOOD	SEVERITY					
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastr ophic	
1 - Rare	1	2	3	4	5	No immediate Action
2 - Unlikely	2	4	6	8	10	Action within 12 months
3 - Possible	3	6	9	12	15	Urgent Action
4 - Likely	4	8	12	16	20	
5 - Almost certain	5	10	15	20	25	

## **ALL WALES NHS VIOLENCE & AGGRESSION RISK ASSESSMENT FORM**

### **SECTION A: Administration Details**

Primary Location (eg, Hospital, Health Centre, etc.): .....	
Secondary Location (eg, Ward, Dept. etc.): .....	
Exact Location (eg, Interview Room, Reception, etc.): .....	
Name of Assessor: .....	Date of Review: .....
.....	Name/Designation of Assessor:
Designation: .....	.....
.....	Date of Review:
Date of Initial Assessment: .....	.....
.....	Name/Designation of Assessor:
.....	.....
<b>SECTION B: Task or Activity</b>	
Description of task or activity which could lead to a risk of violence and aggression:	
Personnel involved (eg, carer, nurse, health visitor, community staff, security staff, contractor, off site worker, etc.)	

**This risk assessment should be conducted in consultation with employees and reviewed at least annually or after an incident has occurred. If a major change is required as part of a review a new form must be completed.**

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**SECTION C: Assessment of Risk**

**In each of the sections, tick the appropriate box (Yes, No, N/A)**

	Yes	No
<b>1a Is there any historical evidence of verbal or physical aggression to staff?</b>		
Verbal abuse (with intent/directed at staff)	<input type="checkbox"/>	<input type="checkbox"/>
Verbal abuse (abusive remarks not directed at staff)	<input type="checkbox"/>	<input type="checkbox"/>
Punch/strike/slap	<input type="checkbox"/>	<input type="checkbox"/>
Wounding	<input type="checkbox"/>	<input type="checkbox"/>
Kicking	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>
Scratching	<input type="checkbox"/>	<input type="checkbox"/>
Grabbing by patient (please specify areas grabbed)	<input type="checkbox"/>	<input type="checkbox"/>
.....		
Hair pulling	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Victimisation	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation	<input type="checkbox"/>	<input type="checkbox"/>
Threat with/use of weapon (eg, knives, needles, walking sticks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: .....		
.....		
Harrassment (racial, sexual, bullying)	<input type="checkbox"/>	<input type="checkbox"/>
Offensive messages	<input type="checkbox"/>	<input type="checkbox"/>
Telephone abuse	<input type="checkbox"/>	<input type="checkbox"/>
Rape	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: .....		
<b>1b Is it perceived that there could be a risk of any of the above?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: .....		
.....		
If there is <b>no</b> perceived or known risk of verbal or physical aggression there is no need to continue with this assessment.		

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<b>2 How often do violent incidents occur?</b>		
Never	<input type="checkbox"/>	
Every few months	<input type="checkbox"/>	
Once a month	<input type="checkbox"/>	
Several times a month	<input type="checkbox"/>	
Once a week	<input type="checkbox"/>	
Several times a week	<input type="checkbox"/>	
Once a day	<input type="checkbox"/>	
Several times a day	<input type="checkbox"/>	
<b>3a If hurt or wounded as a result of an attack, has it lead to:</b>		
Bruising/swelling	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Cuts	<input type="checkbox"/>	<input type="checkbox"/>
Multiple injuries	<input type="checkbox"/>	<input type="checkbox"/>
Sprains	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b Is it perceived that an incident could lead to any of the above?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify:		
.....		
.....		
.....		
<b>4 Following attacks or incidents of aggression, has this led to time off work?</b>		
A few hours	<input type="checkbox"/>	<input type="checkbox"/>
Days	<input type="checkbox"/>	<input type="checkbox"/>
Weeks	<input type="checkbox"/>	<input type="checkbox"/>
Months	<input type="checkbox"/>	<input type="checkbox"/>

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<p><b>5 When are violent incidents more likely to occur (please tick)?</b></p> <p>8 am - 5 pm <input type="checkbox"/></p> <p>5 pm - 10 pm <input type="checkbox"/></p> <p>10 pm - 2 am <input type="checkbox"/></p> <p>2 am - 8 am <input type="checkbox"/></p> <p>At any time <input type="checkbox"/></p>	<p><b>6 On what day of the week?</b></p> <p><i>Mark days when incidents are most likely to occur if known. 7 = most likely 1 = least likely</i></p> <p>Sunday <input type="checkbox"/></p> <p>Monday <input type="checkbox"/></p> <p>Tuesday <input type="checkbox"/></p> <p>Wednesday <input type="checkbox"/></p> <p>Thursday <input type="checkbox"/></p> <p>Friday <input type="checkbox"/></p> <p>Saturday <input type="checkbox"/></p> <p>Any day <input type="checkbox"/></p>
<p><b>7 Is the workplace overcrowded?</b></p> <p>All the time <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Never <input type="checkbox"/> <input type="checkbox"/></p> <p>During specific times <input type="checkbox"/> <input type="checkbox"/></p> <p>Please specify: .....</p> <p>.....</p>	
<p><b>8 Are the following adequate?</b></p> <p>Lighting <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Temperature <input type="checkbox"/> <input type="checkbox"/></p> <p>Ventilation (fresh air/smells) <input type="checkbox"/> <input type="checkbox"/></p> <p>Décor / colour schemes <input type="checkbox"/> <input type="checkbox"/></p> <p>Housekeeping <input type="checkbox"/> <input type="checkbox"/></p> <p>Seating for patients/visitors <input type="checkbox"/> <input type="checkbox"/></p> <p>Other <input type="checkbox"/> <input type="checkbox"/></p> <p>Please specify: .....</p> <p>.....</p>	

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<b>9 Are the following readily available for patients/visitors?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Public telephones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up-to-date magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's play area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV/Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10 Internal environmental issues</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are there excessive noises which could cause distraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there isolated areas such as treatment rooms, offices, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the rooms laid out in such a way as to allow staff to exit in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could the aggressor be situated between the employee and the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there designated waiting areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these adequately supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there corridors /areas where aggressors could hide / congregate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate signage displaying the Organisations Zero Tolerance stance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff protected by additional security measures where required eg screens, security locks, intercoms, internal CCTV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is money / valuables kept in the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>11 Are there potentially dangerous fixtures and fittings, eg,</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Ash trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical/medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: .....			
.....			
<b>12 Is there a room available to speak privately with:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13 External environmental issues</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are there adequate parking spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it distant from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have routes to parking areas/external walkways been surveyed for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there CCTV coverage of routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these cameras monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a security escort service to parking areas when walking on external routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14 Are there any times when tasks are undertaken alone?</b>	<b>Yes</b>	<b>No</b>	
If yes, please specify:		<input type="checkbox"/>	<input type="checkbox"/>
.....			
<b>Are there any procedures in place to help ensure safety?</b>		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify:			
.....			

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<b>15 Are there alarm systems in place by which you can summon help?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state type of system: .....			
.....			
Are alarms fitted in rooms used for interviewing potentially aggressive/violent individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these alarms accessible to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the alarms easy to activate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do others know how to respond if the alarm is raised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there documented procedures in place for ensuring this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the alarm be heard in all areas of the ward/department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>16 Have staff attended appropriate training in accordance with All Wales NHS Violence and Aggression Training Passport and Organisations Policy?</b>	<b>Yes</b>	<b>No</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Level of training and number of staff identified in Training Needs Analysis as requiring each level of training:-			
Module A – Induction & Awareness Raising. ....			
Module B - Theory of Personal Safety and De-escalation .....			
Module C - Breakaway .....			
Module D - Physical Intervention .....			
Number of staff who have attended training:-			
Module A – Induction & Awareness Raising. ....			
Module B - Theory of Personal Safety and De-escalation .....			
Module C - Breakaway .....			
Module D - Physical Intervention .....			
What procedures are in place to ensure that all staff (including medical staff) have information and access to violence and aggression training?			
.....			
.....			

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<b>17 Is there a contingency plan if violence is threatened or breaks out toward:</b>	<b>Yes</b>	<b>No</b>	
Patients	<input type="checkbox"/>	<input type="checkbox"/>	
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	
Staff	<input type="checkbox"/>	<input type="checkbox"/>	
Please specify arrangements: .....			
.....			
Are staffing levels adequate to ensure that contingency plans can be followed?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18 Home / community visits</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are home / community visits essential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is any information sought highlighting previous / known risks associated with the patient and / premises / or locality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where joint agency working takes place are there protocols for sharing information regarding known risks of violence and aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is joint agency visiting considered where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are individual risk assessments undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a tracking system to ensure safety prior to, during, and at the end of a visit (eg, buddy systems, lone working procedure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are mobile phones provided together with training in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are personal safety alarms provided and information given on their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19 Policy / Procedures</b>	<b>Yes</b>	<b>No</b>	
Is the Organisations Policy easily accessible to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an Information Leaflet available to all staff?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a departmental Policy / Procedure?	<input type="checkbox"/>	<input type="checkbox"/>	

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**SECTION D: Current Risk Control Measures (see Section C)**

Control measures currently in use:

**SECTION E: Initial Risk Rating Figure**

**Initial Risk Rating Figure** (to calculate see Risk Matrix):

Probable Likelihood Rating  x Potential Severity Rating

= **Risk Rating Figure**

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**SECTION F: Additional Risk Control Measures Required**

Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register.

No.	Risk Reduction Measures / Further Action

If the above control measures are implemented, calculate the **New Risk Rating Figure:**

Probable Likelihood Rating  x Potential Severity Rating   
= **Risk Rating Figure:**

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<b>SECTION G: Action Plan Agreed with Manager</b>				
..... <b>Manager's Name</b>		..... <b>Manager's Signature</b>		..... <b>Date</b>
<b>No.</b>	<b>Action Plan</b>	<b>Responsible Person</b>	<b>Projected Completion Date</b>	<b>Date Completed / Signature</b>
<p>Once the above action plan has been implemented, calculate the <b>Final/Residual Risk Rating Figure</b>:</p> <p>Probable Likelihood Rating <input style="width: 30px; height: 20px;" type="text"/> x Potential Severity Rating <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: right;">= <b>Risk Rating Figure</b> <input style="width: 30px; height: 20px;" type="text"/></p>				
<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;"><b>Additional Comments</b></div>				



## **PART 5 : GUIDANCE FOR PROTECTING NHS EMPLOYEES FROM VIOLENCE AND AGGRESSION**

1. Organisations are required under health and safety legislation to take all reasonably practicable measures to protect their employees from the risks of violence and aggression.
2. Patients, visitors and other persons coming into contact with NHS employees must appreciate that it is not acceptable for them to act in a violent or aggressive way towards them. It is therefore necessary for the organisation to have suitable arrangements for dealing with such individuals.
3. The guidance contained within this section attempts to provide NHS organisations with a number of different approaches. These range from the clinical team discussing their concerns with the individual involved to exclusion from the organisations premises for all but emergency treatment.
4. The guidance has been developed with the assistance of the South Wales Police and Morgan Cole solicitors.

**NOTE: Where roles and job titles are used throughout this document the Trust/Local Health Board will have to replace these with appropriate roles to suit the organisation.**



**GUIDANCE FOR  
PROTECTING NHS EMPLOYEES FROM  
VIOLENCE AND AGGRESSION**

Date: September 2004

Author: All Wales NHS Steering Group for the Management of  
Violence and Aggression



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**1. Introduction**

- 1.1 There has been a dramatic increase in recent years in the level of violence and aggression faced by staff, visitors and patients. Incidents have included significant injury to staff, damage to vital equipment and extreme verbal abuse and threats.
- 1.2 There is a widespread recognition of the need to tackle such behaviour effectively. The fear of violence can seriously affect morale and the ability to retain and recruit staff.
- 1.3 This document is designed to improve the organisations ability to tackle violent and aggressive incidents. The aim is to detail the behaviours that are unacceptable and the range of remedies available in the face of such behaviour. This includes a mechanism whereby in extreme cases patients can be excluded from the organisation's premises.
- 1.4 Following a violent or aggressive event, managers and clinicians at a senior level should support staff towards seeking a solution which will enable medical treatment to continue and consideration of the alternative solutions which may be available.
- 1.5 The NHS has a legal obligation to identify the risk of violence and aggression and develop appropriate prevention strategies. The Zero Tolerance campaign recognised that 'This can lead to dilemmas for clinicians and managers in meeting their obligations to patient care'.

**2. Policy Statement**

- 2.1 NHS organisations have a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors. Guidance within this document has been developed utilising legal advice received.
- 2.2 Continuous difficult and challenging behaviour or hostility by a patient, relative or member of the public can result in staff being unable to provide the necessary care in the best interest of the patient. This behaviour is not acceptable and this document outlines the appropriate management of these incidents.

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2.3 Any person behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law (having given due regard to the sections detailed below regarding 'capacity'). The organisation will, where appropriate, seek to prosecute all perpetrators of crime on or against the organisations staff, property or assets. The appropriate manager or senior member of staff will contact the police in the event of unlawful behaviour. They will also liaise with the Security Manager\* and legal department when seeking to prosecute, or support individual employees in the prosecution of perpetrators of a crime.

**3. Scope**

3.1 The scope of this document relates to all members of the public, patients, contractors and visitors. All employees, including those on honorary contracts, those working for other employers but on the organisations premises, and volunteers undertaking duties on behalf of the organisation have a duty in the implementation of this guidance.

3.2 Suitable consideration should be given to patients who are not competent to take responsibility for their actions because of either their age or because in the clinical judgement of relevant clinicians they do not have mental capacity.

3.3 Whilst much of this document will be relevant to the Ambulance Service, specific arrangements will need to be developed which recognise the unique circumstances faced by Ambulance Service staff.

**4. Aim**

4.1 The aim of this document is to provide mechanisms for dealing with the varying level of violence.

4.2 This guidance is introduced in the context of ensuring that all employees are able to provide care to patients within a safe environment and must be applied effectively in all appropriate situations.

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**5. Definitions**

Definitions used throughout this document are as follows:-

**5.1 Violence**

Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenges to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example verbal violence.

**5.2 Persistent unacceptable behaviour**

Behaviour which is deemed unacceptable within one admission and/or over a number of separate attendances within a period of time.

**5.3 Unacceptable standards of behaviour**

The following are examples of behaviours that are not acceptable on NHS premises, or locations where patients receive treatment:

- Excessive noise eg, loud or intrusive conversation, shouting or uncontrollable misbehaviour
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Wilful damage to the organisations property
- Malicious allegations relating to members of staff, other patients or visitors
- Inappropriate behaviour as a result of alcohol or misuse of drugs
- Threats or threatening behaviour
- Violence, perceived acts of violence or threats of violence
- Any explicit or implicit challenge to the safety, well being or health of any member of staff or patient.

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**5.4** *Formal Patient Undertaking*

A Formal Patient Undertaking is a process where the patients' rights and responsibilities are brought to their attention. The patient is asked to confirm that they understand that failing to comply with these responsibilities could result in the withdrawal of care except for emergency treatment.

**5.5** *Adult*

Person aged over 18.

**5.6** *Child and Young Person*

Person age under 16.

NB. those aged between 16 and 18 can be normally classed as a person with capacity (ie, an adult) unless there are circumstances which leads staff to consider otherwise.

**5.7** *Capacity*

An individual is presumed to have capacity for the purpose of this guidance unless he or she:

- is unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or
- is unable to weigh the information in the balance as part of a process of arriving at the decision.

Mental disorder does not necessarily mean that a patient does not have the capacity to refuse consent. Capacity is variable in people with mental disorder and should be assessed in relation to the particular patient, at a particular time, as regards a particular action/episode of violence or aggression.

**6.** ***Application***

- 6.1** The communication of a patient's past behaviour both within the organisation and to any other relevant agency is fundamental in minimising the risk of violence.

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- 6.2 A 'marker' could be placed on a patient's medical records to alert staff to the potential risk of violence and aggression. The Data Protection Act 1998 regulates the holding and processing of personal data, which is held either on computer or in a manual form.
- 6.3 Under the Act individuals are given legally enforceable rights. Organisations must comply with data protection principles, which together form a framework for proper handling of personal data. Advice on this requirement has been given by the Information Commissioner to the extent that:-
- The processing of information is justified if necessary "for the compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract".
  - The duties imposed on the employers under Section 2 and 3 of the Health and Safety at Work etc Act 1974 would be considered relevant to meet this requirement.
- 6.4 The Data Protection Act also imposes a duty with regard to sensitive personal data. 'Violent markers' will not usually be considered as sensitive personal data. With the possible exceptions of markers which indicate that the patient suffers from a mental illness causing violent behaviour or that of a criminal conviction or suspicion of criminal activity.
- 6.5 In addition it includes the requirements that:
- The patient should be informed that their details have been flagged to indicate that they are potentially violent.
  - A decision should be made by a senior manager based on nature of the incident(s).
  - Data should be held for an agreed period.
  - Data should only be seen by those who would be at risk.
  - On request from the individual the record including the 'marker' would have to be revealed and would therefore need to be justifiable.

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- 6.6 Advice is also given on the ability to pass information to other agencies such as the Ambulance Service. In some cases other agencies who will have contact with a potentially violent individual should be informed that a warning 'marker' has been added to an individual's file and details of the incident which led to this. It goes on to say that disclosure should be made on a strictly case-by-case basis.
- 6.7 The patients' rights under the Articles of the Human Rights Act 1998 must be respected. Attention is drawn to the following rights:
- Article 2 'Right to Life'
  - Article 3 'Prohibition of inhumane or degrading treatment'
  - Article 8 'Right to Respect for Private and Family Life'
  - Article 14 'Prohibition of Discrimination'

**7. Remedies and Sanctions**

- 7.1 Any action taken in response to violent or abusive behaviour should be carefully planned. It should take into account the clinical needs of the patients/service user, the right of all patients to be treated in a safe and caring environment and the duty towards employees.
- 7.2 The remedies which may be applied in this document will vary in relation to the perpetrator(s), eg,
- Remedies for visitors,
  - Remedies against parents or those with parental responsibility/significant carers who behave in a continuously difficult and challenging way,
  - Remedies against patients with capacity, and
  - Remedies against those without capacity eg,
    - a) Some mental health patients
    - b) Some children and young people.

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7.3 Actions implemented should be relevant to the circumstances  
These include:

- Drawing the persons attention to the fact that the behaviour is unacceptable
- Implementing a 'Formal Patient Undertaking'
- Treatment of patients in the presence of increased security or police
- Formal Warning that such behaviour could lead to withdrawal of treatment (Yellow Card)
- Patient Exclusion - Withdrawal of Treatment except for emergency care
- Exclusion
- Legal proceedings.

7.4 Implementing remedies/sanctions against visitors.

The term 'visitor' includes a member of the general public or any one who is not a patient, member of staff or other persons employed by contract or service level agreement but excludes the parent of a child patient.

7.4.1 Visitors who display any of the behaviours listed previously should be asked to desist and offered the opportunity to explain their actions. The standards of behaviour expected of visitors should be clarified.

7.4.2 Continued failure to comply with the required standard of behaviour will result in the individual being asked to leave the premises by a senior member of staff. In the case of an ambulance the Crew who will inform the Control Officer. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances this would normally involve the Police or Security staff\*.

7.4.3 The relevant senior manager may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff\*. The site manager, Personal Safety Adviser (or Health and Safety Department as relevant) and Security Manager\* will be informed of any such exclusions and/or restrictions.

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- 7.4.4 The visitor may request an immediate review of the exclusion by the appropriate service manager/deputy. They will be informed of any decision.
- 7.4.5 The visitor must be informed in writing of any extended exclusion or restriction placed on them and the proposed duration for review.
- 7.4.6 The exclusion of a visitor does not prevent them from attending the organisation for their own treatment.
- 7.4.7 The incident must be documented and reported as an incident in line with the organisation's policy and procedure on the reporting of untoward incidents.
- 7.4.8 Any visitor behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on or against the organisations staff, property or assets. The appropriate manager or senior member of staff will contact the police in the event of unlawful behaviour. They will also liaise with the Security Manager\* and legal department when seeking to prosecute the perpetrators of a crime.
- 7.5 Implementing remedies/sanctions against those with parental responsibility.
  - 7.5.1 It is not acceptable to the organisation for staff, other patients or visitors to be exposed to persons with parental responsibility who are violent, aggressive or behave in a continuously difficult and challenging manner. However, persons with parental responsibility have legal rights and responsibilities which need to be exercised in the best interest of the child. Remedies must ensure that the treatment of the child or young person can continue and decisions or consents relating to the continuation of the treatment can be made.

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- 7.5.2 The staff should remain vigilant and attempt to prevent these situations developing. Senior staff should make every effort to support their junior colleagues in dealing with these difficult and complex problems. Incidents and observations should be appropriately recorded in the patients notes and on an incident form.
- 7.5.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.
- 7.5.4 Persons with parental responsibility who display any unacceptable standard of behaviour should be asked to desist and offered the opportunity to explain their actions. The standards of behaviour expected of them should be outlined. In any serious incident eg, involving violence causing injury or the threat of injury the police must be called.
- 7.5.5 The parent will be given the opportunity to immediately modify their behaviour and be offered an opportunity for 'time out for cooling off'.
- 7.5.6 In the event of failure to modify their behaviour either before or after the 'cooling off' period, sanctions implemented should be proportionate to the actions of that person. Each individual situation needs careful assessment to ensure that the best interests of the child are met whilst ensuring staff safety.
- 7.5.7 Following violent behaviour, consideration should be given to making a referral to the Social Services Department as outlined in the All Wales Child Protection Procedures.
- 7.5.8 If violent or abusive parents insist on exercising their parental responsibility by attempting to ultimately remove their child from the healthcare setting an immediate referral should be made to Police and Social Services.

Full documentation of the incident must be made in a separate management file created to manage the situation and the incident reported as an incident, in accordance with the organisations reporting procedures.

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- 7.5.9 Any parent or carer behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on, or against its staff, property or assets.
- 7.6 Remedies and sanctions for adult patients with capacity (aged 18 or over).
- 7.6.1 Following any incident the immediate manager or departmental head (or their deputy) will ascertain that the patient has capacity from an appropriate clinician. The manager or departmental head will explain to the patient that his/her behaviour is unacceptable and explain the expected standards of behaviour.
- 7.6.2 If the behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of any further repetition.
- 7.6.3 Failure to subsequently desist will result in an application of a 'Patient Undertaking' as a formal written warning of the consequences of such behaviour.
- 7.6.4 If a patient complies with the terms of the Patient Undertaking he/she can expect the following:
- That their clinical care will not be affected in any way.
  - That a copy of the "Confirmation of Instituting a Patient Undertaking" will be filed in the Medical Directors Office\* and a copy will also be kept in the patient's notes. Use of the Patient Undertaking will be highlighted on Patient Information System. The patient will be told that the Confirmation will be recorded in these ways.
  - That the organisations Security Manager\*, Personal Safety Adviser/Health and Safety Department and the site managers will be informed.
- 7.6.5 Failure to comply with the Patient Undertaking will, at the request of the relevant senior manager and the Clinical Director (or their nominated deputies) result in exclusion from the organisation except in a medical emergency.

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7.6.6 Such an exclusion will last for an agreed duration not exceeding one year. Subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician. If an excluded individual presents at the organisation's Accident and Emergency Department for emergency treatment, that individual will be treated and stabilised. Where possible, they would then be discharged immediately. However, they will be admitted if the medical condition of the patient is, in the clinical judgement of their lead clinician, so serious that admission is unavoidable the need for security staff\* attendance will be continually assessed by an appropriate member of staff. (See Appendix 1 for Procedure for Implementing a Patient Undertaking).

## 7.7 Community Care Services

7.7.1 This policy will apply to patients who require ongoing treatment within a community setting. The confirmation of Instituting a Patient Undertaking will be signed and held by the relevant Clinical Director, Medical Director, Security Manager\* and Personal Safety Adviser/Health and Safety Department. Additionally, copies will be held at the relevant clinic for access by Out of Hours Nursing Staff/Medical Staff.

7.7.2 If an incident occurs within the community setting or a patient's own home, the organisation's Lone Worker Policy should be invoked and the incident reported to the relevant manager. If within a Primary Care setting eg, a clinic, the local procedure regarding violence and challenging behaviour should be followed. The principles outlined in this document should then, if appropriate, be invoked once the immediacy of the situation has been dealt with.

7.7.3 Any patient behaving unlawfully will be immediately reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek police prosecution of perpetrators of crime on or against its staff, property or assets. Staff will be expected to co-operate in the provision of evidence.

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- 7.8 Remedies and sanctions for a management of a child or young person.
- 7.8.1 Children under the age of 10 years are entirely exempt from criminal responsibility. Children between 10 and 14 years are also exempt unless it can be established that they can distinguish between right and wrong. Subject to this there may be certain circumstances where it is appropriate to seek advice and/or assistance from the police where a criminal offence may have been committed.
- 7.8.2 In addition to the procedure for dealing with adult patients, events involving a patient who is a child or young person should include support from Paediatric Social Workers and/or a member of the Child and Adolescent Mental Health Services if required.
- 7.8.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.
- 7.8.4 If not present at the time of the incident the parent/carer must be informed at the earliest opportunity.
- 7.8.5 The incident must be fully documented within the child's/young person's patient record and consideration given to making a child protection referral under the All Wales Child Protection Procedures.
- 7.8.6 Following a serious breach in acceptable behaviour or persistent unacceptable behaviour, a meeting between the child, parent/carer, ward manager/service manager/senior nurse and consultant co-ordinating care should be arranged. An advocate for the child should be invited to attend. This meeting should be arranged at the earliest possible time and include:
- Agreement of levels of acceptable behaviour and a behavioural management plan. Advice upon an appropriate behavioural management plan may be sought from Child and Adolescent Mental Health Service colleagues.
  - Setting out a series of remedies that will be considered in the event of further non-compliance.

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A letter detailing the Management Plan should be sent to the parent/carer within 24 hours. This should include the agreed visiting arrangements and acceptable behavioural management plan together with any alternative remedies which remain under consideration.

7.8.7 Any child or young person over the age of 10 years who behaves in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on or against its staff, property and assets.

7.9 Mental health patients

7.9.1 The abuse of employees by any individual is not condoned. Patients not detained under the Mental Health Act 1983 may be treated as any other adult with capacity.

7.9.2 Capacity is variable in people with mental disorder and should be assessed in relation to the particular patient, at the particular moment in time.

7.9.3 For patients detained under the Mental Health Act 1983 the Responsible Medical Officer will prepare a behavioural management plan and make recommendations for their care. In the event of non-compliance with the behavioural management plan the clinical condition and clinical needs of the patient will be taken into account when deciding on the appropriate further remedies. Discussion should include:

- The most appropriate physical environment and level of supervision required.
- Whether the patient should be subject to increased nursing observation.
- Whether the patient should be transferred to an alternative ward/hospital or team.

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7.10 Further remedies relating to Children and Mental Health Patients.

These include:

- Consideration as to whether the treatment can be postponed and the patient discharged for a cooling off period or until more suitable arrangements for care can be made.
- Consideration as to whether the patient can be nursed in the community and be supervised as an outpatient. However, this should not then lead to a risk to community staff.
- Decision as to the circumstances when the police should be called in to advise or assist.

**8. *Training and Support***

8.1 It is recognised that dealing with any situation in which individuals, whether child or adult, are violent, abusive or intimidating, can be very difficult. Appropriate training will be available to all staff who may become involved in the implementation of the policy.

8.2 Following an incident a de-briefing session will be offered to staff involved. This should be arranged by the line manager in conjunction with the Head of Department and/or appropriate Senior Nurse.

**\*NOTE: Where roles and job titles have been used throughout this document the Trust/Local Health Board will have to replace these with appropriate roles to suit the organisation.**

**Appendix 1**

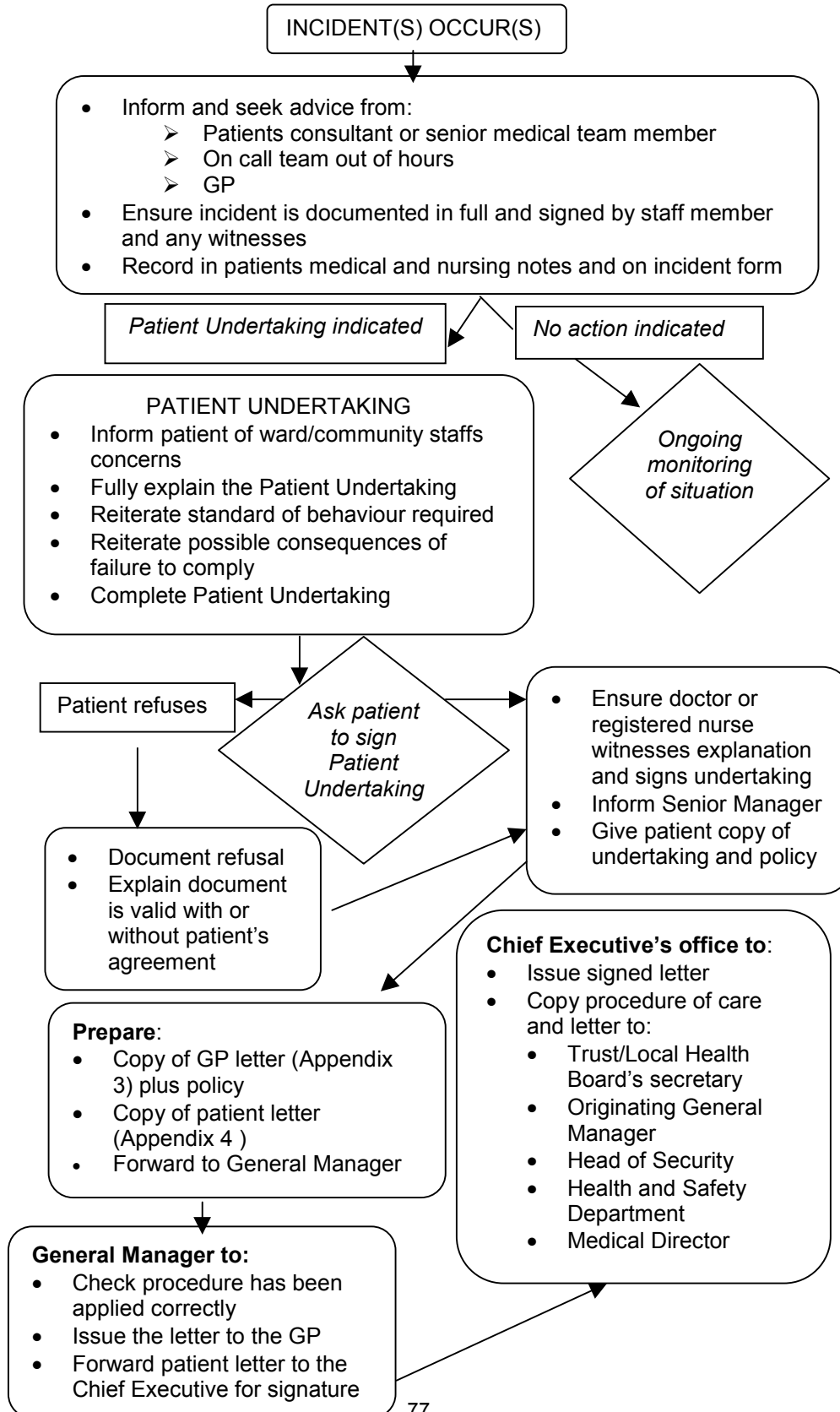
***Procedure for Implementing a Patient Undertaking***

1. In the event of inappropriate behaviour by a patient and following careful review by the individuals clinical team (or the on call team out of hours), a Patient Undertaking can be used.
2. If the senior nurse on duty for the clinical area feels that a Patient Undertaking is appropriate, he/she should contact a *suitable member of staff eg, the Directorate Manager/ Senior Nurse/Site Manager. (Organisation to insert appropriate person).*
3. It is the responsibility of that suitable person (\*see below) to do the following:
  - 3.1 Take full details of the incident(s) and the staff member's concerns, document them and decide whether a Patient Undertaking is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.
  - 3.2 Obtain confirmation as to the patient's capacity.
  - 3.3 If Patient Undertaking is required:
    - 3.3.1 Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
    - 3.3.2 Inform the patient of the staff's concerns and explain the Procedure for Implementing a Patient Undertaking. Ensure that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
    - 3.3.3 Complete the Patient Undertaking.
    - 3.3.4 Ask the patient to sign the Patient Undertaking. If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient's agreement.

- 3.3.5 Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the Patient Undertaking.
- 3.3.6 Give the patient a copy of the Patient Undertaking and of the policy itself.
- 3.3.7 Prepare a copy of the standard letter (Appendix 3), for issue to the patient's GP. This letter should be signed and sent by the General Manager. A copy of the Policy should be attached.
- 3.3.8 Prepare a copy of the standard letter (Appendix 4), for issue to the patient. The General Manager should check the standard letter, the letter to the GP and that the Patient Undertaking procedure has been applied appropriately. The General Manager should then submit them to the Chief Executives' Office for signature.
- 3.3.9 Copies of the application of the Patient Undertaking should be maintained by the relevant General Manager and Chief Executive. A copy must be kept in the patient's notes and recorded on the Patient's Information System, if appropriate.
- 3.3.10 Copies for information must be sent to the Trust/Local Health Board's Secretary, Head of Security, Health and Safety Department and Medical Director.
- 3.3.11 The full process must be recorded in the patient's medical and nursing documentation.
- 3.3.12 Explain to the patient that the Undertaking will be held centrally and in the patient's records and will be flagged on the Patient Information System where available.
4. Examples of appropriate members of staff to initiate procedure are:
  - \*Site Manager, General Manager, Chief Nurse, Clinical Director, Executive Director, Senior Nurse, Senior Clinician (registrar or above), Locality Manager (Primary Care), Out Of Hours – Nurse Practitioner.

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**Procedure for Issuing a Patient Undertaking Document:-  
Stage 1 of Procedure for Care of Patients with capacity who are  
Violent/Abusive**



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**Appendix 2**

Patients Name: .....
NHS Number: .....Cons/GP: .....

**RESPONSIBILITY AND RIGHTS - A PATIENT UNDERTAKING**

Your Rights	Your Responsibilities
<p>The Trust/LHB and its employees owe to me, as a patient a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times.</p> <p>The Trust/LHB and its employees aim to provide health services that are sympathetic and responsive to my individual needs within the resources, which the Trust/LHB has available.</p> <p>The Trust/LHB and its employees want to deliver appropriate and effective health care and treatment to me.</p> <p>The Trust/LHB expects all its employees to treat me with courtesy and respect.</p> <p>The Trust/LHB will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner, which is deemed unacceptable.</p>	<p>I will not behave in any way, which can be considered to be violent or abusive.</p> <p>Violence includes any incident where any members of staff are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, well being or health of any member of staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of hospital property as well as physical acts of violence.</p> <p>I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.</p> <p>I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on any premises of the Trust/LHB.</p> <p>I accept and understand that the Trust/LHB is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of staff has to jeopardise their safety in providing me with care.</p>

**I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient, then this can result in the withdrawal of my rights as a patient and I can lose my right to receive care from the Trust/Local Health Board, except for treatment in an emergency.**

<b>Signature of Patient:</b> .....	<b>Signature of Named Nurse/Core Worker:</b> .....
<b>Print Name:</b> .....	<b>Print Name</b> .....
<b>Date:</b> .....	<b>Date:</b> .....
<b>Witnessed by:</b> .....	<b>Date:</b> .....

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**Appendix 3**

**LETTER TO GP**

GP's Name and Address

Date

Dear

Re: Patient's name  
Patient's address  
Patient's date of birth  
Patient's hospital health records number

The above individual

- Is currently an inpatient on ..... Ward at Trust/LHB.
- Has attended A & E for emergency treatment
- Is receiving treatment from the Trust/LHB Community Nursing service

**NB:** The patient has been assessed to be competent in decision making.

In order to protect the clinical environment for other patients and members of staff, it has been necessary to instigate the use of a Patient Undertaking\* for the above named patient.

\*This being a process where the patient having displayed unacceptable standards of behaviour. Their rights and responsibilities have brought to their attention and the patient has been asked to confirm that they understand that failing to comply with these responsibilities, could result in the withdrawal of care except for emergency treatment.

If you have any queries, please do not hesitate to contact:

.....

(name and telephone number of patient's consultant)

or

.....  
(name and telephone number of general manager or head of nursing)

Yours sincerely

Signature

Name

**General Manager**

**Note:** A COPY OF THE PROCEDURE FOR USING PATIENT UNDERTAKINGS FOR THE CARE OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE SHOULD BE ATTACHED TO THIS LETTER.

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**Appendix 4**

**LETTER TO PATIENT**

Patient's name .....

Patient's address .....

.....

.....

.....

Hospital Number.....

Date:

Dear .....

This is to formally confirm that due to your unacceptable behaviour on..... at....., you are now subject to the conditions outlined in the Trust/Local Health Board Patient Undertaking.

The first stage of the procedure for using a Patient Undertaking has been applied to you and you should have received an explanation as to why you are subject to this procedure.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by ..... and outlined in the Patient Undertaking, you will become subject to the next stage of the Procedure which may involve your immediate exclusion from the Trust/Local Health Board premises by our security staff/police. Such an exclusion from Trust/Local Health Board premises would not mean that you would not receive NHS care, as your responsible clinician would seek to make alternative arrangements for you to receive treatment elsewhere.

Yours sincerely

Signature

Name

**Chief Executive**

**Appendix 5**

**Exclusion Procedure Checklist**

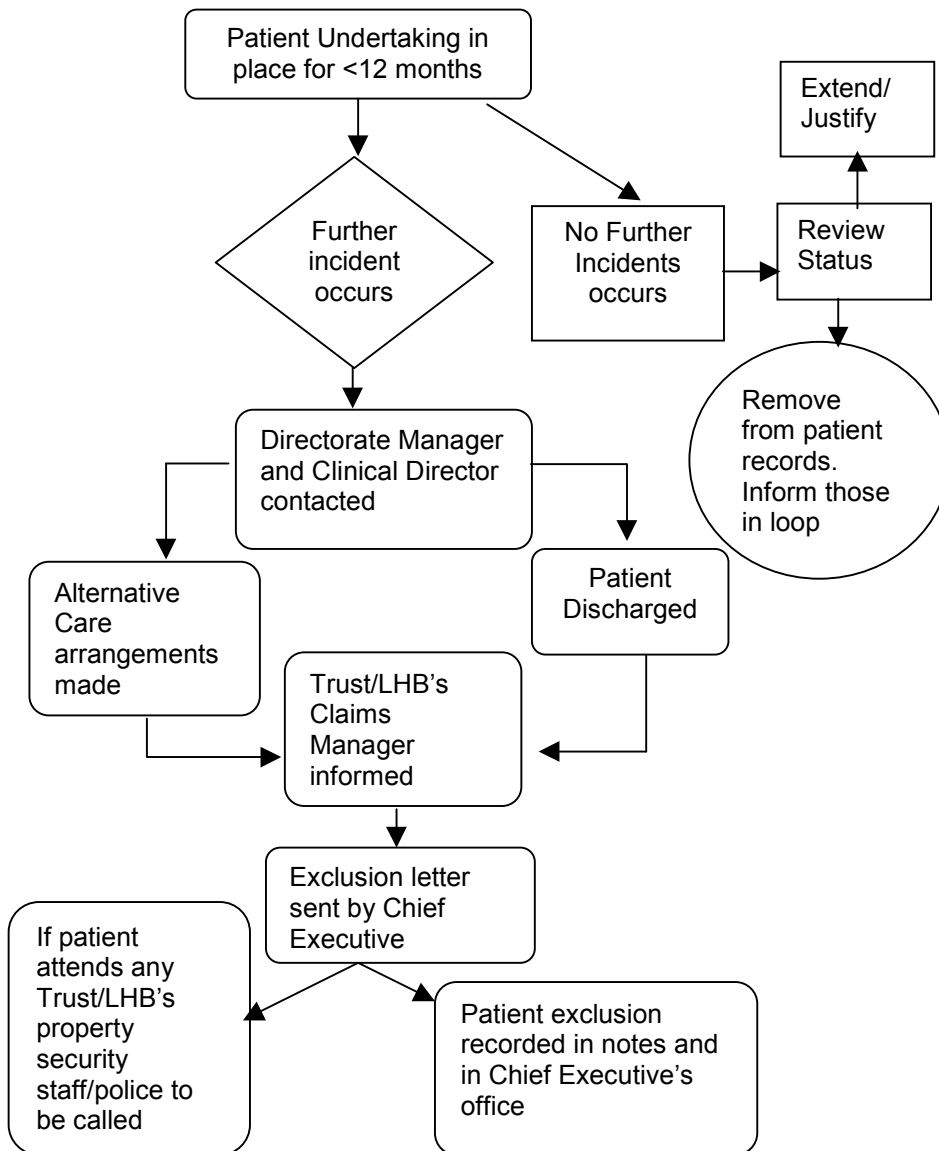
1. The decision to exclude can only be taken by both the relevant Directorate Manager\* and the relevant Clinical Director (in their absence their nominated deputies). They must be satisfied as to the capacity of the patient and that alternative care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in patient care in the normal manner.
2. The responsible consultant must be informed and write to the patient's GP detailing the exclusion and the reasons for it.
3. The Directorate Manager will prepare a copy of the standard letter (Appendix 6), for issue to the patient. This letter should be given to the General Manager with the letter to the GP for checking both the letter and that the procedure for excluding a patient has been applied appropriately and for onward submission to the Chief Executives' Office for signature.
4. Copies of the application of the exclusion should be maintained by the relevant General Manager and Chief Executive. A copy must be kept in the patient's notes and recorded on the Patient's Information System, if appropriate.
5. Copies for information must be sent to the Trust/Local Health Board Secretary, Head of Security, Health and Safety Department and Medical Director \*.
6. The full process must be recorded in the patient's medical and nursing documentation, together with a detailed record of the rationale for exclusion and of the alternative arrangements for care. The patient should be told where this material will be held.
7. Explain to the patient that the details of the exclusion will be held centrally and in the patient's records and will be flagged on the Patient Information system when available.
8. The patient must be informed that they may challenge an exclusion via the established complaints procedure.

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9. Once a system for 'flagging' on the Patient Information System is developed, the use of the exclusion procedure **must** be entered on this data base.
10. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called immediately. The Trust/Local Health Board will subsequently seek legal redress to prevent the individual from returning to the premises other than in a medical emergency.
11. The excluding Trust/Local Health Board may share, with other organisations, details of patients that have been excluded from their services if they feel that there may be a risk to the safety or wellbeing of other employees or patients within the health and social care sector.

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**Procedure for Issuing a Patient Exclusion Document  
Stage 2 of Procedure for Care of Patients who are  
Violent/Abusive**



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**Appendix 6**

**LETTER TO PATIENT - WITHDRAWAL OF TREATMENT/EXCLUSION  
FROM TRUSTS PREMISES**

PATIENT'S NAME .....

PATIENT'S ADDRESS .....

.....

.....

.....

HOSPITAL NUMBER .....

Date:

Dear .....

Further to the letter sent to you on (*date*), and the Formal Patient Undertaking issued, I am now writing to formally confirm that following your continued unacceptable behaviour on (*insert date*) at (*insert venue*) you are now excluded in any circumstances, other than a medical emergency, from treatment at any Trust premises

The letter referred to above and the Formal Patient Undertaking informed you that any future failure to comply with the expected standards of behaviour within the Trust/Local Health Board may result in exclusion from treatment at any of our premises.

A detailed record of the circumstances leading to the decision is held within (*specify*) and you have the right to challenge the decision via the established complaints procedure by writing to the above address.

Should you return to the Trust premises you will be asked to leave, the police may be called and subsequently legal redress will be initiated to prevent further return

The exclusion will be reviewed on (*insert date - maximum one year*).

Your General Practitioner has also been informed of this decision in order that alternative arrangements can be made.

Yours sincerely

Signature

**Chief Executive**

## **PART 6 : LONE WORKING**

1. Due to the nature of the work within the NHS a significant number of employees are required to work alone. The section provides a policy template which can be adapted by organisations. It recognises the various risks that employees may be exposed to and advises of the action that should be taken.
2. If employees are working alone it is important to have a system in place to ensure that the alarm can be raised if they require assistance. A Specification for a Lone Worker Alert system is also contained within this section. This advises organisations of the standards that they should look for in a lone working monitoring system.



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**LONE WORKER POLICY**

**Version:** 1  
**Author:** All Wales Lone Workers  
Sub- Group  
**Date Approved:**  
**Status:**  
**Approved by:**  
**Review Date:**  
**Responsible Director:**  
**Consultation:**

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**1. Purpose**

It is intended that this policy will be a generic policy that reflects the diversity of the constituent bodies of NHS Wales, and in so doing aid the development of organisation specific policies.

A number of NHS staff routinely work alone, others may do so infrequently because particular circumstances dictate. Authoritative bodies have increasingly recognised that the risk of injury to NHS staff, from members of the public has substantially increased in recent years. Employees that work alone are more vulnerable to violence from members of the public. 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. Whilst recognising that this document is aimed at lone workers, the majority of practice can apply to other situations where staff are working remotely.

Health and safety legislation currently in force does not prohibit lone working, except in a few specific circumstances eg, working in confined spaces. The employer has a general duty under Section 2(1) of the Health and Safety at Work etc. Act, 1974, to ensure so far as is reasonably practicable the health, safety and welfare at work of employees. Further, the Management of Health and Safety at Work Regulations, 1999, requires that work activities are risk assessed. The risk assessment needs to consider options to eliminate or control a hazard in order to decrease the degree of risk to as low as is reasonably practicable. The assessment should consider the suitability of the member of staff to undertake lone worker duties.

Whereas the final procedures must be based on local conditions, this Policy will deal with generic aspects of management of risk. It provides advice on the efficacy of various control measures that may be utilised to reduce the level of risk.

**2. Definition**

This policy intentionally sets out not to identify specific groups of staff thought to be lone workers, or to delineate a specific time when lone working is deemed to occur. The overarching principle must be that lone working can occur anywhere, at

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anytime and within any group of staff. The All Wales NHS Steering Group for the Management of Violence and Aggression have therefore adopted the HSE lone working definition of “those who work by themselves without close or direct supervision”.

**3. Scope of Policy**

This policy will include all lone workers, whether they are working or acting directly or indirectly for or on behalf of the organisation.

**4. Policy Statement**

The organisation will ensure, so far as is reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by lone working.

Lone working exposes staff to particular hazards. The organisation’s intention is where practicable, to entirely remove the risk from these hazards or, where complete elimination is not practicable, to reduce the risk to an acceptable level.

**5. Legislative and NHS Requirements**

For most circumstances, there are no specific legal duties on employers in relation to lone working. However, employers have a general duty under the Health and Safety at Work etc Act to maintain safe working arrangements. Regulation 3 of the Management of Health and Safety at Work Regulations 1999 also requires employers to risk assess the work that their employees undertake. Where there are more than five employees, the significant findings of the risk assessment must be recorded and reviewed regularly.

Under Section 7 of the Health and Safety at Work etc. Act 1974, it is the responsibility of employees to take reasonable care of their own health and safety at work and that of other persons who may be affected by their acts or omissions. All staff must comply with all safety procedures/safe systems of work and approved codes of practice pertaining to their particular work activities and report all incidents that have led or may lead to injury or damage.

**6. Hazards, Adverse Incidents and Near Miss Reporting**

Organisations must have in place arrangements for the recording of hazards, adverse incidents and near misses. It is important to ensure that if an adverse incident or hazard involves a lone worker, specific reference should be made to that fact in the recording mechanisms.

Following any adverse incident or near miss an investigation must be undertaken to identify if any lessons can be learnt. Risk assessments must then be amended accordingly.

**7. Training and Instruction**

Training and instruction is crucial for all groups of staff that work alone and those who manage them.

This training must be relevant to the nature of the work undertaken.

Where a training need has been identified that training is mandatory and the organisation must provide it. This therefore represents a contractual requirement on the individual member of staff to undertake the training.

Training can bring about:

- a reduction in the number of incidents;
- a reduction in the seriousness of incidents;
- a reduction in the psychological effects of incidents;
- an improved response to incidents;
- an improvement in staff morale.

Training programmes and local induction should typically cover the following areas and should be identified through the risk assessment process:

- lone worker policy (including individual responsibilities);
- risk assessment in relation to lone working;
- prevention and control of risks to lone workers;
- lone working procedures;
- personal attack alarms;

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- theory: understanding violence and aggression;
- prevention: assessing danger and taking precautions;
- post-incident action: reporting, investigation, counselling and other follow up.

The aims and objectives of Violence and Aggression Training will be determined by the All Wales NHS Violence and Aggression Training Passport and Information Scheme.

Line managers are required to make adequate arrangements to ensure that staff attend courses and that training is regularly updated. Training records will provide the basis for such arrangements in accordance with the organisations training recording provision.

## **8. Responsibilities**

- 8.1 The **Chief Executive** has 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 and the effectiveness of this policy.
- 8.2 **Senior Managers** are responsible for ensuring risk assessments are undertaken (see appendices), local policies and procedures are introduced; safe systems of work are adopted; training is available; health and safety training records are maintained; ensuring statutory compliance; accident/incident reporting; communication; support; liaison; and audit within their service.
- 8.3 **Line Managers** will establish and supervise safe systems of work; provide, and ensure staff have received appropriate training; and ensure that other policies and procedures are observed.
- 8.4 **All employees** are required to comply with the organisations Risk Management policies and attend training as appropriate. They should use all safety/ communication equipment at the appropriate time, and in the appropriate manner; follow the Trust's procedures for the use of this equipment; report unsafe activities or faulty equipment to their Line Manager; report all adverse incidents or near misses using the Trust's incident reporting system.

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**9. Local Monitoring Arrangements**

Regular local monitoring must be undertaken by organisations to ensure:

- Lone worker incidents are being reported;
- Safe systems are in place; and
- Staff have received adequate training.

**10. Policy Review**

The Lone Worker Policy will be reviewed initially after one year and then on a 3 year period or sooner if:

- There are significant changes in work practices;
- There are changes in legislation; and/or
- An incident occurs that requires improvement in practice.

## **Appendix A – Guidance on Risk Management and Assessment for Lone Workers**

The key to maximising safety wherever lone working is being considered is the performance of a satisfactory risk assessment, which should address two main features:

- Whether the work can be done safely by lone workers
- What arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together

Identify all those who may be at risk. It is important that these individuals are made aware of the outcome of the risk assessment and informed of all necessary control measures.

### ***Step 1 – Identifying and Analysing the Risk***

A positive, proactive and planned approach is required so that looking for hazards becomes a working habit – a natural, normal part of managing, supervising and undertaking one's job.

Risk identification - Look for the Hazards

Some of the hazards you may wish to consider may include:

#### **Workplace:**

Identify hazards specific to the workplace/environment, which may create particular risks for lone workers, eg, remote areas, laboratories, workshops, confined spaces. Consider access requirements, transport and parking arrangements, etc.

#### **Process:**

Identify hazards specific to the work process, which may create particular risks for lone workers, eg, work on electrical systems, confined spaces, hazardous substances, work in the community, interaction with people with a known history of violent or aggressive behaviour.

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**Equipment:**

Identify hazards specific to the work equipment, which may create particular risks for lone workers, eg, manual handling, operation of essential/emergency controls.

**Individual:**

Identify hazards specific to the individual, which may create particular risks for lone workers eg, medical conditions, disabilities, female employees, expectant mothers, age, inexperience, is there access to adequate rest, hygiene, refreshment, welfare and First Aid facilities, etc.

**Work Pattern:**

Consider the lone worker's work pattern and how it relates to those of other workers, in terms of both time and geography.

***Step 2 – Assessing the Risk (please refer to the All Wales NHS Violence and Aggression Training Passport Scheme's Risk Assessment Form)***

The identification and assessment of the risks to people is particularly important.

**Who might be affected?**

The persons affected will range from those involved in the task - the operator, patients, students etc. or those who may not be in the work place at the time eg, domestic staff, employees walking through the area, contractors, visitors, maintenance staff or members of the public etc. The effect of a hazard can depend on a number of factors; the following should be taken into account:

individual characteristics eg, age, sex, health, etc;  
young workers/trainees;  
agency or bank staff;  
level of training;  
knowledge;  
attitude;  
people sharing the workplace;  
visitors;  
contractors;  
patients.

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To determine the level of risk, the following should be considered:

**Are there appropriate policies, procedures, good practice standards and guidelines in place and are they?**

- suitable?
- used?
- up-to-date?
- are there standards for record keeping?
- are there informed consent arrangements?
- are standards of care delivered?
- what measures are currently in place to prevent or control risk?
- is there a system of monitoring recurring problems?
- have staff been trained, is information available and up to date, so that staff have the knowledge to complete a task safely?
- are legal requirements being met?

Other points to be considered:

**Are your staff...**

Fully trained in strategies for the management and prevention of violence and aggression?

Briefed about the areas 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?

**Have they...**

Understood the importance of previewing cases?

Left an itinerary?

Made plans to keep in contact with colleagues?

The means to contact you - even when the switchboard may not be in use?

Got your home telephone number (and you theirs)?

A sound grasp of your organisation's preventive strategy?

Authority to arrange an accompanied visit, security escort, or use of a taxi?

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**Do they...**

Have access to forms for reporting adverse incidents or near misses?

Appreciate the need for this procedure?

Use them?

Feel confident to terminate an interview prematurely?

Know how to control and defuse potentially violent situations?

Appreciate their responsibility for their own safety?

Understand the provisions for their support by your organisation?

***Step 3 – Preventing, Eliminating, Reducing or Controlling the Risk***

Once risks have been identified and analysed, it is necessary to consider how they can be:

eliminated?

controlled?

avoided?

reduced?

made less costly?

A range of precautionary measures needs to be considered:

- Supervision. The extent of supervision required will depend upon the level of risks involved and the ability and experience of the lone worker. A few examples of supervisory measures which may be useful in some circumstances, include:
  - Periodic telephone contact with lone workers,
  - Periodic site visits to lone workers,
  - Regular contact, eg, telephone, radio, etc.,
  - Automatic warning devices, eg, motion sensors, etc.,
  - Manual warning devices, eg, panic alarms, etc.,
  - End of task/shift contact eg, returning keys.
- What to do in an emergency
- Training. Identify the level and extent of training required, taking into account the nature of the lone working activity. Consider the knowledge and experience of individuals, particularly young and new workers. Lone workers should be given information to deal with normal everyday situations but should also understand when and where to seek guidance or assistance from others, ie, unusual or threatening situations, etc.

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- Identify any equipment requirements; duress alarms, mobiles phones etc.
- In the case of lone workers working at the organisations premises; carry out site surveys to look at the physical security of the lone working area. Recommend any improvements.

Managers could identify unsafe areas by using a questionnaire for lone workers.

- Establish close working links with the Police, Social Services and Local Authorities. By sharing information potential risks to staff can be identified, reduced and incidents can be avoided. Under the Crime & Disorder Act lead authorities have a duty of care to provide information that may prevent the commission of an offence, in particular offences of violence.
- Negotiate agreement between the police, social services, mental health services and ambulance Trusts on effective and consistent procedures for the detention of patients under the Mental Health Act that ensure the safety of all staff. This is vital to prevent staff from different agencies clashing during emergencies because of different procedures or priorities.
- Providing a Trust/Local Health Board driver, or a taxi if appropriate, in areas where cars might be vandalised, or staff have to go through unsafe areas to make visits.
- Arranging for patients or clients to be seen at clinics rather than at home, if at all possible.
- Indicate on patient notes if a potential problem exists. This enables other health care staff to prepare and assists with risk assessments. Arranging for another member of staff or a reliable relative of the patient or client to be present during the visit, eg, if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.
- Traceability of staff particularly when undertaking domiciliary visits. It is vital that there are procedures in place so members of a team can be traced. Other procedures that complement this include phone-in arrangements and buddy systems.

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- Organising support across different Trust/Local Health Board's or agencies. Such arrangements exist, for example, between midwives and ambulance services or police, and between Community Psychiatric Nurses (CPNs) and social services.
- Maintaining, and adhering to, a list of types of incident that community staff working on their own are not allowed to attend, without adequate support eg, presence of police, for example, pub fights, domestic violence, overdoses and certain problem locations.
- increased security (eg, CCTV, secure access, personal alarms).
- increased lighting at entrances, exits, car parks.

Other safeguards to consider are;

- Provision of suitable items - dependent on the level of risk - such as mobile phones, Global Positioning Systems (GPS) and personal alarms. It is strongly recommended that mobile phones or GPS systems are linked to a response centre in order that an appropriate and timely response can be carried out. Appropriate training should be provided in the use of any of these items;
- Awareness of driving/parking in built-up areas and suitability of vehicles. For example, parking in well-lit areas, close to where you are visiting;
- Personal awareness including what belongings are being carried/worn, eg, jewellery;
- Appropriate training, for example, personal safety training including acknowledging and diffusing potentially difficult situations.

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**Step 4 – Recording**

It is essential that appropriate control measures are in place and maintained. It is therefore necessary to record all significant findings of a risk assessment. This involves completing a risk assessment form and preparing an action plan.

The main findings of the risk assessment must be recorded including:

- hazards;
- staff groups affected;
- existing preventive measures;
- evaluation of remaining risks;
- additional measures needed.

It is important that the following is implemented within each ward, department or directorate. The risk assessment:

- should be kept in the immediate workplace;
- should be brought to the attention of staff and available at all times;
- must be kept for future reference, as they may be required by external agencies such as solicitors, health and safety inspectors or internally by safety representatives and managers;
- must be dated and signed at time of assessment and when updated;
- must be updated in writing when any change occurs.

The findings of a risk assessment should be used to draw up an action plan of the remedial measures required to reduce the risk to as low as is reasonably practicable. Staff must be informed of the risks and the action.

The risk management plan should clearly identify the **priority** order in which the risk remedial measures should be implemented. Factors influencing the priority order might include:

- the assessed level of risk following evaluation and reference to the risk assessment matrix;

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- the influence of any external factors eg, statutory requirement, NHS Executive requirement, political pressure;
- the result of any cost benefit analysis in relation to implementing the treatment option;
- the potential for causing injury or ill health to people;
- the potential for a claim for compensation;
- the potential for serious loss of reputation;
- the potential for serious delays in service delivery.

A training needs assessment must be undertaken for all staff and training records must be maintained.

**Step 5 – Monitoring and Review**

On going monitoring is essential to ensure that the systems of work identified following risk assessment are being complied with. Observation by an appropriate line manager should be supplemented by formal systematic examination of work activities.

In addition risk assessments will need to be regularly reviewed and updated particularly if it is suspected that they are no longer valid eg, where there has been a significant change. This will be required when equipment, machinery, substances, technology, legislation, evidence based research practices and procedures etc, are changed.

There are a number of aspects to an effective monitoring regime:

- routine inspection of control measures;
- ensuring correct use of control measures;
- ensuring full implementation of systems and policies;
- ensuring staff are fully aware of risks;
- monitoring - to measure performance;
- reviewing incident statistics;
- undertaking regular environmental safety inspections, clinical and quality audits;
- implementing appropriate training programmes.

The risk control measures will be continually refined through adequate monitoring arrangements which will vary depending on the nature of the activity and risk assessment findings. This will result in demonstrable improvements which will be communicated to staff.



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**PROJECT DOCUMENTATION**

***OUTPUT BASED SPECIFICATION***

***LONE WORKER ALERT SYSTEM***

Date : September 2004

Author: All Wales Lone Worker Sub Group

Document Number: 1:0



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**1. Introduction**

Under the Health and Safety at Work etc Act 1974, the NHS in Wales has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees and others affected by its work activities.

The definition of a lone worker would be best described as someone who works alone without direct or close supervision. This generally, but not always, means being remote from others.

The All Wales NHS Steering Group for the Management of Violence and Aggression recommends that all NHS organisations across Wales provide a means of automatically providing help for a Lone Worker, when required. The main purpose of this guidance is to provide a procurement specification for a Lone Worker monitoring system. Therefore any supplier/manufacturer must demonstrate that their system will meet set, predetermined criteria.

**2. Scope**

- 2.1 The guidance specification is to assist organisations in the lease or purchase of a lone worker monitoring system, to include installation and implementation of the application software, hardware, communications, support and training.
- 2.2 Any such system must be capable of being installed in multiple locations, providing capacity for existing requirements and future expansion.
- 2.3 The following headings and criteria should be included in any specification and tendering document.

**3. Timescale**

The system is scheduled to be implemented during **(please specify)**.

**4. Instructions to Suppliers**

- 4.1 The supplier is requested to state that they can and are willing to meet the requirements as set out in the specification. Products must be described in terms of their current status and not in terms of their expected development. Additional comment on proposed developments may be supplied for information but must clearly be identified as such.

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- 4.2 Suppliers must respond to each of the statements in the specification. Suppliers must order their responses under the numbered headings in the order in which they appear.
- 4.3 Suppliers must:
- a) Reply explicitly to each referenced statement number.
  - b) Reproduce in their proposal both every referenced statement and their response to it.
  - c) Where information is requested, provide full details of how the requirement is to be met.
  - d) Give their responses in the positive, ie, “**DOES**” not “**CAN**” and “**WILL**” not “**SHOULD**” thus giving a definite rather than objective statement of the proposed system’s capabilities.
- 4.4 If the supplier's product can wholly satisfy a requirement, it will be sufficient for them simply to respond “**COMPLIANT**” to a statement. If the product does not satisfy the requirement, the supplier should respond “**NOT COMPLIANT**” and give an indication of how/if they intend to modify their product to meet the requirement and the timescale for the implementation of this modification.
- 5. The Supplier**
- This section specifies characteristics which the supplying organisation must be able to demonstrate in order to be considered.
- 5.1 Must have a significant user base for its products within the NHS or other large organisations. Please also provide list of reference sites.
- 5.2 Must have sufficient resources to be able to provide an acceptable level of support to its users.
- 5.3 It is desirable that the supplier must have a user group that meets regularly to discuss enhancements to the product. Also there must be allowance for regular meetings with the supplier to discuss timescales for any suggested changes.

**6. Requirements of the System**

This section specifies general system requirements which must be met in order for the product to be considered. The supplier must also provide full technical specifications for all components of the proposed system.

The proposed system must:-

- Meet demand of lone working members of staff across NHS organisations in Wales to provide a system to meet anticipated demand
- be simple to operate and to understand by all users
- be capable of supporting remotely 24 hours a day, 7 days a week. This includes statutory holidays.
- be updated/upgraded on a regular basis as company learning becomes evident
- support either analogue or digital connections to suit the client's telephone equipment
- have management reporting systems on the activity of users
- be able to utilise web based reporting mechanisms
- work automatically in sending an alert to a predetermined telephone number(s) and/or PC's or other IT systems
- be capable of following multiple pre-determined escalation plans
- allow the lone worker to utilise the speed dial facility on their mobile telephones if required
- be password protected
- be capable of being used with any tone/MF Keypad
- be able to integrate with current network and apparatus in use
- have proven compliance with the Data Protection Act 1998
- allow incident information to be archived
- allow audit trails of all incidents and daily activity
- allow the user to have the ability to call for help unobtrusively
- be capable of linking with a GPS system.

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**7. System Characteristics**

7.1 Availability

The system **MUST** be fully capable of being available for use 24 hours a day, 7 days a week. This includes statutory holidays.

7.2 System Security and Audit Trails

7.2.1 The system **MUST** be capable of identifying a lone worker through an inputted identification number or a mobile phone calling line identification.

7.2.2 The system **MUST** have the facility to support the use of electronic signatures eg, Personal Identification Numbers (PIN).

7.3 System Provision

The system **MUST** be capable of recovering to the last known entry should it crash or fail in any way.

7.4 Back-Up, Recovery and Data Integrity

7.4.1 The system **MUST** enable the back up of the data files and support remote backup.

7.4.2 The system **MUST** enable all back-ups to be completed and verified with no effect on the required availability or response times of the system and be capable of being performed without operator intervention.

7.5 System Operations

The system **MUST** enable operator intervention to be kept to a minimum and the system **MUST** be fully capable of operating outside normal working hours without operators being present.

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**8. *Training***

A training programme **MUST** be fully agreed prior to implementation. This will include administrator training with guidance and support materials. This **MUST** include the time involved, proposed location, pre-requisites, requirements and intervals for follow-on refresher courses, and a full breakdown of the costs involved.

**9. *Documentation***

The system **MUST** be fully documented in all aspects by the programme and a full operating manual must be available.

**10. *The Selection Criteria***

The assessment will be based on the following in no particular order

- prices and rates
- training resources
- response
- experience in the industry
- quality of hardware
- added value
- financial status
- maintenance levels year on year
- flexibility of system
- a roadmap of future developments
- reference sites feedback.

**ANY REMOTE ACCESS MUST COMPLY WITH THE NHS CODE OF CONNECTION REQUIREMENTS**



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## **REFERENCES**

*Health and Safety at Work etc. Act 1974.*

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*Data Protection Act 1998*

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Client/Contractor National Safety Group (CCNSG) Safety Passport Scheme

Counter Fraud and Security Management Services Guidelines

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