POLICY FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION

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<th>Date</th>
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<tbody>
<tr>
<td>October 2007</td>
<td>All</td>
<td>Complete Revision of Violence against Staff policy</td>
<td>Non Clinical Risk Committee</td>
</tr>
<tr>
<td>October 2010</td>
<td>All</td>
<td>Review of Policy to comply with NHSLA standards</td>
<td>Health and Safety Committee</td>
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<tr>
<td>October 2012</td>
<td>All</td>
<td>Update job titles and organisational names plus change conflict resolution training to on-line.</td>
<td>Health and safety Committee/EPF</td>
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<td>March 2016</td>
<td>All</td>
<td>Minor changes</td>
<td>Health and safety Committee</td>
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Compiled by: Colin Matthew, Health Safety and Security Advisor
Ratified by: Health and safety Committee
Date: December 2010
Review date: October 2015
Reviewed by: Colin Matthew, Health Safety and Security Advisor
Target Audience: All Staff
Next Review Date: October 2018
Contact name for comments: Colin Matthew, Health Safety and Security Advisor
INTRODUCTION

1.1. BACKGROUND

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

Under the Health and Safety at Work Act 1974, the Ashford & St Peter’s Hospitals NHS Trust has a statutory obligation to ensure as is reasonably practicable, a safe and secure environment for its staff. Violent, abusive behaviour and criminal acts will not be tolerated. The risks of violence to staff must be assessed and where possible action will be taken, to protect staff, patients and visitors.

1.2. NHS PROTECT

NHS Protect (previously known as the NHS Security Management Service) was created in April 2003 with the objective of “delivering an environment that is properly secure so that the highest possible standards of clinical care can be made available to patients”. It has policy and operational responsibility for all security management work in the NHS (Statutory Instrument 3039/2002).

This Policy document provides guidance to all staff working at Ashford & St Peter’s Hospitals NHS Foundation Trust (the Trust) based on both the existing Health and Safety legislation and the national and legal frameworks for tackling physical and non-physical assaults. This additional legal framework was introduced in November 2003, under the direction of the Secretary of State for Health. This policy supersedes the previous NHS Zero Tolerance Campaign.

1.3. POLICY AIM

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

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

1.4. **SCOPE AND APPLICATION**

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

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

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

1.5. **RESPONSIBILITIES**

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

Following the Secretary of State for Health's Directions, there is a requirement for all NHS Trusts to appoint a Board Executive Director to become the Security Management Director (SMD). They will lead on security management work, and this includes tackling violence against staff. The SMD for the Trust is the Deputy Chief Executive. This appointment demonstrates that board level responsibility has been clearly defined. The overall responsibility for the health and safety of staff rests with the Trust board.

The second key requirement of the Directions is that the Trust must appoint a person to perform the role of the Local Security Management Specialist (LSMS). The Trust Health Safety and Security Advisor has received accreditation, and is conducting the roles and responsibilities of the LSMS.

The LSMS reports directly to the designated Security Management Executive Director and is to ensure that all appropriate actions are taken to create a pro-security culture within the health body so that staff and patients accept the responsibility for this issue and ensure that where security incidents and breaches occur that they are detected and reported according to the Trust's incident reporting policy.

The overall objective of the LSMS will be to work on behalf of the Trust to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients.
The LSMS will aim to provide a comprehensive, inclusive and professional security management service for the Trust and work towards the creation of pro-security culture.

The LSMS must also ensure that the Trust provides mandatory Conflict Resolution Training to its entire frontline staff as required by the Secretary of State’s Directions.

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

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

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

2.0. PREVENTION

2.1. IDENTIFYING RISKS

In conjunction with the Trust’s Security Policy and the Health and Safety Policy, managers of all departments are required to ensure risk assessments are carried out by trained risk assessors from within their department. The risk assessments should be reviewed at least annually. Certain areas in the Trust are subject to higher levels of violent and abusive incidents, but all wards and departments should be assessed with a view to identifying and minimising risk. For additional information on risk assessment please refer to the Health & Safety policy and the Risk Assessment Tool.

The risk assessment should cover aspects such as the type of work, training and competency of staff, supervision and communication of problems, emergency situations and contingencies.

Where necessary an action plan should be created in order of risk priority and implemented.

The completed risk assessment, control measures and required actions should be communicated to all staff in the area, and a copy sent to the Health Safety and
Security Advisor. Staff new to the area should be informed of risks at local orientation.

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

2.2. LONE WORKING

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

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

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

For further information and guidance on Lone worker’s safety see the Lone Working policy.

2.3. POST INCIDENT REVIEW

It is important to identify the aggravating factors following an incident of violence and aggression in order to prevent the event from happening again but if it cannot be prevented then at least prepared for. Should any member of staff be the victim of violence and aggression the department manager should ensure a post incident review is completed and a copy forwarded to the LSMS. It may be relevant to consider the findings in any ‘care plan’ if a patient has been involved. If the incident is of a serious nature then all the staff and witnesses involved in the incident should be brought together (including the LSMS) and ways to prevent the incident occurring again should be discussed.

3.0. CONFLICT RESOLUTION TRAINING

All staff must attend conflict resolution training as part of their Trust mandatory training requirements.

Staff who work in high risk areas should be identified and serious consideration should be given to providing these staff with additional skills to assist them during a violent situation such as ‘Control and Restraint’ training. For advice on this subject contact the LSMS.

4.0. PHYSICAL ASSAULT

4.1. WHAT IS A PHYSICAL ASSAULT?
Physical assaults on NHS staff are now defined as:

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

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

4.2. WHAT DO I DO WHEN A PHYSICAL ASSAULT HAS OCCURRED?

As soon as practicable - following an incident of physical assault, first ensuring that everyone involved is now safe (security assistance can be obtained urgently by calling 2222) - the matter should be reported by the person assaulted on the Trust Datix system.

Each incident must be considered on a case by case basis in light of all the available facts. Where the police are involved and attend an incident, every effort should be made to ascertain if the police intend to take action against the assailant, along with obtaining the details of the police officers involved so that these can be passed onto the LSMS to assist in their role in monitoring the progress of such cases.

The staff member’s manager / head of department will arrange support including referral to Occupational Health as necessary.

4.3. HOW DO I REPORT A PHYSICAL ASSAULT?

Firstly, report the incident to your manager. A Trust on-line incident form should then be completed as soon as practicable after the event.

Reporting through the system does not waive the requirement to report to the Health and Safety Executive (HSE) physical assaults that result in a staff member being absent or unable to undertake their normal duties for more than seven days, a serious injury or fatality in accordance with RIDDOR. The Health Safety and Security Advisor will ensure that a RIDDOR report is completed based on the data on the Trust incident report form. A concordat between the HSE and the NHS SMS has been signed and covers data sharing and co-operations on investigations.

4.4 WHAT WILL HAPPEN WHEN I HAVE REPORTED THE PHYSICAL ASSAULT?

Reports of physical assault received by the LSMS can typically be divided into two categories:

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

Where appropriate the LSMS will contact the police officer(s) who attended the incident, or who has been assigned to investigate the incident, to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept appraised of progress and outcome.
Where the police decline to investigate the incident, the LSMS will consider investigating further to see whether or not a private prosecution or other action, such as an Anti-Social Behaviour Order (ASBO) or civil injunction is necessary.

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

Irrespective of whether a sanction is pursued or not, the LSMS will always consider whether additional action such as “warning letters” about future conduct should be sent. Where it is particularly serious or repeated in nature and staff, patient and public safety could be at risk, the Chief Exec/SMD along with other appropriate Directors should consider whether withholding of treatment is appropriate.

Please see ‘Range of Legal Sanctions’ 6.0

5.0. NON-PHYSICAL ASSAULT

5.1. WHAT IS A NON-PHYSICAL ASSAULT?

Non-Physical assaults on NHS staff are now defined as:

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

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

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

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

5.2. WHAT DO I DO WHEN A NON-PHYSICAL ASSAULT HAS OCCURRED?
Taking action is appropriate where non-physical assault or abusive behaviour is likely to:

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

The Security Team can be summoned urgently by calling 2222. The following is a list of possible aggravating factors which should be considered when deciding to report an incident to the police. It is by no means exhaustive:

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

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

5.3. HOW DO I REPORT A NON-PHYSICAL ASSAULT?

You must notify your manager of the incident. They will help you complete an on-line Incident Form, which should detail what happened, and noting the behaviour of the offender and what they said or did.

5.4. WHAT WILL HAPPEN WHEN I HAVE REPORTED A NON-PHYSICAL ASSAULT?

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

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

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

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

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

6.1. **VERBAL WARNINGS**

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

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

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

The aim of the verbal warning process is twofold:

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

A meeting should be arranged by the lead nurse/Matron and conducted in a fair and objective manner. The meeting should be held as soon as is practicable following the
incident. A formal record should be made and maintained, on the patient’s records and also by utilising the Risk Management reporting system (Datix).

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

6.2. ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT (ARA)

ARAs are an option that can be considered for individual patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. ARA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.

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

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

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

The Lead Nurse/Matron and LSMS should consider:
- The desired outcome; and
- Appropriate conditions of the behavioural agreement.

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

If it is clear that they will not comply, or a pattern of non-compliance becomes evident, and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance should be issued.

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

• For anyone under the age of 16, other than in exceptional circumstances (an ARA with the child’s parent(s) or guardian(s) may however be appropriate).

Monitoring is essential if the ARA is to be effective. Staff are expected to report any continuing breaches to their managers. This will enable the continued inappropriate behaviour to be highlighted and addressed. The Lead Nurse/Matron and LSMS will be made aware of the further violations.

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

6.3. WITHHOLDING OF TREATMENT

The withholding of treatment raises a number of ethical as well as clinical issues for clinicians and managers. However, where such policies and procedures have been introduced, there is a clear indication that they can act as a deterrent to potentially violent patients and visitors and ensure that those who work hard to deliver quality patient care and services can do so in a safe environment. The process for withholding treatment must be clear that it should only be applied where appropriate and always as a last resort.

Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient’s consultant or senior member of the medical team (on-call team for Out of Hours) on a case-by-case basis. Under no circumstances should it be inferred or implied to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever following legal advice.

Before withholding of treatment is considered, that is, as a first step towards dealing with abusive behaviour, it is recommended that a verbal warning is given. If this fails, a verbal warning and an ARA or formal written warning should be considered. Before withholding of treatment is instigated, a final written warning should be issued to the patient by the DIRECTOR responsible and must be copied to the patient’s consultant and GP. The letter or written warning should:

• Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);
• Explain that the behaviour demonstrated is unacceptable;
• Explain that appropriate sanctions will apply to violent or abusive patients;
• Give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures; and
• Explain that the patient’s GP and consultant will be sent a copy of the letter.

However, there may be instances where the nature of the assault is so serious that the health body, having obtained legal advice, can decide to withhold treatment immediately. Where it is decided that a patient should be excluded from health body
premises and treatment withheld, a written explanation for the exclusion must be provided.

This letter must state:
- The reason why treatment is being withheld (including specific information, dates and times of incidents);
- The period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
- Details of the mechanism for seeking a review of a decision to withhold treatment;
- The action that the health body intends to take if an excluded individual returns to health body premises for any reason other than a medical emergency;
- Each case is judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals; and
- That their GP and consultant will be notified in writing of the decision.

7.0. SUPPORT

7.1. NEEDS

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

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

7.2. MEDICAL SUPPORT

Victims of physical assault requiring medical attention should be referred to the occupational health department or, if a serious trauma or out of hours, the Accident and Emergency Department/Walk in Centre. Wherever possible, a colleague should accompany the victim.

7.3. EMOTIONAL SUPPORT

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

This policy will be monitored by the Trust Security Group and the Security Operations Meeting. These meetings will view information from:

- Incident Forms
- Shift Manager Reports
- Safer Runnymede Activity Reports

Any non compliance will be reported to the appropriate manager for action.

9.0 IMPLEMENTATION AND TRAINING

This policy and associated procedures will be available to all staff via the Intranet. Hard copies of this document should be kept locally for easy reference.

Managers are responsible for ensuring that their staff are aware of this policy and are kept informed of any changes or additions.

The contents of this policy will be included in mandatory training and induction.

10.0 EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and a copy is attached to this policy.

11.00 REFERENCES

3. Secretary of State Directions on Security Management Measures,
4. A safer Place to Work – Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, National Audit Office (March 2003)
8. The Management of Health and Safety at Work Regulations 1999
10. Reporting of Injuries, Disease & Dangerous Occurrences 1995 No. 3163 (RIDDOR)

11. The Anti Social Behaviour Act 2003 (c 38)

ASHFORD & ST. PETER’S HOSPITAL NHS TRUST

Equality Impact Assessment Summary

**Background**
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This policy has been developed to comply with the requirements of the Secretary of State Directions.
Methodology
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The policy is based on guidance provided by the NHS Protect and is not likely to have any Equality or Diversity implications.

Key Findings
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

The policy is based on current legislation and there are no potential impacts for any equality groups.

Conclusion
- Provide a summary of the overall conclusions

The policy provides fair, consistent guidance on managing health and safety in the workplace.

Recommendations
- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No changes recommended.

Guidance on Equalities Groups

Race and Ethnic origin (includes [dress,]
Religion or belief (include dress,
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<th>Category</th>
<th>Consideration</th>
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<tr>
<td><strong>gypsies and travellers</strong></td>
<td>(consider communication, access to information on services and employment, and ease of access to services and employment)</td>
</tr>
<tr>
<td><strong>individual care needs, family relationships, dietary requirements and spiritual needs</strong></td>
<td>for consideration</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>(consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
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<td><strong>Sexual orientation including lesbian, gay and bisexual people</strong></td>
<td>(consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
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<td><strong>Gender</strong></td>
<td>(consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
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<td><strong>Age</strong></td>
<td>(consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
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<tr>
<td><strong>Culture</strong></td>
<td>(consider dietary requirements, family relationships and individual care needs)</td>
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<tr>
<td><strong>Social class</strong></td>
<td>(consider ability to access services and information, for example, is information provided in plain English?)</td>
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