

<p>Reference Number: UHB 363 IMS-11-01-CAV</p> <p>Version Number: 3</p>	<p>Date of Next Review: 03/03/2028</p> <p>Previous Trust/LHB Reference Number: UHB 363</p>
<p>Violence & Aggression (Personal Safety) Procedure</p>	
<p>Introduction and Aim</p> <p>Violence and aggression (V&A) is a significant risk to NHS Wales staff, with such incidents being the most frequently reported within our organisation. These behaviours, including physical assaults, verbal and racial abuse, and threatening conduct can originate from patients, the public, with some victims experiencing physical and psychological harm.</p> <p>Under the Health and Safety at Work etc Act 1974, the Board has a legal obligation to manage the risks of work-related violence to its employees and to protect the health and safety of patients, staff and visitors.</p> <p>The aim of this procedure is to:</p> <ul style="list-style-type: none"> • To take all reasonably practicable measures to prevent incidents of violence and aggression, and to safeguard staff and others from risks to their personal safety. • To promote a safe working environment for all UHB staff, aiming to minimise the risk of intimidation and violence. • To ensure appropriate support and aftercare is available to staff following any incidents of violence or aggression. • Outline the management arrangements for Violence and Aggression within the UHB through the Statement of Intent, the organisational arrangements and structures. 	
<p>Objectives</p> <ul style="list-style-type: none"> • To safeguard patients, staff, and visitors by preventing and managing incidents of violence and aggression. • To proactively identify and assess foreseeable risks of violence and aggression, ensuring that suitable and sufficient risk assessments are carried out and effective control measures are implemented to reduce both the likelihood and severity of incidents. 	

<ul style="list-style-type: none"> • To establish clear procedures for managing personal safety, including violence and aggression, within relevant areas of Clinical Boards and Directorates. • To provide appropriate training for staff, based on risk assessments and in line with Training Guidelines and Standards. • To make all staff and the public aware that intimidation and violence against NHS staff is unacceptable and that the Health Board is determined to continually address this issue. 	
<p>Scope</p> <p>This procedure applies to all staff across all locations, including those holding honorary contracts with Cardiff and Vale UHB.</p>	
<p>Equality and Health Impact Assessment</p>	<p>An Equality and Health Impact Assessment (EHIA) has been completed for the Health and Safety Policy and this found there to be a positive impact on the safety and wellbeing of UHB staff, Patients and Visitors to be treated in a safer environment with robust management processes in place to manage violence and aggression incidents.</p>
<p>Documents to read alongside this Procedure</p>	<ul style="list-style-type: none"> • Health and Safety Policy • Lone Worker Procedure • Incident Hazard and Near Miss Reporting Policy • Security Policy • Risk Management Procedure • Care of Adult Patients with Capacity and their Carers, Relatives, Visitors, who are Violent or Abusive Procedure • Violent Warning Marker Procedure • Obligatory Responses to Violence in Healthcare • Welsh Health Circular – Anti-violence collaborative obligatory responses document (WHC/2024/024) • Speaking up Safely
<p>Approved by</p>	<p>Health and Safety Operational Group</p>

<p>Accountable Executive or Clinical Board Director</p>	<p>Executive Director of People and Culture</p>
<p>Author(s)</p>	<p>Violence Prevention Case Manager</p>

Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	24/05/2017	08/09/2017	New Document
2	02/12/2021	14/01/2022	In line with review date and Organisational changes.
3	03/09/2025	10/09/2025	Review of document

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1.0 DEFINITION OF VIOLENCE, AGGRESSION OR HARASSMENT

The Health and Safety Executive define work related violence as:

“Any incident where staff are abused, threatened or assaulted in circumstances related to their work” (HSE, 1996)
This can include verbal abuse or threats as well as physical attacks

2.0 ORGANISATION

2.1 Responsibilities

The management structure of the UHB places ultimate managerial responsibility on its Chief Executive and the Board for the management of violence and aggression.

The Executive Director of People and Culture is the Executive Lead. They are responsible throughout the UHB for the implementation of the organisation’s Management of Violence & Aggression Procedures and for presenting relevant issues to the Board.

Operational management for Management of Violence and Aggression within the Health Board has been devolved to the Clinical/Service Boards, and they are supported in the management through the Clinical/Service Board Health and Safety Meetings. However, the day-to-day implementation of these requirements is delegated to the appropriate Managers. These individuals are accountable for managing violence and aggression within their own areas of responsibility.

2.2 Chief Executive

The Chief Executive has overall responsibility for making sure that arrangements are in place for:

- Appointing an Executive Director to lead on the Management of Violence and Aggression.

The Chief Executive has direct responsibility to authorise the exclusion of a patient who represents an unacceptable risk of violence to staff and/or patients.

The Chief Executive will be supported in progressing these responsibilities by the Clinical/Service Boards and Senior Management Team.

2.3 Executive Director

The Executive Director People and Culture has been appointed as the Executive lead and shall be responsible for:

- Ensuring that the Board and the People and Culture Committee are informed, as required, on violence and aggression matters affecting employees and/or the public.
- Supporting training and development of staff – safe staff are our most important asset.
- Monitoring violence and aggression performance against agreed targets.
- Ensuring that violence and aggression information is effectively communicated throughout the organisation.
- Ensuring that Violence Prevention Case Management advice is available.
- Ensuring the active involvement in work of the Anti-Violence Collaborative Wales.
- Ensuring that there is an appropriate Occupational Health Service and staff have access to appropriate psychological intervention.

2.4 Assistant Director of Health, Safety and Fire

The Head of Health and Safety and will be responsible for:

- Directly supporting the Executive Lead in delivering their violence and aggression responsibilities.
- Ensuring that specialist advice in relation to Violence Prevention Case Management is available.
- Assisting the management of violence and aggression through the preparation of relevant policies and procedures.
- Ensuring systems are in place for the monitoring of performance in relation to the management of violence and aggression.
- Ensuring a full range of internally developed and nationally accredited training programmes to meet mandatory and statutory requirements.

- Planning, measuring, reviewing and auditing activities so that legal requirements are satisfied, and all risks are minimised.
- Ensuring that statistical information is available on violence and aggression performance throughout the UHB and interpret such information in order to evolve action plans in co-ordination with Executive Directors and Clinical Boards to improve or maintain standards.
- Ensuring a systematic approach to the identification of risks and appropriate control measures.

2.5 Violence Prevention Case Management Team

The Violence Prevention Case Management Team plays a key role in supporting staff who have experienced violent or aggressive incidents, regardless of whether the incident is reported to the police. The team provides rapid access to support services and acts as a liaison with the Police and Crown Prosecution Service (CPS) if legal proceedings are initiated.

The team also serves as the central point for Lone Worker Device management and provides expert advice on all aspects of work-related violence.

- The Violence Prevention Case Management Team will aim to provide a comprehensive, inclusive and professional case management service in relation to violence and aggression for the UHB. They will work towards the creation of safe and secure environment for staff and members of the public so that the highest standards of clinical care can be provided.
- They will provide support and information for the victims of violence and aggression, whilst at the same time using the process of case management to take forward prosecutions in partnership with stakeholders within the NHS and external organisations such as the Police and CPS. They will act as a central point of contact between Departments concerned - Police/CPS/Legal Services/Victim Support.
- The case management process may also involve adopting additional measures against perpetrators of unacceptable behaviour by supporting in issuing internal and civil sanctions such as patient warning letters and behaviour contracts.
- The Violence Prevention Case Manager is responsible for ensuring high-quality local delivery of violence and aggression management, in line with national legal frameworks, training standards, and guidance provided by NHS Wales. They also work closely with the Anti-Violence

Collaborative (AVC) Wales—a partnership involving NHS Wales, Emergency Services, Criminal Justice agencies, and Welsh Government—to support the implementation of violence reduction strategies and promote safer environments for staff and service users.

- The Violence Prevention Case Manager will co-ordinate the provision of advice and monitor implementation of policies, risk assessments and safe working practices on matters associated with the management of violence and aggression.

2.6 Clinical/Service Boards

Clinical/Service Boards and Directors of Corporate Functions have overall responsibility for making sure that arrangements are in place for:

- The monitoring of Management of Violence and Aggression performance within Clinical/Service Board and Directorates.
- Ensuring that risk assessments have been undertaken in accordance with the Risk Assessment and Risk Register Procedure or more specific procedures.
- Ensuring that violence and aggression related risk assessments where appropriate have been passed to the Violence Prevention Case Manager.
- Ensuring that risks are entered onto the Clinical/Service Boards Risk Register as appropriate.
- Ensuring that all relevant staff receive appropriate training in the Management of Violence and Aggression, in line with the organisation's mandatory training requirements and role-specific needs.

2.7 Directorates/Departments

Directorate Managers and/or Heads of Department have overall responsibility for making sure that arrangements are in place:

- To access the specialist advice by liaising with the Violence Prevention Case Manager.
- To ensure individuals are aware of their responsibilities for health and safety and violence and aggression.

- For the development and effective implementation of the Management of the Violence & Aggression (Personal Safety) Procedure within their Directorate/Department.
- For identifying hazards and carrying out risk assessments in line with current legislation and the Risk Assessment and Risk Register Procedure.
- To consult and involve staff and safety representatives effectively.
- For staff to have sufficient information about the risks they face and the preventive measures.
- To prepare and implement as necessary effective safe systems of work.
- To monitor violence and aggression performance.
- To ensure that there is adequate resource to co-ordinate and monitor violence and aggression matters within their department.
- To ensure that where matters arise outside the Directorate Manager's remit or control, this is notified to the Clinical/Service Board and the Health and Safety Department.
- To facilitate the provision of all necessary information, instruction, training, and supervision to ensure, so far as is reasonably practicable, the health, safety, and welfare of staff within the Directorate/Department
- To organise the distribution of UHB instructions and guidance to staff within the Directorate/Department.

Service Specific Departmental Guidelines

Service Specific Departmental Guidelines may be necessary and will be dependent upon issues such as location, presence of security personnel and the nature/location of the services provided.

2.8 Individual Employees

- All employees have a statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions.
- All employees (for the purpose of this Procedure this includes volunteers, bank, agency and locum staff) are required to co-operate

with their Manager/Supervisor to enable the Board to meet its own legal duties.

- All employees are expected, in the course of their employment, to report to their Manager/Supervisor any hazardous situations or defective equipment.
- All employees must report incidents via Datix Cymru incident reporting system.

2.9 People Health and Wellbeing

The Occupational Health Department /Wellbeing Service will ensure that:

- Where referral to occupational health is necessary, access is expedited on an 'urgent' basis. The recommendations of the occupational health team must be delivered swiftly and monitored.
- Victims are offered access to appropriate psychological intervention without delay i.e. no later than 3 days post incident.
- Confidential and Independent Counselling Services are available.

2.10 Victim Support

The Department/Line Manager has the main responsibility to support staff post incident. In addition to this at any time the person(s) involved in the incident can contact directly the following for advice and support:

- Violence Prevention Case Manager
- Case Management Officer
- Occupational Health
- Staff Group Representatives

3.0 Risk Assessment

Under the Management of Health and Safety at Work Regulations 1999, Cardiff and Vale UHB must ensure that suitable and sufficient risk assessments are carried out to identify and manage risks of violence and aggression in the workplace.

A documented [Part 2 Violence and Aggression risk assessment](#) must be completed for any task or activity that's been scored 6 or above in accordance with the UHB Risk Assessment Procedure or where it is determined that a more detailed assessment is required. This should include consideration of relevant factors such as patient conditions, visitors, procedures, training,

information, equipment, environment, and the physical design of the workplace. More information is detailed in the [UHB Health and Safety Risk Assessment Guidance Document](#).

Risk assessments must also be undertaken for specific individuals (e.g., patients or visitors) where there is an identifiable risk. Clinical conditions or situations that are particularly associated with a higher likelihood of violence or aggression include:

- Individuals under the influence of alcohol and/or drugs
- Confused or disoriented patients
- Head injuries
- Substance withdrawal
- Paranoid illnesses or distorted perception of reality
- Known history of violent behaviour

Examples of high-risk situations that require thorough risk assessment may include:

- Admission of individuals to acute mental health settings
- Lone working arrangements or minimal staffing levels, especially during night shifts
- Deployment of security personnel in response to incidents involving aggression or violence
- Engagements with relatives or carers who are distressed, agitated, or confrontational
- Work in locations where there is access to valuables, controlled substances, or high value/sensitive equipment

Workplace Design Considerations:

The physical layout of work areas must be assessed to minimise risk, including:

- Avoiding environments where staff could become trapped
- Preventing access to potential weapons
- Ensuring visibility and observation of staff and patients
- Installation of appropriate alarm or distress systems in high-risk areas (e.g., A&E assessment rooms, mental health settings)

Alarm systems must be supported by staff training, clear roles, and escalation protocols, including police involvement where necessary.

Where feasible, designated safe areas should be created to allow staff to retreat and raise the alarm quickly, using systems such as electronic locks or panic buttons.

Crime Prevention advice can be sought from the [UHB Police Liaison Team](#).

4.0 Incident Reporting and Investigation

All incidents of violence, including verbal abuse, must be reported via Datix Cymru in accordance with the [Incident Hazard and Near Miss Reporting Policy and Investigation Procedure](#) and relevant investigations initiated.

Information on accurate reporting of behaviour-related incidents can be found on the [Guidance for coding V&A incidents on Datix Cymru](#).

It is essential that departments have processes/procedures in place to support the prompt and accurate reporting and analysis of all behaviour-related incidents.

Timely and accurate reporting:

- Helps identify patterns and high-risk areas or individuals
- Enables appropriate risk assessments and safety measures
- Ensures incidents are investigated and actions are taken
- Supports staff wellbeing and organisational learning
- Provides evidence to support further sanctions such as issuing behaviour warning letters if required.

4.1 Post Incident Actions

Following an incident, the Department or Line Manager should promptly consider and document the following actions:

- Does the staff member require medical assessment or treatment?
- Are they fit to continue their duties, or do they need assistance getting home?
- Do they need time to recover before resuming work?
- Has an incident report (Datix) been completed?
- Has the Violence Prevention Case Management Team been informed?
- Has the staff member had an opportunity to debrief and discuss how the incident was managed?
- Do other team members affected by the incident require support?
- Has the staff member been signposted to wellbeing support.
- Is the staff member willing to continue providing care to the patient involved?
- Do they require support in liaising with the Police regarding any potential prosecution or Police reports?
- Is a change in working practices or environment necessary?

Where referral to the Violence Prevention Case Management Team is considered relevant the victim can expect to meet with them at the earliest opportunity after the event. If reported to the Police as a Crime the victim will receive regular communication outlining progress of the case.

Information on the Violence Prevention Case Management Team can be found on the [Health and Safety Sharepoint](#).

Support can also be sought from:

- Security Services
- [People and Culture](#)
- [People Health and Wellbeing](#)
- [Canopi](#)

5.0 Violence and Aggression Training

Training requirements are determined through risk assessments carried out by managers or identified competent persons. Where a training need is identified, completion of the relevant training is mandatory. Training plans will be developed in line with the annual training needs analysis and monitored through standard performance management processes within Clinical/Service Boards.

Violence and aggression training delivered by the Health and Safety Team is recorded on each staff member's Electronic Staff Record (ESR). Managers are responsible for ensuring that the correct competencies are assigned to staff within ESR (guidance linked below). These competencies are linked to the staff member's position number and are based on an assessment of the requirements of that specific role.

[Managerial guidance for assessing staff training in V&A document](#)

6.0 Lone Working

All managers and service leads are responsible for ensuring that suitable arrangements are in place to safeguard Lone Workers. This includes identifying potential risks and implementing appropriate control measures to mitigate them. Managers should refer to the [UHB Lone Worker Procedure](#), which outlines the organisation's expectations and safety protocols for those working alone. In addition, [Lone Worker Risk Assessment Guidance](#) has been developed to support the completion of robust risk assessments. It is essential that all arrangements reflect the UHB's overarching duty of care to protect staff from violence, aggression, and other personal safety risks while working alone.

7.0 Enforcement / Sanctions

7.1 Patient Warning and Withdrawal of Care

A process has been established for issuing warnings to patients who exhibit unacceptable behaviour. This is documented in the UHB's [Care of Adult](#)

[Patients with Capacity and their Carers, Relatives, Visitors, who are Violent or Abusive Procedure](#)

The withdrawal of treatment is a significant decision that requires prior approval from the Chief Executive. All relevant Health Board services potentially affected will be notified, and actions will be taken in compliance with legal obligations and data protection guidelines.

7.2 Violent Warning Markers

The use of patient violence markers serves as an early alert system to inform staff of individuals, associates, or situations that may pose a risk to themselves, colleagues, or other patients. This proactive approach aims to help reduce violent incidents at a local level and supports the creation of a safe and secure environment for all.

The UHB is committed to minimising the risk of violence and aggression toward employees in the workplace. Electronic patient warning markers contribute to this goal by enabling staff to identify potential risks and take appropriate protective measures in advance.

The Management and administration of the [Violent Warning Marker Procedure](#) is undertaken by the Violence Prevention Case Management Team.

7.3 External Sanctions

Staff who experience violence or aggression while carrying out their duties will be fully supported in taking criminal action against those responsible. This includes help with reporting incidents to the police, providing statements, and attending court if necessary. Managers must ensure that affected staff are informed of their rights and the support available from the Violence Prevention Case Management Team. Managers must promote a workplace culture where reporting such incidents is encouraged, taken seriously, and acted upon promptly.

When incidents of inappropriate behaviour are reported to the police and brought to the attention of the Violence Prevention Case Management Team, the team will monitor the progress of the case, provide regular updates to the affected staff member, and offer support throughout the investigation process. This approach aligns with the principles set out in the [All Wales Anti-Violence Collaborative and Obligatory Responses to Violence in Healthcare \(ORV\) agreement](#), which outlines a coordinated response between NHS Wales, the police, and the Crown Prosecution Service to ensure appropriate action is taken and staff are protected.

8.0 MONITORING REVIEW AND AUDIT

A number of mechanisms will exist to measure the success of the procedure. These will include:

8.1 Internal Monitoring

Internal monitoring of the Management of Violence and Aggression within the UHB is the responsibility of the Clinical/Service Boards who through their Health and Safety Adviser will carry periodic audits. The findings will be sent to the Chair of the Clinical/Service Board Health and Safety Group and discussed at this Group.

Internal monitoring is achieved by the following means:

- Ensuring that the Directorate/Department has a Safety Group.
- Ensuring that each Clinical/Service Board Health and Safety Group considers trends and information relating to the violence and aggression incidents within their area.
- Ensuring that all incidents/accidents are investigated, and actions are fed back to the reporting individual.
- Compiling records and statistics of staff violence and aggression training.
- Checking performance against policies, procedures, and safe systems of work to ensure that safe working conditions and practices exist.
- Appropriate involvement of Safety Representatives in line with National Codes of Practice.
- Undertaking an annual review of Health and Safety/Violence and Aggression.

Violence and Aggression is included in the Health and Safety management system audits which are conducted by Health and Safety departmental personnel who have been trained, signed off as competent and are independent of the area they are auditing. Health and Safety Representatives have a function which includes monitoring health and safety in the workplace.

8.2 External Monitoring

External monitoring of Violence and Aggression within NHS premises is vested in the Health and Safety Executive.

The Anti-Violence Collaborative Leads requires regular data from the UHB relating to violence and aggression and will monitor performance as appropriate.

9.0 RESOURCES

With respect of resource implications identified within this procedure, the procedure reflects current arrangements and as such identifies no additional resource need.

The Health Board has identified designated budgets for Health and Safety which includes violence and aggression across the organisation. If any additional resources are required, this will be considered as part of the risk management arrangements within the Health Board.

10.0 TRAINING AND AWARENESS

The Health Board's Management of Violence and Aggression (Personal Safety) Procedure and enactment arrangements will be brought to the attention of all new staff at local induction.

Additional training shall be given on the requirements of the procedure to all staff on intervals not exceeding 3 years during their employment following a mandatory Training Programme and Specific Violence and Aggression Courses.

11.0 COMMUNICATIONS AND IMPLEMENTATION

A copy of the Procedure is available on the Health Board's Internet site. For those staff without access to the internet, it will be the responsibility of the local manager to ensure a hard copy is available.

Local Procedures and Protocols will be approved at the relevant Clinical/Service Board Health and Safety Group, this sign off process includes a competent Health and Safety Adviser.

All employees should assume responsibility to read and understand the relevant sections.

12.0 EQUALITY & DIVERSITY STATEMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its staff reflects

their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan & Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB

An Equality and Health Impact Assessment has been undertaken on the Health and Safety Policy. Feedback was gained on any possible or actual impact that this policy may have on groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, trans or non-binary, age or other protected characteristics. Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for.

The assessment found that there was impact on the following groups:

Persons with a disability as defined in the Equality Act 2010. Those with sight impairment; Copies of the policy can be made available in large print.

People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.

Copies of the policy and can be made available in Welsh

13.0 REVIEW

The Procedure will be reviewed within three years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate, by the Assistant Director of Health, Safety and Fire in collaboration with the Executive Lead.

14.0 REFERENCES

Legislation -Health and Safety at Work etc Act 1974

HSC Management of Health and Safety at Work Regulations 1999 Approved Code of Practice L21

HSE 65 – Successful Management of Health and Safety HSG

All Wales NHS Violence and Aggression Training and Information Scheme

Obligatory Responses to Violence in Health Care (ORV)

Anti-violence collaborative obligatory responses document (WHC/2024/024)