
Policy for Security and Prevention and Management of Violence and Aggression (PMVA)

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1	January 2016				LSMS
2	January 2019			Transferred to new Policy Template, executive summary added, roles and responsibilities changed to reflect new structure. Learning and Development section updated.	ASMS
3	March 2022			Transferred to New Policy Template and New EIA Template as well as a review of legislation and changes in all sections	ASMS

SUMMARY OF POLICY

This document sets out the overarching principles and policy for the management of security and the prevention and management of violence and aggression within Solent NHS Trust and should be read in conjunction with supporting procedural documents. Every staff member has a role to play in keeping our patients, and premises secure whilst managing violence and aggression in the workplace.

Each unit or premises that Solent staff work in or operate from will have specific arrangements in place that staff must be aware of and adhere to. Details of all staffs' roles and responsibilities are listed in Section 3.

Tackling violence and aggression is a complex issue as there are numerous factors and implications that need to be taken into consideration in reaching decision over an appropriate and balanced approach. The **Management of Violence and Aggression Procedure** is a guidance document for tackling this issue and most importantly, actions to take to keep staff safe and prevent incidents. Those who work on their own or remotely, should be aware of the **Lone Working Procedures** and the local arrangements that is in place for their team.

For Further Advice or Guidance please contact your trust Security Management Specialist (ASMS)

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Policy for Security and Management of Violence and Aggression (PMVA)

1. INTRODUCTION & PURPOSE

- 1.1 The purpose of this policy is to define roles and responsibilities for the effective management of security in relation to staff, patients/clients, visitors and property; provide additional guidance that should be followed to promote secure and safe premises; support the management of violence and aggression and safety of lone workers and to enable the organisation to proactively and reactively manage security
- 1.2 Solent NHS Trust has a statutory obligation under the **Health and Safety at Work Act 1974**, to ensure as far as is reasonably practicable, they provide a safe and secure environment for the staff it employs, the health and safety of its service users, visitors, contractors and all persons who visit premises from which the organisation operates.
- 1.3 **The Health & Social Care Act 2012** sets out that all providers of NHS services will be managed via the standard commissioning contract, this contract contains a number of general and standard conditions that relate to counter fraud and violence reduction
- General Condition 5.9 The Provider must have regard to the NHS Violence Prevention and Reduction Standard
 - Standard Condition 24 The Provider must put in place and maintain appropriate measures to prevent, detect and investigate fraud, bribery and corruption, having regard to NHS Counter Fraud Authority (NHSCFA) Requirements.

Violent or abusive behaviour directed at staff will result in decisive action being taken to protect individuals. The organisation is mindful that some acts of aggression and violence may be caused by a patients' illness or condition and in such cases, incidents may be managed clinically. However, where aggression or violence is not caused by a clinical condition the Trust will consider this a Health & Safety / Security Management issue and will take appropriate measures to prevent a recurrence, this may include pursuing criminal sanctions.

- 1.4 Directors at Solent NHS Trust are committed to providing a safe and secure environment for its patients, staff and visitors using methods to eliminate, minimise and control the risk of violence and aggression. All service users and visitors have an obligation to behave in an acceptable and appropriate manner. Staff members have a right to work, just as patients have a right to be treated, in an environment that is safe and secure, in line with the Violence Reduction Standard (NHSE).
- 1.5 Through robust management procedures the organisation is committed to providing the most reasonable and practicable means of:
- Providing a safe and secure environment for staff, patients, and visitors to the premises the organisation operates from.
 - Protecting life or preventing bodily injury from malicious criminal activity.
 - Preventing loss of organisation assets as a result of crime.
 - Preserving good order on premises from which the organisation operates.
 - Tackling violence and aggression directed at NHS staff, professionals, staff working on behalf of the NHS and those who use the organisation's services.
 - Protecting those who are working alone or remote working.

- 1.6 The Trust recognises that, as an employer, it has a duty of care towards its staff, and will take necessary, and reasonable steps to ensure their health and safety at all times. It is also acknowledged that all employees have a responsibility for the safety of themselves, their colleagues, and service users. Specific procedures applicable to local needs will be developed and implemented within an agreed timescale in consultation with Directors and Staff representatives to address local issues.
- 1.7 This policy provides overarching principles for security and management of violence and aggression. It should be read in conjunction with the associated procedures and guidance that underpin its principles

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (Patient Safety Partners, Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.

3. PROCESS / REQUIREMENTS

- 3.1 The organisation's Incident Reporting, Investigation and Learning Policy must be followed with regards to the reporting and management of incidents relating to security breaches and also near misses; where a breach has taken place but no harm done, [for example a door which should be secure but is found to be unsecured so unauthorised access may have been achieved, even if there is no evidence to suspect access has taken place].
- 3.2 Serious Incidents or health and safety incidents will also be recorded in the online incident reporting system (Ulysses). These incidents must be communicated to Line Management firstly and then to the H&S manager and finally the ASMS (Accredited Security Management Specialist)
- 3.3 All incidents that are reported will be included in quarterly and annual reports. Incidents will be managed in accordance with the guidance set out in supporting guidance and procedural documents.
- 3.4 Following review of an incident, alterations or work may be required to premises to prevent recurrence. Works will be categorised as follows:
- **Level 1** Measures to be taken quickly to improve security; that have minimal expenditure e.g. publicising and adhering to existing instructions – ACTION to be carried out at local level

- **Level 2** Measures required to counter an identified threat or weakness requiring resources to rectify e.g. installing a keypad door entry system – ACTION at local level but may require additional resources.
- **Level 3** Long term measures required to improve the security of a building e.g. installation of CCTV, intruder, or panic alarm system, – ACTION at higher level of management and funding will need to be considered against other priorities.

3.5 If any staff member is unsure of what to do next or where to report the incident, they must contact the ASMS who will support and advise the best course of action for each offence. The ASMS can assist the Staff member to report to the relevant authority (Police, Council, Social services)

3.6 Staff wishing to contact police at the time of an incident to report criminal offences / incidents must consider dialling **999** through a mobile phone or via the telephone system. The caller must ensure that they get an outside line before dialling:

- **999** for emergencies
- **101** for non-emergencies

Most police forces do also allow reporting of minor offences via an online form. Hampshire Police will likely be the Police force for the Trust and their website can be found at www.hampshire.police.uk

3.7 The Trust has signed up to Operation Cavell and has a pledge to work with Hampshire constabulary to support NHS staff victims of crime. The operation is designed to ensure that there are more positive outcomes achieved for staff assaulted or abused.

If the offence committed against the NHS staff member relates to an

- **Assault,**
- **Abuse,**
- **Criminal Damage**
- **Hate Crime**

Then an Operation Cavell Form must be completed (this can be found online at the security website or can be retrieved through the ASMS (see Appendix B)

3.8 Staff who wishing to report a minor incident (lock failure) to estates or facilities can do so via the Estates Helpdesk on: 0330 1593866 or Email on Estates@solent.nhs.uk

3.9 Sharing the learning

All incidents that may be part of a trend or may have an impact on other NHS Organisations or providers, for example the theft of Nitrous Oxide, or scam emails purporting to be from other organisations, or activity by known members of criminal groups, for example “The Coventry Falcons”. The ASMS will cascade alerts to staff when such groups are known to be operating in the area via the ALERTS process.

4 ROLES & RESPONSIBILITIES

- 4.1 The **Chief Executive Officer** has ultimate responsibility for the management of security and safety across the entire Trust. This responsibility includes ensuring the aims and objectives of this policy are met and ensuring that adequate resources are made available where necessary.
- 4.2 **Associate Directors, Operational Directors, Clinical Directors and Premise Managers** are responsible for participating in risk assessments in conjunction with the ASMS in their area of managerial control, and that those assessments take into account security risks relating to physical security of premises and assets and that environmental issues that may act as triggers to violence and/or aggression are taken into consideration.
- This will include local lone working role risk assessments for staff working off site or in the community.
 - Appropriate risk assessments are carried out in each premises/area and where risks are identified they are recorded at least annually, and action plans developed to manage the risk[s].
 - Ensuring that action is taken as a result of risk assessments, that action plans are reviewed and evaluated for effectiveness and that learning is shared across the wider organisation.
 - Local procedures/contingency plans are drawn up in consultation with affected staff, or their representatives to deal with both foreseeable events and other emergencies, for example security and locking up procedures
 - Action is taken to protect staff from the effects of violence and aggression; appropriate support is provided following incidents.
 - Ensuring that appropriate local risk assessments have been carried out to establish the vulnerability of the department/area and the ability to carry out a lockdown, either; full, or progressive.
 - Any training needs identified because of risk assessments are actioned appropriately.
 - The effectiveness of the undertaking of these duties will be monitored and may be documented as part of the organisation appraisal process.
- 4.3 **Service Manager and/or Line Managers**, are responsible for:
- Ensuring that appropriate risk assessments have been carried out to establish the vulnerability of the department with regards to security and of staff coming into contact with patients who may pose a risk of violence and aggression. Where staff are working in premises managed by another organisation, e.g. Southern Health, ensuring that any specific measures that relate to the premises/service are shared and adhered to.
 - Reporting security incidents or breaches (i.e. criminal damage, violence and/or aggression, theft or break in) to the Police in the first instance and/or (ASMS) in accordance with the Incident Reporting, Investigation and Learning Policy and ensuring that all such incidents are graded for seriousness and investigated accordingly, using the outcome of investigations to update risk assessments, develop action plans; escalated where appropriate and ensuring that action is taken; and that any action is reviewed and evaluated for efficacy.
 - Ensuring that local procedures are in place for the locking up and security of the site or department and that all staff are familiar with the organisation and/or local

procedures that have been adopted for the security of staff, patients and property and that staff in their area are made aware of any risks and consulted on measures to be introduced to minimise them prior to them being put in place.

- Providing effective communication and support to those who may face violence and aggression and ensuring lone worker procedures and protocols are in place and followed.
- Ensuring that staff are aware of their right to report assaults to the Police and that if an assault is not reported to the Police then the opportunity to make a claim under the Criminal Injuries Compensation Scheme, even if a conviction is not made, will be lost. Within the Prison Service ensuring that incidents of assault are reported to Her Majesties Prison Service (HMPS) so that prisoners may be managed under the Prison Adjudication Process.
- Ensure appropriate referrals to Occupational Health or Victim Support as a result of exposure to incidents of violence and aggression.
- Ensuring that eligible staff attend mandatory training for the management of violence and aggression, including Conflict Resolution Training and that this is followed up by refresher workshops as per the Statutory & Mandatory Training Matrix.
- Where staff work in premises operated by other organisations, e.g. HM Prison Service that any specific training for that environment is undertaken and kept up to date. All training must be booked through the Essential Training team and attendance/compliance monitored through staff records.

4.4 Health and Safety Manager

The Health and Safety Manager will work closely with the ASMS, PMVA Lead and The Violence and Aggression reduction Lead for the trust who will monitor all security incidents which are escalated. By exception any on-going risks will be escalated to the Health and Safety Group and where appropriate will be added to the Corporate Risk Register and included and managed as part of the Risk Management Strategy

4.5 The Accredited Security Management Specialist (ASMS)

The ASMS is responsible for developing a pro-security culture among staff and in their working environment by supporting and working with Directors / Heads of Service / Departments & Matrons / Specialty Managers and their teams to ensure that a holistic approach to security management is followed to ensure:

- All incident reports are reviewed and actioned appropriately, trend analysis is conducted and shared across the organisation to reduce the likelihood of further incidents and that a pro-active approach is taken with regards to security, safety of staff and the management of violence and aggression.
- Risk assessments are conducted and that action plans are reviewed and evaluated for effectiveness and lessons learned are shared across the wider organisation.
- Trend data is monitored to ensure that lessons learnt, and best practices are shared across the wider organisation.
- Close working relationships are developed with the Crown Prosecution Service and Police Officers to ensure action is taken where prosecution is appropriate.

- Liaison with neighbouring ASMS to agree a consistent approach to the tackling of violence and aggression across NHS sites and in respect of sharing intelligence.
- Provision of reactive support in the event of any incident (i.e. assisting in the report of assaults to the Police where a 999-emergency call was not immediately necessary):
- Liaise with the police in relation to incidents of violence to ensure sanctions, where appropriate, are achieved and that assaults and security incidents such as criminal damage or vandalism are investigated. Liaise with and support the ASMS for National Health Service Property Services (NHSPS), or landlords' representatives, in relation to incidents that relate to premises the organisation operates from.
- Ensuring that following any incident of violence or aggression, risk assessments have been conducted to establish any actions with regards to the aggressor are taken, for example a warning letter explaining the organisation's position on violence and aggression to staff.
- Reviewing and evaluating any actions for effectiveness.
- Reporting defects in maintenance of physical security measures.
- Liaison with Essential Training Team and Physical Intervention Lead for the provision of Induction Training and training that relates to managing violence and aggression.
- To maintain membership of the NHS future Collaboration Forum where issues with regards to ASMS and Security Management are discussed with NHS England. To ensure that the provision of security services and the timely sharing of issues and incidents with other organisations continues, for example the theft of metals, cabling, and medical equipment alerts are disseminated via the ALERTS process.
- To assist the trust Violence and Aggression Reduction Lead with Operation Cavell a police NHS partnership to reduce the number of assaults and ensure that offenders are suitably held to account.
- To liaise with the Trusts Local Counter Fraud Specialist in respect of matters that cross over with potential criminal fraud offences and in sharing of intelligence where proportionate and appropriate to do so.

4.5.1 The ASMS will:

- Support service and premise managers with carrying out security reviews of the organisation's properties, identifying potential problems and assessing any risks that may arise; including the environmental risks that can act as triggers for violent or abusive behaviour.
- Provide advice to managers and staff over security issues.
- Develop a strategy and action plan to tackle problems and deliver improvements across the wider organisation.
- Work with the Emergency Planning / Business Continuity Manager to establish the vulnerability of a department / area and the ability to carry out a lockdown, full, or progressive where appropriate. The ASMS will assist the Emergency Planning / Business Continuity Manager in raising awareness of lockdown procedures and their importance as part of Business Continuity and Recovery Planning.
- Use expertise to ensure that identified risks are escalated and the implications of such risks considered organisation-wide to provide an organisational overview. Issues will be referred to the Health & Safety Manager where appropriate added to the Risk Register.

- Produce an Annual Security Management Report for the Board. The specific areas of work for the ASMS are undertaken in these areas.
 - (1) Strategic Governance.
 - (2) Inform and Involve.
 - (3) Prevent and Deter
 - (4) Hold to Account.
- Represent the Trust and lead on National and Local Initiatives

4.6 Physical Intervention Lead will act as a point of contact and support to advice and guide managers and staff over:

- The appropriate techniques to be employed to tackle specific situations requiring restraint.
- The lead will advise the organisation over all training matters relating to the physical restraint of others and with the team will deliver relevant training and refresher training in PMVA (Prevention and Management of Violence and Aggression) to ensure that staff is suitably skilled to manage situations relating the management of violence and aggression.
- The Lead will also be responsible for providing the trust with relevant data relating to the incidence and use of restraint and any breaches.
- Work with the Trust Violence and Aggression reduction lead to tackle and prevent violence and aggression towards staff.

4.7 Employees: All employees have responsibility to take reasonable care of their own safety and security, as well as the safety and security of others who may be affected by their acts or omissions, i.e. for the security of their colleagues and visitors. All employees are responsible for:

- Ensuring that all security recommendations or provisions that apply to the area of the organisation property/area that they occupy, or visit are adhered to including those that relate to lone working, if applicable.
- Ensuring that any equipment that they are provided to support their safety and well-being is used in accordance with the manufacturer's instructions and guidance.
- Ensure that they wear an appropriate identification badge when on organisation premises or community visits and lead by example, such as challenging other members of staff or members of the public in relation to a lack of clear identification.
- Making themselves and any others who come into their area of work are aware of any potential security risks and the measures that have been put in place to control the risk.
- Avoiding situations where they may feel, or be put, at risk.
- Reporting any security incidents or breaches to their Line Manager and/or the ASMS in accordance with the Incident Reporting, Investigation and Learning Policy'.
- Attending training relating to safety and security, including Conflict Resolution Training
- Staff working in premises not operated by the organisation must familiarise themselves with local security controls and ensure that they are adhered to, reporting any issues to their manager.

4.8 Occupational Health and Wellbeing Team can provide guidance and support to members of staff affected by incidents:

- Those that relate to workplace violence and aggression. Referrals may be made either directly by the staff member or their line manager
- Occupational Health and Wellbeing Team provider will provide reports and feedback relating to numbers of staff who are referred or self-refer following incidents of violence and aggression. This feedback will be monitored by the Human Resources Department via Service Level Agreement meetings

4.9 Patients / Visitors All patients and visitors have obligations under the NHS Constitution to:

- Treat staff and other patients with respect
- Recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution.
- Should recognise that abusive and violent behaviour could result in the refusal or prevention of access to NHS services. (NHS Constitution, 2013)
- All patients and visitors are responsible for guarding the safety of their own property unless in the case of in-patient property that has been lodged with the ward/department for safekeeping and where a suitable receipt has been obtained. Other than for these items, the organisation accepts no responsibility for loss and possible damage of personal possessions brought into its premises or property.

4.10 Contractors and Sub-Contractors or staff working on or behalf of the organisation have a responsibility to take reasonable care of their own safety and security, as well as the safety and security of others who may be affected by their acts or omissions, i.e. for the security of staff, patients and visitors. This will include, but is not limited to:

- The wearing of appropriate identification / Badges and Visitor Passes
- The securing of areas/departments/premises they are given access and keys to
- They ensure that any assets and property of the trust are kept secure.

4.11 The Local Counter Fraud Specialist (LCFS) for the trust is contracted through the NHS Fraud and Security Management Service which is hosted by NHS Hampshire and Isle of Wight Clinical Commissioning Group (or the Hampshire and Isle of Wight Integrated Care Board(ICB) from July 2022). In line with the Trusts Local Counter Fraud, Bribery and Corruption Policy It is recommended that any relevant issues or concerns regarding fraud against the Trust should be reported directly to the LCFS in the first instance. If deemed appropriate matters can be reported to the Trusts Chief Finance Officer or through the NHSCFA Reporting hotline for onward referral to the LCFS. .

Trust management must refer to the Standard Condition 24 with regards to Counter fraud.

5 TRAINING

5.1 Induction all staff will receive a department induction where training will be discussed, staff will be provided with mandatory and any other E learning training, when new to the trust:

- To ensure that they are made familiar with the processes and procedures that are in place to support them in their roles.

- To enable them to report incidents and support that is available in the event of them being involved in any incident relating to violence or aggression
- Local induction will also highlight any risks that are relevant to their local workplace, including lone working procedures or risks relating to the patient group that they support.

5.2 Conflict Resolution Training and any Refresher Training is provided by the ASMS which is available for all staff and will focus on 5 core areas:

- To provide a summary of local anti-crime roles and security management work in the Trust.
- To provide an illustration of what constitutes conflict, how it arises and, using personal experience, how to be effective in reducing the risk of conflict occurring.
- To explore the role of communication in conflict and how to use it effectively.
- To outline the procedural, environmental and legal context of violence in the workplace.
- Explain what is required of individuals and organisations after a violent incident and the support available to those involved.

5.3 Staff members who are prioritised to attend should attend an initial session and then a refresher every three years after that, unless following an incident or assessment it is deemed relevant for them to attend more frequently.

5.4 **Action Counter Terrorism (ACT) APP** the ASMS also provides access to an online advice and guidance portal for awareness of counter terrorism. This is provided in the form of an app which has been provided for all Trust staff to access.

The Solent NHS (Solnet) security website shows how to download and access the Action Counters Terrorism App which provides logon details for all trust staff.

It provides the user with the ability to browse the valuable information of what to do during a Marauding Terrorist Attack. Information provided includes the new Run Hide Tell campaign.

5.5 TRAINING IN PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION

This training is for front line Adult Mental Health staff (Inpatient environment) and deals with the prevention and management of violence and aggressive behaviour by using the least restrictive option and focuses on:

- Rights based framework (theory)
- Duty of candour and duty of care (theory)
- Attitudes and attributions (theory)
- Decision making (theory)
- Primary and preventative strategies
 - Ensuring the physical health needs of the individual are monitored post restraint
 - Promoting safe therapeutic services (PSTS theory)
 - De-escalation/redirection strategies
 - Improve quality of life and reduce the likelihood of behaviours of concern
 - Recognising antecedent, triggers, and early warning signs

- Risks related to restraint
- Proximity
- Verbal & non-verbal communication styles
- Teaching secondary strategies
 - De-escalation in formation (loose arrowhead/tight arrowhead)
 - Alleviate the situation and to prevent the behaviour escalating
 - Approaching in formation
 - Hierarchy of Holds
 - Standing containment
 - Protection on the head
- Teaching non-restrictive tertiary strategies
 - To bring about resolution and a return to safety for everyone
- Teaching restrictive tertiary strategies
 - Containment in prone & supine
 - Protection of the head whilst prone & supine
 - Roles and responsibilities of No. 1 (Staff member supporting the head)
 - Compliant floor release to standing
 - Supporting patient to standing
 - Containment of legs (prone & supine)
 - Seclusion strategies (theory)
 - Seclusion practical training
 - Seclusion door controller
 - Use of seclusion; its negative implications; legal aspects and rationale CLS11 Operational
 - Escape and rescue techniques
- Use of mechanical restraint
 - Currently exploring further options alongside the TNA (training needs analysis)
- Factors that contribute to risk and elevated risk (theory)
- Emergency procedures (theory & practical)
- Identifying the range of restrictive practices (theory)
 - Sharing of best practices across the wider organisation
- Use of data to inform minimisation (theory)
- Post-incident support, review, and learning
 - Importance of de-briefing and lesson learned which will involve discussions with the subject of the incident
- Trauma informed care and support (theory)
- Restraint reduction (theory & Practical)

5.6 DISENGAGEMENT TECHNIQUES (BREAKAWAY)

This training is for front line Adult Mental Health staff (inpatient & Community environment) and deals with the prevention and management of violence and aggressive behaviour by using the least restrictive option and focuses on:

- Rights based framework (theory)
- Duty of candour and duty of care (theory)
- Attitudes and attributions (theory)
- Decision making (theory)
- Primary and preventative strategies (theory & practical)
 - Lone Working policy

- Definition of Breakaway
- Essential requirements
- Offensive and defensive arc
- Legislation & national frameworks
- Hierarchy of responses (public health model)
- Assault cycle
- Principles of reasonable force
- Recording & reporting
- Situation & environment awareness
- Teaching secondary strategies (practical)
 - Lever principle
 - Fix & move
 - 360° bowl with movement
- Teaching tertiary strategies (practical)
 - Fix & move floor
 - Escape & rescue techniques
 - Defence on the floor
- Factors that contribute to risk and elevated risk (theory)
- Emergency procedures (theory & practical)
- Use of data to inform minimisation (theory)
- Post-incident support, review, and learning
 - Importance of de-briefing and lesson learned which will involve discussions with the subject of the incident
- Trauma informed care and support (theory)

“Reference must be made to terminology used in local policy documents, as well as authorised procedure. If breakaway/ disengagement techniques are taught that have a restrictive component the restrictive element must be highlighted. Breakaway techniques are used to breakaway/disengage from unwanted physical contact and may also be used to assist another person to disengage from unwanted physical contact. Training content must also draw attention to potential communicative function of the unwanted physical contact particularly if the person is unable to verbalise their distress or make themselves understood clearly” (RRN 2019)

6 EQUALITY IMPACT ASSESSMENT

- 6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust’s Policy on Equality and Human Rights. The EIA impact assessment has been added to this Policy and can be found in Appendix A on page 20 of this document.
- 6.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. Refer to (Appendix A) on page 20 of this document
- 6.3 The Trust recognises that sometimes accusations of crime including violence and aggression can be vexatious or motivated by discrimination on the grounds of a protected characteristic. The ASMS will ensure that all cases are investigated fairly and action under this policy will be stopped where this is the case. Staff making such alleged vexatious allegations will be investigated and appropriate action will be taken in line with the Trusts Disciplinary Policy.

7 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 The management of security; violence and aggression will be monitored by the Accredited Security Management Specialist [ASMS], Directors, Facility Managers, Support Services Managers, Premises Managers, responsible persons both clinical and non-clinical, Safety Representatives, Head of Risk and Litigation, and the Trust's Health and Safety Manager.
- 7.2 To provide assurance to the Board, the ASMS will provide quarterly report to the Health & Safety Group, identified risks and issues will be escalated through the Organisations Risk Register and Quality Improvement & Risk (QIR) group together with proposals and action plans for their mitigation. These documents will be presented to the Board for information and where appropriate approval.

8 REVIEW

- 8.1 This document may be reviewed any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, or non-compliance prompt an earlier review.

9 REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Legislation & Regulatory references:

- The Health & Safety at Work Act 1974
- Safety Representatives and Safety Committees Regulations 1977 (a),
- The Health and Safety (Consultation with Employees) Regulations 1996 (b), The Corporate Manslaughter and Corporate Homicide Act 2007
- The Secretary of State for Health's Directions (2003)
- NHS violence and reduction standard Condition 24 (2021)
- Criminal Injury Compensation Board Scheme
- NHS Standard Contract LCFS Condition 24 (2021)

9.2 Guidance Documents:

- Violence against staff, 2014, NHS Employers (web resource) <http://www.nhsemployers.org/Aboutus/Publications/Documents/Violenceagainststaff.pdf>
- Violence and aggression: short-term management in mental health, and community settings. NICE Guideline Published 28 May 2015 www.nice.org.uk/guidance/ng10
- Violence at work- a guide for employers Health & Safety Executive, 2014 <http://www.hse.gov.uk/pubns/indg69.pdf>
- Violence in health and social care, Health & Safety Executive, 2014 (web resource) <http://www.hse.gov.uk/healthservices/violence/>
- NHSE Standards for Violence and Aggression Standard condition 24 <file:///R:/Solent%20Estates%20and%20Facilities/ASMS%20Francis%202018-2019/Violence%20and%20Aggression%20Standard%20Condition%2024/B0319-Violence-Prevention-Reduction-Standards.pdf>
- The standard condition 24 in relation to fraud management <https://www.england.nhs.uk/wp-content/uploads/2021/03/3-FL-SCs-2122-republished-may.pdf>

- Criminal Injuries Compensation Board
[Criminal Injuries Compensation Authority - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Ridley, J. and Leitch, S., 2019. Restraint Reduction Network (RRN) Training Standards. British Institute of Learning Disabilities. Birmingham. Pp. 63 refer to 5.6

9.3 Solent NHS Local Policies & Procedures

- Lone Working Policy
- Improving and Managing Conduct Policy
- Management of Violence and Aggression Procedures
- Security Management Procedures
- Incident Reporting, Investigation and Learning Policy
- Risk Management Strategy
- CLS11 Seclusion and Long Term Segregation Policy
- Health & Safety Policy
- Safeguarding Children, Young People and Adults at Risk Policy
- Local Counter Fraud, Bribery and Corruption Policy
- Duty of Candour Policy

10 GLOSSARY

10.1 Glossary of terms:

ASMS – Accredited Area Security Management Specialist

LCFS – Local Counter Fraud Specialist

CBRN – Chemical, Biological, Radioactive, Nuclear (Types of Attack)

CCTV – Closed Circuit Television

CRT – Conflict Resolution Training

NICE – National Institute for Health and Care Excellence

NHSPS – NHS Property Services

SABs/SAMs – Safety Alert Bulletin/Safety Alert Message

PMVA – Prevention and Management of Violence and Aggression training

ACT – Awareness of Counter Terrorism

V&A – Violence and Aggression

QIR – Quality Improvement & Risk

NHSE – National Health Service England

GBH – Grievous Bodily Harm

ABH – Actual Bodily Harm

10.2 Definitions

Source of all definitions for UK Law and legislation can be found at GOV.UK website

Violence and aggression - refers to a range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

Violence - The use of physical force that is intended to hurt or injure another person. (NICE guidelines 25, 2005)

10.3 Challenging behaviour

This may be a patient's way of attracting attention if they are unable to verbalise or communicate what is causing them distress or anxiety or have unidentified needs

10.4 Lone Working (HSE Definition)

"Those who work by themselves without close or direct supervision".

11 FULLER DEFINITIONS OF INCIDENTS AND PROCEDURES

The following list includes types of incident that are commonly experienced within the NHS; this list is not exhaustive and there will be other types of security related incident that must be reported.

Physical Assault: A physical assault is defined as "the intentional application of force, to the person of another, without lawful justification, causing physical injury or personal discomfort". (Eisener v. Maxwell 1951, Kaye v. Robinson 1991)

Physical Assaults are categorised into the following offences:

- Common Assault
- Assault ABH Occasioning Actual Bodily harm
- Assault GBH Grievous Bodily Harm
- Assault GBH Grievous Bodily Harm with Intent

Non-physical assaults: The use of inappropriate words or behaviour causing distress and/or constituting harassment" (as previously defined by NHS Protect)

- Non-physical assaults may take place in face to face situations or over the phone, email or via social media.
- Social media may be used to post messages about staff. Where postings are considered derisive and potentially abusive; or where racist comments or threats of violence are made, these may constitute an offence under:
 - (1) Section 4, 4A and 5 of the Public Order Act 1986
 - (2) Protection from harassment Act 1997
 - (3) Section 127 of the Communications Act 2003
 - (4) Section 1 of the Malicious Communications Act 1998

Theft (section 1 (1) theft Act 1968 is defined in law as

"The dishonest appropriation of property belonging to another with the intention to permanently deprive the other of it".

Burglary (section 9 Theft Act 1968) is defined as

"If someone enters a building or part of a building as a trespasser with the intent to commit Theft, GBH or Criminal damage"

Criminal Damage (Section 1 (1) Criminal Damage Act 1971 is defined as:

- Any person who without lawful excuse, destroys or damages property belonging to another, intending to destroy or damage such property or being reckless as to whether any such property would be damaged or destroyed.
- All incidents that relate to criminal damage or vandalism must be reported to the Estates Helpdesk on 0330 1593866
- However the incident must also be reported locally through Ulysses to ensure that such information is captured. Staff may be required to secure an area in order to protect evidence.
- Where there is evidence of criminal damage and theft and the investigation identifies the offender, the ASMS who will liaise with local police to enable action to be taken through the Criminal Justice System. Staff may be required to provide witness statements in order to support successful prosecution.
- Incidents of accidental damage should also be reported and investigated to establish whether it was caused by neglect of duty or gross carelessness and identification of any lessons learnt to prevent further incidents.
- Vehicle or property damage to premises will be reported to ensure that costs can be recovered through the vehicle owner's insurance where possible.

Fraud (Section 2, 3, 4, of the Fraud Act 2006) states

The Fraud Act 2006 represents an entirely new way of investigating fraud. It is no longer necessary to prove a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss

The offence of fraud can be committed in three ways;

- Fraud by false representation (s.2) – lying about something using any means e.g. by words or actions,
- Fraud by failing to disclose (s.3) – not saying something when you have a legal duty to do so: and
- Fraud by abuse of a position of organisation (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation

It should be noted that all offences under the **Fraud Act 2006** occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

Staff Must ensure that they have read and are familiar with the Trusts Counter Fraud Policy

Reporting fraud or corruption:

Staff who suspects that any fraudulent activity has occurred or is occurring, should refer this to their Line Manager in the first instance who will then liaise with Local Counter Fraud Specialist and the ASMS if they are not readily available.

Reporting Conditions:

- Any physical assault which is not considered to be caused by a clinical condition or where the assailant has knowledge of their actions and intent must be reported to the police, usually as a 999-emergency call, without delay. Whilst the decision on whether to press charges will normally rest with the victim of the assault, the police must always be called in order that immediate actions can be taken to prevent further risk and to secure evidence.
- Where it is concluded, by a suitably qualified clinician, that the assault was not intentional and that the patient did not know what s/he was doing, or did not know what s/he was doing was wrong due to the nature of the medical illness, mental ill health or severe learning disability, or the medication administered to treat such a condition; then it is not normally appropriate to notify the police. The view of the person assaulted should also be sought in each incident.
- Whilst this means that there are instances where the police do not have to be called, the presence of a mental illness for example should not automatically be used as a reason not to report the assault to the police. Whilst the presence of a mental illness is one of the factors to be taken when considering a prosecution, it is not the only factor. Each case would be judged on its merit, and it is important to note that decisions on intent and subsequent legal action rest with the investigative body and ultimately, the courts, and not the organisation.
- It is important to also bear in mind that the presence of a medical condition should not preclude appropriate action being taken and it is essential to ensure that there are clear risk management processes in place for dealing with high risk or mentally ill patients and that these are shared with all relevant staff.
- The victim of the incident will be kept fully informed of the progress of any investigation or action taken and will be offered the full support of the organisation such as debriefing, counselling services or other appropriate support that would be considered necessary or desirable in the circumstances.
- Where it is appropriate to report the incident to the police and request that they take further action, the supporting documentary Police Report as Appendix 7 of the Management of Violence and Aggression

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Estates Compliance	
Title of Change:	Management of Security, Violence and Aggression Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Update of EIA for Policy Renewal	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed

				negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Gender reassignment	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Disability	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Age	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Sexual Orientation	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Pregnancy and maternity	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Marriage and civil partnership	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Religion or belief	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe
Race	✓			this policy is designed to manage the security of violence and aggression and therefore doesn't have an impact on people that would be deemed negative, it serves to protect all and can only be seen as a positive impact in keeping people safe

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	<p>The Policy document and its EIA is reviewed by all relevant stakeholders that have an interest in this field such as</p> <ul style="list-style-type: none"> • H&S manager, • The PMVA lead • Violence and Aggression Reduction lead. • ASMS and LSMS from other trusts • Police liaison officers <p>Once reviewed by them it is passed to the Policy steering group for approval</p>

<p>Have you taken into consideration any regulations, professional standards?</p>	<p>Yes</p>	<p>All applicable law and legislation in the UK around violence and aggression has been reviewed through the PNLD (police National Legal Database). In June 2021 the new addition of the new NHS England Violence & Reduction standard as part of the NHS Standard Contract has also been reviewed to ensure that this policy complies with it.</p> <p>The Trust will ensure that all persons that are the subject of a violence aggression investigations in line with this policy will be treated fairly and without discrimination. All allegations will be investigated without different treatment stemming from personal characteristics or attributes, including the protected characteristics defined in the Equality Act 2010. This policy recognises the Human Rights Act 1998 and in particular, reference is made to Article 6 - A right to a fair trial and Article 7 - No punishment without law.</p>
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Step 3: Review, Risk and Action Plans

<p>How would you rate the overall level of impact / risk to the organisation if no action taken?</p>	<p>Low <input type="checkbox"/></p>	<p>Medium <input checked="" type="checkbox"/></p>	<p>High <input type="checkbox"/></p>
<p>What action needs to be taken to reduce or eliminate the negative impact?</p>	<p>This policy is designed to be followed to ensure the safety and security of staff, Patients and visitors is maintained. The steps agreed here will reduce or remove risk associated to violence and aggression but if it was to happen the support structure in place will ensure lessons are learned and staff are supported throughout. With a clear pathway to prosecution or restorative resolutions being given.</p>		
<p>Who will be responsible for monitoring and regular review of the document / policy?</p>	<p>The ASMS will review the document and monitor the changes in law and legislation and will ensure that where changes occur the policy is updated accordingly and in line with those changes</p>		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

<p>Equality Assessor:</p>		<p>Date:</p>	<p>10/03/2022</p>
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Operation Cavell

Police Crime Reporting Form



Operation Cavell

Holding offenders to account through effective partnership working.

Frontline emergency workers and other care workers are more likely than other vocations to suffer physical violence, verbal abuse or hate crime in the course of their duties; this can take a significant toll on both physical and mental wellbeing, as well as overall resilience. There have been several very serious and high profile cases of assaults on emergency workers and we appreciate these may well be at the forefront of your mind. We want to be absolutely clear that being physically assaulted or verbally abused is never 'just part of the job' for anyone in any public facing service to encounter in their daily duties.

Operation Cavell is a collection of best practice, joint commitments with partners, and significant learning around offending against emergency workers. It aims to ensure that professionals who provide or support the provision of NHS health services and whose general duties involve face-to-face interaction with those receiving those services or other members of the public are fully supported when they are victims of crime.

This form should be used to initially report or provide further information on assaults, damage, abusive or threatening behaviour where you or your organisation are the victim.

Guidance on reporting

As the victim, please fill in this form on your own, or with the support of a colleague or line manager. It is vital that you describe the incident, and how it made you feel *in your own words*. Try to find a quiet space where you can complete this form undisturbed. You should do this within your working day/shift and be supported by your line management to do so.

Part A - Crime Reporting Form

To be completed by/on behalf of the victim
Victim thoughts on Police action (please indicate)
1) I support formal police action and investigation which may involve prosecution. <input type="checkbox"/> I understand that I may be required to provide an evidential statement/interview and be willing to attend court if necessary.
2) I do not support formal police action and do not wish for this matter to be further investigated. <input type="checkbox"/> I understand that Police may still investigate and that a crime will be recorded. My reason for not supporting further investigation is:

Details of person completing Part A	
Name:	Telephone:
Job title:	Department:
Signature (electronic or hand):	Date:

<p>Nominated Representative</p> <p>If you would prefer a nominated person in your organisation to receive updates on your behalf, please provide details here.</p> <p>Your Accredited Security Management Specialist acts as a police liaison and is able to act in this role for you if you choose.</p>	<p>Name:</p> <p>Telephone number:</p> <p>Email:</p> <p>This must be a secure email address e.g. @nhs.net</p> <p>I consent to this person providing information about this incident to Hampshire Constabulary <input type="checkbox"/></p> <p>I consent to this person being provided with information about this incident from Hampshire Constabulary <input type="checkbox"/></p> <p>I understand I can withdraw this consent at any time by contacting Hampshire Constabulary <input type="checkbox"/></p> <p>By appointing a nominated representative, Hampshire Constabulary can liaise with this person on your behalf about your case.</p>	
<p>Incident Details</p>	<p>Incident date:</p> <p>Incident time:</p> <p>Incident Address:</p>	<p>Police incident number (if known):</p> <p>Your incident number (if known):</p> <p>NHS <input type="checkbox"/> Fire <input type="checkbox"/></p> <p>Ambulance <input type="checkbox"/> Prison Service <input type="checkbox"/></p> <p>Residential Home <input type="checkbox"/> Other Please specify</p>
<p>Victim/Your details</p>	<p>Name: Date of birth:</p> <p>Home address:</p> <p>Home/mobile number:</p> <p>Email address:</p> <p>Hampshire Constabulary share details with Victim Support to enable them to offer their services, however you do have a right to object to this processing. Please tick the box if you object to this processing and do not want us to share your details <input type="checkbox"/></p>	
<p>Offender</p> <p>If you are able, please provide details of the offender. Your line manager or Accredited Security Management Specialist may be able to assist. Please do not make enquiries yourself to identify an offender.</p>		
<p>Name:</p> <p>Date of birth:</p> <p>Telephone number:</p> <p>Address:</p>		

Witnesses (Please provide contact details for each witness. Use work details if you feel witness consent to share personal details is required but not obtained. Your line manager or nominated rep. may be able to assist.)	
Name: Home address: Work address: Telephone number: Email address:	Name: Home address: Work address: Telephone number: Email address:
Name: Home address: Work address: Telephone number: Email address:	Name: Home address: Work address: Telephone number: Email address:

Hate Crime (is a crime that is perceived to be motivated by hostility or prejudice towards the victim's actual, or perceived, race, religion, sexual orientation, disability or transgender identity)
Do you think that this incident is a hate crime? Yes/No <input type="text"/> Choose an item.

What happened? (brief description; e.g. assault, property damage, threats of harm)
Please provide more detail (a chronology of events, including people and locations involved and any remarks made by the offender/s)
How are you? (please tell us how you felt during this incident and how you feel following this incident)

Details of any physical or online evidence? (e.g. photographs of injuries or damage, CCTV, or other visual or audio-recorded material such as body worn video, phone recordings etc., recovered items e.g. weapons etc.) Gathering this evidence at an early stage is very important to avoid it being lost/deleted so please think carefully about what might be available. **Please have any injuries photographed now.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please indicate here if you have completed any internal reports relating to this incident

Once completed, please email this form to opcavell@hampshire.pnn.police.uk from a secure email address
Please add any Police reference number and "OP CAVELL" to the subject line

Part B – what happens next?

What you should expect from your employer

As part of the commitment to Operation Cavell, your employer has signed up to a 'seven point plan' in conjunction with Hampshire Constabulary.

Seven Point Plan

- 1) Assaults and hate crimes against staff and volunteers will be investigated with the same care, compassion, diligence and commitment as an assault or hate crime on a member of the public. This sounds obvious, but too often a response to affected staff can be rushed or treated as secondary to members of the public.
- 2) The Victims' Code applies to all victims, including staff and volunteers, who have been subject to assault or hate crime. A number of criminal justice organisations must comply with the Victims' Code, which means keeping the victim updated, discussing outcome options, and taking account of the victim's point of view before imposing an outcome. This is crucial because we know how important it is for staff that we treat them properly.
- 3) The affected member of staff must never investigate their own assault or hate crime. This is not appropriate on any level and even taking statements from witnesses may be inappropriate. The integrity of the investigation and the impartiality of the member of staff could be called into question, which could undermine the case and/or heighten the impact on the victim.
- 4) Victims recover better and more quickly if they receive the right welfare and supervision. This also helps to avoid long-term negative consequences. The affected person's supervisor or manager should meet with them as soon as it is practical to do so. The victim may downplay the impact on them, but supervisors should be aware of the potential effects of the incident.
- 5) The supervisor must ensure that the head of department is informed to provide continuity of welfare support. The relevant staff association or trade union can also provide valuable additional support to the victim.
- 6) The assaulted member of staff must complete the Health and Safety incident report / Adverse Event Report, with their supervisor. It will not always be possible for the victim to do this, in which case another person can complete the report.
- 7) To achieve a successful prosecution, the best evidence must be presented. Victim Personal Statements will be requested, and all reasonable requests to provide evidence to the Police should be complied with in order that a thorough investigation can be carried out.

What you should expect from Hampshire Constabulary

- To be provided with a crime reference number and single point of contact
- To be treated fairly, honestly and with respect at all times
- To be kept informed of what's going on throughout your case
- To be offered the opportunity to make a Victim Personal Statement
- To be contacted by Victim Support, unless you wish otherwise
- To be informed of the outcome of your investigation
- To be told by the Crown Prosecution Service if any prosecution is discontinued

Further support

You can also get confidential support from www.victimsupport.org (24 hour Freephone 0808 1689111) - an independent charity providing specialist services to help people cope and recover after a crime. For more information about available support please see our [crime information pack](#) or visit the Hampshire constabulary website and type "crime information pack." You may also wish to consider the Restorative Justice process where you would be enabled to communicate with the offender and have the opportunity to tell the offender about the impact their actions have caused. This is voluntary for both victim and offender and the offender must have admitted responsibility for the harm caused. Please let us know if you are interested in this process.

What happens once the incident has been reported?

The Police will record the incident as a crime, and will then look at the allegations and the evidence available – it is vital that any evidence that may be available is recorded on the form above to allow Police investigators to assess the viability of any investigation.

Witness statements and evidence gathering

While it is usually the role of the police to interview witnesses, take statements and gather evidence, there may be others within your organisation who can do may assist the police (for example your Accredited Security Management Specialist) by gathering additional evidence and statements. Appropriate evidence may include:

- Statements from witnesses to the incident (**witness statement**)
- CCTV / other imagery
- Medical records
- Impact of the behaviour on those NHS staff who were subjected to it (**victim impact statements**)
- Impact of the behaviour on NHS service provision, staff sickness etc. (**trust impact statement**)
- Incident reports or other evidence of previous antisocial behaviour
- Information on any steps taken by the NHS to address the behaviour (e.g. warning letters, exclusion from premises notifications, behaviour agreements, additional security measures, etc.)

Outcomes

A variety of outcomes are available when a crime is committed. These range from taking no further action to sanctions which do not involve the court to prosecution in Court. Not all outcomes are available in all circumstances and whilst Police will take a victim's wishes into consideration, the outcome achieved will be dependent on many different factors. These will be discussed with you as the investigation progresses.