



**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust

# Violence, Prevention & Reduction Policy

This procedural document supersedes: CORP/HSFS 5 v.9 - Aggressive and Violent Behaviour Towards Staff Policy



## Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

|                       |                                                            |
|-----------------------|------------------------------------------------------------|
| Executive Sponsor(s): | Sam Wilde Chief Finance Officer                            |
| Author/reviewer:      | Kerry Williams Local Security Management Specialist (LSMS) |
| Date written/revised: | August 2026                                                |
| Approved by:          | Trust Health and Safety Group                              |
| Date of approval:     | 10 September 2026                                          |
| Date issued:          | September 2026                                             |
| Next review date:     | February 2029 (Policy valid until August 2029)             |
| Target audience:      | All Trust Colleagues, All Contractors                      |

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

| Version    | Date Issued    | Brief Summary of Changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Author         |
|------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Version 10 | September 2026 | <ul style="list-style-type: none"> <li>• Change of the Executive Sponsor.</li> <li>• Changed reference from 'staff' to 'colleagues'.</li> <li>• Expanded introduction for Violence Prevention &amp; Reduction.</li> <li>• Purpose further aligned to VPR standard.</li> <li>• Further clarification to LSMS role.</li> <li>• Expansion of Practitioner for Safety in Care role, linking role to prevention and reduction of distress aligning with VPR standard and safety in care objectives.</li> <li>• Updated RIDDOR reporting.</li> </ul> | Kerry Williams |
| Version 9  | January 2024   | <ul style="list-style-type: none"> <li>• Policy: change of name to reflect Violence, Prevention &amp; Reduction Standard.</li> <li>• Included role of Named Practitioner for Safety in Care.</li> <li>• Amended Appendix 1, added flowchart for requesting security support.</li> <li>• Amended to the up-to-dated version of the APD template.</li> <li>• Removed previous appendix 2 - Violence and Aggression – Questionnaire.</li> </ul>                                                                                                   | Kerry Williams |
| Version 8  | December 2020  | <ul style="list-style-type: none"> <li>• References updated.</li> <li>• Appendix 1 updated and re-designed.</li> <li>• Minor formatting changes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                     | Kerry Williams |
| Version 7  | September 2017 | <ul style="list-style-type: none"> <li>• Reference updated.</li> <li>• Appendix 1 updated and re-designed</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                           | Kerry Williams |
| Version 6  | May 2012       | <ul style="list-style-type: none"> <li>• Format updated in line with Policy CORP/COMM 1 v.6 - Approved Procedural Documents (APDs) - Development and Management Process</li> <li>• Minor changes to some job titles and structure throughout the document.</li> <li>• Minor changes to Section 5 Training/Support</li> <li>• Section 9 – Associated Trust Procedural Documents updated.</li> <li>• Appendix 3 has been updated to bring in line with Risk Assessment Policy – CORP/RISK 18</li> </ul>                                          | Dianne Culkin  |
| Version 5  | November 2007  | <ul style="list-style-type: none"> <li>• Updated in line with NHS Litigation Authority guidance.</li> <li>• Please read in full – changes made throughout.</li> </ul> <p>Major Changes made to the following Sections: -</p>                                                                                                                                                                                                                                                                                                                   | Diane Culkin   |

|           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |
|-----------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|           |                | <ul style="list-style-type: none"> <li>• Section 6 – Duties</li> <li>• Section 8 - Training</li> <li>• Section 11 – Monitoring</li> <li>• Section 12 – Risk Assessment</li> <li>• New Sections: - <ul style="list-style-type: none"> <li>○ Section 2 – Equality Impact Assessment</li> <li>○ Section 3 – Purpose</li> <li>○ Section 13 – Other Relevant Procedural Documents</li> <li>○ Section 14 - References</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Version 4 | July 2009      | <ul style="list-style-type: none"> <li>• Appendix A – Rapid Response Team Protocol – Bleep holder lists have been removed as these are held and contacted centrally via 2222 and the switchboard should an incident occur.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Senior Human Resources Adviser   |
| Version 3 | September 2007 | <ul style="list-style-type: none"> <li>• 2.3 - The bleep number for the security guards has been updated.</li> <li>• 4.1 (a) - Section updated</li> <li>• 4.1 (g) - An example of personal attack alarms has been included.</li> <li>• 4.1 (h) - Now states the frequency at which risk assessments should be reviewed</li> <li>• 4.1 (i) - Now removed that Rapid Response applies to Doncaster and Montagu sites only</li> <li>• 5 Section updated around action to be taken where violence is imminent/occurring</li> <li>• 8.3 (f) - New section inserted to replace (f) and (g) regarding pursuing via the NHS Legal Protection Unit.</li> <li>• Appendix A - Rapid Response Team Protocol updated</li> <li>• Appendix C - New appendix giving risk assessment guidance</li> </ul> | Senior Human Resources Adviser   |
| Version 2 | January 2005   | <ul style="list-style-type: none"> <li>• This policy will adhere to the “Secretary of State Directions on Work to Tackle Violence Against Staff and Professionals who work in or Provide Services to the NHS” and will be updated in line with those directions as required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Version 1 | April 2002     | <ul style="list-style-type: none"> <li>• First version please read in full</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sheila Green<br>Samantha Francis |

## Contents

|                                                                                    | Page No.  |
|------------------------------------------------------------------------------------|-----------|
| 1 INTRODUCTION .....                                                               | 5         |
| 2 PURPOSE .....                                                                    | 5         |
| 3 DUTIES AND RESPONSIBILITIES .....                                                | 6         |
| 3.1 The Chief Executive .....                                                      | 6         |
| 3.2 The Security Management Director (SMD) .....                                   | 6         |
| 3.3 The Local Security Management Specialist (LSMS) .....                          | 7         |
| 3.4 Named Practitioner for Safety in Care .....                                    | 7         |
| 3.5 Line Managers .....                                                            | 7         |
| 3.6 All Trust Colleagues .....                                                     | 8         |
| 4 PROCEDURE .....                                                                  | 8         |
| 4.1 Action Taken if Violence is thought to be Imminent or Actually Occurring ..... | 8         |
| 4.2 Incident Reporting .....                                                       | 9         |
| 4.3 RIDDOR Reporting .....                                                         | 9         |
| 5 TRAINING/SUPPORT .....                                                           | 10        |
| 5.1 Further Action/Support .....                                                   | 10        |
| 5.2 Police Powers .....                                                            | 11        |
| 5.3 Lone Workers .....                                                             | 11        |
| 6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT .....                         | 11        |
| 7 DEFINITIONS .....                                                                | 12        |
| 8 EQUALITY IMPACT ASSESSMENT .....                                                 | 12        |
| 9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS .....                                      | 12        |
| 10 DATA PROTECTION .....                                                           | 13        |
| 11 REFERENCES .....                                                                | 13        |
| <b>APPENDIX 1 – SECURITY RAPID RESPONSE TEAM PROTOCOL .....</b>                    | <b>14</b> |
| <b>APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING .....</b>      | <b>16</b> |

## 1 INTRODUCTION

The nature of the work undertaken by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust means that Trust colleagues may be required to work with patients and visitors who are distressed, anxious or in pain. Such situations can increase the risk of aggressive, abusive or violent behaviour towards Trust colleagues.

Aggression, abuse and violence are not considered an acceptable part of any working situation, and the Trust recognises its duty to provide a safe and secure working environment for all employees. The Trust is committed to taking all reasonably practicable steps to prevent, manage and reduce incidents of violence and aggression, whilst recognising the challenges associated with providing services that are accessible to the public.

This policy sets out the arrangements and measures in place to safeguard Trust colleagues from violence, aggression and abuse, and outlines the responsibilities of individuals and managers in maintaining a safe working environment.

The NHS Violence Prevention and Reduction (VPR) Standard provides a risk-based framework that supports NHS organisations in creating and maintaining safe and secure working environments for colleagues. The Standard promotes a proactive approach to preventing and reducing incidents of abuse, aggression and violence through effective governance, risk assessment, training, reporting and staff support arrangements.

Under the NHS Standard Contract, all organisations providing NHS-funded services are required to have regard to the Violence Prevention and Reduction Standard (General Condition 5). Organisations must assess and review their compliance against the Standard and provide assurance to their Board, on a biannual basis, that its requirements are being met. Compliance with the Standard supports continuous improvement in workforce safety and helps ensure that colleagues are protected from the physical and psychological impact of violence and aggression.

## 2 PURPOSE

The Trust has a legal duty under the Health and Safety at Work etc. Act 1974 to provide, so far as is reasonably practicable, a safe and healthy working environment for all colleagues. This includes taking appropriate measures to prevent and manage the risk of violence, aggression and abuse in the workplace. While the Trust cannot eliminate all risks, it has a duty of care to take reasonable steps to protect colleagues from foreseeable harm.

All colleagues have a responsibility to contribute to a safe working environment by following Trust policies, undertaking required training, recognising and reporting risks, and applying effective risk management principles in their day-to-day activities. This includes maintaining their own safety and that of patients, colleagues, visitors and others who may be affected by their actions.

The Trust recognises the significant impact that violence, aggression and abuse can have on the physical and psychological wellbeing of colleagues, as well as on the delivery of safe and effective patient care. The Trust is therefore committed to preventing and reducing incidents through a proactive approach that promotes a culture of safety, respect and dignity.

The purpose of this policy is to: -

- Support a working environment in which violence, aggression, abuse and harassment are not tolerated.
- Establish a clear framework for the prevention, recognition, management and reporting of incidents involving violence and aggression.
- Ensure compliance with relevant legislation, national guidance and the NHS Violence Prevention and Reduction Standard.
- Define the roles and responsibilities of individuals and managers in preventing and managing violence and aggression.
- Provide guidance on risk assessment, incident reporting, investigation and post-incident support.
- Promote learning from incidents to support continuous improvement and reduce the likelihood of future occurrences.

Through the implementation of this policy, the Trust aims to ensure that colleagues are equipped with the knowledge, skills and support required to manage potential and actual incidents of violence and aggression effectively, thereby contributing to a safe and secure environment for all.

### 3 DUTIES AND RESPONSIBILITIES

#### 3.1 The Chief Executive

The Chief Executive maintains overall responsibility for ensuring the Trust has robust policies and procedures in place regarding aggressive and violent behaviour towards colleagues. These duties will be implemented through Executive Directors, Clinical Directors, Departmental Managers and Supervisory Management.

#### 3.2 The Security Management Director (SMD)

The Security Management Director (SMD) – The Director of Estates and Facilities - will ensure the necessary resources are made available to enable this policy and its relevant requirements in regards training and implementation.

- Responsible to Trust Board for day-to-day operation of policy.
- Ensuring compliance with the legal framework to have regard to the Violence Prevention and Reduction Standard (General Condition 5).
- Nomination of a suitable person to act as Local Security Management Specialist.

### 3.3 The Local Security Management Specialist (LSMS)

The Local Security Management Specialist (LSMS) is the Trust's operational lead for Violence Prevention and Reduction and is responsible for providing specialist advice, guidance and leadership on the prevention, management and reduction of violence, aggression and abuse towards Trust colleagues. The LSMS will support the Trust in meeting its legal and contractual obligations, including having regard to the NHS Violence Prevention and Reduction Standard (General Condition 5), and will provide assurance, monitoring and reporting in relation to compliance with the Standard.

The LSMS is responsible for promoting a proactive approach to violence prevention through the identification of risks, investigation of incidents, implementation of appropriate control measures, and the sharing of learning to reduce future occurrences.

The LSMS also has responsibility for the development, delivery and ongoing management of the Trust's Conflict Resolution Training Programme, ensuring that colleagues are equipped with the knowledge, skills and confidence required to recognise, prevent, de-escalate and appropriately manage incidents of violence and aggression.

### 3.4 Named Practitioner for Safety in Care

The Named Practitioner for Safety in Caring is responsible for:

- Providing specialist advice, support and guidance to colleagues in relation to the care and management of patients who are experiencing distress, confusion, cognitive impairment, or other factors that may result in behaviours of concern.
- Supporting the development of collaborative and person-centred care plans for patients who may require reasonable adjustments and who may experience distress, anxiety or behaviours of concern during their hospital admission.
- Contributing to post-incident reviews to identify learning, support reflective practice and promote improvements in patient care and staff safety.
- Facilitating or coordinating post-incident support, including restorative debriefs, in collaboration with the appropriate Professional Nurse Advocate and other relevant professionals.
- Working collaboratively with clinical teams to promote approaches that minimise distress, reduce the likelihood of restrictive interventions, and support the delivery of safe, compassionate and therapeutically effective care.

### 3.5 Line Managers

Must ensure that:

- Trust colleagues are aware of the policy and all other measures taken by the Trust to reduce the risk of violence and aggression towards colleagues.
- Annual risk assessments are carried out identifying the scale and nature of the risks to Trust colleagues. This should include assessments of current working practices and working environment, existing measures concerned with preventing and coping with violent incidents, and the identification of training needs.
- Further information on risk assessments can be found in the Trust's General Risk Assessment Policy (CORP/RISK 30) and guidance can also be sought from the Trust Health & Safety Advisor and Local Security Management Specialist.
- Managers should undertake the Principles of Risk Assessment E-Learning.
- A register of completed risk assessment forms should be accessible to all employees and a copy kept in work areas.
- Safe systems of work are established and maintained.
- Trust colleagues receive appropriate training in the handling of aggressive and violent behaviour, following training needs analysis and in line with training requirements as detailed in the Trust's Statutory and Essential (SET) Training Policy (CORP/EMP 29).
- Ensure that colleagues are aware and confident in the process for requesting security support for managing incidents involving violence and aggression.
- They and their colleagues attend the Datix training and follow the correct reporting procedures for all behavioural incidents.
- Should an incident occur, to undertake a review of the circumstances to determine any further preventative action which is necessary, including de-briefing colleagues and offering support and counselling.
- Equipment associated with handling of aggressive or violent incidents is available and in good working order – e.g., personal protection alarms.

### 3.6 All Trust Colleagues

Must ensure that:

- They comply with this policy.
- Incidents are reported and they follow the correct reporting procedure.
- They do not endanger themselves or their colleagues.
- They comply with any instruction and only act in line with training they have received.

## 4 PROCEDURE

### 4.1 Action Taken if Violence is thought to be Imminent or Actually Occurring

Please refer to 'Standard Operating Procedure to support Trust colleagues when Security are required' ([See Appendix 1](#)).

- Seek immediate assistance from anyone available including your Line Manager or Supervisor (shout for help if necessary). Retreat if physical violence is used.
- Assess the situation to decide if the incident can be contained and where additional assistance is required. Where appropriate, use verbal techniques to de-escalate behaviour.
- Where additional assistance is required dial extension 2222 in order to obtain help - state "Critical Incident", the type of critical incident and the location.
- Where an individual believes Police, presence is required, dial switchboard or use any phone dialling 9999, if colleagues feel threatened or have been harmed, or there is an immediate risk of harm to others the Police should be called.

Colleagues involved in an incident should take all necessary steps to ensure the safety of, as far as possible: -

- Themselves and people in close proximity.
- Those involved in the incident.

The conservation of property should not be seen as having a high priority.

## **4.2 Incident Reporting**

All incidents of violence, aggression or abuse, including verbal aggression, must be reported and recorded as soon as possible via the Trust's incident reporting system (Datix). Notification of the incident should be sent to the Local Security Management Specialist (LSMS), Health and Safety Advisor, and Named Practitioner for Safety in Caring. Where safeguarding concerns are identified, the Safeguarding Team must also be notified in accordance with Trust safeguarding procedures.

Where a patient has been subject to restraint, a post-incident clinical review must be undertaken. The patient's vital signs should be monitored where appropriate and documented in the patient's clinical record, together with the outcome of the review. Further guidance can be found within the Trust's De-escalation Policy. All incidents involving restraint must be reported immediately via Datix.

Where a colleague involved in the incident is unable to complete the Datix report, their line manager, or a designated manager, must ensure that the report is completed on their behalf as fully as possible and submitted on the same day as the incident.

## **4.3 RIDDOR Reporting**

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), certain work-related incidents involving violence and aggression may be reportable to the Health and Safety Executive (HSE). This includes incidents resulting in a colleague being incapacitated and absent from work for more than seven consecutive days, as well as other reportable incidents specified within the Regulations.

Reportable incidents must be submitted to the HSE within the statutory timescales using the appropriate reporting process. The Health and Safety Team will provide advice and support regarding

RIDDOR reporting requirements and ensure that reports are submitted where the criteria are met. Department managers remain responsible for ensuring that relevant information is provided promptly to facilitate statutory reporting.

## 5 TRAINING/SUPPORT

Mandatory training requirements are detailed in the Trust's Statutory and Essential (SET) Training Policy (CORP/EMP 29). Colleagues will receive appropriate training, following a learning needs analysis, in accordance with this policy.

Training will be recorded on the Electronic Staff Record (ESR) Management System.

### 5.1 Further Action/Support

Managers are responsible for: -

- Taking immediate preventive action.
- Assessing the care and support needed by an employee and initiate appropriate action.
- Recording the occurrence.

As well as offering immediate support and treatment, consideration must be given to providing any longer-term assistance that may be required, e.g., counselling, referral to the Occupational Health Department, or through other appropriate agencies.

Following an incident if appropriate further action may be taken.

Action may include: -

- A discussion with the aggressor to attempt to find agreement on ways of preventing a recurrence.
- A letter to the aggressor explaining why their behaviour was unacceptable and setting out criteria for future conduct.
- Formal communication withdrawing treatment either partially or wholly \*
- Formal communication requiring the aggressor not to enter any or all of the Trust's premises \*
- Information sharing with external Health Partners for awareness.

\* These actions will require the consent of the Chief Executive or Chief Nurse.

Violence and aggression, whether it is physical assaults or verbal abuse, is catered for within the criminal law and colleagues should be encouraged to use the criminal justice system to prevent occurrences.

There are numerous offences within a Public Order and Harassment Act to cater for violence and aggression where no actual physical assault has taken place.

Where colleagues have actually been physically assaulted then these offences fall within Offences Against the Persons Act and obviously attract a higher sentence by the courts.

## 5.2 Police Powers

### Breach of the Peace

The police can arrest and take away the offender ONLY if he/she is still committing the breach, or it is likely that the breach will occur again.

### Actual Bodily Harm, Theft, Damage

Police can arrest if the offence has been committed, the offence is in progress, or the police believe the offence is about to be committed.

### Arrest

If an arrest is made, the police will expect Trust colleagues who have witnessed the event to be prepared to make statements, and to appear in court as witnesses, for which Trust colleagues will receive the support from the LSMS and their Managers.

Further guidance on the above should be sought from the LSMS in conjunction with the Health and Safety Department.

## 5.3 Lone Workers

The Trust recognises that at times lone working will occur which may put colleagues at risk, both whilst working in isolation in Trust premises or working off site in the community. The Trust requires that, where this occurs, appropriate arrangements are put in place to safeguard the lone worker. This document should be read in conjunction with CORP/HSFS 3 – Lone Workers Policy, which sets out the Trust framework for safeguarding Lone Workers.

## 6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored            | Who will carry out the Monitoring | How often | How Reviewed/<br>Where reported to |
|------------------------------------|-----------------------------------|-----------|------------------------------------|
| Violence and Aggression statistics | The Trust Health and Safety Group | Quarterly | Audit and risk Committee (ARC)     |
| 10% of incidents                   | LSMS                              | Quarterly | Trust Health and Safety Group      |
| Staff survey results               | Trust Board                       | Annually  |                                    |

## 7 DEFINITIONS

Aggression at work can take many forms such as sarcasm, ridicule, and other forms of verbal abuse, bullying, sexual or racial harassment, intimidation, or even physical attack.

The Trust accepts several definitions of violence and aggression, which is: -"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort".

European Commission DG-V 1997 (HSC 1999/226 & 229) defines violence as: -

‘Any incident where Trust colleagues are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health.’

## 8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. ([See Appendix 2](#))

## 9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

|              |                                                                                                    |
|--------------|----------------------------------------------------------------------------------------------------|
| CORP/EMP 29  | Statutory and Essential Training (SET) Policy                                                      |
| CORP/HSFS 1  | Health and Safety Policy                                                                           |
| CORP/HSFS 15 | Security Policy (Page 11 of 35)                                                                    |
| CORP/HSFS 3  | Lone Workers Policy                                                                                |
| CORP/RISK 30 | Risk Identification Assessment and Management Policy                                               |
| CORP/RISK 33 | Incident Management Policy                                                                         |
| PAT/P5 20    | Enhanced Patient Supervision and Engagement Policy.                                                |
| PAT/PA 6     | Arrangements for the Provision of Care to individuals who are Violent and Abusive (Age 18 or over) |
| PAT/PS 15    | De-escalation Principles and Guidance including restraint.                                         |

## 10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 11 REFERENCES

- Health and Safety at Work Act 1974.
- HSC 1999/226 & 229 – Campaign to Stop Violence against Staff working in the NHS – NHS Zero Tolerance Zone.
- Management of Health and Safety at Work Regulations 1999.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Secretary of State Directions on Work to Tackle Violence against Staff and Professionals who
- Secretary of State Directions on NHS Security Management Measures 2004.  
<https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp>
- Work or Provide Services to the NHS 2003.

## APPENDIX 1 – SECURITY RAPID RESPONSE TEAM PROTOCOL



## Standard Operating Procedure to Support Trust Staff when Security are required

### Purpose

The security team, Saba, assist the Trust in supporting a safe and secure working environment for NHS staff. Managing aggression, violence, and other anti-social behaviour in a structured and cohesive manner, underpins the ability for staff to work in a safe and secure environment. Strategies will therefore include an assessment of the problem, taking preventive measures, initiating suitable responses to violent, aggressive, or other anti-social incidents. This SOP is for all incidents involving patients to which security are called to attend, hereinafter referred to as 'critical incidents.' This SOP is to be applied Trust-wide.

1. Assess the situation to decide if the incident can be contained or if additional assistance is required. Where appropriate, use verbal techniques to de-escalate behaviour.

2. Seek immediate assistance from anyone available including your line manager or Supervisor (shout for help if necessary) and retreat if physical violence is used.

3. Where additional support is required dial extension 2222 and state 'Critical Incident', the type of critical incident and location. If a Police presence is required, dial switchboard or use any phone dialing 9999.

**A Datix must be completed by DBTH staff for all incidents where security are called and sent to Named Practitioner for Safety in Caring and Local Security Management Specialist / Contract Manager.**

4. Critical Incidents will be attended by:-

**DRI** - Divisional Bleep Holders & Security - 08:00 - 17:00 Monday - Friday  
Clinical Site Matron/ Duty Matron & Security - 17:00 - 20:30  
Clinical Site Manager & Security - 20:30 - 08:00 Monday - Friday  
Clinical Site Matron/ Duty Matron & Security Weekends & Bank Holidays - 08:00 - 20:30  
Clinical site manager & security Weekends & Bank Holidays 20:30 - 08:00

**BDGH** - Clinical Site Manager & Security - 24/7

**Ensure escalation to the Nurse in charge and Doctor in charge, for awareness and involvement in decision making.**

5. For a critical incidents ensure you follow and document the SBARD process:-

- **Situation** - What are the circumstances
- **Background** - All relevant factual information leading to the incident
- **Assessment** - What is the risk faced and what actions have you taken, verbal de-escalation, etc.
- **Recommendation** - How would you like to proceed, what is required to de-escalate the incident. Give consideration to sections 119 & 120 Causing Nuisance and Disturbance Behaviour on NHS Property.
- **Decision** - What is the agreed resolution and conclusion to the incident.

6. Following the incident ensure that a debrief is completed for all involved, considering staff and patient welfare. DBTH Staff to complete a Datix as referenced above.

Security to complete a report onto Trac-Tic.

**Montagu RING 9, 999**

We no longer have a cardiac arrest team here so the number of people who would attend an emergency call have depleted somewhat. With that in mind Trust colleagues are required to dial '9' 999 for an ambulance or the police before dialling 2222.

For all other emergencies we are required to dial 2222 however, only a limited number of colleagues are available to assist, and none are CPR trained.

**Any incidents on all sites** - Alert Local Security Management Specialist 01302 644128 (office hours) and Clinical Site Manager (out of hours)

**Type of Incidents included are: -**

- Severe verbal abuse.
- Any incident where an individual feels threatened.
- Circumstances where colleagues feel they need extra support.
- Any incident where risk of injury to colleagues, patients, relatives is thought to be imminent.
- Wherever an act of violence or aggression has already taken place.

**Remember: -**

- Stay calm.
- Ease the situation by being reassuring and sympathetic, but don't stick it out if the situation becomes personal or begins to escalate.
- Follow your 'gut feeling' by withdrawing from the situation if you feel threatened.
- Shout and call for help if necessary.
- Do not be worried about activating the Rapid Response Team.
- Additionally consider a request for the Police to attend if thought appropriate.

**If a violent incident is thought to be imminent: -**

Shout for help ✓    Use Call System ✓    Ring 2222 (Rapid Security Response Team/Police) ✓  
State "Critical Incident", Ward....., or Department.

**SWITCHBOARD OPERATORS' ACTIONS**

**When receiving a 2222 call relating to a critical incident the operator will activate a voiceover this will alert:**

- All Security Bleep Holders
- Site Manager

**Giving brief details of the incident and its location.**

**All above will attend the area involved.**

**The operator will also contact the Police, if requested to do so.**

## APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

| Service/Function/Policy/Project/Strategy                                                                                                                                                                                                                  | Division                          | Assessor (s)     | New or Existing Service or Policy? | Date of Assessment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------|------------------------------------|--------------------|
| Violence, Prevention & Reduction                                                                                                                                                                                                                          | Estates and Facilities - Security | Kerry Williams   | Existing Policy                    | August 2026        |
| <b>1) Who is responsible for this policy?</b> Name of Division/Directorate: Estates and Facilities                                                                                                                                                        |                                   |                  |                                    |                    |
| <b>2) Describe the purpose of the service / function / policy / project / strategy?</b> Who is it intended to benefit? What are the intended outcomes? Trust colleagues who may be involved with aggressive acts – to ensure their safety.                |                                   |                  |                                    |                    |
| <b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: Compliance with Policies and Procedures                                                                                                              |                                   |                  |                                    |                    |
| <b>4) What factors contribute or detract from achieving intended outcomes?</b> – Behaviour and understanding                                                                                                                                              |                                   |                  |                                    |                    |
| <b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No |                                   |                  |                                    |                    |
| <ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact [e.g., Monitoring, consultation] – N/A</li> </ul>                                                                                      |                                   |                  |                                    |                    |
| <b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] – N/A                                                                                                                                               |                                   |                  |                                    |                    |
| <b>7) Are any of the following groups adversely affected by the policy?</b>                                                                                                                                                                               |                                   |                  |                                    |                    |
| <b>Protected Characteristics</b>                                                                                                                                                                                                                          | <b>Affected?</b>                  | <b>Impact</b>    |                                    |                    |
| a) Age                                                                                                                                                                                                                                                    | No                                |                  |                                    |                    |
| b) Disability                                                                                                                                                                                                                                             | No                                |                  |                                    |                    |
| c) Gender                                                                                                                                                                                                                                                 | No                                |                  |                                    |                    |
| d) Gender Reassignment                                                                                                                                                                                                                                    | No                                |                  |                                    |                    |
| e) Marriage/Civil Partnership                                                                                                                                                                                                                             | No                                |                  |                                    |                    |
| f) Maternity/Pregnancy                                                                                                                                                                                                                                    | No                                |                  |                                    |                    |
| g) Race                                                                                                                                                                                                                                                   | No                                |                  |                                    |                    |
| h) Religion/Belief                                                                                                                                                                                                                                        | No                                |                  |                                    |                    |
| i) Sexual Orientation                                                                                                                                                                                                                                     | No                                |                  |                                    |                    |
| <b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box.</b>                                                                                                                                     |                                   |                  |                                    |                    |
| <b>Outcome 1 ✓</b>                                                                                                                                                                                                                                        | <b>Outcome 2</b>                  | <b>Outcome 3</b> | <b>Outcome 4</b>                   |                    |
| <i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>                                                              |                                   |                  |                                    |                    |
| <b>Date for next review:</b> February 2029 (Policy valid until August 2029)                                                                                                                                                                               |                                   |                  |                                    |                    |
| <b>Checked by:</b> Sean Tyler – Head of Compliance                                                                                                                                                                                                        |                                   |                  |                                    |                    |
| <b>Date:</b> August 2026                                                                                                                                                                                                                                  |                                   |                  |                                    |                    |