

Violence and Aggression Policy

Wyndham house Surgery

2025

Violence and Aggression Policy

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Purpose and definitions

The purpose of this policy is to provide guidance for staff and assurance to patients that Wyndham House Surgery is committed to continually providing high quality healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to provide staff with an understanding of how we deal with situations involving violence and/or aggression.

Conflict is a state of opposition and disagreement between two or more people or groups, which is sometimes characterised by verbal and/or physical violence.

Violence at work is defined by the Health and Safety Executive as:

‘Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks.’

This then includes violence to staff at work by members of the public or others when the violence arises out of the employees’ work activity.

Scope

This policy applies to all employees of Wyndham House Surgery, contractors, seconded staff, placements, and agency staff.

Roles, rights, and responsibilities**All staff**

All staff have a responsibility to:

Attend training – make sure you attend any training provided by your employer to help you.

Assess any risks to your personal safety – when you are going to be working alone, you should assess any immediate and unfolding risks to your safety. This is called a ‘dynamic risk assessment.’ Your manager should support any decision you make to withdraw to a place of safety especially if you feel you are in either serious or imminent danger.

Make use of any lone worker technology solution – if relevant and it is provided. There are a wide range of potential technological solutions to assist, including devices integrated into mobile phones, such as SIM cards with ID badge holders, which have voice recording technology.

Report incidents – incidents and ‘near misses’ provide details about violent individuals, unsafe environments, and important information on these risks. You can help your colleagues and your organisation to reduce future risks by reporting incidents.

Practice manager

To update the policy, ensure that it is aligned with national guidelines, distribute appropriately, and ensure that staff are trained at induction and at regular intervals so that they are aware of the principles of how we approach incidents of violence and/or aggression and the content of the practice policy.

Principles of this policy

This policy adheres to local and national guidance and policy including the Assaults on Emergency Workers Act 2018, the NHS Constitution, Health, and Safety at Work Act (1974), and Management of Health and Safety at Work Regulations (1999).

We are aware of our responsibilities to all our staff.

We understand that includes a duty to ensure that all relevant policies and procedures are implemented, including ensuring that staff activities have been properly risk assessed and that these staff are appropriately protected before entering a new situation.

Risk assessment

An appropriate risk assessment will always be conducted including discussions with staff, health and safety representatives, manager, and risk manager, if appropriate. This assessment will include a consideration of the type of work involved, the environment, the patients, for example if they have a record of violence, and any specific factors to the lone worker (for example training and competences).

Prevention

When evaluating risk, we first analyse whether it is possible to eliminate this completely. For example, if the risk is apparent visiting a patient, it may be safer to have the patient attend the practice. Alternatively, it may be safer if the member of staff is accompanied by a colleague. If the risk is unavoidable control measures will be put in place to reduce risk.

Control measures include:

- Ensuring that staff receive sufficient training, information, support, and advice.
- Ensuring that all necessary physical measures are put in place.
- Ensuring that appropriate technology is made available.
- Where the safety of staff is threatened, alternative arrangements should be made.

We hold regular reviews of arrangements to ensure that all measures continue to meet the staff requirements, usually annually. Risk assessments are reviewed and revised after any incident.

Incidents

- If an incident occurs, we ensure that the member of staff involved completes the significant event reporting form as soon as possible, in line with local policy.
- We also ensure that any local agencies are informed so that they can take the necessary action, such as contacting the police.
- We ensure that anyone involved in an assault incident has access to a list of relevant contacts or can be referred to the relevant person (accident and emergency department, occupational health, staff support, counselling, or psychological services).

Sharing information

If there is a 'near miss' or an incident, the information is shared with other team members who may be visiting the individual concerned or going into a risky environment.

Training and supervision

We ensure that staff are able to attend any training related to the management of violence and aggression, including conflict resolution, personal and the use of lone worker devices. We also ensure that our staff have the skills and competencies to work safely.

Support

The support we provide to staff is essential. If staff feel in serious or imminent danger, we support any decision they make to withdraw to a place of safety.

We provide staff with support following an incident and allow them time to attend counselling if required.

We also follow up and act on incident reports, which can include involving statutory bodies and police.

Reporting incidents

If an incident occurs, staff should ensure that they complete a significant event reporting form as soon as possible, in line with local policy.

They should also ensure that, through their practice, appropriate local contacts are informed so that they can take the necessary action, such as contacting the police.

If staff are involved in an assault incident, they should have access to a list of relevant contacts, for example, occupational health, staff support, counselling, or psychological services.

This will ensure that they are properly debriefed and receive a physical assessment and proper access to post-incident support.

They should also have any injuries documented.

Distribution

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

Training

All staff will be given training on conflict resolution and violence and aggression at induction and at regular intervals thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

Equality and diversity impact assessment

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

Monitoring and reporting

Monitoring and reporting in relation to this policy are the responsibility of the practice manager.

The following sources will be used to provide evidence of any issues raised:

- PALS.
- Complaints.
- Significant and learning events.

Any incidents relating to violence and aggression will be monitored via incident reporting.

Summary of NHS legal and mandatory documentation

NHS Protect. Conflict resolution training: implementing the learning aims and outcomes

https://www.crisisprevention.com/CPI/media/Media/Specialties/pos/reports-and-guidelines/mapa/Conflict_resolution_training_guidance_July_2013.pdf

Care Quality Commission. The fundamental standards <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

UK Parliament. Assaults on Emergency Workers (offences) Act 2018

<https://services.parliament.uk/bills/2017-19/assaultsonemergencyworkersoffences/documents.html>

Versions

Document review history

Version number	Author/reviewer	Summary of amendments	Issue date
1.0	Clarity Informatics	Policy written	20.5.2020
2.0	Clarity Informatics	Reviewed and updated	11.02.2022
3.0	M Dodds	Reviewed and updated	18.06.2025
4.0			

5.0			
6.0			
7.0			

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NHS Protect. Conflict resolution training: implementing the learning aims and outcomes

https://www.crisisprevention.com/CPI/media/Media/Specialties/pos/reports-and-guidelines/mapa/Conflict_resolution_training_guidance_July_2013.pdf

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<https://services.parliament.uk/bills/2017-19/assaultsonemergencyworkersoffences/documents.html>

Iacobucci, G. Violent crime at GP surgeries is on the rise, figures show. BMJ 2017; 358: j4236

https://www.bmj.com/content/358/bmj.j4236?ijkey=58da8897c75a3c2dce0b9d6373b987b8f5dd6afe&keytype=tf_ipsecsha

NICE. Violence and aggression: short-term management in mental health, health, and

community settings NICE guideline [NG10] <https://www.nice.org.uk/guidance/ng10>

NHS Resolution Did you know? Insight from assault claims <https://resolution.nhs.uk/wp-content/uploads/2019/05/Did-you-know-Assault-Digital3-1.pdf>

National Occupational Standards. Unit WRV1: make sure your actions contribute to a positive

and safe working culture <https://www.ukstandards.org.uk/PublishedNos-old/CFAWRV1.pdf>

Skills for Health. Minimise the risks to an individual and staff during clinical interventions and violent and aggressive episodes

<https://tools.skillsforhealth.org.uk/competence/show/html/id/2266/>

NHS Improvement. Managing conflict <https://improvement.nhs.uk/documents/2130/managing-conflict.pdf>

Health and Safety Executive. Providing support after an incident

<http://www.hse.gov.uk/violence/toolkit/postincident.htm>