NHS
West Hampshire
Clinical Commissioning Group

POLICY ON ABUSE, HARASSMENT AND VIOLENCE AGAINST STAFF

Version 2.1

Subject and version number of document:	Policy on Abuse, Harassment and Violence Against Staff Version 2.1
Serial number:	HR/040/V2.01
Operative date:	18 February 2019
Author:	Equality & Diversity Manager
CCG owner:	Chief Officer
Links to other policies:	Conduct, Performance, Grievance & Absence Management Policy Dignity and Respect Policy Whistle Blowing Policy Lone Working Policy CCG Social Media Guidelines Equality, Diversity and Human Rights Policy
Review date:	January 2021
For action by:	All staff
Policy statement:	The purpose of this policy is to protect CCG employees from aggression, violence, verbal abuse, bullying and harassment perpetrated by patients, their relatives, carers, the public and visitors
Responsibility for dissemination to new staff:	Line managers at induction
Mechanisms for dissemination:	All policies are published on the website. All new and revised policies are promoted to staff via the CCG staff newsletter.
Training implications:	All staff in higher risk roles (including the Complaints Team, Continuing Healthcare Eligibility Team and the Communications and Engagement Team) will undergo specific conflict resolution training. The training will focus on defusing and managing aggressive and potentially volatile situations.
Resource implications	There are no resource implications.
Further details and additional copies available from:	Website: https://westhampshireccg.nhs.uk/document-tag/clinical-and-su-policies/
Equality analysis completed?	This policy has been subject to an equality impact assessment. The process gathered relevant information, including feedback from staff about their experiences of negative behaviour from patients, which was used to inform the development of this policy. Also a number of actions were identified that will support successful implementation of the Zero Tolerance Policy.

Consultation process	Staff Forum at Omega House and Fareham Health Centre. Also focus group for call handlers based at Fareham Health Centre. Human Resources Team SCW CSU Heather Hauschild, Chief officer Policy Sub Group Review Oct 18: Staff Forum
Approved by:	Policy Sub Group, via Chair's Action
Date approved:	11 February 2019

Website Upload:

Website	Location in FOI Publication Scheme	https://westhampshireccg.nhs.uk/document-tag/clinical-and-su-policies/
Keywords	*Insert helpful keywords (metadata) that will be used to search for this document on the intranet and website*	

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1	Jan 19	Throughout	Amended in light of comments from Staff Forum and findings of EIA. Policy title changed from Zero Tolerance Policy.	Jan 19
2	May 19	EIA	Action plan updated	May 19
3				

Review Log:
Include details of when the document was last reviewed:

Version Number	Review Date	Reviewer	Ratification Process	Notes
1.1	Jan 19	Equality & Diversity Manager	Policy Sub Group	See amend 1 above

POLICY ON ABUSE, HARASSMENT AND VIOLENCE AGAINST STAFF

SUMMARY OF KEY POINTS TO NOTE

The purpose of this policy is to protect CCG staff from aggression, violence, abuse, bullying, and harassment by patients, their relatives, carers, the public or visitors. Specifically:

- The policy applies to employees of other organisations, patients, their relatives, members of the public and visitors – clearly setting out what behaviour is acceptable, and placing a responsibility on each person to behave respectfully during interactions with CCG employees
- All staff in higher risk roles (including the Complaints Team, Continuing Healthcare Eligibility Team and the Communications and Engagement Team) will undergo specific conflict resolution training. The training will focus on defusing and managing aggressive and potentially volatile situations
- All instances of violence, intimidation, bullying, harassment, or discrimination against CCG staff will be responded to
- Managers have a responsibility to proactively assess risk of staff facing these behaviours and put in place measures to reduce harm, and to review these measures following an incident
- Violence and aggression towards staff may constitute a criminal offence and lead to prosecution
- Some bullying or harassment will constitute unlawful discrimination, for example if it relates to a person's age, disability, gender, race, religion or belief, or sexual orientation. Serious bullying or harassment may amount to a civil or criminal offence and lead to prosecution
- Verbal abuse, harassment, bullying or intimidation, physical attacks, and threats of violence can be a hate incident and / or a hate crime if the victim or anyone else thinks it was motivated by hostility or prejudice based on one of the following characteristics: Disability; Race; Religion; Transgender identity; Sexual orientation. If you've experienced a hate incident or hate crime you should report it to the police. A hate crime may lead to prosecution.
- Advice, support and confidential counselling are available to staff.

POLICY ON ABUSE, HARASSMENT AND VIOLENCE AGAINST STAFF

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POLICY ON ABUSE, HARASSMENT AND VIOLENCE AGAINST STAFF

1. INTRODUCTION AND PURPOSE

1.1 West Hampshire Clinical Commissioning Group (CCG) is committed to providing a working environment where every member of staff feels safe and respected.

1.2 This policy applies to patients, their relatives, the public and visitors to the CCG. It sets out expectations about how people should behave towards CCG staff during interactions.

1.3 Preventing and responding to acts of violence, aggression, intimidation, bullying, harassment, discrimination or victimisation, perpetrated by another CCG employee against a member of CCG staff is not covered by the policy, Staff and managers should refer to the CCG Dignity and Respect Policy instead.

1.4 In order to promote a safe and respectful working environment the CCG will not tolerate violence, aggression, intimidation, bullying, harassment or discrimination in any form against its employees. We recognise that when these kinds of behaviour are not addressed, it can lead to increased levels of stress, absence and staff turnover, together with lower productivity and staff morale.

1.5 The CCG regards any incident of violence, aggression, intimidation, bullying, harassment or discrimination or victimisation against staff as a serious matter, and will respond promptly and sensitively to support and protect staff. Where serious or persistent incidents occur this may result in withdrawal of service or prosecution.

1.6 The purpose of the policy is to:

- Protect CCG staff from violence, aggression, intimidation, bullying, harassment and discrimination
- Outline the CCGs expectations around the behaviour of patients, their relatives, carers, the public and visitors to the CCG
- Provide examples of negative behaviours so that staff know what is acceptable
- Ensure that occurrences of violence, aggression, intimidation, bullying, harassment and discrimination are taken seriously and dealt with promptly and with due sensitivity
- Provide practical advice to managers and staff about how to prevent, report and address incidents, in line with this and other relevant CCG policies.

1.7 Supporting principles:

- All staff have the right to feel safe at work and not be subjected to violence, aggression, intimidation, bullying, harassment, or discrimination.
- All incidents of violence, intimidation, bullying, harassment, or discrimination will be responded to.
- Some bullying or harassment will constitute unlawful discrimination, for example if it relates to a person's age, disability, gender, race, religion or belief, or sexual orientation. Serious bullying or harassment may amount to a civil or criminal offence and lead to prosecution. Violence and aggression towards staff may constitute a criminal offence and lead to prosecution.
- Verbal abuse, harassment, bullying or intimidation, physical attacks, and threats of violence can be a hate incident and / or a hate crime if the victim or anyone else thinks it was motivated by hostility or prejudice based on one of the following characteristics: Disability; Race; Religion; Transgender identity; Sexual orientation. If you've experienced a hate incident or hate crime you should report it to the police as well as follow the guidance in this policy.
- Managers have a responsibility to proactively assess risk of staff facing these behaviours and put in place measures to reduce harm, and to review these measures following an incident. The CCG recognises that experiencing violence, aggression, intimidation, bullying, harassment, or discrimination can have a significant impact on an individual's mental health and wellbeing. We therefore make advice, support and confidential counselling available to staff.

2. SCOPE AND DEFINITIONS

2.1 Scope

2.1.1 The policy applies to:

- Members of staff from other organisations and how they treat CCG employees.
- Patients, carers, members of the public and visitors in relation to how they treat CCG employees.

2.2 Definitions

2.2.1 Guidelines on the behaviours and help with the definitions that fall within the scope of this policy are set out in Appendix A.

3. PROCESS / REQUIREMENTS

3.1 Standards of behaviour

3.1.1 The CCG expects patients, relatives, the public and visitors to treat CCG employees with courtesy, dignity, fairness and respect at all times. The CCG is committed to protecting its staff from violence, aggression, intimidation, bullying, harassment and discrimination - all forms of which are unacceptable and will not be tolerated.

3.1.2 Where a patient or service user is violent or aggressive towards a member of CCG staff, this may result in the incident being reported to the Police and a criminal prosecution being pursued.

3.2 Records

3.2.1 All instances of concerns about and / or incidents of violence, aggression, bullying, harassment or discrimination should be recorded using the CCG incident reporting system. The individual employee raising the concern should record the incident. If a concern or incident is discussed with a manager or ConsultHR, these individuals should encourage the employee to complete an incident report, and provide assistance if required.

3.3 Avoiding and dealing with violence and aggression

Risk assessment

3.3.1 When dealing with a known or suspected violent or abusive individual, under no circumstances should staff see such people on their own. They should seek advice from their line manager before face-to face meetings are arranged, and staff should refer to the CCG Lone Working Policy.

3.3.2 Whenever there is a reasonably foreseeable risk of violence, line managers must ensure that risk assessments are completed. All risk assessments relating to violence and aggression should be added to the directorate risk register and must be reviewed on a 6 monthly basis by the relevant manager or when there is a change in circumstances. See Appendix C for an example risk assessment. Further useful information is available on the Health and Safety Executive website: http://www.hse.gov.uk/healthservices/violence/do.htm.

3.3.3 In making a risk assessment the following may indicate that there is a risk of violence:

- Dealing with intoxicated, under the influence of drugs or distressed members of the public
- Dealing with members of the public suffering from mental illness or stress

- Dealing with members of the public who are confused, disorientated, suicidal or have a known criminal history
- High risk areas such as contentious issues or complaints or staff working alone
- Tasks where money, drugs or other valuables may be targeted for theft
- When withholding or withdrawing a service
- Irregular situations such as where persons known to be potentially violent are referred to other disciplines, services or Trusts.

3.3.4 The list shown above is not exhaustive and managers must take care to assess all possible personal security risks within their responsibility. Police assistance should be sought where the presence of drugs or weapons has been detected or to deal with violence or threatened / suspected violence. Where an individual's behaviour may be affected by their mental health the use of an advocate should be considered.

3.3.5 The CCG Lone Working Policy should also be implemented to reduce risks for employees with roles that involve patient and carer home visits.

Process for staff following violent or abusive behaviour

3.3.6 All instances of verbal abuse and actual or threatened violence and aggression must be reported in accordance with West Hampshire CCG's Incident Management Policy & Guidance. Incident reporting will be used to ensure that other members of staff benefit from shared experiences and that training is realistic and relevant.

3.3.7 All staff who are subjected to violent or abusive behaviour should report such incidents to their line manager with whom referring the matter to the Police will be considered.

3.3.8 Incidents of violence and aggression can have a detrimental effect on the victim out of proportion to the scale seen by outsiders. Managers are to ensure that staff are properly cared for and debriefed immediately, or as soon as is reasonably practicable after each such incident. Even those staff not directly involved can be subject to anxiousness and concern. It is important that all staff are informed as soon as possible of the basic details of the incident and any counter measures planned.

3.3.9 Counselling is available in strict confidence to all staff by calling the Employee Assistance Programme on 0800 783 2808 (free from a landline telephone). Further information regarding the Counselling service and Occupation Health can be found by contacting ConsultHR.

3.3.10 In any case where a member of staff feels that an individual has behaved in an unprofessional or inappropriate manner, the relevant line manager must be informed of the occurrence and an Incident Form completed.

Actions following violent or abusive behaviour

3.3.11 Where a patient, relative or member of the public is alleged to have carried out an act of violence, abuse or aggression then the CCG reserves the right to respond to the alleged incident, as deemed necessary in light of the circumstances. The level of response will be dependent upon the seriousness of the incident and the outcome of any investigation. The potential responses or actions available to the CCG include:

- Verbal warnings
- Recommendation to use advocacy services
- Written warnings from the chief officer
- Warning flag applied to patients notes
- Withdrawal of services
- Reporting a hate incident and / or hate crime to the police
- Involvement of the police
- Criminal prosecution
- Civil Prosecution.

The CCG Security Management Specialist should be contacted for advice following an incident of violence or abuse (see section 9 for contact details).

3.4 Dealing with abusive telephone calls

3.4.1 The CCG recognises that some staff may be more likely to experience verbal abuse and aggression as part of telephone call handing (for example Continuing Health Care Eligibility Team and Complaints Team members). Staff have the option to terminate a telephone call if after asking a caller politely to stop any negative behaviour (for example shouting or verbal abuse), this behaviour continues (see Appendix B of this policy for further advice).

3.4.2 Recognising the emotional impact and stress these calls can have on staff, team managers should provide a debrief session as soon as possible after the event. Such incidents should be recorded on an incident form.

4. ROLES AND RESPONSIBILITIES

4.1 CCG Board responsibility

4.1.1 The CCG Board has overall responsibility to ensure that policies, procedures, systems and environments are in place that promote dignity and respect and reduce the risk of violence, aggression, bullying, harassment, and discrimination.

4.1.2 West Hampshire CCG will ensure that:

- Appropriate and adequate security arrangements are in place based on risk assessment
- Staff are appropriately trained to ensure they are competent to provide high quality care and / or services, and deal with members of the public in a sensitive and courteous manner
- Arrangements are in place which are clear and understood by all staff on how to deal with situations where patients or visitors act in an unacceptable or violent manner
- Support is provided where a member of staff has been the victim of an assault or attack by a patient or visitor
- Provide safe working conditions for staff.

4.2 Director responsibilities

4.2.1 Directors will:

- Ensure that they and all persons reporting to them are aware of, and undertake their responsibilities under, this Policy on Abuse, Harassment and Violence Against Staff and other related policies, and are adequately trained to enable its successful implementation
- Advise the director with responsibility for Health and Safety where additional support or legal advice is required
- Give prompt and appropriate attention to matters brought to their attention
- Ensure proactive and reactive reporting to the risk manager of any compliance issues, incidents and any investigations undertaken.

4.3 Line manager responsibilities

4.3.1 In relation to incidents of verbal abuse, the threat of, or actual violence and aggression by a patient, relative or member of the public against a CCG employee, the line manager must:

- Ensure that the incident is promptly reported via an electronic incident form to the risk manager

- Ensure that all significant incidents receive investigation into root causes and that these are reported to the risk manager
- Organise the department, section or workplace so that operations or work carried out results in minimal risk of violence or aggression
- Carry out risk assessments and reduce the risks identified
- Ensure that staff are provided with full support following any violent incident, including referral to Occupational Health and support for access to counselling if required
- Act upon any information regarding violence or aggression received and provide feedback to the staff about these actions.

4.4 **All staff**

4.4.1 All staff must treat each other with respect. Staff must also treat staff from other organisations, patients, members of the public and visitors with respect.

4.4.2 All staff may be able to reduce the risk of incidents of violence, aggression, bullying, harassment or discrimination by:

- Treating others with dignity and respect
- Be aware of how their behaviour may affect others and changing it, if necessary
- Taking a stand if they think inappropriate jokes, comments or gestures are being made
- Intervening if possible, to stop violence, aggression, harassment or bullying and giving support to recipients
- Reporting any incidents of violence, aggression or bullying, harassment or discrimination that they experience or witness and co-operating with CCG investigations into bullying harassment and / or victimisation
- Making it clear to others when they find their behaviour unacceptable
- Participating in training or organisational development initiatives identified by their manager
- Adhering to the principles set out in this policy and setting a good example in their own attitudes and behaviour

4.4.3 In relation to incidents of verbal abuse, threat of, or actual violence or aggression staff must:

- Have an awareness of the triggers of conflict in their own area, and to try to minimise the impact of these
- Identify his / her own high-risk situations and agree action plans with line managers

- Undertake identified training in conflict management skills
- Individual employees have a responsibility to take all practicable steps not to place themselves, colleagues, or members of the public at risk and to communicate known problems as and when they become aware of them
- Employees have an obligation to comply with West Hampshire CCG's Incident Management Policy & Guidance and Corporate Risk Management Policy & Strategy. This includes the completion of incident reporting forms after each incident of verbal abuse, threat of, or actual violence or aggression by a patient, relative or member of the public against a CCG employee
- Employees are required to identify to their manager situations which they believe to be potentially hazardous or environmental issues that may increase the risk of violence
- All employees should be aware of how their behaviour might be perceived by others and ensure that they do not behave in a way that is aggressive or violent.

5. TRAINING

5.1 All staff in higher risk roles (including the Complaints Team, Continuing Health Care Eligibility Team and the Communications and Engagement Team) will undergo specific conflict resolution training. The training will focus on defusing and managing aggressive and potentially volatile situations.

6. EQUALITY ANALYSIS

6.1 This policy has been subject to an equality impact assessment. The process gathered relevant information, including feedback from staff about their experiences of negative behaviour from colleagues and patients, which was used to inform the development and content of this policy. Also a number of actions were identified that will support successful implementation of the Policy on Abuse, Harassment and Violence Against Staff.

6.2 The impact assessment found that certain groups are at greater risk of experiencing bullying, harassment or discrimination. The evidence suggests that this is the case for NHS staff from Black, Asian and Minority Ethnic (BAME) backgrounds and staff with a disability. Managers will need to be sensitive to diversity issues when implementing this Policy on Abuse, Harassment and Violence Against Staff.

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

7.1 Records concerning the number of incidents reported will be used to monitor elements of this policy. We will also monitor the take-up and effectiveness of

training programmes, and key indicators from the annual NHS Staff Survey of CCG employees.

7.2 The West Hampshire Clinical Commissioning Group Datix incident reporting procedure will provide baseline information on the number, nature and location of any incidents of violence, aggression, bullying, harassment or discrimination to assist in the identification of root cause analysis and implementation of control measures.

7.3 Findings from the annual NHS Staff Survey will also be used to monitor the effectiveness of this policy i.e.

- KF22: % experiencing physical violence from patients, relatives or the public in last 12 months
- KF23: % experiencing physical violence from staff in last 12 months
- KF25: % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- KF26: % experiencing harassment, bullying or abuse from staff in last 12 months

7.4 Action plans in response to Staff Survey results will be developed and monitored through the Learning & Growth group.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after 12 months and thereafter on a bi-annual basis.

8.2 Incident records, take up of training and levels of bullying, harassment, abuse and discrimination indicated by responses to the NHS Staff Survey will be used to review of the success of this policy.

9. CONTACT INFORMATION

Position	Name	Contact number	Email address
Human Resources	ConsultHR	0300 123 6220	scwcsu.hrsupport@nhs.net
Employee Assistance Programme	Health Assured	0800 783 2808	www.healthassuredeap.com
Security Management Specialist	Paul Travers	Mobile: 07771 814956	paultravers@nhs.net

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

10.1 This policy should be read in conjunction with the following CCG policies:

- Conduct, Performance, Grievance and Absence Management Policy
- Whistleblowing Policy
- Incident Management Policy & Guidance
- Lone Working Policy
- Dignity & Respect Policy
- Equality, Diversity and Human Rights Policy
- Social Media Guidelines.

Appendix A DEFINITIONS

Aggression
Aggression is defined as behaviour that is hostile, destructive, and / or violent.

Assault
There are two legally based definitions of assault for the NHS:

- **Physical assault** is defined as the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- **Non-physical assault** is defined as the use of inappropriate words or behaviour causing distress and / or constituting harassment. This can include the use of actions or words in such a way as to coerce the victim to make them feel uncomfortable, fearful or unsafe.

Bad faith
To raise an allegation in bad faith is to do so dishonestly, maliciously, negligently or with the intention to deceive or mislead.

Bullying
Bullying is not specifically defined in law, but ACAS (2014) gives the following definition:

- Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

In line with recent research the CCG is adopting a broader definition which includes a range of behaviours under the banner of ill-treatment, unacceptable and unwanted behaviours. We acknowledge that poor workplace climates can underpin and perpetuate ill-treatment and bullying.

Examples of ill-treatment and bullying can include:

- Spreading malicious rumours, or insulting someone by word or behaviour (for instance, copying memos that are critical about someone to others who do not need to know, ridiculing or demeaning someone – picking on them or setting them up to fail)
- Shouting at people
- Ignoring or excluding people
- Unpredictable behaviour
- Criticism and / or personal insults
- Overbearing supervision or other misuse of power or position
- Setting impossible targets
- Making inconsistent demands

- Undermining confidence by threatening job security
- Removing areas of responsibility
- Intentionally blocking training and / or promotion opportunities
- Misuse of social media, email or mobile phones to send aggressive messages and threats (cyberbullying)

Cyberbullying
Bullying which is not carried out face-to-face for example through an internet service such as email, social networking sites, chat rooms, discussion forums or instant messaging. It can also include bullying through mobile phone technologies such as text messages.

Dignity
Every worker has the right to be treated with dignity, which is with fairness and respect.

Discrimination
Discrimination is defined in the Equality Act 2010. Direct discrimination is where someone is treated less favourably because of a protected characteristic such as sex, marital status, sexual orientation, race, pregnancy, religion, belief, gender reassignment, age or disability, or because they are perceived to have that characteristic or because they associate with someone who has that characteristic.

Indirect discrimination occurs where the effect of certain requirements, conditions or practices has an adverse impact disproportionately on one group or other. Indirect discrimination generally occurs when a rule or condition, which applied equally to everyone, can be met by a considerably smaller proportion of people from a particular group. The rule is to their disadvantage, and cannot be justified on other grounds.

Facilitation
Facilitation is a process of working together with a neutral person who helps the people involved to have a constructive discussion about an issue without taking any side of the argument. The facilitator seeks to help the people involved to communicate effectively about the issue(s), to make progress and reach agreement on a way forward. The facilitator may be an independent person from within the CCG or from an external organisation – they would not have a close relationship with any of the parties directly involved in the issue.

Harassment
Harassment is defined in the Equality Act 2010 as:

- Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Harassment can occur on the grounds of one or more of the following protected characteristics defined in the Equality Act: age, disability, gender, race, religion or belief, sexual orientation and transgender.

In addition the Equality Act 2010 prohibits harassment based on association with someone with a protected characteristic and perception that someone has a protected characteristic.

The key to distinguishing between what does and does not constitute harassment is that harassment is behaviour that is unwanted by the person to whom it is directed. It is the impact of the conduct and not the intent of the perpetrator that is the determinant. Harassment can be raised by a third party who may have witnessed an incident.

Harassment may be an isolated occurrence or repetitive, and it may occur against one or more individuals. Harassment may be, but is not limited to:

- Physical contact: ranging from touching (including of a sexual nature, related to gender re-assignment or sex) to serious assault, gestures, intimidation, aggressive behaviour
- Verbal: unwelcome remarks, suggestions and propositions, innuendo, malicious gossip, jokes and banter, offensive language. This may be based on prejudice or stereotypes
- Non-verbal: offensive literature or pictures, graffiti and computer imagery, obscene gestures, isolation or non-co-operation and exclusion or isolation from social activities.

Indirect harassment is also defined in law. It is where the harassment is not directed to the person concerned, but in their hearing. The legislation also refers to less favourable treatment because an individual has rejected or submitted to the defined conduct.

First-time conduct which unintentionally causes offence is unlikely to be harassment, but is likely to become harassment if the conduct continues after the recipient has made it clear, by words or conduct, that such behaviour is unacceptable to him or her.

Hate incident/ Hate crime
Verbal abuse, harassment, bullying or intimidation, physical attacks, and threats of violence can be a hate incident and / or a hate crime if the victim or anyone else thinks it was motivated by hostility or prejudice based on one of the following characteristics: Disability; Race; Religion; Transgender identity; Sexual orientation.

Hate incidents and hate crimes are acts of violence or hostility directed at people because of who they are or who someone thinks they are. Anyone can be the victim of a hate incident. For example, you may have been targeted because someone thought you were gay even though you're not, or because you have a disabled child.

Intimidation
To intimidate someone is to behave in a way which makes them fearful or timid, usually to influence them to do something or to stop them from doing something by use of fear or threats.

Mediation
Where an independent person works with two or more people who are involved in a dispute to try and resolve the disagreement and come to an agreed outcome. Mediation may first involve the mediator speaking to the people involved separately and then bringing them together to discuss the issue face-to-face. Mediation is different from facilitation in that the objective of mediation is to help the parties deal with a particular conflict that they have been unable to resolve. The objective of facilitation is to provide a structure and process to enable parties to solve their problems themselves.

No-blame culture
A no-blame culture is not a no-responsibility culture. Where an employee behaves inappropriately or does not fulfil the requirements of their employment, there will be appropriate consequences designed to effect improvement. A fair-blame culture will ensure that natural justice is followed, employees are given support to improve and that the CCG follows fair processes for dealing with issues.

Psychological abuse
Bullying can also take the form of mental or psychological abuse and may be subtle and hidden, for example exclusion, silent treatment or withdrawal.

Respect
This is to treat someone with consideration, politeness and courtesy. There can often be cultural differences in how respect is shown, for example, in body language, eye contact and ways of speaking; therefore staff should be sensitive to cultural differences.

Risk assessment
Risk assessment is a process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to employees and others. It is the first step in deciding what prevention or control measures need to be taken to protect staff from harm.

Role model
For the purposes of this policy, where the CCG sets out an expectation that someone will set a good example and act as a role model, this means that they will act in accordance with the principles of this policy and will demonstrate the standards of behaviour set out in this document.

Sexual harassment
Employees are protected against sexual harassment, which is unwanted conduct that is of a sexual nature and / or relates to the protected characteristics of sex and / or gender reassignment. Examples may be either verbal or physical, and may include staring or leering, or a display of explicit material.

It would have the purpose or effect of violating the employee's dignity, or creating an environment for the employee which is intimidating, hostile, degrading, humiliating or offensive. It also applies where an employee is treated 'less favourably' because they have rejected sexual harassment or been the victim of it.

Staff
The word ‘staff’ in this policy is used to cover anyone providing work or services for the CCG, whether they are an employee on a permanent contract, a bank worker, a volunteer or on a fixed term contract.

Taking a stand
Taking a stand against inappropriate behaviour is an important responsibility shared by all staff. It means politely challenging inappropriate behaviour, explaining that the behaviour is unacceptable and asking the individual to stop. It does not mean being aggressive or confrontational.

Victimisation
Victimisation occurs when an employee is treated badly because they have made or supported a complaint or because they are suspected of doing so. Under the law an employee is not protected if they have maliciously made or supported an untrue complaint, as this would not meet the definition of victimisation.

Violence
Violence is defined as the application of force, serious abuse or severe threat, which is judged likely to turn into actual violence.

The Health and Safety Executive (HSE) defines violence at work as any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.

Appendix B PROCEDURE FOR DEALING WITH DIFFICULT TELEPHONE CALLS FROM CLIENTS

'Seek first to understand, then to be understood'
Never start making your point until you have really listened, heard and understood the caller's point of view.

Always let the callers know you want to **listen** and **understand**.

Listening **will make the caller feel valued** and **help you get all the information you need:**

- Do not interrupt
- Use encouraging words or sounds by saying things like 'I see' 'yes' 'A-ha' 'please continue'
- Paraphrase – repeat back relevant sections of what the caller is saying to confirm you understand.

Offer an **apology**. This is important as it shows empathy and ownership of the problem. Remember – an apology on behalf of an organisation or individual is not an admission of any guilt.

Escalating anger, swearing or abusive language
Remember, if a person is angry, it is likely to be about a situation or NHS process failure - not at you personally.

Direct the conversation by indicating you want to help them. 'Thank you for letting me know about …….. and giving me the chance to try to help'

If swearing or shouting:

- 'I understand you are upset / frustrated. I really would like to help you with this, but the shouting / swearing is making this impossible', or 'Would you like me to phone you back in ten minutes to allow you time to gather your thoughts'
- Issue a warning: 'I really do want to help you, but I am unable to do so if you continue to shout or swear at me'
- If swearing, abuse continues – terminate the call: 'I am sorry; I am terminating this call now.'

Handling difficult calls

- Take a long slow breath
- Listen, remain calm, apologise, paraphrase, problem solve
- Focus on the positive: 'I can help by ……'
- Defuse repetition or conversation on issues unrelated to CCG: 'Is there anything else I can do for you?'
- Report the incident to your line manager
- **Remember – these calls are not personal.**

Appendix C SAMPLE RISK ASSESSMENT FOR VIOLENCE AND AGGRESSION

This sample risk assessment was produced by NHS England
https://www.england.nhs.uk/wp-content/uploads/2017/11/sample-risk-assessment-form.docx

Risk Assessment Form

Section A: Administration Details

Primary Location:
Secondary Location:
Exact Location within the premises
Name of Assessor:
Designation:
Date of initial assessment:
Date of review:
Name of reviewer:
Designation of reviewer:

Section B: Task or Activity

Description of task or activity which could lead to a risk of violence and aggression:
Personnel involved (e.g., receptionist, telephone operators, clinicians – nurse-doctor, security staff, contractor, etc.):

Section C: Assessment of Risk	YES	NO	N/A
Is there any historical evidence of verbal or physical aggression to staff?			
Verbal abuse (with intent/directed at staff)			
Verbal abuse (abusive remarks not directed at staff)			
Punch/strike/slap			
Wounding			
Kicking			
Biting			
Scratching			
Harassment / Stalking			
Victimisation			
Intimidation			
Threat with / use of weapon (e.g., knives, needles, etc.)			
Harassment			
Telephone Abuse			
Offensive Messages			

Other please specify:

Is it perceived that there could be a risk of any of the above points?		

Please specify:

If there is no perceived or known risk of verbal or physical aggression there is no need to continue with this assessment.

How often do violent incidents occur?

What injuries have occurred because of any recent attacks?

Following attacks or incidents of aggression, has this led to time off work? Hours, Days, Weeks, Months

What times are violent incidents more likely to occur?

	YES	NO	N/A
Which day are violent incidents more likely to occur?			
Is the workplace overcrowded? If so, please specify how:			
Is the lighting adequate? If not please specify why:			
Are the following readily available for patients?			
Toilets			
Refreshments			
Information services			
Magazines			
Music			
Television			
Internal environmental issues			
Are there excessive noises which could cause distraction?			
Are there isolated areas such as treatment rooms, offices?			
Are the room laid out in such a way as to allow staff to exit in an emergency?			
Could the aggressor be situated between the employee and the door?			
Are there designated waiting areas?			
Are these adequately supervised?			

	YES	NO	N/A
Are there corridors/areas where aggressors could hide/congregate?			
Is there adequate signage displaying the Organisations Zero Tolerance stance?			
Are staff protected by additional security measures where required e.g. screens, security locks, intercoms, internal CCTV?			
Is money/valuables kept in the work area?			

Are there potentially dangerous fixtures and fittings?			
Tables			
Waste bin			
Seats			
Sharp corners			
Medical equipment			
Office equipment			
Other			
Please specify:			

Is there a room available to speak privately with:			
Patients			
Visitors			
Other members of staff			

External environmental issues			
Are there adequate parking spaces?			
Is there adequate lighting?			
Is it distant from the work area?			
Have routes to parking areas/external walkways been surveyed for safety?			

Is there CCTV coverage of routes?			
Are these cameras monitored?			
Is there a security escort service?			

Are there any times when tasks are undertaken alone?			
If yes, please specify:			
Are there any procedures in place to help ensure safety?			
If yes, please specify:			

Are there alarm systems in place by which you can summon help?			
If yes, please state type of system:			

	YES	NO	N/A
Are alarms fitted in rooms used for interviewing potentially aggressive/violent individuals?			
Are these alarms accessible to staff?			
Are the alarms easy to activate?			
Are staff trained in their use?			
Do others know how to respond if the alarm is raised?			
Are there documented procedures in place for ensuring this?			
Can the alarm be heard in all areas of the ward/department?			

Have members of staff attended the appropriate training?			
Level of training and number of staff identified in Training Needs Analysis as requiring each level of training			
What procedures are in place to ensure that all members of staff has information and access to violence and aggression training?			

Is there a contingency plan if violence is threatened or breaks out toward:			
Patients			
Visitors			
Staff			
Please specify arrangements:			
Are staffing levels adequate to ensure that contingency plans can be followed?			

Is any information sought highlighting previous/known risks associated with the patient?			
Where joint stakeholder working takes place are there protocols for sharing information regarding known risks of violence and aggression?			
Are individual risk assessments undertaken?			
Are mobile phones provided together with training in their use?			
Are personal safety alarms provided and information given on their use?			

Policy/Procedures			
Is the Organisations Policy easily accessible to all staff?			
Is there an Information Leaflet available to all staff?			
Do you have a departmental Policy/Procedure?			

Section D: Current Risk Control Measures (see Section C)

Control measures currently in use:

Section E: Initial Risk Rating Figure

Initial Risk Rating Figure (to calculate see Risk Matrix):

Probable Likelihood Rating ☐ **x** **Potential Severity Rating** ☐

= **Risk Rating Figure** ☐

Section F: Additional Risk Control Measures Required

Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register.

No.	Risk Reduction Measures/Further Action

If the above control measures are implemented, calculate the New Risk Rating Figure:

Probably Likelihood Rating ☐ **x** **Potential Severity Rating** ☐

= **Risk Rating Figure:** ☐

Section G: Action Plan Agreed with Manager

Manager's Name **Manager's Signature**
Date

No.	Action Plan	Responsible Person	Projected Completion Date	Date Completed/ Signature

Once the above action plan has been implemented, calculate the Final/Residual Risk Rating Figure:

Probable Likelihood Rating ☐ **x** **Potential Severity Rating** ☐

= **Risk Rating Figure** ☐

Additional Comments

Appendix D EQUALITY IMPACT ASSESSMENT

Title of policy, project or proposal:
Review of the West Hampshire CCG Policy on Abuse, Harassment and Violence Against Staff (HR/040/V1.01)

Name of lead manager: Nick Birtley, Equality and Diversity Manager
Directorate: Strategy and Service Development Directorate

What are the intended outcomes of this policy, project or proposal?

The Clinical Commissioning Group (CCG) Policy on Abuse, Harassment and Violence Against Staff was first drafted and approved in early 2017 (previously titled Zero Tolerance Policy).

The Policy on Abuse, Harassment and Violence against Staff sets out how staff and managers should prevent and respond to incidents of abuse, harassment and violence. The policy applies to employees of other organisations, patients, their relatives, members of the public and visitors - placing a responsibility on each person to behave respectfully during interactions with CCG employees.

West Hampshire CCG is committed to fairness and inclusion for all (in line with the aims of the Equality Act 2010), and to providing a working environment where every member of staff feels safe and respected.

The intended outcomes of this policy are:

- Incidents of abuse, harassment and violence against CCG employees are reduced
- Staff know how to prevent and reduce potential risk of abuse, harassment or violence
- That staff (especially those in higher risk roles) have received relevant training
- Managers understand and act on their responsibility to proactively assess risk, put in place measures to reduce harm, and to review these measures following an incident
- That perpetrators face civil or criminal prosecution where violence and unlawful discrimination occurs
- That following incidents of abuse, harassment and violence staff receive support and counselling.

Evidence

Who will be affected by the policy, project or proposal?

Identify whether patients, carers, communities, CCG employees, and / or NHS staff are affected.

- The policy applies to employees of other organisations, patients, their relatives, members of the public and visitors
- The policy sets out actions for staff and managers to take to assess risks, prevent and respond to incidents of abuse, harassment and violence.

Evidence from the NHS Staff Survey
The responses of CCG employees to the NHS Staff Survey give an indication of their experience of abuse, harassment and violence

Relevant findings from the annual NHS staff survey of West Hampshire CCG employees

Staff survey indicator	2014 Staff Survey	2015 Staff Survey	2016 Staff Survey	2017 Staff Survey
% staff experiencing **harassment, bullying or abuse from patients, relatives or the public** in last 12 months	12%	18% (National CCG average 5%)	17% (9%)	9% (10%)
% staff experiencing **physical violence from patients, relatives or the public** in last 12 months	5%	3% (0%)	2% (0%)	1% (0%)
% staff experiencing **discrimination at work** in last 12 months	-	5% (4%)	8% (6%)	6% (8%)
% staff/ colleagues **reporting** most recent experience of **harassment, bullying or abuse**	-	47% -	42% (42%)	54% (40%)

Full survey results for the CCG in 2017 are available here.

For the workforce overall the survey results suggest that:

- Staff experience of harassment, bullying or abuse from patients, relatives or the public is falling year on year
- That an increasing proportion of staff who have experienced bullying are reporting it
- Levels of discrimination remain relatively similar year on year.

The percentage of staff in different directorates experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Directorate	2016 Staff Survey	2017 Staff Survey
Commissioning	0%	0%
Executive	5%	25%
Continuing Health Care (CHC)	8%	20%
Other	0%	3%
Strategy and Service Development	0%	4%
Quality and Nursing	4%	11%
Finance and Governance	0%	0%
Medicines Management	0%	0%
South West	-	0%
Finance	-	0%

Note: Results for some directorates may not be comparable year on year due to organisational structure changes.

For Directorates of Executive, CHC and Quality and Nursing the survey results suggest that staff experience of harassment, bullying or abuse from patients, relatives and public has increased since 2016.

Staff engagement has found that for CHC staff, the abuse they experience is mainly from professionals from other organisations, rather than from colleagues within the team. For other staff groups we do not currently know the proportion of negative behaviour from staff external to CCG compared to that from colleagues within CCG.

Percentage of staff in different occupational groups experiencing harassment, bullying or abuse from patients, relatives or members of the public in last 12 months

- Adult / General Nurses = 29% (29% in 2016)
- Other Scientific and Technical = 0% (0% in 2016)
- Admin and Clerical = 8% (Not reported in 2016)
- Central Functions / Corporate Services = 0% (9% in 2016)
- Commissioning Staff = 3% (8% in 2016).

Again the survey results suggest that staff experience of harassment, bullying or abuse from patients is reducing. The higher levels for nurses, admin and clerical roles reflects that more of these roles are within the Continuing Health Care Team.

The percentage of staff from different occupational groups experiencing physical violence from patients, relatives or the public in last 12 months

- Adult / General Nurses = 0% (11% in 2016)
- Other Scientific and Technical = 0% (0% in 2016)
- Admin and Clerical = 0% (Not reported in 2016)
- Central Functions / Corporate Services = 0% (Withheld in 2016)
- Commissioning Staff = 0% (0% in 2016).

The percentage of staff in different directorates who experienced discrimination in the last 12 months

Directorate	2016 Staff Survey	2017 Staff Survey
Commissioning Directorates	8%	8%
Executive and Chief Officer	10%	0%
Finance and Governance	7%	11%
Quality and Nursing	7%	6%
Strategy and Service Development	8%	4%
CHC	16%	8%
Medicines Management	0%	0%
Other	6%	0%
South West	-	13%
Finance	-	15%

Note: Results for some directorates are not comparable year on year due to organisational structure changes.

Making comparisons between the 2016 and 2017 survey results seems unreliable. Finance and South West Directorates had higher experience of discrimination in the last 12 months (based on the 2017 survey).

Percentage of staff in different occupational groups who experienced discrimination in the last 12 months (2017 Staff Survey results):

- Adult / General Nurses = 14% (0% in 2016)
- Other Scientific and Technical = 0% (0% in 2016)
- Admin and Clerical = 8% (Not reported in 2016)
- Central Functions / Corporate Services = 5% (18% in 2016)
- Commissioning Staff = 6% (5% in 2016).

Findings from the research about effective ways to tackle workplace abuse, harassment and violence that were considered when developing this policy

NHS Employers have published information about violence against staff:

- The NHS has had a 'zero tolerance' attitude towards violence since 1999 and there has been a significant increase in the numbers of offenders being prosecuted since 2003, when the Counter Fraud and Security Management Service was set up
- Employers have a duty 'so far as it is reasonably practical' to protect the health, safety and welfare of staff members under the 1974 Health and Safety at Work etc Act. In practical terms, that includes assessing the risk of violence and taking steps to reduce it as required under the Management of Health and Safety at Work Regulations 1999
- Employers also need to establish procedures to be followed in the event of serious or imminent danger, and provide information and training on health and safety risks and control measures
- Health and safety Executive (HSE) defines violence at work as 'any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work'. This covers the serious or persistent use of verbal abuse, as well as, staff who are assaulted or abused outside their place of work
- Definition of physical assault used in the 2003 directions to the NHS from the secretary of state was 'the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort'
- The 2003 and 2004 directions to NHS bodies – main points include:
    - Need to report assaults through NHS Security management Service
    - Police involvement in physical assaults

- The HSE highlights some risk factors for violent behaviour:
    - Impatience
    - Frustration
    - Anxiety
    - Resentment
    - Drink, drugs and inherent aggression / mental health problems

- The HSE suggests number of ways to reduce risk of violence:
    - Providing suitable training and information to staff
    - Improving the design of the working environment
    - Making changes to aspects of staff roles
    - Recording incidents of physical assault or verbal abuse so that patterns can be discerned

- Government circular *Withholding treatment from violent and abusive patients in NHS trusts* (2001) makes it clear that treatment can be withheld immediately in exceptional circumstances, although normally patients would be warned. Many trusts have policies which include warning systems ('yellow cards') when behaviour is felt to be unacceptable, alternative arrangements for treatment of persistent offenders, and offering care only when security of staff can be guaranteed, while still recognising the need to treat the patient in the event of an emergency
- Any policy needs to take account of particular groups which may need to be handled differently – child patients, relatives of patients, people with mental health issues which may influence behaviour, and those who are considered not responsible for their behaviour for other reasons
- Frontline staff should receive conflict resolution training and there should be an ongoing programme to train new staff. Training can also be offered to staff at risk from abusive telephone calls from patients and carers

- Designing out violence – this includes measures to stop someone carrying out a violent act (consulting rooms designed so staff cannot be trapped inside, bolting furniture to the floor), and more positive actions like use of colour and light to influence mood, and noise reduction.

Hate incidents and hate crime

A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.'

A hate incident is any incident which the victim, or anyone else, thinks is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

It is possible that an incident of abuse, harassment or violence against a member of staff can fall within the definition of a hate crime. The policy needs to be amended to reflect this.

Other measures undertaken to support policy aims

Linked to implementation of the Dignity and Respect Policy (which originally covered abuse, harassment and violence against staff by patients), we developed Dignity and Respect Training. This was delivered as part of the 'Awareness Wednesday' sessions at both the Eastleigh and Fareham office bases. Attendance by staff was not mandatory. A total of 24 staff undertook this training (11.5% of the workforce), where the target was 40%.

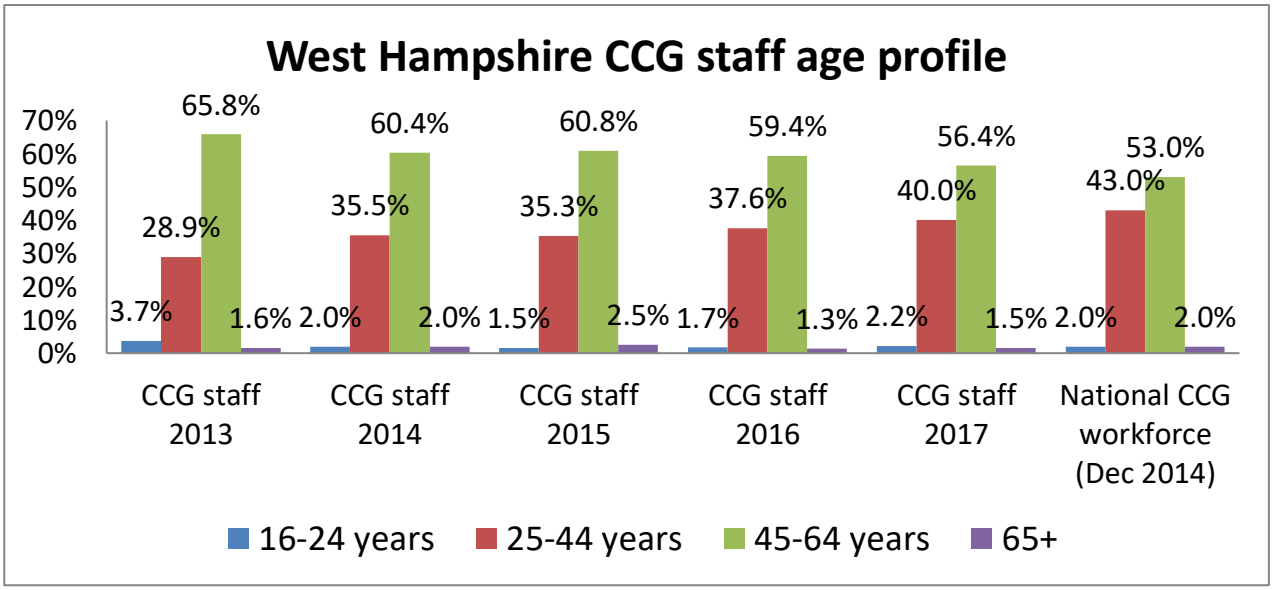
Following review of the policy in January 2018 the CCG Chief Officer asked that abuse and violence against staff by patients, relatives and members of the public be taken out of the Dignity and Respect Policy, and be covered instead by a standalone Zero Tolerance Policy. At this review it was decided that all staff should attend Dignity and Respect Training.

A proposal for improved 'Working with Difference' training and 'Courageous Conversations' training was approved in September 2018 to further enhance work in this area.

Age

Consider and detail (including the source of any evidence) the impact on people across the age ranges.

Evidence about the age profile of West Hampshire CCG workforce



Note: Snapshot date in 2013 was 31 October. From 2014 onwards, the snapshot date has been 31 December each year.

The staff age profile tells us that:

- Over the last 12 months the proportion of staff aged 45-64 years has again fallen slightly, continuing the downward trend for this age group since 2013
- However, the CCG workforce remains older than average with the greatest proportion of staff in the 45 to 64 year old age group (56.4% or 155 individuals). This is a slightly larger proportion when compared to the national CCG workforce where 53% of staff are aged 45 to 64
- West Hampshire CCG has a smaller proportion of staff in the 25 to 44 age group at 40% (110 individuals)
- Since 2013 the proportion of younger staff has increased year on year so that by December 2017 the percentage of staff aged 25 to 44 years is close to that of the CCG workforce across England
- The increasing proportion of younger staff will help the CCG with succession planning as older employees approach retirement (6.2% of staff are aged 61 to 65 years)
- The CCG has very small numbers of staff in both the under 24 and over 65 year old age groups. This is similar to the national CCG workforce profile.

Evidence from the NHS Staff Survey findings for West Hampshire CCG

Staff survey indicator	Age 16-30		Age 31-40		Age 41-50		Age 51+	
	2016	2017	2016	2017	2016	2017	2016	2017
% staff experiencing physical violence from patients, relatives or the public in last 12 months	-	0%	4%	0%	0%	0%	3%	1%
% staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	-	5%	11%	3%	3%	0%	26%	18%
% experiencing discrimination at work in last 12 months	-	10%	0%	8%	7%	4%	11%	5%

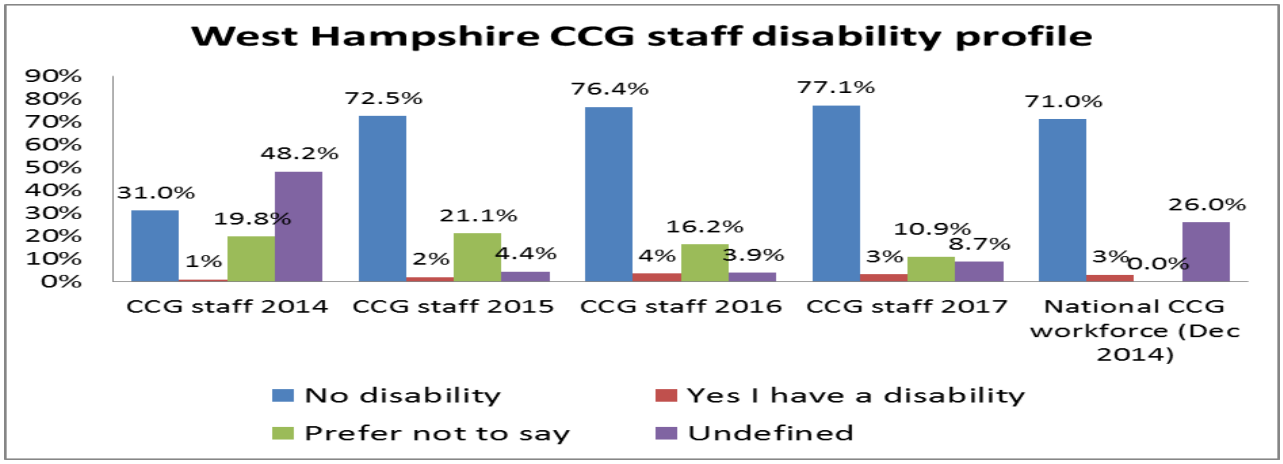
Staff Survey responses suggest that:

- Physical violence is rare and incidence has fallen since 2016 for all staff age groups
- Older employees appear more likely to experience harassment, bullying or abuse from patients, relatives or the public
- Younger employees in the 16-30 years age group seem to be slightly more likely to experience discrimination.

Disability

Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.

Evidence about the disability profile of West Hampshire CCG workforce



Note: Data not available in 2013. Snapshot date is the 31 December each year.

The staff disability profile tells us that:

- Our efforts to improve the quality of information we hold about levels of staff disability have reduced the proportion of undefined records from 48.2% in 2014 to 8.7% in 2017 (against the 2013 baseline of 100% undefined)
- NHS England combines data for 'Prefer not to say' and 'Undefined' records. If we do the same, then CCG data quality for disability is 19.6%, which is better than that seen nationally at 26%
- 10.9% of employees still prefer not to tell us whether they have a disability. Although this has improved each year since 2014, we need to take further action to reduce this.
- The proportion of CCG employees who are not disabled compared to those who are, is similar to the CCG workforce across England
- For comparison, the 2011 Census found that across west Hampshire:
    - 84% of people said they do not have a disability
    - 9.5% of people's day-to-day activities are limited a little by a disability
    - 7% of people's day-to-day activities are limited a lot by a disability or long-term health condition.

Key findings from NHS Staff Survey for West Hampshire CCG

Staff survey indicator	Disabled			Not disabled		
	2015	2016	2017	2015	2016	2017
% staff experiencing physical violence from patients, relatives or the public in last 12 months	-	0%	0%	-	3%	1%
% staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	-	20%	17%	-	16%	7%
% experiencing discrimination at work in last 12 months	10%	16%	10%	4%	6%	5%

The staff survey results suggest that CCG employees with a disability are more likely to experience abuse, harassment or discrimination. Whilst non-disabled employees seem more likely to experience physical violence.

Dementia

Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people living with dementia.

We are currently not aware of any employee having symptoms or a diagnosis of dementia.

Gender reassignment (including transgender)

Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex / mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.

No employee has informed the CCG that they are transgender. No one has transitioned whilst working for the CCG.

People who transition are known to experience significant abuse, harassment, discrimination and hate crime – for example:

- Almost one in 10 (nine per cent) health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans
- 38 per cent of trans people have experienced physical intimidation and threats and 81 per cent have experienced silent harassment (e.g. being stared at / whispered about) (Trans Mental Health Study-2012)
- Over 10 per cent of trans people experienced being verbally abused and six per cent were physically assaulted at work. As a consequence of harassment and bullying, a quarter of trans people will feel obliged to change their jobs (Engendered Penalties 2007).

Marriage and civil partnership

Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

The relationship status of staff is thought to be low relevance to this policy, although evidence suggests there may be a higher risk of abuse, harassment or discrimination for employees in a civil partnership, but this would be on the grounds of their sexual orientation rather than their relationship status.

2017 Staff Survey results

Percentage experiencing discrimination at work in last 12 months:

- Full-time = 7%
- Part-time = 3%

Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

- Full-time = 8%
- Part-time = 11%

Percentage experiencing physical violence from patients, relatives or the public in last 12 months:

- Full-time = 0%
- Part-time = 3%.

Pregnancy and maternity

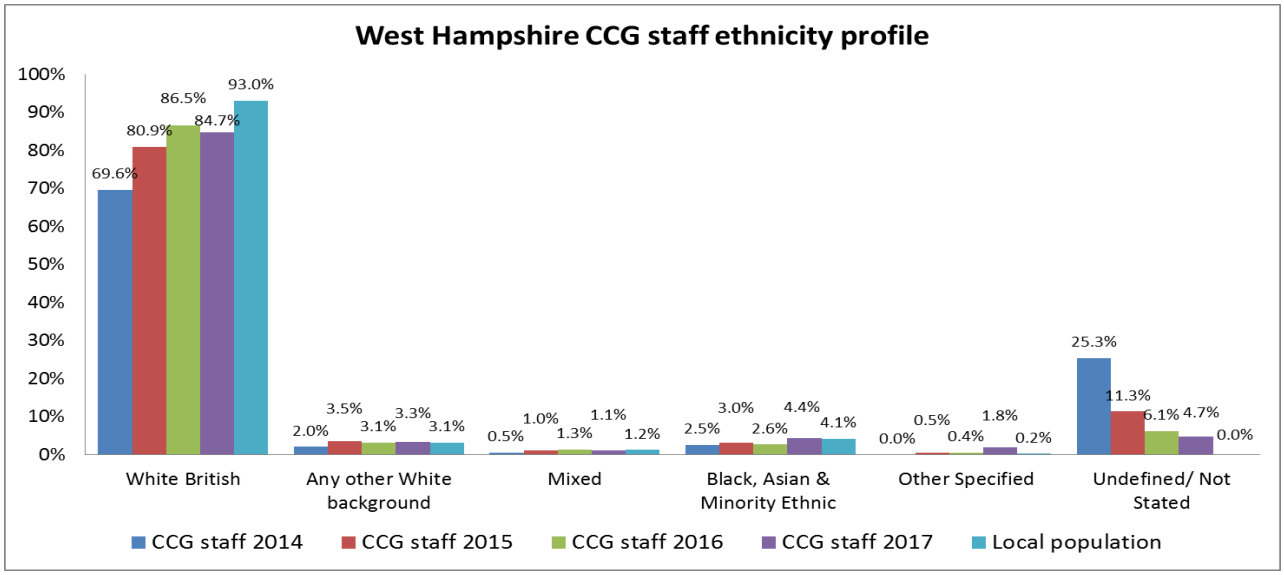
Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

We do not have any data about abuse, harassment, abuse or violence against employees who are pregnant or have recently given birth.

Race

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

Evidence about the ethnic profile of West Hampshire CCG workforce



Note: No data available in 2013. Snapshot date is the 31 December each year. Local population data is from ONS 2011 Census.

The staff ethnic background profile tells us that:

- Comparing the 2017 staff ethnicity data with that for 2014 and 2015 is problematic because of the relatively high proportion of 'Undefined / not stated' records in these years
- Our efforts to improve data quality have reduced the proportion of undefined records for ethnicity from 66% in 2013 to 4.7% in December 2017. This improvement has been supported by the introduction of mandatory reporting against the NHS Workforce Race Equality Standard (WRES)[1]
- In December 2017 the proportion of staff from 'Mixed' ethnic backgrounds, 'Black, Asian and Minority Ethnic' (BAME) and 'Other ethnicities' reflected the local population for the first time
- Within the BAME group, employees have backgrounds from Asian and Asian British 1.8%, Black or Black British Caribbean 0.4%, and Black or Black British African 2.2%. Previously these groups were under-represented in the workforce
- BAME employees remain under-represented in more senior roles.

NHS staff survey results for West Hampshire CCG

The survey provider does not breakdown the results by ethnic background, other than for the WRES related key findings. Unfortunately because the number of Black, Asian and Minority Ethnic (BAME) staff at the CCG is relatively low, each year there have been less than 11 BAME survey respondents. Where this is the case, it means the survey provider cannot release the data. Information we do have is below:

[1] NHS England NHS Workforce Race Equality Standard

		2015	2016	2017	Average for CCGs in 2017
% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**White**	-	16%	8%	9%
	BAME	Withheld	Withheld	Withheld	7%

As we do not have direct evidence using the survey, in June 2017 we organised a focus group / individual interviews for BAME employees. The aim was to gather their experiences and views. This work found that no participants had experienced overt discrimination from either patients or colleagues whilst working at the CCG.

More statistically reliable data is available from NHS England's work linked to the implementation of the NHS Workforce Race Equality Standard (this is because they have collated staff survey data from all NHS Trusts nationally). This work identifies that:

- The levels of reported bullying for BAME staff by patients, relatives and the public have consistently been similar to that for White staff.

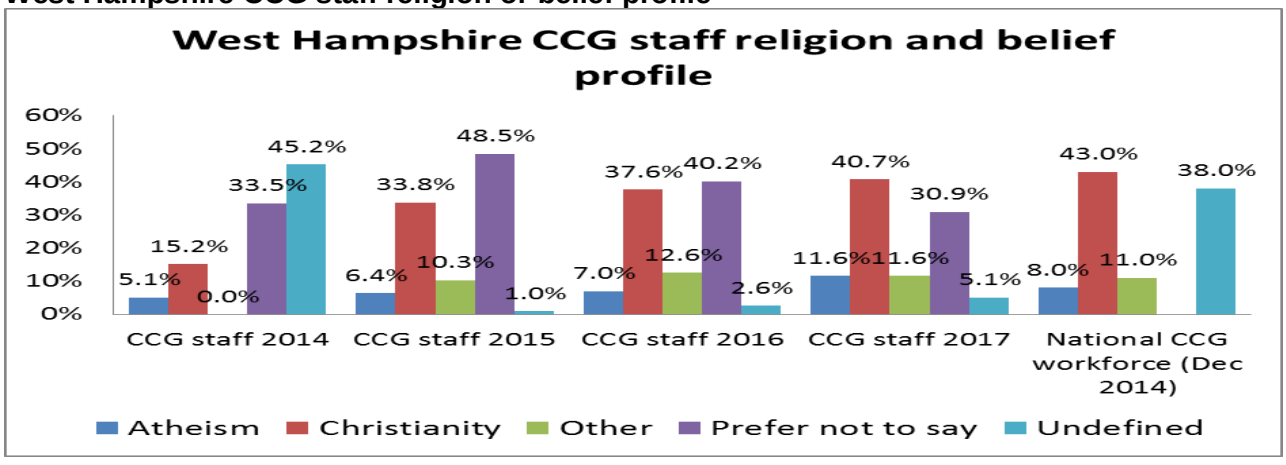
The Freedom to Speak Up Review by Sir Robert Francis (2015) noted the impact of the disproportionate bullying of BAME staff that had raised concerns. This may mean BAME staff may be particularly cautious about raising concerns openly because of the fear of consequences.

Francis wrote that there was 'a perception that BAME staff are more likely to be referred to professional regulators if they raise concerns, more likely to receive harsher sanctions and more likely to experience disproportionate detriment in response to speaking up'.

Religion or belief

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

West Hampshire CCG staff religion or belief profile



The staff religion or belief profile tells us that:

- Year on year the quality of information we hold about the religion or belief of employees has improved. However a high proportion of staff (30.9% or 85 individuals) still choose not to tell us their religion or belief
- Across the national CCG workforce, undisclosed records amount to 38% (prefer not to say and undefined combined). The CCGs data position is similar at 36% undisclosed. This limits the usefulness of our workforce data about religious belief

- Amongst CCG employees the 'Other' religious belief can be broken down a little further:
  - Buddhism 0.4% of staff
  - Hinduism 0.7%
  - Other 10.5%

For comparison the 2011 Census data for west Hampshire shows that

- Christianity is the largest religion in this area at 61.4%
- Islam is the next biggest at 0.5%
- Followed by Hindu 0.4% and Other 0.4%
- 26.6% of the local population said they had no religion.

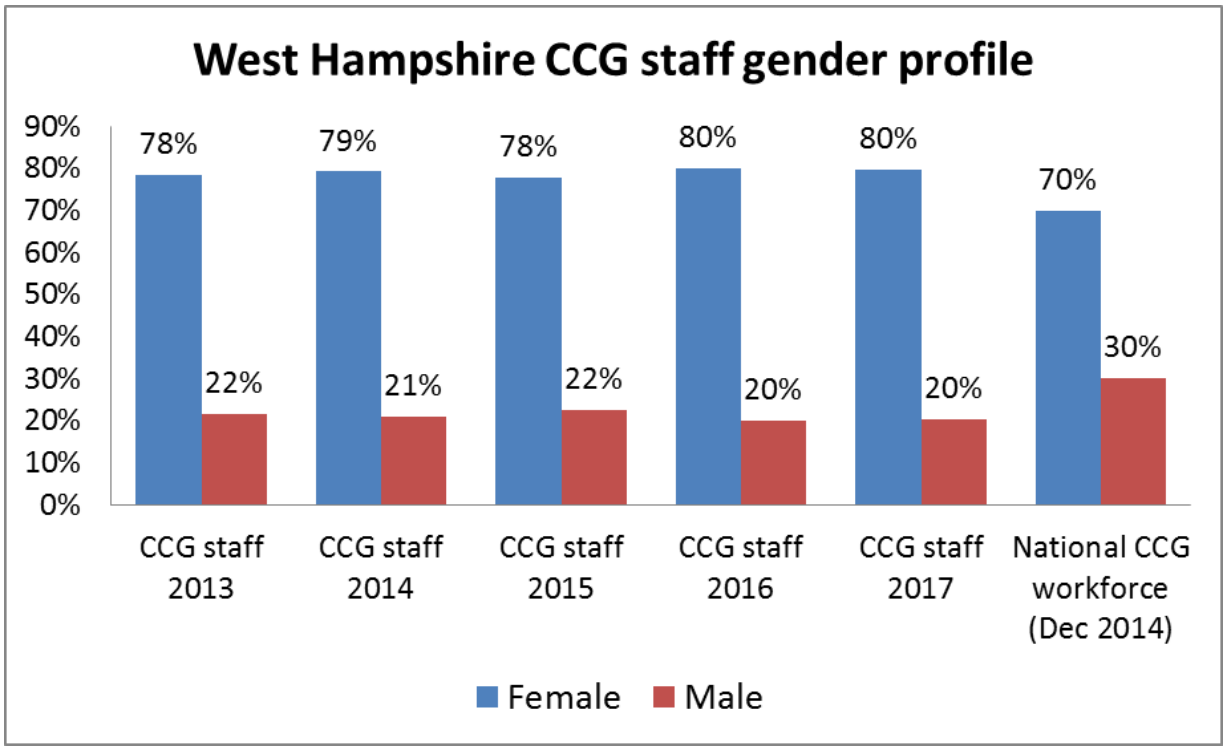
NHS Staff Survey
The NHS Staff Survey results are not disaggregated by a respondent's religion or belief.

We are not aware of any incidents of abuse, harassment or violence by a patient, relative or the public against an employee on the grounds of religion or belief.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

West Hampshire CCG workforce gender profile



The staff gender profile tells us that:

- The majority of CCG employees are women (80% or 219 individuals)
- Just 20% of staff (56 individuals) are men
- The CCG employs a higher proportion of women (80%) compared to the national CCG workforce (70%)

- The higher proportion of female staff reflects the trend across the NHS in England where 77% are women and 23% are men[2]
- The proportion of female to male staff in the CCG workforce has remained about the same over the last 5 years
- At the senior management level there are more men. Out of the 15 directly employed CCG Board members (includes voting and non-voting Board members), 9 are women (60%) and 6 are men (40%). Note: The pattern across the NHS in England is that 54% of very senior manager roles are held by men[3]
- Unusually West Hampshire CCG has a female Chair and Chief Officer.

Key findings from NHS Staff Survey for West Hampshire CCG

Staff survey indicator	Men			Women		
	2015	2016	2017	2015	2016	2017
% staff experiencing physical violence from patients, relatives or the public in last 12 months	-	4%	3%	-	2%	0%
% staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	-	17%	3%	-	15%	10%
% experiencing discrimination at work in last 12 months	-	4%	0%	-	7%	7%

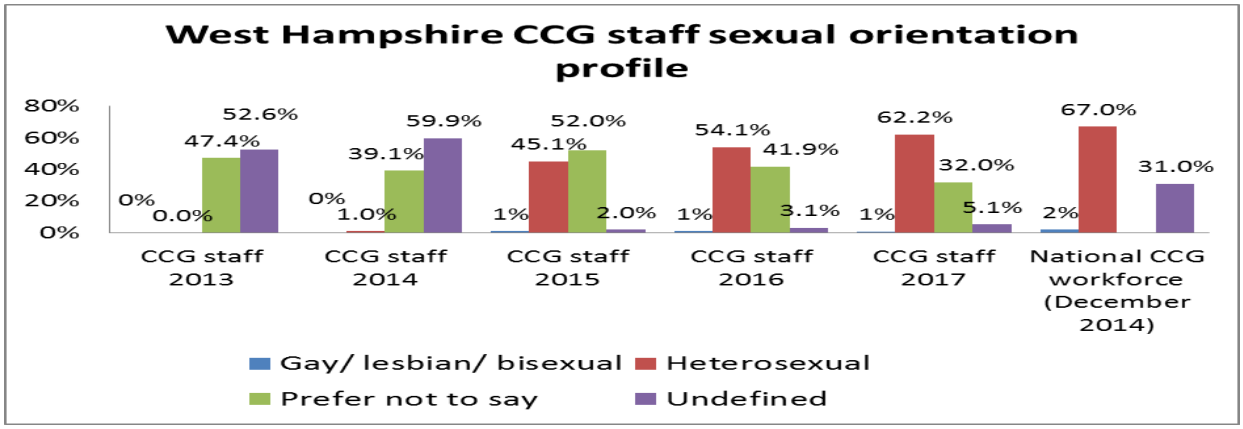
The Staff Survey results suggest that:

- Incidents of violence, abuse and harassment have reduced since 2016
- That men may be more likely to experience violence
- Female staff may be more likely to experience bullying, harassment or abuse from patients, and discrimination compared to male employees.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

West Hampshire CCG workforce sexual orientation profile



The staff sexual orientation profile tells us that:

- Year on year the quality of data we hold about staff sexual orientation has improved. The proportion of staff that 'Prefer not to say' however remains high at 32%. This masks the actual diversity of sexual orientations amongst CCG employees, and limits the usefulness of this data

[2] NHS Employers (2017) Infographic: Gender in the NHS
[3] Health and Social Care Information Centre (2016) Statistical Change Notice relating to NHS Hospital and Community Health Service in England workforce statistics

- An indication of the likely representation of sexual orientation amongst the CCG workforce is provided by data about the UK population from the Office of National Statistics[4]:
    - Lesbian or gay 1.1%
    - Bisexual 0.4%
    - Heterosexual 93.5%.

NHS Staff Survey results
The NHS Staff Survey results are not broken down by respondent's sexual orientation.

We are not aware of any incidents of abuse, harassment, or violence against a member of staff on the grounds of sexual orientation.

Carers

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent / guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

We do not hold data about whether employees have caring responsibilities, and the NHS Staff Survey results are not broken down by whether respondents are a carer.

We are not aware of any incidents of abuse, harassment or violence by a patient, relative or the public against an employee on the grounds of them having caring responsibilities for a child, relative or friend.

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

We do not hold data about whether employees or their relatives are serving military personnel or veterans, and the NHS Staff Survey results are not broken down by whether respondents are a veteran.

We are not aware of any incidents of abuse, harassment or violence by a patient or relative against a colleague linked to them having a relative in the armed services, or them being a veteran.

Meeting psychological needs

The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and / or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.

[4] Office for National Statistics (March 2014) 2012 Integrated Household Survey

Do you have evidence of additional or an unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

NHS England highlights that bullying impacts adversely on both physical and mental health of staff, which can lower morale and result in greater turnover and absenteeism.

Recognising this, the Policy on Abuse, Harassment and Violence Against Staff sets out responsibilities for line managers to encourage and refer victims to support from Occupational Health and the Employee Assistance Programme.

We are not aware of any incidents of abuse, harassment or violence by a patient, relative or the public against an employee who has a mental health condition.

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. Given the demography of west Hampshire this should include impact of:

- Poverty

- Living in rural areas

- Resident status (migrants and asylum seekers).

We believe that the policy is of low relevance to these factors.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Research and other evidence was collated from a range of national sources. Where available this has included evidence related to particular protected characteristics. Dignity and Respect Awareness Training was undertaken in 2017 and this involved seeking the anecdotal experiences of staff participants.

In June 2017 as part of our work linked to the NHS Workforce Race Equality Standard (WRES) we held a focus group and one-to-one interviews with BAME staff to gather their views and experiences.

How have you involved / will you involve stakeholders in testing the policy, project or proposals?

The Omega House and Continuing Health Care Team Staff Forums were involved during the development of this policy, and when the policy has been reviewed in November 2017 and December 2018. Comments and feedback from Forum members have been incorporated into the policy as part of the review process.

Members of the Policy Sub-Group have commented on the policy each time it has been reviewed.

In October / November 2018 staff working in the Continuing Health Care Team received training on how to use the Datix Incident Reporting system to record abuse, harassment and incidents of violence. Staff spoke about their experiences of abusive telephone calls, emails and face-to-face interactions with relatives of clients and staff from other organisations. One employee had faced harassment on the grounds of their ethnic background. This engagement work found that staff tend to only report the most serious incidents – this means we are unable to monitor rates of / patterns in experience of verbal abuse. Ongoing work is needed to encourage staff to record all forms of abuse and harassment.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

Policy aim

The Policy on Abuse, Harassment and Violence Against Staff aims to have a positive equality impact for all protected characteristic groups by:

- Making it clear to patients, relatives, the public and employees of other organisations that abuse, harassment and violence towards CCG employees is unacceptable and may lead to prosecution
- Setting out how staff and managers should prevent, risk assess, respond to, and report incidents of abuse, harassment and violence.

Evidence of what works to prevent and tackle workplace abuse, harassment and violence has been used when drafting this policy. The policy is also shaped by feedback from employees taken from the NHS Staff Survey results and meetings with teams most affected.

Experience of abuse, harassment and violence in the workforce overall

For the workforce overall the survey results suggest that:

- Violence against staff is rare
- Staff experience of harassment, bullying or abuse from patients, relatives and the public is falling year on year, although it remains an issue
- That an increasing proportion of staff who have experienced abuse and harassment are reporting it
- Levels of discrimination remain relatively similar year on year.

Staff engagement found that employees currently tend not to log incidents of verbal abuse or harassment in the Datix Incident Reporting system.

As part of the review of this policy Staff Forum representatives were asked whether they had reported an incident of abuse, harassment or violence, and for their views on the effectiveness of the policy. No one raised a concern.

Evidence of differential experience for protected groups

The evidence shows that across the NHS, staff from Black, Asian and Minority Ethnic (BAME) backgrounds, as well as those with a disability, are more likely to experience bullying and discrimination. However, we do not have evidence to confirm whether this is the case for BAME CCG employees.

We know that the percentage of White staff experiencing harassment, bullying or abuse from patients, relatives or the public has fallen year on year (from 16% in 2016 to 8% in 2017), and is slightly lower than the average for all CCGs which is 9%. Also that the proportion of White staff who have personally experienced discrimination at work is similar year on year (5% as reported by Staff Survey in 2017).

The Staff Survey results for the CCG suggest that a greater percentage of staff with a disability experience harassment, bullying or abuse from patients, relatives or the public (17% in 2017), compared to 7% of non-disabled staff in 2017. Also the 2017 survey highlighted that 10% of disabled staff had experienced discrimination at work in the last 12 months, compared to 5% of non-disabled staff.

For employee age and gender, the Staff Survey results suggest that older and female CCG staff experience more harassment, bullying or abuse from patients, relatives or the public. In relation to discrimination, a higher percentage of CCG employees in the 16-30 and 31-40 year age groups, and female staff, experience discrimination. Male staff, on the other hand, seem more likely to experience violence from patients, relatives and the public.

The NHS Staff Survey does not break down results by all protected characteristics. And we have gaps in the data we hold about staff in the ESR. This means we are unable to reliably assess / review the impact of the Policy on Abuse, Harassment and Violence Against Staff on the following protected characteristics / staff groups:

- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or belief
- Sexual orientation
- Carers.

However, we are not aware of any incidents of bullying, harassment, abuse, discrimination or violence by a patient, relative or member of the public against an employee on the grounds of any of these protected characteristics.

Hate crime
Incidents of abuse, harassment or violence may fall within definition of a hate crime. The policy needs to reflect this.

Effectiveness of the policy
Staff engagement highlighted that employees in the Continuing Health Care Team have an experience of verbal abuse and harassment from the relatives of CHC clients, and from staff from other organisations. This can be during telephone calls, by email and during face-to-face meetings / home visits. They acknowledged that they do not routinely record these incidents using the Datix Incident reporting system. The Datix system has been adjusted to improve reporting and training provided to CHC teams.

The Staff Survey results show that levels of harassment, bullying and abuse have been falling, whilst discrimination in the workplace has remained at similar levels. We recognise that more work is necessary to improve take up of training that supports this policy (see action plan below).

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

- The Policy on Abuse, Harassment and Violence Against Staff is based on evidence of good practice and aims to prevent and reduce abuse, harassment and violence by patients, relatives, the public and staff from other organisations for all employees / protected characteristic groups
- The Staff Survey results show that harassment and abuse of staff by patients, relatives and the public has been falling year on year
- Violence against staff is rare.

Negative impacts

Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.

- The evidence suggests that employees with a disability are experiencing higher levels of harassment, bullying or abuse from patients
- The evidence suggests that staff in the Continuing Health Care Team are experiencing higher levels of harassment, bullying or abuse from patients, relatives, the public and staff from other organisations.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
1. Email policy to all members of the Staff Forum requesting feedback on: • Whether the policy is clear and understandable? • Whether anyone used the policy as a reference point and found it useful or otherwise? • For any suggestions or amendments to improve the policy? • Whether anyone has reported an incident of bullying, harassment or discrimination using the Incident Reporting System (Datix), and how easy was it to use? • Whether anyone has reported an incident of bullying, harassment or discrimination, and if so, were they happy with the response of managers / the outcome achieved?	Equality and Diversity Manager (policy author) to ask Staff Forum Chairperson to share with members	13 December 2018	**Complete:** Range of feedback received from Staff Forum representatives that will be used to amend the Policy on Abuse, Harassment and Violence Against Staff as part of policy review.
2. Amend Policy on Abuse, Harassment and Violence Against Staff in light of Staff Forum feedback and review of evidence within Equality Impact Assessment (including how it relates to hate crime)	Equality and Diversity Manager	15 January 2019	**Complete**: Policy finalised and approved via Chair's action 11 February 2019
3. Reviewed policy and equality impact assessment to be approved by Policy Sub-Group on 23 January 2019	Policy Sub-Group members	23 January 2019	**Complete:** Policy approved via Chair's action 11 February 2019.
4. Complete implementation of training to Continuing Health Care Teams on use of Datix to report incidents of abuse, harassment and violence from patients, relatives, the public and staff from other organisations	Equality and Diversity Manager, together with Risk Manager	28 February 2019	**Complete**: This was completed in December 2018. Now monitoring reports in Datix.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
5. Monitor rate of incident reporting using Datix, identify patterns and trends, and provide feedback to CHC teams and senior managers	Equality and Diversity Manager	Monthly basis from January 2019 Review 30 September 2019	**Update 3 May 2019**: Underway and ongoing
6. Continue to provide training to at risk staff in dealing with difficult situations / conflict resolution / managing telephone calls	Team managers and Head of Organisational Development	Ongoing – evaluate at next policy review Review 30 September 2019	**Update 3 May 2019**: Focus group with CHC team complete.
7. Develop a list of unacceptable behaviours for display in CCG offices to make visitors aware of the CCG stance set out in this policy, and develop communication plan to support this.	Equality and Diversity Manager, CHC teams and Communications Team	~~30 April 2019~~ Review 30 September 2019	**Update 3 May 2019**: Work partially complete – further meetings with CHC staff to be arranged to co-produce these.
8. Develop template warning letters for sending to patients, relatives, the public and others who are abusive to staff, and agree process with defined trigger points	Equality and Diversity Manager and CHC teams	~~30 April 2019~~ Review 30 September 2019	**Update 3 May 2019**: Work partially complete – further meetings with CHC staff to be arranged to co-produce these.
9. Develop a leaflet for CHC patients/relatives/carers to outline unacceptable behaviours and CCG approach to tackling	Equality and Diversity Manager and CHC Managers	~~30 April 2019~~ Review 30 September 2019	**Update 3 May 2019**: Work partially complete – further meetings with CHC staff to be arranged to co-produce these.
10. Consider use of 'Contract of expectations' developed by Isle of Wight trust.	Equality and Diversity Manager	~~30 April 2019~~ Review 30 September 2019	**Update 3 May 2019**: Work partially complete – further meetings with CHC staff to be arranged to co-produce these.

For your records

Person(s) who carried out this assessment:

Date assessment completed:	15 January 2019
Date to review actions:	30 September 2019
Responsible Director:	Chief Officer
Date assessment was approved:	23 January 2019