PREVENTION AND MANAGEMENT OF VIOLENCE AND AGGRESSION GUIDANCE

Author(s):	**Head of Health and Safety**
Responsible Lead Executive Director:	**Deputy Chief Executive & Director of HR**
Development & Approval Group / Team	**Joint Policy Forum**
Governance or Assurance Committee	**Occupational Health, Safety & Wellbeing Performance Group**
Implementation Date:	**August 2026**
Version Number:	**1.0**
Review Date:	**August 2026**
Responsible Person	**Salus Occupational Health, Safety and Return to Work Service General Manager**

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author	Head of Health and Safety
Consultation Process / Stakeholders	• Deputy Chief Executive & Director of HR • Joint Policy Forum Members • Occupational Health and Safety Performance Group Members
Distribution	• All Staff through Staff Briefing • NHS Lanarkshire Salus Health and Safety FirstPort Web Portal

CHANGE RECORD			
Date	**Author**	**Change**	**Version No.**
11th August 2026	Head of Health and Safety	Implementation following change from an NHS Lanarkshire Policy document to guidance following the introduction of the NHS Scotland Work-related Violence and Aggression Policy	1.0

CONTENTS

		Page
i)	**Consultation and Distribution Record**	**2**
ii)	**Change Record**	**2**
1.	**INTRODUCTION**	**5**
2.	**AIM, PURPOSE AND OUTCOMES**	**6**
3.	**SCOPE**	**7**
	3.1 Who is the Guidance Applies To	8
	3.2 Who are the Stakeholders	
	3.3 Data Protection and Confidentiality	8
4.	**PRINCIPAL CONTENT**	**9**
	4.1 Definition of Violence and Aggression	9
	4.2 Assessing the Risk of Violence and Aggression	10
	4.3 Factors to Consider When Assessing Risk	11
	4.4 Managing Identified Risks	11
	4.5 Control Book Guidance	12
	4.6 Advice and Support from the PaMoVA Service	13
	4.7 Managing Incidents	13
	4.8 Incidents Affecting Patients, Visitors and Other Members of the Public	14
	4.9 Reporting and Monitoring Incidents of Violence and Aggression	15
	4.10 Reporting Specific Types of Incidents	16
	4.11 Complaints	17
	4.12 Post Incident Review and Debriefing	17
	4.13 Staff Support	18
	4.14 Involving Police Scotland and Legal Proceedings	19
	4.15 Withholding Treatment and Managing Unacceptable Behaviour	20
	4.16 Compensation and Financial Support	22
	4.17 Monitoring and Review	23
5.	**ROLES AND RESPONSIBILITIES**	**24**
	5.1 Chief Executive	24
	5.2 Deputy Chief Executive & Director of Human Resources	24
	5.3 Acute University Hospital Site Directors/ General Manager/ Heads of Service and Service Managers	25
	5.4 Divisional / Department / Line Managers	26
	5.5 Employees	27
	5.6 Salus PaMoVA Advisors / Trainers	28
6	**INCIDENTS OF VIOLENCE AND AGGRESSION**	**29**

7	**PAMOVA TRAINING**		**31**
7.1	Training Needs Assessment		31
7.2	Module One ‘LearnPro ‘Violence and Aggression Awareness, Conflict Management and De-escalation’ Training		32
7.3	Module Two ‘De-escalation and Disengagement’ Training		33
7.4	Module Three ‘Safe Use of Physical Intervention’ Training		34
7.5	Use of Non-Invasive and Non-Injurious Physical Restraint Training		35
7.6	Additional Training Guidance for Clinical Staff		36
7.7	Rotational Tutors		37
7.8	Exceptional Circumstances		38
8	**TRAINING COMPLIANCE**		**39**
8.1	Monitoring Training Compliance		39
8.1.1	PaMoVA LearnPro Compulsory Module One Compliance		40
8.1.2	PaMoVA Modules Two and Three Compliance		40
8.1.3	Compliance Reporting Frequency		42
8.1.4	Restriction to Practice for PaMoVA Module Three	42	
9	**RESOURCE IMPLICATIONS**		**44**
10	**COMMUNICATION PLAN**		**45**
11	**LEGAL AND BEST PRACTICE FRAMEWORK**		**45**
12	**SUMMARY OF GUIDANCE/ PAMOVA MODULE THREE RESTRICTION TO PRACTICE FREQUENTLY ASKED QUESTIONS**		**47**
13	**DEFINITIONS**		**49**
14	**APPENDIX 1 PAMOVA MODULE THREE RESTRICTION TO PRACTICE SPECIMEN DOCUMENTATION**		**50**
16.1	Specimen Staff Briefing		50
16.2	Specimen Restriction to Practice Stage 1 Letter		53
16.3	Specimen Restriction to Practice Stage 2 Letter		56

1. INTRODUCTION

1.1 This guidance should be read in conjunction with the NHS Scotland Workforce Work-related Violence and Aggression Policy and its supporting documents, including the Guide for employees, Guide for managers, and Combined risk assessment. These documents are available at: https://workforce.nhs.scot/policies/work-related-violence-and-aggression-policy-overview/.

NHS Lanarkshire managers, employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors should familiarise themselves with the requirements of the NHS Scotland Workforce Violence and Aggression Policy and supporting documents before referring to this guidance. This guidance is intended to complement the NHS Scotland Violence and Aggression Policy and should be used to support the prevention and management of violence and aggression throughout NHS Lanarkshire.

1.2 The purpose of this guidance is to provide NHS Lanarkshire managers, employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors with practical advice on the prevention and management of violence and aggression in the workplace. It aims to promote awareness of the risks associated with violence and aggression, encourage participation in relevant training, and support the development of safe working practices.

This guidance provides additional information on the arrangements for:

- Identifying and assessing the risk of violence and aggression.
- Preventing and managing incidents of violence and aggression.
- Reporting and recording incidents and near misses.
- Undertaking post-incident review and debriefing activities.
- Accessing support following an incident.
- Involving Police Scotland where appropriate.
- The circumstances in which treatment or services may be withheld due to unacceptable behaviour.

The guidance should be read in conjunction with the NHS Scotland Workforce Work-related Violence and Aggression Policy and its supporting documents. It is intended to support managers, employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors in maintaining a safe working environment and ensuring that incidents of violence and aggression are managed consistently, proportionately and in accordance with NHS Scotland and NHS Lanarkshire policies and UK and Scottish legal requirements.

1.4 NHS Lanarkshire takes extremely seriously the health, safety and welfare of all NHS Lanarkshire employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors and recognises that violence and/or acts of aggression or abuse is unacceptable and that all staff groups have the right to be able to perform their duties without fear of abuse or violent acts. No one should consider violence and/or acts of aggression or abuse an acceptable part of their experience working for NHS Lanarkshire.

1.5 This guidance should be communicated to all NHS Lanarkshire employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors at risk from violence and / or acts of aggression or abuse. The guidance can be accessed directly via FirstPort through the Salus Health and Safety portal page and, where appropriate, circulated during local induction processes, team meetings, and other relevant communication channels.

2. AIM, PURPOSE AND OUTCOMES

2.1 The aim of this guidance is to ensure, so far as is reasonably practicable, that NHS Lanarkshire employees, temporary and agency workers, bank staff, sessional workers, students undertaking placements or practical projects, volunteers providing services on behalf of NHS Lanarkshire, work experience and contractors are protected from significant risks to their health, safety and wellbeing arising from violence, aggression or abuse encountered during the course of their work.

This guidance aims to:

- Promote the prevention and effective management of violence, aggression.
- Provide practical advice and support on managing violence and aggression in the workplace.
- Clarify the roles and responsibilities of managers, employees and others in preventing and responding to incidents.
- Raise awareness of the potential risks associated with violence, aggression and abuse.
- Support the systematic identification, assessment and management of risks arising from violence and aggression.
- Ensure safe systems of work and appropriate control measures are put in place to reduce risks to the lowest level reasonably practicable.
- Encourage the uptake of relevant training and development opportunities.
- Provide guidance on incident management, reporting and recording arrangements, post-incident review and debriefing, support staff.

2. AIM, PURPOSE AND OUTCOMES (continued)

This guidance further aims to highlight:

- The provision and uptake of training to help staff recognise the potential risk of violence, aggression and abuse, and provide practical advice on preventing, managing and de-escalating incidents.
- Access to specialist advice, support and training through NHS Lanarkshire's Prevention and Management of Violence and Aggression (PaMoVA) service.
- The need for prompt reporting and recording of all incidents, including near misses, through the InPhase incident reporting system.
- Support for staff to respond appropriately, confidently and safely when faced with violence, aggression or abusive behaviour.
- Practical guidance on safe systems of work, control measures and workplace procedures.
- Risk assessment tools and model risk assessment templates to support the identification and management of risks.
- Access to specialised Prevention and Management of Violence and Aggression training programmes.
- Support for managers and staff in developing local arrangements where specific risks of violence and aggression have been identified.
- Access to competent specialist advice from PaMoVA Advisors and Trainers.
- Systems to support organisational learning through the investigation, reporting and review of PaMoVA incidents reported to the Health and Safety Executive.

3. SCOPE

This guidance applies to all situations where violence, aggression, abuse, or threatening behaviour may occur during the course of work or in connection with the delivery of NHS Lanarkshire services and activities.

The guidance:

- Applies to incidents involving violence, aggression, abuse, or threatening behaviour directed towards NHS Lanarkshire staff.
- Should be read alongside the NHS Lanarkshire Lone Working and Working in Isolation Policy where lone working activities present a foreseeable risk of violence or aggression.
- Does not cover incidents of bullying, harassment, discrimination, or victimisation involving staff. These matters are managed through the:

    - NHS Scotland Bullying and Harassment Policy**;** and
    - NHS Lanarkshire Equality, Diversity and Human Rights Policy.

Who the Guidance Applies To

This guidance applies to all individuals working on behalf of NHS Lanarkshire, including:

- Permanent and fixed-term employees
- Temporary, agency and bank workers
- Students and trainees
- Work experience placements
- Volunteers
- Contractors and other authorised persons working within NHS Lanarkshire premises

Stakeholders

The guidance has been developed in consultation with relevant stakeholders to support the consistent implementation, monitoring, and review of arrangements for preventing and managing violence and aggression across NHS Lanarkshire.

Data Protection and Confidentiality

NHS Lanarkshire is committed to protecting personal information and ensuring that it is processed lawfully, fairly and securely. Access to personal information is restricted to authorised individuals who require it for legitimate work purposes. All employees have legal, professional and contractual responsibilities to maintain the confidentiality and security of personal information, including personal health information.

Further information on how NHS Lanarkshire collects, uses, stores and protects personal information can be found in the NHS Lanarkshire Privacy Notice and related information governance documentation, available on the NHS Lanarkshire website at www.nhslanarkshire.scot.nhs.uk. Employees requiring further advice should seek guidance from their line manager, Information Governance team, or the Data Protection Officer.

4. PRINCIPAL CONTENT

Violence and aggression can be carried out by patients, service users, relatives, visitors, members of the public or any other person encountered during the course of delivering NHS Lanarkshire activities. Such behaviour may occur in person, by telephone, in writing, or through electronic and social media communications.

The consequences of violence and aggression towards staff working in mental health, acute, community and health and social care settings not only impacts those involved, it affects their family as well as other patients and visitors who witness such incidents.

NHS Lanarkshire is determined to ensure staff feel supported and confident to report acts of violence and aggression. Staff should be able to come into work without fear of violence, injury or abuse and NHS Lanarkshire will continue to work with Police Scotland and the Procurator Fiscal Service to support staff experiencing acts of violence and aggression

4.1 Definition of Violence and Aggression

The NHS Scotland Work-related Violence and Aggression Policy defines an incident of violence and aggression as: "*Any incident in which a person is abused, threatened or assaulted in circumstances related to their work....*"

This may include:

- Swearing, shouting, or verbal abuse.
- Threatening, intimidating, or humiliating behaviour.
- Harassment, abusive language, or gestures.
- Physical assault or attempted physical assault with or without a weapon or object.
- Deliberate acts intended to cause fear, distress, or harm to another person.
- Damage to property, equipment, or the working environment, such as breaking windows, throwing objects, or damaging furniture and equipment.

Staff can access support to either help prevent or manage incidents involving violence and aggression when they occur. This includes training, post-incident support through local incident reviews and debriefings as well as access to counselling and occupational health services.

Three levels of violence and aggression training are available to staff. The first is through a LearnPro module which promotes violence and aggression awareness, conflict management awareness, personal safety and de-escalation. The next level of training is a half- day practical course on de-escalation and disengagement. The third level of training is a two-day practical course for staff who require more complex training to intervene through non-injurious physical intervention techniques. Each year over 6000 staff participate in PaMoVA training.

4.2 Assessing the Risk of Violence and Aggression

The likelihood of experiencing violence or aggression at work varies between roles, work locations, and individual circumstances. Some employees may never encounter violence or aggression during their work, while others may experience low-level incidents more regularly. In certain settings, staff may occasionally be exposed to a higher risk of violence, aggression, or abuse.

NHS Lanarkshire is committed to identifying, assessing, and managing risks associated with violence and aggression through local health and safety risk assessment arrangements. Managers and Control Book Holders should ensure that violence and aggression risks are considered within departmental risk assessments and that appropriate control measures are implemented to reduce risks so far as is reasonably practicable.

Where there is an actual or potential risk of violence and aggression, services should undertake a suitable and sufficient risk assessment. This should consider the specific work activities undertaken, the environment in which staff work, and the training and support required to enable staff to carry out their duties safely.

When assessing the risk of violence and aggression, managers should consider:

- Activities or situations where violence, aggression, or abuse may occur.
- Who may be affected, including employees, students, volunteers, contractors, patients, and visitors.
- The nature and severity of the potential risks.
- Previous incidents, near misses, and emerging trends, including information recorded through local reporting systems such as InPhase.
- Environmental factors that may increase risk.
- Whether particular groups of staff or work activities present an increased vulnerability.
- The effectiveness of existing control measures and whether additional controls are required.

Risk assessments should be reviewed periodically and whenever there is a significant change in work activities, staffing arrangements, the workplace environment, or following a violence and aggression incident. An appropriate level of training, information, supervision, and support should be provided where violence and aggression risks have been identified.

4.3 Factors to Consider When Assessing Risk

4.3.1 When assessing the risk of violence and aggression, managers should take account of any factors that may increase the likelihood of an incident occurring. These may include:

- Historical incidents reported on In-Phase.
- The nature of the clinical specialty or service provided.
- The patient, service user, or client group.
- Patient physical health conditions, mental health conditions, cognitive impairment, distress, or behavioural presentations.
- Community-based, mobile, remote, lone working, or isolated working activities.
- Appointment scheduling arrangements, including timing and duration of appointments.
- Waiting area capacity, environmental conditions, and communication arrangements with patients, relatives, and visitors.
- Situations involving the delivery of unwelcome, sensitive, or emotionally challenging information.
- Refusal of appointments, requests, treatment, medication, or services.
- The administration of medication or treatment.
- The physical working environment, including workplace layout, furnishings, security arrangements, and levels of public access.
- The availability and accessibility of escape routes.
- Arrangements for raising the alarm and summoning assistance.
- The need for anti-barricade measures or other environmental controls where appropriate.

Managers should also consider:

- The effectiveness of existing control measures and safe systems of work in managing identified risks.
- Whether additional controls, preventative measures, or revised working arrangements are required to eliminate or reduce risks to the lowest reasonably practicable level.

4.4 Managing Identified Risks

Where a patient, relative, carer, service user, or other individual has been identified as presenting an actual or potential risk of violence or aggression, this should be clearly documented within the appropriate clinical records, care plans, or risk assessment documentation.

Relevant information regarding identified risks and agreed control measures should be communicated to staff who may be affected or involved in providing care or services. Where non-NHS Lanarkshire organisations or agencies are involved in care delivery, information should be shared in accordance with current information governance and confidentiality requirements.

4.4 **Managing Identified Risks** (continued)

Risk assessments should be communicated to relevant staff, reviewed regularly, and updated whenever circumstances change significantly. As a minimum, risk assessments should be reviewed annually, or sooner following an incident, near miss, change in service delivery, change in individual circumstances, or where new information becomes available that may affect the level of risk.

4.5 **Control Book Guidance**

NHS Lanarkshire provides a range of tools and supporting documentation within the Health and Safety Control Book, Section 3A Violence and Aggression to assist managers and staff in identifying, assessing, managing, and reviewing risks associated with violence and aggression.

Managers, Control Book Holders, and other responsible persons should use these resources as part of the local risk assessment process and when developing appropriate control measures and safe systems of work.

The resources available within Section 3A include:

- **3A** – Violence and Aggression Guidance
- **3A1** – Initial Assessment of Work-Associated Violence and Aggression
- **3A2** – Violence and Aggression Control Measures Checklist
- **3A3** – Violence and Aggression Risk Assessment Form
- **3A4** – Individual Patient Violence and Aggression Risk Assessment Form
- **3A5** – Post-Violence and Aggression Incident Flowchart
- **3A6** – Post-Incident Review Form

These documents support services in:

- Identifying areas where violence and aggression may occur.
- Assessing the level of risk to staff and others.
- Selecting and implementing appropriate control measures.
- Recording and communicating risk information.
- Reviewing incidents and identifying learning opportunities to reduce future risk.

The current versions of these documents can be accessed via the NHS Lanarkshire FirstPort Health and Safety intranet pages under Control Book, Section 3A: Violence and Aggression. Staff should ensure they use the most recent versions of the documents available on FirstPort, as tools and templates may be updated periodically to reflect changes in legislation, guidance, or organisational requirements.

4.6 Advice and Support from the PaMoVA Service

Managers and staff can obtain advice and assistance on the assessment and management of violence and aggression risks from NHS Lanarkshire's:

- Prevention and Management of Violence and Aggression (PaMoVA) Service
- Health and Safety Service

Contact details for both services are available on the NHS Lanarkshire FirstPort intra-net site under Salus.

Specialist support is available to help services:

- Undertake violence and aggression risk assessments.
- Identify appropriate control measures and safe systems of work.
- Determine training requirements.
- Review incidents and identify learning opportunities.
- Develop local procedures to reduce the risk of violence and aggression.

In addition to local support, managers and staff may find it helpful to refer to the Health and Safety Executive (HSE) guidance "Violence in health and social care", which provides practical advice, healthcare-specific examples, and information on assessing and controlling the risk of work-related violence and aggression within health and social care settings.

The guidance can be accessed through the HSE website and should be considered alongside NHS Lanarkshire policies, risk assessment processes, and local procedures. Link address: https://www.hse.gov.uk/healthservices/violence/overview.htm

4.7 Managing Incidents

Services and departments where required should develop local procedures to support staff in preventing, managing, and responding to incidents of violence and aggression. These procedures should provide clear guidance on the actions staff are expected to take before, during, and following an incident, including arrangements for obtaining assistance and accessing post-incident support. Staff must be familiar with local emergency procedures and understand how to:

- Recognise early warning signs of escalating behaviour.
- Take appropriate action to reduce the risk of escalation where safe and practicable to do so.
- Raise the alarm and summon assistance when required.
- Access emergency response arrangements and security support.
- Withdraw from a situation where there is a significant risk to their safety or the safety of others.
- Report incidents, near misses, and concerns through the appropriate reporting systems.

4.7 **Managing Incidents** (continued)

Managers should ensure that staff are aware of, and have access to, relevant local procedures, risk assessments, safe systems of work, and emergency arrangements.

All staff are expected to comply with NHS Scotland Work- related Violence and Aggression Policy and relevant NHS Lanarkshire policies, guidance, training, and local procedures relating to the prevention and management of violence and aggression. These arrangements should be understood and applied in conjunction with the measures outlined within this guidance to support a consistent and proportionate approach to managing incidents and protecting the safety and wellbeing of staff, patients, visitors, and others affected by NHS Lanarkshire activities.

4.8 **Incidents Affecting Patients, Visitors and Other Members of the Public**

NHS Lanarkshire recognises that healthcare environments bring together a diverse range of individuals, often in circumstances involving illness, distress, anxiety, or emotional stress. As a result, there is the potential for incidents of violence or aggression to occur between patients, visitors, relatives, carers, and other members of the public.

Examples may include:

- Patient-to-patient violence or aggression.
- Violence or aggression by a member of the public towards a patient.
- Violence or aggression by a patient towards a member of the public.
- Incidents involving relatives, visitors, carers, or other individuals within NHS Lanarkshire premises.

Where there is a foreseeable risk of such incidents occurring, services should consider appropriate preventative measures as part of their local risk assessment and management arrangements.

NHS Lanarkshire also recognises that some incidents may arise suddenly and without warning. In these circumstances, staff may not have the training, authority, or equipment required to safely intervene physically. Staff should therefore undertake a dynamic assessment of the situation and take actions that are proportionate to the circumstances, with the safety of all those involved remaining the primary consideration.

Depending on the level of risk, appropriate actions may include:

- Raising the alarm and requesting assistance.
- Following local emergency procedures.
- Moving themselves and others to a place of safety.
- Attempting verbal de-escalation where safe and appropriate to do so.
- Withdrawing from the immediate area if there is a significant risk of harm.
- Requesting support from Security Services, where available.
- Contacting emergency services, including Police Scotland, when immediate assistance is required.

4.8 **Incidents Affecting Patients, Visitors and Other Members of the Public** (continued)

Where police involvement results in an individual being removed from healthcare premises, the person in charge should, where practicable, ensure that any necessary medical assessment, treatment, or onward care arrangements have been considered to support continuity of care and patient safety.

Following any significant incident, appropriate reporting, review, and follow-up actions should be undertaken in accordance with local procedures to identify learning opportunities and help reduce the likelihood of similar incidents occurring in the future.

4.9 Reporting and Monitoring Incidents of Violence and Aggression

4.9.1 InPhase Incident Reporting

All incidents of violence and aggression, including verbal abuse, threats, physical assaults, and near misses, should be reported to the line manager or person in charge as soon as practicable.

Staff are required to record incidents using NHS Lanarkshire's incident reporting system (InPhase) in accordance with local reporting procedures. Prompt reporting assists NHS Lanarkshire in identifying trends, assessing risks, implementing preventative measures, and ensuring that appropriate support is provided to those affected.

Managers should ensure that reported incidents are reviewed and investigated as appropriate, and that any required actions are implemented to prevent recurrence.

Services should regularly monitor:

- Reported violence and aggression incidents.
- Near misses and emerging trends.
- The effectiveness of local control measures.
- Compliance with risk assessment and reporting requirements.
- Training needs and staff support arrangements.

Monitoring information should be used to inform local risk assessments, identify opportunities for improvement, and support the ongoing review of violence and aggression prevention arrangements.

4.9.2 Reporting Under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Certain work-related violence and aggression incidents may meet the reporting criteria of RIDDOR. This may be where an incident results in:

- A specified injury to an employee i.e. a fracture other than to the fingers, thumbs and toes; or
- An injury that results in the employee being unable to perform their normal work duties for more than seven consecutive days.

RIDDOR incidents must be reported to the Health and Safety Executive (HSE) in accordance with NHS Lanarkshire's RIDDOR reporting procedures.

4.9 Reporting and Monitoring Incidents of Violence and Aggression (continued)

Managers should seek advice from the Health and Safety Service where there is any uncertainty regarding reporting requirements. Further information on RIDDOR reporting criteria and responsibilities is available within the Health and Safety Control Book, Section 1C2, available on FirstPort on the Salus Health and Safety Intranet webpage.

Accurate and timely reporting supports legal compliance, facilitates organisational learning, and helps NHS Lanarkshire identify measures to reduce the risk of future incidents. Incidents of violence and aggression are regularly reported and reviewed at Divisional Health and Safety forums and governance groups.

4.10 Reporting Specific Types of Incidents

4.10.1 Verbal Abuse

Staff should consider reporting incidents of verbal abuse where they feel the behaviour was threatening, offensive, intimidating, or had a negative impact on their wellbeing.

It is recognised that some individuals may use swearing, offensive language, or inappropriate expressions as part of their usual communication style, clinical presentation, illness, distress, or circumstances, and such language may not always be intended to cause offence. However, this does not diminish the effect that such behaviour may have on staff.

Employees should use their professional judgement when deciding whether to report an incident, while recognising that individuals may experience and be affected by behaviour differently. Any member of staff who feels that verbal abuse has affected them, caused distress, or represents unacceptable behaviour should be supported in reporting the incident through local procedures and the InPhase reporting system.

4.10.2 Telephone Abuse

Abusive, threatening, or aggressive behaviour towards staff over the telephone is unacceptable and should be managed in accordance with local procedures.

Where an individual becomes abusive during a telephone conversation, staff should, where appropriate:

- Remain calm and professional.
- Advise the caller that their behaviour is unacceptable.
- Request that the abusive behaviour stops.
- Warn the caller that the call may be terminated if the behaviour continues.
- Staff have the authority to end the call if the abusive behaviour persists.

All incidents of telephone abuse should be reported and recorded on the InPhase incident reporting system to support monitoring, risk assessment, and organisational learning.

4.11 Complaints

NHS Lanarkshire welcomes feedback and recognises that patients, relatives, carers, and members of the public may wish to raise concerns or complaints regarding aspects of service provision.

Complaints relating to matters such as appointments, waiting times, care plans, treatment decisions, service delivery, or other patient experience issues should be managed through the appropriate Patient Affairs or complaints procedures.

Complaints should not normally be recorded within the InPhase incident reporting system unless the complaint is associated with an incident of violence, aggression, abuse, intimidation, threatening behaviour, or another health and safety concern requiring incident reporting.

Where a complaint is accompanied by violence or aggression towards staff, both the complaint and the violence and aggression incident should be managed through the appropriate service line management structure.

4.12 Post Incident Review and Debriefing

Post-incident review and debriefing are important components of managing and learning from incidents involving violence and aggression. They provide an opportunity to understand what occurred, identify any contributory factors, determine whether the incident could have been prevented or better managed, and identify any actions required to reduce the likelihood of similar incidents occurring in the future.

Following any significant incident, managers should ensure that an appropriate post-incident review and staff debriefing is undertaken as soon as reasonably practicable. The review should involve those directly affected by, or involved in, the incident and should consider any immediate or ongoing support requirements.

Where appropriate, the debriefing process may include:

- Staff directly involved in the incident.
- Witnesses and other members of staff affected by the event.
- Managers and other relevant personnel.
- The individual responsible for the behaviour, where appropriate and safe to do so.

As a matter of good practice, verbal accounts should be gathered as soon as possible following the incident while events remain fresh in participants' minds. Where necessary, these accounts may be documented as formal statements to support any subsequent investigation or review process.

Wherever possible, the review should be facilitated by a person who was not directly involved in the incident to ensure an objective and supportive approach.

4.12 Post Incident Review and Debriefing (continued)

The review should consider:

- What happened before, during, and after the incident?
- Any factors that may have contributed to the behaviour or escalation.
- The effectiveness of any preventative measures or de-escalation techniques used.
- The actions taken by those involved.
- How individuals were affected by the incident at the time and subsequently.
- Whether existing risk assessments, care plans, management plans, or safe systems of work remain suitable.
- Whether additional control measures, training, information, or support are required.
- Any lessons learned and opportunities for improvement.

The outcome of the review may identify the need for an action plan to address deficiencies, strengthen existing controls, improve communication arrangements, or update local procedures and risk assessments. Debriefing should also be used to identify any ongoing health, wellbeing, or support needs of affected staff. Managers should ensure that employees are made aware of available support services, including Occupational Health, employee wellbeing resources, and other relevant support mechanisms where appropriate. Further guidance, including a post-incident flowchart, staff debriefing template, and post-incident review form, is available within the Health and Safety Control Book, Section 3A: Violence and Aggression, accessible via the NHS Lanarkshire Salus Health and Safety FirstPort intranet site.

4.13 Staff Support

NHS Lanarkshire is committed to supporting staff who experience violence, aggression, abuse, or assault in connection with their work. Managers should ensure that staff affected by such incidents receive appropriate support and assistance at the earliest opportunity.

The impact of violence and aggression can vary significantly between individuals and may result in physical injury, emotional distress, anxiety, reduced confidence, or other adverse effects. Appropriate support should therefore be tailored to the needs of the individual and may include access to medical treatment, counselling, occupational health support, managerial support, and where necessary, time away from work to recover or attend related appointments.

Following an incident, managers should:

- Ensure the immediate safety and wellbeing of affected staff.
- Offer an opportunity to discuss the incident and any concerns arising from it.
- Consider whether additional support or workplace adjustments are required.
- Facilitate access to appropriate health and wellbeing services.
- Maintain regular contact with affected staff, particularly where absence from work has occurred.
- Review any ongoing risks and implement additional control measures where necessary.

4.13.1 Occupational Health Support

Staff who have been affected by violence or aggression can access support through the Salus Occupational Health Service. Referrals can be made either through self-referral or via a management referral processes.

Occupational Health can provide advice and support relating to:

- Physical and psychological wellbeing.
- Return-to-work arrangements.
- Workplace adjustments.
- Ongoing health concerns linked to the incident.

Further information and contact details are available on the NHS Lanarkshire FirstPort intranet under Salus Occupational Health.

4.13.2 Confidential Counselling Support

An independent and confidential counselling service is available to NHS Lanarkshire staff through The Talking Rooms. The service provides access to accredited counsellors and offers support to staff who may be experiencing emotional distress or require assistance following a difficult or traumatic incident. Support is available through face-to-face and telephone counselling appointments.

Key features of the service include:

- Confidential access for all NHS Lanarkshire staff.
- Self-referral without management involvement.
- Telephone and face-to-face counselling options.
- Access to accredited counselling professionals.

The Talking Rooms service operates Monday to Friday, 9.00am to 5.00pm. Staff can contact the service directly by telephone or complete an online self-referral form. The online referral portal is available 24 hours a day, 7 days a week.

Managers should encourage staff to access available support services whenever required and ensure that seeking support following an incident is viewed as a positive and appropriate step in promoting recovery and wellbeing.

4.14 Involving Police Scotland and Legal Proceedings

NHS Lanarkshire is committed to protecting staff, patients, visitors, and others from violence, aggression, abuse, and threatening behaviour. Where appropriate, NHS Lanarkshire will support the reporting of incidents to Police Scotland and will cooperate with any subsequent criminal investigation or legal proceedings.

Staff should be aware that management authorisation is not required before contacting Police Scotland where there are concerns regarding personal safety, criminal behaviour, or an immediate risk of harm. Employees who are subjected to violence, aggression, threats, abuse, or assault while undertaking NHS Lanarkshire duties are encouraged to report such incidents and will be supported throughout the process.

Police Scotland will determine whether a criminal offence has occurred and whether further investigation or action is required. This may include consideration of legislation designed to protect emergency workers and healthcare staff undertaking their duties.

Where a case is referred to the Procurator Fiscal, a decision may be made regarding prosecution or other legal action. Throughout this process, managers should ensure that affected staff receive appropriate support and are kept informed of available well-being resources.

Support available to staff may include:

- Managerial support and supervision.
- Access to Occupational Health services.
- Confidential counselling and wellbeing services.
- Advice and representation from Trade Unions or Professional Organisations.
- Assistance with attending interviews, court proceedings, or other legal processes where appropriate.

NHS Lanarkshire will work collaboratively with Police Scotland, the Procurator Fiscal Service, and other relevant agencies to support the investigation and prosecution of offences committed against staff, patients, visitors, or others affected by NHS Lanarkshire services.

Staff should continue to report all incidents of violence and aggression through local reporting procedures and the InPhase incident reporting system, regardless of whether police involvement is pursued, to ensure that appropriate risk management, support, and organisational learning can take place.

4.15 Withholding Treatment and Managing Unacceptable Behaviour

NHS Lanarkshire is committed to providing safe, effective, and compassionate care while maintaining a safe environment for staff, patients, visitors, and others using its services. Violence, aggression, abuse, and threatening behaviour are not acceptable and may result in additional measures being taken to protect those affected.

Where a patient's violent or aggressive behaviour prevents staff or others working on behalf of NHS Lanarkshire from carrying out their duties safely, or where there is a significant risk to the safety of staff, patients, visitors, property, or service delivery, NHS Lanarkshire reserves the right to consider restrictions on, or withdrawal of, treatment arrangements in accordance with relevant NHS Scotland guidance and organisational procedures.

Staff should ensure that individuals displaying unacceptable behaviour are informed, where safe and appropriate to do so, of:

- The behaviours that are considered unacceptable.
- The impact of their behaviour on staff, patients, and services.
- The standards of behaviour expected when using NHS services.
- The potential consequences should the behaviour continue.

4.15 Withholding Treatment and Managing Unacceptable Behaviour (continued)

4.15.1 Withdrawal of Treatment

Withdrawal or restriction of treatment will only be considered as a last resort after other reasonable measures have been explored and where it is safe and appropriate to do so.

Where a decision is made to withhold treatment:

- The patient will normally receive confirmation from the Divisional Director or their authorised representative explaining the reasons for the decision.
- The patient's General Practitioner (GP) will normally be informed of the decision.
- The rationale for the decision will be recorded within the appropriate clinical records.
- The patient will be advised of the decision and any alternative arrangements that may be available.
- Relevant NHS services or partner agencies may be informed where this is necessary to support safe and coordinated care.

In exceptional circumstances, where there is an immediate and significant risk to safety, treatment may be withdrawn or suspended without prior notice. Any such decision should be appropriately documented and subject to review.

Each case should be considered individually, taking account of all relevant clinical, legal, ethical, and operational factors. Staff involved in responding to incidents should have access to appropriate advice, support, and information regarding the actions available to them.

4.15.2 Special Considerations

Particular consideration should be given to circumstances involving individuals who may have a reduced ability to understand, control, or take responsibility for their behaviour, including:

- Children and young people under 16 years of age.
- Individuals experiencing mental ill health.
- Individuals with learning disabilities.
- Individuals affected by cognitive impairment or other medical conditions.
- Individuals requiring emergency or life-saving treatment.

In such circumstances, decisions should be proportionate, clinically appropriate, and informed by relevant professional clinical and operational guidance.

4.15.3 Review and Appeals

Any decision to withhold treatment should be subject to periodic review. In most circumstances, any restrictions will be time limited and proportionate to the circumstances of the case.

Patients have the right to challenge or appeal decisions through NHS Lanarkshire's complaints procedures. Information on how to access the complaints process should be provided to the individual when a decision is communicated

4.16 Compensation and Financial Support

Staff who are affected by a work-related incident of violence, aggression, or assault may be entitled to access compensation or financial support arrangements. Managers should ensure that employees are made aware of the support available and how to access further advice where required.

4.16.1 Criminal Injuries Compensation

The Criminal Injuries Compensation Scheme provides a means by which victims of violent crime may be able to seek financial compensation for injuries sustained as a result of a criminal act.

Staff who believe they may be eligible for compensation should seek advice at the earliest opportunity. Further information on eligibility criteria and the application process can be obtained through Human Resources or directly from the relevant compensation scheme administrator.

4.16.2 NHS Injury Allowance provisions via Agenda for Change rules

Where an incident results in injury and associated loss of earnings, staff may be eligible to apply for support through NHS Injury Allowance provisions subject to Agenda for Change terms and eligibility requirements.

Information and advice regarding entitlement, application processes, and supporting documentation can be obtained from Human Resources or a Trade Union Representative.

4.16.3 Loss or Damage to Personal Property

Where a member of staff suffers loss of, or damage to, personal property as a consequence of a work-related assault or violent incident, they may be able to submit a claim for compensation in accordance with NHS Lanarkshire procedures.

Claims should be reported promptly and supported by appropriate evidence where available. Staff should seek advice from their manager and Human Resources regarding the process for submitting a claim and any documentation required.

4.16.4 Further Advice

Employees who have been affected by an incident of violence or aggression and wish to explore compensation or financial support options should contact Human Resources for guidance on the schemes available, eligibility requirements, and the appropriate application processes. Managers should ensure that staff are signposted to the relevant support services and provided with reasonable assistance where required.

4.17 Monitoring and Review

NHS Lanarkshire will monitor the implementation and effectiveness of this guidance to ensure that arrangements for preventing and managing violence and aggression remain appropriate, effective, and aligned with organisational requirements and best practice.

Monitoring and review will be undertaken through the Occupational Health, Safety and Wellbeing Performance Group (OHSWPG) and other relevant governance arrangements. This will include consideration of incident trends, risk assessment arrangements, training compliance, lessons learned, and the effectiveness of measures implemented to reduce the risk of violence and aggression.

Services and departments should also undertake local monitoring activities to ensure that:

- Incidents of violence and aggression are reported appropriately.
- Risk assessments remain current and effective.
- Control measures and safe systems of work continue to be suitable.
- Staff receive the information, instruction, training, and support required for their role.

The quality and completeness of incident reporting should be reviewed locally and discussed through appropriate management, health and safety, and governance forums. This will support organisational learning, identify emerging trends, and help ensure that actions are implemented to reduce future risks.

Monitoring and review activities will be undertaken in partnership with:

- Trade unions representatives.
- Professional organisations.
- Managers and relevant service leads.
- Other stakeholders, where appropriate.

Information gathered through monitoring arrangements will be used to inform continuous improvement, identify areas of good practice, and support the periodic review of this guidance to ensure it remains current, effective, and reflects legislative, organisational, and operational requirements.

5. ROLES AND RESPONSBILITIES

The effective management of violence and aggression requires shared responsibility across all levels of the organisation. Managers, employees, Health and Safety Advisors, trade union representatives and other key stakeholders all have an important role in identifying risks, implementing appropriate control measures and ensuring violence and aggression working arrangements remain safe and proportionate.

In addition to the responsibilities outlined within the NHS Scotland Work-related Violence and Aggression Policy, the following local roles and responsibilities should be considered within NHS Lanarkshire.

5.1 The Chief Executive is responsible for:

The Chief Executive has overall accountability for ensuring that effective arrangements are in place for the implementation of the NHS Scotland Work-related Violence and Aggression Policy and this supporting guidance within NHS Lanarkshire. The Chief Executive may delegate specific responsibilities for implementation to Directors, managers and other nominated individuals, while retaining overall accountability for health, safety and wellbeing across the organisation.

5.2 Deputy Chief Executive & Director of Human Resources

5.2.1 The Deputy Chief Executive & Director of HR, acting on behalf of the Chief Executive, is responsible for ensuring that this guidance is made available to Service Leads, managers and other relevant employees across NHS Lanarkshire to support the effective management of violence and aggression.

5.2.2 The Deputy Chief Executive & Director of HR will ensure that appropriate arrangements are in place to support the implementation of this guidance and promote compliance with the Work-related Violence and Aggression Policy.

5.2.3 The General Manager, Salus, acting on behalf of the Deputy Chief Executive & Director of HR, is responsible for coordinating the periodic review, maintenance and updating of this guidance to ensure it remains current, reflects legislative requirements, national policy developments and recognised good practice.

5.2.4 The General Manager, Salus, will also ensure that competent health and safety advice is available to Services to support the assessment and management of risks associated with violence and aggression.

5. ROLES AND RESPONSBILITIES (continued)

5.3 Acute University Hospital Directors / Divisional General Managers / Heads of Service and Service Managers

Those with managerial responsibility for services must ensure appropriate arrangements are in place to prevent, manage, and monitor the risks associated with violence and aggression within their areas of responsibility.

Key responsibilities include:

5.3.1 Ensuring that risks associated with violence and aggression are identified, assessed, and reviewed through the Health and Safety Control Book process, including the implementation of appropriate control measures.

5.3.2 Implementing safe systems of work and local procedures designed to eliminate or reduce the risk of work-related violence and aggression to the lowest reasonably practicable level.

5.3.3 Ensuring staff complete mandatory PaMoVA Module One training and complete refresher training at least every three years, together with any additional role-specific PaMoVA training requirements, including Modules Two and Three where indicated.

5.3.4 Providing adequate resources and operational support to enable staff to access and attend required training and refresher programmes.

5.3.5 Monitoring the effectiveness of preventative and control measures through appropriate reporting, investigation, and review of violence and aggression incidents.

5.3.6 Ensuring robust arrangements are in place to monitor incidents of violence and aggression, including the review of local trends, incident data, and performance information.

5.3.7 Reviewing recommendations arising from risk assessments, incident investigations, audits, and post-incident reviews, and ensuring agreed actions are implemented.

5.3.8 Ensuring staff are aware of local procedures, risk assessments, emergency arrangements, and reporting requirements relating to violence and aggression.

5.3.9 Promoting a positive reporting culture that encourages staff to report incidents, near misses, and concerns relating to violence and aggression.

5.3.10 Supporting staff affected by incidents and ensuring access to appropriate post-incident support and wellbeing services.

Acute University Hospital Directors and General Managers may delegate specific operational responsibilities to Heads of Service, Service Managers, or other designated managers. However, overall accountability for the implementation, monitoring, and effectiveness of this guidance within their areas of responsibility remains with the delegated senior manager and cannot be transferred.

5.4 Divisional / Department / Line Managers are responsible for:

Divisional Department Managers and Line Managers play a key role in ensuring that risks associated with violence and aggression are identified, assessed, managed, and reviewed within their area of responsibility.

They are responsible for:

5.4.1 Ensuring that risks associated with work-related violence and aggression are identified and assessed within their service, department, or work area.
5.4.2 Ensuring that staff are aware of this guidance, associated local procedures, and the arrangements in place for preventing and managing violence and aggression.
5.4.3 Ensuring staff complete the appropriate level of Prevention and Management of Violence and Aggression (PaMoVA) training relevant to their role and maintaining records of training completion and attendance.
5.4.4 Completing an Initial Assessment of Work-Related Violence and Aggression using the appropriate Health and Safety Control Book documentation.
5.4.5 Using the relevant Control Book checklists and tools to evaluate existing control measures and determine whether additional controls are required.
5.4.6 Consulting with staff and, where appropriate, staff representatives when assessing risks and implementing control measures.
5.4.7 Identifying work activities, locations, or situations where there is a foreseeable risk of violence and aggression and undertaking suitable and sufficient risk assessments.
5.4.8 Developing and implementing local procedures, safe systems of work, and risk reduction measures where violence and aggression risks have been identified.
5.4.9 Ensuring that control measures identified through risk assessments are implemented, maintained, and reviewed for effectiveness.
5.4.10 Reviewing violence and aggression risk assessments, control measures, and associated procedures periodically and at least annually, or sooner where circumstances change or following an incident.
5.4.11 Maintaining appropriate records within the Health and Safety Control Book.
5.4.12 Investigating concerns raised by staff relating to violence and aggression and taking appropriate action to address identified risks.
5.4.13 Ensuring incidents, near misses, and concerns are reported, recorded, and investigated in accordance with NHS Lanarkshire procedures.
5.4.14 Supporting staff who have experienced violence, aggression, abuse, or threatening behaviour and ensuring they have access to appropriate post-incident support and wellbeing services.
5.4.15 Undertaking or facilitating post-incident reviews and ensuring lessons learned are incorporated into risk assessments, working practices, and training arrangements.
5.4.16 Monitoring incident trends within their area of responsibility and taking action where recurring issues or patterns are identified.

Through these arrangements, managers should promote a positive safety culture that encourages reporting, supports staff wellbeing, and seeks to prevent incidents of violence and aggression wherever reasonably practicable.

5.4 Divisional / Department / Line Managers are responsible for: (continued)

5.4.17 Encouraging the reporting of all incidents of work-related violence, aggression, abuse, and near misses through NHS Lanarkshire's incident reporting system (InPhase) and ensuring that significant findings, actions, and outcomes are appropriately recorded.

5.4.18 Ensuring that significant incidents are reviewed, including the completion of a staff debriefing and post-incident review, and that any lessons identified are incorporated into local risk assessments, procedures, and working practices.

5.4.19 Ensuring that appropriate support, advice, and follow-up arrangements are provided to staff affected by incidents of violence, aggression, or abuse, including signposting to Occupational Health, counselling, wellbeing services, and other support mechanisms where required.

5.4.20 Monitoring the wellbeing of affected staff and considering whether any additional support, workplace adjustments, or risk control measures are necessary following an incident.

These responsibilities should be undertaken in conjunction with local reporting, investigation, risk assessment, and governance arrangements to support the prevention of future incidents and promote the health, safety, and wellbeing of staff.

5.5 **Employees are responsible for:**

5.5.1 Taking reasonable care of their own health, safety, and wellbeing, and that of other persons who may be affected by their actions, decisions, or omissions.

5.5.2 Being aware of their responsibilities in relation to personal safety and the safety of colleagues, patients, visitors, contractors, and others who may be affected by their activities.

5.5.3 Co-operating with NHS Lanarkshire policies, guidance, risk assessments, safe systems of work, and local procedures designed to promote safe working practices.

5.5.4 Participating in mandatory and role-specific training, including PaMoVA training where required, and familiarising themselves with this guidance and any associated departmental procedures.

5.5.5 Reporting all incidents of violence, aggression, abuse, threats, assaults, and near misses through the NHS Lanarkshire incident reporting system (InPhase) and in accordance with local reporting procedures.

5.5.6 Promptly reporting concerns relating to actual or potential violence and aggression risks, including concerns regarding patients, environments, work activities, equipment, security arrangements, or working practices.

5.5.7 Following identified control measures and safe systems of work established to reduce the risk of violence and aggression.

5.5.8 Co-operating with risk assessment, incident investigation, post-incident review, and debriefing processes where required.

5.5.9 Ensuring that any personal safety alarms, communication devices, or other safety equipment issued for their use are used appropriately, maintained in good condition, and any faults reported promptly.

5.6 **Employees are responsible for:** (continued)

5.6.1 Being aware of local emergency arrangements, including how to raise the alarm, summon assistance, access first aid support, and obtain emergency help both on NHS Lanarkshire premises and when working in community or off-site locations.
5.6.2 Taking part in emergency exercises, drills, and training activities where these form part of local violence and aggression management arrangements.
5.6.3 Seeking support and guidance when they feel at risk or have been affected by an incident of violence, aggression, or abuse.

Employees should contribute to a positive reporting culture and are encouraged to report incidents and concerns without fear of blame, recognising that reporting supports organisational learning, risk reduction, and the ongoing protection of staff and others.

5.6 Salus PaMoVA Advisors / Trainers are responsible for:

Salus PaMoVA Advisors and Trainers provide specialist advice, support, and training relating to the prevention and management of violence and aggression across NHS Lanarkshire.

Their responsibilities include:

5.6.1 Acting as a principal source of professional advice and expertise on the prevention and management of work-related violence and aggression (PaMoVA).
5.6.2 Leading, developing, delivering, and evaluating PaMoVA training programmes and other risk reduction initiatives in support of this guidance.
5.6.3 Maintaining appropriate records of staff attendance and completion of PaMoVA training programmes.
5.6.4 Providing advice and support to managers, services, and departments on the assessment and management of risks associated with violence and aggression.
5.6.5 Assisting services in identifying appropriate control measures, safe systems of work, and risk management strategies to reduce the likelihood and impact of violence and aggression incidents.
5.6.6 Supporting the investigation of significant violence and aggression incidents, including incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), where appropriate.
5.6.7 Reviewing and updating guidance, templates, and supporting documentation contained within the Health and Safety Control Book relating to violence and aggression risk assessment and management.
5.6.8 Communicating relevant updates, lessons learned, emerging risks, and changes in good practice to managers, Control Book Holders, and other relevant staff.
5.6.9 Monitoring developments in legislation, national guidance, professional standards, and best practice relating to violence and aggression management and ensuring these are reflected within local arrangements where appropriate.

5.6 Salus PaMoVA Advisors / Trainers are responsible for: (continued)

5.6.10 Reviewing this guidance and associated arrangements at intervals not exceeding three years, or sooner where required due to:

- Significant incidents or near misses;
- Changes in legislation;
- New national guidance or standards;
- Organisational changes; or
- Findings arising from audits, investigations, or inspections.

5.6.11 Providing specialist assistance, advice, and support to departments, services, and clinical specialties where concerns relating to violence and aggression have been identified.

5.6.12 Supporting organisational learning through the analysis of incident trends, sharing of lessons learned, and promotion of good practice in violence and aggression prevention and management.

Through these activities, PaMoVA Advisors and Trainers support NHS Lanarkshire's commitment to providing a safe environment for staff, patients, visitors, and others while promoting a consistent and evidence-based approach to the prevention and management of violence and aggression.

6. INCIDENTS OF VIOLENCE AND AGGRESSION

Incidents of violence and aggression remain a significant occupational risk within healthcare settings. NHS Lanarkshire recognises that staff may be exposed to a range of challenging behaviours during the course of their work and is committed to ensuring appropriate arrangements are in place to prevent, manage, and respond to such incidents.

A substantial proportion of health and safety incidents reported within NHS Lanarkshire are associated with violence, aggression, abuse, or threatening behaviour. Commonly reported incidents include:

- Threatening or intimidating behaviour towards staff.
- Physical assault of staff by patients or service users.
- Verbal abuse directed at staff.
- Harassing or abusive behaviour.
- Telephone abuse.
- Other forms of aggression that cause distress, fear, or concern for personal safety.

Whilst the volume of reported incidents is significant, only a relatively small proportion result in physical injury to staff. Nevertheless, some incidents can result in injuries that require medical treatment, rehabilitation, or periods of absence from work. Where incidents meet the reporting criteria of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), they must be reported to the Health and Safety Executive in accordance with NHS Lanarkshire RIDDOR reporting procedures.

Many incidents are successfully prevented from escalating through the experience, professionalism, communication skills, and de-escalation techniques used by NHS Lanarkshire staff. In some cases, aggressive or challenging behaviour may be associated with an individual's physical health condition, mental health condition, cognitive impairment, distress, pain, confusion, or the effects of alcohol or substances including withdrawal symptoms. However, NHS Lanarkshire also recognises that not all incidents can be attributed to underlying health conditions and that many unwarranted behaviours are avoidable and unacceptable.

The risk of violence and aggression may be increased in certain clinical and operational settings, including:

- Acute care services.
- Emergency and unscheduled care environments.
- Mental Health Services.
- Learning Disability Services.
- Community and lone working environments.
- Areas where staff are required to deliver unwelcome or emotionally sensitive information.

Incidents may range from low-level verbal abuse through to serious physical assaults and can occur with little or no warning. Staff should therefore remain aware of local risk assessments, follow safe systems of work, and apply de-escalation and personal safety techniques appropriate to their role and training.

To support the safety and wellbeing of staff, patients, visitors, and others, NHS Lanarkshire operates a structured Prevention and Management of Violence and Aggression (PaMoVA) training programme. PaMoVA adopts a risk-based approach to the prevention and management of violence and aggression and promotes:

- Early identification of risk.
- Effective communication and de-escalation techniques.
- Appropriate risk assessment and care planning.
- Safe systems of work.
- Incident reporting and organisational learning.
- Staff support following incidents.
- Training staff.

In addition to this guidance, a range of supporting tools, templates, and risk assessment resources are available through the Health and Safety Control Book, Section 3A: Violence and Aggression, which should be used to support the effective assessment, management, and review of violence and aggression risks across NHS Lanarkshire.

7. PAMOVA TRAINING

NHS Lanarkshire is committed to ensuring that staff receive appropriate training in the prevention and management of violence and aggression to support the safety of staff, patients, visitors, and others who may be affected by NHS services.

NHS Lanarkshire is a member of the General Services Association (GSA) and delivers its PaMoVA programme in accordance with nationally recognised standards and best practice. The GSA is an organisation that provides specialist advice, training frameworks, and professional support relating to the prevention and safe management of violence and aggression within healthcare, education, and other public service environments.

The training programme is informed by current evidence, legal requirements, clinical practice, and risk management principles. PaMoVA training is delivered by appropriately trained and accredited tutors who maintain their competence through ongoing professional development and periodic reassessment.

The aim of PaMoVA training is to provide staff with the knowledge, skills, and confidence required to:

- Recognise situations that may present a risk of violence or aggression.
- Identify early warning signs of escalating behaviour.
- Use effective communication and de-escalation techniques.
- Promote the safety of staff, patients, and others.
- Respond appropriately to challenging situations.
- Reduce the likelihood and impact of violence and aggression incidents.

Further information on the General Services Association can be accessed through its website and associated professional resources.

7.1 Training Needs Assessment

The level of PaMoVA training required will depend on the risks associated with an employee's role, work environment, patient group, and service area.

Training requirements should be determined through local risk assessment processes and reviewed periodically to ensure they remain appropriate. Managers should ensure that staff complete the level of training identified for their role and attend refresher training within the required timescales.

Information on available training programmes, learning resources, and course booking arrangements is available through FirstPort and LearnPr**o**. Advice on training requirements can also be obtained from the PaMoVA Service.

To ensure competence is maintained and in line with health and safety best practice, refresher training should be completed before training expires wherever reasonably practicable.

7.2 Module One: LearnPro Violence and Aggression Awareness, Conflict Management and De-escalation Training

Module one should be completed where the risk assessment indicates a **low risk** of exposure to violence and aggression. The risk assessment should take into consideration historical incidents of violence and aggression before determining the level of risk to staff.

However, regardless of the risk assessment outcome, Module One PaMoVA Training is mandatory for all NHS Lanarkshire staff and individuals working on behalf of NHS Lanarkshire who have access to the LearnPro training system, including:

- Employees.
- Temporary and agency workers.
- Staff Bank workers.
- Students and trainees.
- Volunteers.
- Work experience placements.

The training provides an introduction to:

- Violence and aggression awareness.
- Conflict management principles.
- Personal safety.
- Communication skills.
- De-escalation techniques.
- Appropriate responses to challenging behaviour.
- Reporting and post-incident arrangements.

The aim of the LearnPro training is to equip staff with the knowledge required to anticipate, avoid, prevent, and where necessary safely manage situations involving conflict, aggression, or potential violence.

Module One training is completed through the LearnPro e-learning platform and includes an assessment to confirm understanding of the training content.

Refresher training is required to be completed every three years, with completion expected within the designated renewal period.

Alternative learning arrangements may be available for staff who are unable to access LearnPro. Advice and support can be obtained from the PaMoVA Service, including access to alternative learning materials where required. Records of completion should be retained in accordance with local training record arrangements.

7. PAMOVA TRAINING (continued)

7.3 Module Two 'De-escalation and Disengagement' Training

Module Two PaMoVA Training is intended for staff working in environments where local risk assessment identifies a **medium risk** of harm arising from work-related violence and aggression.

The programme is designed for staff who may have direct contact with patients, service users, relatives, carers, or others who may display aggressive, violent, or challenging behaviour during the course of service delivery. The training builds upon the knowledge gained through Module One and provides additional practical skills to help staff manage potentially volatile situations safely and effectively.

Module Two training includes:

- Enhanced understanding of conflict and aggression.
- Risk recognition and early intervention techniques.
- Advanced communication and de-escalation strategies.
- Personal safety awareness.
- Safe disengagement techniques.
- Practical strategies for managing challenging behaviour while maintaining the safety of staff and others.

The requirement for Module Two training should be determined through local risk assessment and consideration of factors such as:

- The nature of the service provided.
- Patient or service user risk profiles.
- Previous incident history.
- The working environment.
- Frequency and likelihood of exposure to violence and aggression.

Module Two training is subject to a three-year refresher cycle, and managers should ensure that staff identified as requiring this level of training complete refresher training within the prescribed timescales.

Staff whose role does not involve direct clinical contact or face-to-face interaction, but who may experience a higher frequency of telephone abuse or challenging communications, would not normally require Module Two training. In such circumstances, staff should continue to apply the conflict management, communication, and de-escalation techniques provided through Module One: Violence and Aggression Awareness, Conflict Management and De-escalation Training.

Where additional support or advice is required regarding training needs, risk assessment outcomes, or appropriate control measures, managers and staff should seek guidance from the PaMoVA Service. Contact details of PaMoVA Advisors and trainers can be found on the Salus FirstPort PaMoVA intranet webpage.

7.4 Module Three Training 'Safe Use of Physical Intervention'

NHS Lanarkshire is committed to ensuring that care and treatment are delivered in a manner that respects the dignity, rights, and wellbeing of patients while maintaining the safety of staff, patients, and others.

The preferred approach to managing violence and aggression is prevention, early intervention, de-escalation, and where appropriate, withdrawal to a place of safety. However, NHS Lanarkshire recognises that there may be exceptional circumstances where these measures are insufficient and where intervention is required to prevent an individual causing harm to themselves or others.

Module Three: Safe Use of Physical Intervention Training provides staff with training in approved, non-injurious physical intervention techniques that may be used in situations where there is an immediate risk of harm and where such intervention is clinically, legally, and ethically justified.

The training is intended for staff working in environments where risk assessment identifies a **high risk** of violence and aggression and where there is a foreseeable possibility that physical intervention may be required to maintain safety.

Module Three training aims to ensure that staff:

- Understand the legal, ethical, and professional considerations associated with physical intervention.
- Can assess situations appropriately and identify when physical intervention may be necessary.
- Are able to apply approved techniques safely and proportionately.
- Understand the importance of using the least restrictive intervention necessary.
- Can work effectively as part of a coordinated team response.
- Minimise the risk of injury to patients, staff, and others.
- Recognise the importance of post-incident review, documentation, and learning.

The requirement for Module Three training should be determined through local risk assessment and consideration of the service user group, previous incident history, work environment, and likelihood of staff being exposed to high-risk violent or aggressive situations.

Staff identified as requiring Module Three training must also complete:

- **Module One: Violence and Aggression Awareness, Conflict Management and De-escalation**
- **Module Two: De-escalation and Disengagement**

Staff undertaking Module Three training for the first time should complete a further training session within **12 months** to reinforce learning, develop confidence, and maintain competence in the application of approved techniques.

7.4 Module Three Training 'Safe Use of Physical Intervention' (continued)

Thereafter, Module Three training must be refreshed within a **two-year rolling period**, alongside the refresher requirements for Module Two training. Refresher training is essential to ensure that staff maintain the knowledge, skills, competence, and confidence necessary to respond safely and effectively in high-risk situations.

Managers should ensure that staff identified through local risk assessment as requiring Module Three training are provided with adequate opportunity to attend initial and refresher training and that appropriate training records are maintained.

7.5 Use of Non-Invasive and Non-Injurious Physical Restraint Training

In certain circumstances, additional measures may be required to protect patients from causing harm to themselves or others. This may involve the use of approved non-invasive and non-injurious restraint equipment, such as soft limb or leg restraint systems, where these are clinically indicated and assessed as necessary.

Such equipment is designed to support patient safety by reducing the risk of accidental or deliberate self-harm whilst maintaining the patient's dignity and wellbeing. The use of any restraint intervention must always be lawful, proportionate, clinically justified, and consistent with relevant legislation, professional standards, and NHS policies.

The decision to use restraint equipment should be:

- Based on an individual risk assessment.
- Supported by appropriate clinical decision-making.
- The least restrictive option available to manage the identified risk.
- Subject to regular review and monitoring.
- Clearly documented within the patient's care records and care plan.

Training in the safe use of non-invasive and non-injurious restraint equipment is normally delivered by appropriately qualified specialist training providers. This training is intended for staff working in areas where the use of such equipment may be required as part of the management of complex or high-risk situations.

Managers should ensure that only staff who have received the appropriate training and authorisation use restraint equipment and that local procedures clearly define the circumstances in which such equipment may be considered.

Advice and guidance on training requirements, risk assessment, and the use of restraint equipment can be obtained from the PaMoVA Service through the contact details available on FirstPort.

The approach adopted by NHS Lanarkshire is consistent with practices used across other NHS Scotland Boards and seeks to ensure that any use of restraint equipment is undertaken safely, proportionately, and in accordance with recognised best practice, with patient safety, dignity, and human rights remaining central to decision-making.

PAMOVA MODULE TRAINING (continued)

7.6 Additional Training Guidance for Clinical Staff

Training requirements should be based on the level of risk identified through local risk assessment and the specific duties undertaken by individual members of staff. Whilst minimum refresher intervals are defined for PaMoVA training modules, managers may identify circumstances where more frequent training is appropriate to ensure staff remain competent and confident in managing violence and aggression risks. Examples where additional or earlier refresher training may be beneficial include:

- Returning to work following an extended absence, injury, or significant incident.
- Transfer to a role or service area involving increased patient contact or a higher risk of violence and aggression.
- Changes in service delivery, patient group, or working environment.
- Identified learning needs arising from incidents, post-incident reviews, supervision, or appraisal processes.
- Where managers consider that additional training would further support staff safety and competence.

Managers should ensure that staff receive training appropriate to the risks associated with their role and seek specialist advice where the required level of training is unclear. Advice on suitable training pathways, risk-based training requirements, and programme availability can be obtained from the PaMoVA Service. This includes guidance relating to:

- Clinical staff.
- Non-clinical staff.
- Administrative and ancillary staff.
- Community-based workers.
- Staff working in specialist or high-risk environments.

Further information on PaMoVA training, course availability, learning resources, and training registration arrangements can be accessed through:

- The Salus FirstPort pages.
- The PaMoVA Service FirstPort intranet pages.
- The LearnPro learning management system.

Managers are responsible for ensuring that training records are maintained and that staff complete required training and refresher programmes within the prescribed timescales. Staff are expected to actively participate in training and apply the knowledge and skills gained to support the prevention and management of violence and aggression within NHS Lanarkshire.

Regular training, refresher learning, and ongoing professional development are important components of NHS Lanarkshire's commitment to providing a safe environment for staff, patients, visitors, and others affected by its services.

7.7 Rotational Tutors

To support the delivery and sustainability of the Prevention and Management of Violence and Aggression (PaMoVA) training programme, NHS Lanarkshire utilises a network of Rotational Tutors drawn from clinical service areas across the organisation. This model has previously been endorsed by the Corporate Management Team to support the training of NHS Lanarkshire staff.

Rotational Tutors play an important role in supporting the delivery of Modules Two and Three training and help ensure that training capacity can be maintained and adapted in response to local service needs.

Individuals appointed as Rotational Tutors are required to successfully complete an approved tutor development programme and maintain their competence through ongoing practice, continuing professional development, and participation in refresher activities.

Responsibilities of Rotational Tutors include:

- Supporting the delivery of PaMoVA training programmes in accordance with approved training standards and course content.
- Assisting PaMoVA Advisors and Trainers with the delivery of practical and theory-based training sessions.
- Maintaining their knowledge, skills, and competence through ongoing training and periodic updates.
- Promoting good practice in the prevention and management of violence and aggression within their own service areas.
- Providing support to colleagues in relation to violence and aggression awareness, prevention, and safe management strategies.
- Identifying emerging training needs and sharing relevant learning with the PaMoVA Service where appropriate.

Services and Divisions that require staff to undertake Module Two and/or Module Three training should support the development of suitable staff members as Rotational Tutors. This approach helps ensure sufficient local training capacity and promotes the consistent application of PaMoVA principles across NHS Lanarkshire.

Where Divisions have significant or ongoing training requirements, additional Rotational Tutors may be trained to support local delivery arrangements and help meet service demand.

Managers should support Rotational Tutors by providing reasonable opportunities to participate in tutor activities and maintain their competence, recognising the important contribution they make to staff safety and training delivery.

Further information on the role, training requirements, and selection process for Rotational Tutors is available from the PaMoVA Advisors and Trainers. Staff interested in becoming a Rotational Tutor should discuss this with their line manager and contact the PaMoVA Service for further advice and guidance.

7.8 Exceptional Circumstances

NHS Lanarkshire recognises that exceptional circumstances may arise which impact the organisation's ability to deliver training programmes within normal timescales.

In such circumstances, mandatory PaMoVA training requirements may be temporarily suspended following authorisation by the Corporate Management Team (CMT) or through an approved organisational command and control structure, such as Gold Command arrangements.

Examples of exceptional circumstances may include:

- Major incidents.
- Pandemic or public health emergencies.
- Significant service disruption.
- Severe staffing pressures.
- Other organisational emergencies affecting training delivery capacity.

Where authorised, the validity period of existing PaMoVA training may be extended for a defined period to support service continuity. Any extension should be based on a risk assessment of operational requirements and staff safety considerations.

As a general principle:

- Training extensions will only be applied where necessary.
- Any extension period should be formally approved and clearly communicated to affected services.
- Staff should continue to follow local risk assessments, safe systems of work, and violence and aggression management procedures during periods of extension.
- Training should be completed at the earliest reasonable opportunity once normal training arrangements resume.

Where authorised under exceptional circumstances, an extension of up to 12 months or more may be applied to current PaMoVA training certification requirements.

Managers should maintain oversight of staff training records during any extension period and ensure that affected staff are prioritised for training when delivery arrangements return to normal.

8. TRAINING COMPLIANCE

NHS Lanarkshire is committed to ensuring that staff receive the training necessary to prevent and manage violence and aggression safely and effectively. Compliance with PaMoVA training requirements forms an important part of the organisation's arrangements for protecting staff, patients, visitors, and others from harm.

Monitoring compliance with statutory and mandatory health and safety training, including PaMoVA training, is an expectation of regulatory bodies and forms part of NHS Lanarkshire's wider health and safety governance arrangements.

The organisation recognises the importance of ensuring that:

- New staff receive appropriate training for their role.
- Existing staff complete refresher training within the required timescales.
- Training records are maintained accurately.
- Compliance levels are regularly monitored and reviewed.
- Appropriate action is taken where training has lapsed.

Training compliance information should be used to support workforce planning, risk management, service delivery, and regulatory assurance.

8.1 Monitoring Training Compliance

Divisional Senior Management Teams should ensure that PaMoVA training compliance is monitored, reviewed, and reported through appropriate governance arrangements.

Compliance reports should be presented at agreed intervals, which may be monthly, bi-monthly, or quarterly, depending on local arrangements and service requirements. Reporting arrangements should enable timely action to be taken where training compliance falls below expected standards.

Monitoring arrangements should include:

- Completion of training by new staff.
- Refresher training compliance.
- Identification of overdue training.
- Analysis of trends and performance.
- Consideration of risks associated with non-compliance.
- Action plans to address identified gaps.

There are two distinct compliance monitoring streams:

8.1.1 PaMoVA LearnPro Compulsory Module One Compliance

Module One is delivered through LearnPro and consists of an e-learning programme supported by an online assessment.

Monitoring should include:

- Completion rates for all eligible staff.
- Refresher compliance.
- Overdue training requirements.
- Service and departmental performance.

PaMoVA Module One forms part of NHS Lanarkshire's compulsory e-learning programme and is required for all staff working on behalf of the organisation.

The expected standard is:

- 90% compliance for all eligible staff.

Managers should ensure that:

- Staff complete Module One on commencement of employment.
- Refresher training is completed within the required three-year cycle.
- Compliance is monitored regularly and addressed where gaps are identified.

For reporting purposes, staff who are absent on medium or long-term leave may be excluded from compliance calculations. This may include:

- Sickness absence.
- Maternity, adoption, or shared parental leave.
- Career breaks.
- Other approved periods of extended absence.

8.1.2 PaMoVA Modules Two and Three Compliance

Modules Two and Three are required only for staff whose roles have been identified through risk assessment as requiring these levels of training.

The expected compliance standard for staff identified as requiring practical training is:

- **90% compliance** for Modules Two (medium risk) and Three (high risk) refresher training.

Managers should ensure that staff complete required training and refresher programmes within agreed timescales to maintain competence and support safe practice. Where practical training has expired, a local risk assessment should be undertaken and appropriate measures considered to manage any associated risks. This may include the implementation of temporary restrictions on practice, additional supervision, or prioritisation for training.

8.1.2 PaMoVA Modules Two And Three Compliance (continued)

Any decision regarding restrictions to practice should be proportionate, risk-based, and determined through local management arrangements.

8.1.2.1 New Staff and Training Requirements

Where a role requires Module Two and/or Module Three training, new staff should, wherever reasonably practicable, complete the required training before undertaking duties associated with identified violence and aggression risks.

NHS Lanarkshire recognises that there may occasionally be exceptional circumstances where immediate access to training is not possible, for example:

- Awaiting an available training place.
- Return from maternity leave.
- Return from sickness absence.
- Other exceptional operational circumstances.

In such cases, managers should ensure that suitable interim arrangements are in place, including risk assessment, supervision, mentoring, and support from experienced trained staff.

Staff who have not been identified as requiring Module Two or Module Three training as part of their role do not require to undertake these modules and may be excluded from practical training compliance monitoring.

Similarly, staff who are absent on medium or long-term leave may be excluded from compliance calculations until they return to active duties.

8.1.2.2 Governance and Assurance

PaMoVA training compliance should be reported through appropriate governance structures, including:

- Divisional Management Teams.
- Divisional Governance Groups.
- Corporate Management Team (CMT).
- Occupational Health and Safety Governance arrangements.
- Control Book audit processes.

Regular monitoring of compliance supports continuous improvement, regulatory assurance, and the delivery of safe services across NHS Lanarkshire.

8. TRAINING COMPLIANCE (continued)

8.1.3 Compliance Reporting Frequency

Compliance with PaMoVA training should be monitored and reported regularly to ensure that staff maintain the knowledge and skills required to prevent and manage violence and aggression safely. Regular reporting also allows managers to identify areas of non-compliance, address emerging issues, and implement timely improvement measures.

The frequency of reporting may vary depending on local service needs, organisational priorities, and governance arrangements. Reporting may be undertaken on a:

- Monthly basis;
- Bi-monthly basis; or
- Quarterly basis.

Where there are significant training demands, identified compliance concerns, or improvement actions in place, more frequent reporting may be beneficial to support effective management oversight and timely intervention.

Divisional Management Teams should ensure that reporting arrangements:

- Provide accurate and up-to-date information on training compliance.
- Identify areas of good practice and areas requiring improvement.
- Highlight overdue training and emerging risks associated with non-compliance.
- Support action planning and performance improvement.
- Allow sufficient time for corrective actions to be implemented before the next reporting cycle.

Training compliance information should be reviewed through appropriate management and governance forums and used to support workforce planning, risk management, staff safety, and regulatory assurance across NHS Lanarkshire.

8.2 Restriction to Practice for Module Three

NHS Lanarkshire has introduced a Restriction to Practice process to support staff and patient safety where required PaMoVA practical training has lapsed.

The process was implemented following previous Health and Safety Executive (HSE) intervention activity and forms part of NHS Lanarkshire's arrangements for maintaining compliance with statutory training requirements. Restriction to Practice applies to staff whose PaMoVA Module Three (Safe Use of Physical Intervention) training has expired and who continue to work in roles where Module Three training is identified as a requirement through local risk assessment.

8.2 Restriction To Practice (continued)

The purpose of the process is to reduce the risk of staff undertaking activities for which they no longer hold current training or assessed competence. It is recognised that practical skills can diminish over time and that regular refresher training is necessary to maintain knowledge, confidence, and the ability to apply techniques safely and appropriately.

Restriction to Practice may be considered where:

- A member of staff's Module Three training has expired.
- The staff member's role requires current Module Three training.
- Refresher training has not been completed within the required timescales.
- There is no valid justification for continued unrestricted practice without appropriate training.
- A local risk assessment identifies a potential risk to staff, patients, or others arising from lapsed training.

Managers should ensure that staff identified as requiring Module Three training are supported to attend refresher training at the earliest opportunity and that training compliance is monitored through local governance arrangements.

Restriction to Practice arrangements may include:

- Temporary modification of duties.
- Additional supervision or support.
- Exclusion from activities requiring current Module Three competence.
- Alternative working arrangements until training is completed.
- Other proportionate control measures identified through local risk assessment.

The process forms part of NHS Lanarkshire's commitment to maintaining at least 90% compliance with Module Three training requirements and supporting safe practice within areas where there is a higher risk of violence and aggression.

Responsibility for implementing Restriction to Practice arrangements rests with Divisional Directors, although operational responsibility may be delegated to nominated senior managers in accordance with local governance arrangements.

Further information on the process, including roles, responsibilities, escalation arrangements, and specimen correspondence, is contained within Appendix 1 of this guidance. Advice and support can also be obtained from the Head of Health and Safety, PaMoVA Advisors, or the Health and Safety Service.

9. RESOURCE IMPLICATIONS

Implementation of this guidance requires appropriate resources, management commitment, and staff engagement to ensure that risks associated with violence and aggression are effectively identified, assessed, and controlled.

Key resource implications include:

9.1 Time and support for managers, Control Book Holders, and other responsible persons to undertake violence and aggression risk assessments, develop safe systems of work, and communicate identified risks and control measures to relevant staff.

9.2 Resources required to implement control measures identified through the risk assessment process. This may include environmental improvements, enhanced observation arrangements, personal safety devices, alarm systems, communication equipment, security measures, and other risk reduction initiatives.

9.3 Time and support for clinical staff to gather, assess, and document information relating to actual or potential violence and aggression risks and ensure that relevant risk information, care plans, and control measures are communicated effectively to those involved in care delivery.

9.4 Provision of appropriate Prevention and Management of Violence and Aggression (PaMoVA) training, including access to initial and refresher training programmes, learning resources, training facilities, and protected time for staff attendance.

9.5 Support for the ongoing monitoring of training compliance, risk assessments, incident reporting arrangements, and implementation of associated action plans.

9.6 Time for managers and staff to participate in post-incident reviews, debriefing sessions, investigations, and learning activities following incidents of violence and aggression.

9.7 Access to specialist advice and support from the PaMoVA Service, Health and Safety Service, Occupational Health Service, Human Resources, Security Services, and other relevant support functions where required.

9.8 Provision of appropriate health and wellbeing support for staff affected by incidents, including Occupational Health referrals, counselling services, managerial support, and rehabilitation arrangements where necessary.

Services should consider these resource requirements when developing local arrangements for managing violence and aggression and seek to ensure that sufficient resources are available to support compliance with this guidance and the ongoing safety and wellbeing of staff, patients, visitors, and others.

10. COMMUNICATION PLAN

NHS Lanarkshire recognises the importance of ensuring that employees, managers and others working on behalf of the organisation are aware of this guidance and understand their responsibilities in relation to violence and aggression.

10.1 This guidance will be made available to all employees through publication on the NHS Lanarkshire FirstPort Salus Health and Safety Section. Where considered beneficial, awareness of the guidance and any associated updates may be promoted through existing communication channels such as Staff Briefings, Pulse articles, newsletters and other organisational communication mechanisms.

10.2 Significant revisions to this guidance and associated prevention of violence and aggression working arrangements will be communicated to relevant managers, Health and Safety Control Book Holders and other identified stakeholders by the Salus Health and Safety Section.

Control Book Holders and managers should ensure that any substantive changes are brought to the attention of employees within their areas of responsibility and that staff are given the opportunity to familiarise themselves with revised requirements, procedures and control measures.

10.3 Managers should ensure that employees who undertake lone working activities are aware of this guidance, any relevant local procedures, and the arrangements in place to support their health, safety and wellbeing while working alone.

10.4 Where changes to lone working procedures, risk assessments or control measures are introduced, managers should ensure that affected employees are informed and, where necessary, provided with additional instruction, information or training to support implementation.

11. LEGAL AND BEST PRACTICE FRAMEWORK

11.1 This guidance supports NHS Lanarkshire in meeting its statutory duties under the Health and Safety at Work etc. Act 1974, which requires employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by their activities. It also supports compliance with the Management of Health and Safety at Work Regulations 1999, which require employers to undertake suitable and sufficient risk assessments and implement appropriate control measures to manage identified risks, including those associated with lone working and working in isolation.

Risk assessments relating to the prevention of violence and aggression should be reviewed periodically and whenever there is a significant change in work activities, working arrangements, personnel, equipment, location, or following an incident, near miss, or identification of a previously unrecognised hazard.

11. LEGAL AND BEST PRACTICE FRAMEWORK (continued)

11.2 This guidance complements the Scottish Government Partnership Information Network (PIN) Guideline *Managing Health at Work*, specifically Guideline 5: Protecting the Health, Safety and Welfare of People Working Alone. The PIN Guideline provides principles and good practice advice to support NHS employers in managing the risks associated with lone working and promoting the health, safety and wellbeing of employees who work alone.

Available at: https://www.gov.scot/publications/managing-health-work-partnership-information-network-pin-guideline/pages/13/

11.3 This guidance should also be read in conjunction with relevant Health and Safety Executive (HSE) guidance, including the HSE *Violence and aggression at work* webpage. The HSE guidance provides practical advice for employers, managers and employees on assessing and managing violence and aggression at work and implementing suitable control measures.

Available at: https://www.hse.gov.uk/violence/employer/index.htm

11.4 Managers should also have regard to other relevant legislation, national guidance and NHS Lanarkshire procedures, where applicable, including guidance relating to risk assessment, lone working and working in isolation, manual handling, driving at work, fire safety, occupational health, and incident reporting arrangements.

11.5 This guidance should be applied in conjunction with the NHS Scotland Work-related Violence and Aggression Policy and associated supporting documents and is intended to promote a consistent, proportionate and risk-based approach to the management of the prevention and management of violence and aggression across NHS Lanarkshire.

11.6 All web links contained within this guidance were verified and correct at the time of publication. NHS Lanarkshire accepts no responsibility for the content of external websites or for subsequent changes to web addresses or published content.

11.7 The Health and Safety at Work etc. Act 1974

11.8 Malicious Communications Act 1988

11.9 Criminal Justice and Public Order Act 1994, Section 92

11.10 The Protection from Harassment Act 1997

11.11 The Management of Health and Safety at Work Regulations 1999

11.12 Adults with Incapacity (Scotland) Act 2000

11.13 Telecommunications Act 2003, Section 127

11.14 The Mental Health (Care & Treatment) (Scotland) Act 2003

11. LEGAL AND BEST PRACTICE FRAMEWORK (continued)

11.15 Managing Health at Work Partnership Information Network (PIN) Guideline 2003

11.16 Emergency Workers (Scotland) Act 2005 (as modified 2008)

11.17 Criminal Justice and Immigration Act 2008, Section 76

11.18 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

11.19 Violence and aggression: short-term management in mental health, health and community settings, NICE Guidelines (NG10) May 2015

12. SUMMARY OF GUIDANCE/ RESTRICTION TO PRACTICE PAMOVA MODULE THREE FREQUENTLY ASKED QUESTIONS (FAQ's)

In summary, this guidance and PaMoVA training seeks to promote effective risk management procedures aimed at eliminating / reducing or managing acts of violence and aggression and to assist staff to deal with unexpected situations and circumstances related to acts of violence and/or aggression.

As outlined within section 4.2 Assessing Risk, the level of PaMoVA training is determined by the risk assessment for the staff member(s) and/or working environment and/or job role, historical incidents of violence and aggression incidents towards staff, etc.

12.1 PaMoVA Module Three Restriction To Practice Frequently Asked Questions (FAQ's)

12.1.1 When should staff be issued with a 'Stage 1' letter?

This process only applies to the lapse of PaMoVA Module Three training. The 'Stage 1' letter should where possible be issued at the start of the last month of the staff members Module Three training expiration date i.e. 28 days before their training expires. This allows for a 'Stage 2' letter to be issued if necessary at the time when the staff member's practical training expires and keeps both the staff member and NHS Lanarkshire compliant with the relevant statutory requirements on PaMoVA training compliance.

12.1.2 When should staff be issued with a 'Stage 2' letter?

The 'Stage 2' letter should be issued after the date that the 'Stage 1' letter expires i.e. where the Stage 1 letter expires on the 31st January then the Stage 2 letter is issued on the 1st February or the closet date following this.

12. SUMMARY OF GUIDANCE/ RESTRICTION TO PRACTICE PAMOVA MODULE THREE FREQUENTLY ASKED QUESTIONS (FAQ's) (continued)

12.1.3 When should new staff or staff returning from a period of absence attend PaMoVA training?

The general approach on return from maternity / medium to long term absence or special leave i.e. bereavement / parental or other special leave would be to allow up to 28 days from the staff members return date to attend training before progressing with a 'Stage 1' letter. However, this is tempered by the need to ensure that as part of the return to work meeting with the Line Manager, PaMoVA Module Three training is prioritised so that the staff member attends training as soon as possible on their return to work so that we do not place them and our organisation at risk of being out of step with our statutory training obligations and safeguarding of staff and patient safety which occurs when our staff have lapsed practical training. For staff whose practical training has lapsed and who require to undertake work activities that require Module Three training should be assisted and supervised by other experienced staff with valid practical training until they successfully complete their practical training (in line with further guidance within this policy).

12.1.4 What if there are no suitable practical PaMoVA Module Three Training dates for several weeks?

Where a training place for PaMoVA Module Three is not generally available due to high demand then this could qualify as exceptional circumstances. This will then be down to the discretion of the line manager and the Divisional Site Management team lead on when to issue a 'Stage 1' or 'Stage 2' letter. The length of time that the training has either expired or will have lapsed by the available training date will also influence this decision. Where site leads cannot obtain a suitable training date from LearnPro please contact a member of the PaMoVA team direct on the contact details provided on FirstPort and where appropriate escalate to the Head of Health and Safety for further support. For staff whose practical training has lapsed and who require to undertake work activities that require Module Two and / or Module Three training should be assisted and supervised by other experienced staff with valid practical training until they successfully complete their practical training.

12.1.5 Should 'Stage 1' or 'Stage 2' letters be issued to those staff whose PaMoVA LearnPro training and / or PaMoVA Module Two training has lapsed?

No, where LearnPro training and / or PaMoVA Module Two training has lapsed the staff member should be asked to complete their online training on their next available working day. A place on the PaMoVA Module Two should be booked as soon as is practicable. This should be monitored to ensure they are completed. Stage 1 and 2 letters are only applicable to the practical PaMoVA Module Three training.

13. DEFINITIONS

It is important that all staff have a common understanding of their following terms in relation to prevention & management of violence & aggression.

13.1 De-escalation

A set of verbal and non-verbal skills which if used selectively and appropriately may reduce the level of an aggressor's hostility and the associated risk of assault by calming anger and lowering arousal levels.

13.2 Defusing

Defusing is a non-physical intervention designed to prevent a potentially violent/aggressive situation from escalating by reducing tension.

13.3 Disengagement

Disengagement can be defined as a range of specific physical techniques that the victim of a physical assault can use to escape from harm or potential harm. Disengagement techniques may be used only when verbal or other non-physical approaches have failed or are not deemed appropriate. It may also be used in some emergency situations to disengage from a restrictive and /or threatening situation.

13.4 Physical Intervention

Physical intervention can be defined as a range of specific physical techniques designed to control a situation where a patient's behaviour will lead to self-harm or harm to others.

Physical intervention can be defined as restricting movement or restricting liberty. Physical intervention ranges from commands (verbal intervention) to physical intervention or 'holding down' (physical restraint). It also covers the use of drugs (chemical restraint); use of cot sides, tipped-back or otherwise awkward seating positions, locked doors etc. (limited mechanical restraint) and safe holding during an essential medical procedure and / or to prevent harm to self and / or others.

13.5 Use of Non-Injurious Physical intervention

The use of Physical intervention may require the safe and non-injurious use of controlled physical force. The law in Scotland permits the use of force only under certain circumstances e.g. for the protection of an individual from harming self or others and in situations where self- defence is necessary in order to avoid harm.

If the risk only applies to property it is important that individuals take no action which may jeopardise their safety or that of any other person. Those using reasonable force to protect themselves or others will not be guilty of assault, however use of force that is deemed unnecessary or unreasonable may constitute assault. Even when a legitimate reason for the use of force exists, retaliation and revenge are not acceptable and where identified will be subject to further review. Restraint of hospitalised, informal patients with a mental health disorder, whose behaviour poses a danger to themselves or others is covered under the Mental Health (Care and Treatment) (Scotland) Act 2003. Section 299(2) of this Act details 'Nurses Holding Power'. The nurse's power to detain can only be used by a registered mental health or learning disability nurse; it cannot be exercised by any other class of nurse and only in permitted circumstances / situations.

14. APPENDIX 1 PAMOVA MODULE THREE RESTRICITON TO PRACTICE SPECIMEN DOCUMENTATION

14.1 SPECIMEN STAFF BRIEFING

RESTRICTION TO PRACTICE STAFF BRIEFING

Staff Safety Action Briefing

Date Issued: *'Insert date'*

'Insert name of' Site/Service and/or University Hospital

PaMoVA Module Three Restriction To Practice

Do you require Face to Face Practical Module Three PaMoVA Safe Physical Intervention Techniques Training?

- If yes, the legal requirements of the Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work etc. Act 1974 requires you to maintain your training.
- If you let your PaMoVA Module Three training lapse, then you may be placed on 'Restriction to Practice' until you complete the training (only where this is required by a risk assessment for your job role and/or work activities / healthcare work placement and indicates a 'high' risk).

Change In Practice Affecting PaMoVA Module Three Training

A change in practice was notified on the 20th February 2019 to all Senior Operational and Executive Directors within NHS Lanarkshire by the Chief Executive that required staff members involved in the moving and handling of patients to have successfully completed the NHS Manual Handling Passport and Information Scheme, CEL 15 (2014) training in Moving and Handling within a rotating 3-year period. It was also agreed that this process would extend to PaMoVA Module Three training at the next planned guidance update from 2022.

This ensures staff comply with statutory responsibilities under 'The Management of Health and Safety at Work Regulations 1999' and the Health and Safety at Work etc. Act 1974. The change in practice followed on from an HSE Intervention within NHS Lanarkshire in November 2018 identifying further measures required to ensure that NHS Lanarkshire provides suitable safeguards for staff and patients related to practical moving and handling through the Scottish Manual Handling Passport Scheme and PaMoVA Module Three 'safe use of physical intervention training'.

To protect the safety of staff and patients from moving and handling and PaMoVA Module Three related risks, NHS Lanarkshire arranged with the Health and Safety Executive (HSE) to implement a new safeguarding process referred to as 'Restriction to Practice'.

14.1 SPECIMEN STAFF BRIEFING (continued)

The restriction relates specifically to PaMoVA Module Three 'safe use of physical intervention training''. Whilst on 'Restriction to Practice' staff members whose Module Three 'safe use of physical intervention training' has lapsed and which has not lapsed for a period of more than 12 months can if required assist another member of staff with the use of PaMoVA Module Three 'safe use of physical intervention training' techniques. The supervising staff member must have successfully completed their PaMoVA LearnPro Module One within the last 36 months and completed PaMoVA Module Two within the last 36 months as well as having completed PaMoVA Module Three within the last 24 months. This allowance is an interim measure designed to support staff working in 'high' risk areas for violence and aggression pending successful completion of their own PaMoVA Module Three 'safe use of physical intervention' refresher training as soon as is practicable. Where a staff members PaMoVA Module Three 'safe use of physical intervention training' has lapsed for more than 36 months they should not be involved in assisting with the application of PaMoVA Module Three 'safe use of physical intervention training 'techniques as it may place them and/or others at risk of injury.

Staff Actions:

If you work with patients and require to complete PaMoVA Module Three 'safe use of physical intervention training' techniques as part of your job role, please ensure you:

- Complete PaMoVA LearnPro Module One every 3 years (you can complete this anytime from 3 months before it expires); and
- Successfully complete the practical PaMoVA Module Two face to face training within a rotating three-year period (period commences from date of last training session successfully completed). Refresher training can be attended up to 6 months before it expires.
- Successfully complete the practical PaMoVA Module Three 'safe use of physical intervention training' face to face training within a rotating two-year period (period commences from date of last training session successfully completed). Refresher training for PaMoVA Module Three can be attended up to 4 months before it expires.
- Where possible please do not let your PaMoVA training expire although this can happen in terms of unexpected absences, pro-longed and sustained operational pressures in releasing staff to attend training, planned leave, change in job role, lack of availability of available training places, etc.

Line Managers Actions:

With the exception of limited and / or exceptional circumstances, ensure all staff you have responsibility for who require PaMoVA Module Three 'safe use of physical intervention training' as part of their job role have successfully completed the compulsory PaMoVA LearnPro Module One within the last three years and where required that they complete mandatory practical PaMoVA Module Two face to face training within a rotating three-year period and the PaMoVA Module Three 'safe use of physical intervention training' within a rotating two-year period. Please also ensure for staff whose practical face to face training is due to expire within a 16 week rolling period i.e. a rolling 16-week period from any week throughout the year are booked onto the relevant designated Module Two and / or Three PaMoVA training course and that they as far as is practicable successfully complete the practical training before it lapses.

14. APPENDIX 1 PAMOVA MODULE THREE RESTRICITON TO PRACTICE SPECIMEN DOCUMENTATION (continued)

14.1 SPECIMEN STAFF BRIEFING (continued)

Line Managers Actions: (continued)

Where the PaMoVA LearnPro module has lapsed please ensure the staff member completes this at the start of their next scheduled time at work. Where the practical PaMoVA Module Three face to face training has lapsed or has 1 calendar month or less before it expires you will require to consider:

- Issuing the affected staff member with the Stage 1 standard letter on 'Restriction to Practice' in their job role in regard to PaMoVA Module Three 'safe use of physical intervention training'. This advises the staff member that they are requested to successfully complete refresher training within the next 28 days from the date of the letter issued. 'Restriction to Practice' will commence at the end of the 28-day notification period;
- The letter will be retained on their personal file until they successfully complete refresher training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained;
- Notify your nominated senior management team member of the staff members details so they can be entered onto a site non-compliance training register for PaMoVA Module Three until they complete their refresher training;
- Ensure the affected staff member is only permitted to assist another member of staff with PaMoVA Module Three 'safe use of physical intervention training' techniques who have successfully completed their PaMoVA LearnPro Module One within the last 36 months, completed PaMoVA Module Two within the last 36 months and completed the PaMoVA Module Three within the last 24 months pending successful completion of the lapsed member of staff's PaMoVA Module Three 'safe use of physical intervention training';
- Where the PaMoVA Module Three practical training is not completed within 28 days of the 'Stage 1' letter being issued and subject to an extension being granted (only in line with limited exceptional / unforeseen circumstances i.e. medium to long term absence / bereavement leave / return from medium to long term absence / maternity leave / return / etc.) you are required to consider issuing a Stage 2 letter to the staff member providing a further 28 days to undertake the training;
- If you require further advice on this process, please contact the NHS Lanarkshire Head of Health and Safety or your nominated HR Advisor.

Issued By: 'insert *name of Senior Manager i.e. Director or Service Manager'*, *'insert name of site and/or service'*

Briefing prepared by the Head of Health and Safety, Salus Occupational Health, Safety and Return to Work Service, HR Directorate on behlaf of the Human Resources Director (Version 1.3 – last revised 29th June 2026)

14. APPENDIX 1 PAMOVA MODULE THREE RESTRICITON TO PRACTICE SPECIMEN DOCUMENTATION (continued)

14.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER

Letter to: *'insert staff member's name, job title and work location i.e. Service/Site/Ward/etc.'*
Email: *' insert staff members e-mail address'*

'Insert name of Site/Service and/or University Hospital
,
'Insert Site/Service and/or Hospital Address'
www.nhslanarkshire.co.uk

'Restriction to Practice'
'Stage 1' Letter

Date of Issue:
Date Restriction to Practice Takes Effect:

(28 consecutive days from date of issue of letter)

Staff Payroll Number:
Enquiries to:
Direct Line:
Email:

PRIVATE AND CONFIDENTIAL

'Insert name of issuing manager' / 'Work Address' / 'Contact Details'

SUBJECT: Stage 1 Notification of Restriction to Practice Pending Successful Completion of PaMoVA Module Three Training

Dear *'insert full name of staff member',*

A change in practice was notified on the 20th February 2019 to all Senior Operational and Executive Directors within NHS Lanarkshire by the Chief Executive that required staff members involved in the moving and handling of patients to have successfully completed the NHS Manual Handling Passport and Information Scheme, CEL 15 (2014) training in Moving and Handling within a rotating 3-year period. It was also agreed that this process would extend to PaMoVA Module Three training at the next planned guidance update from 2022.

This ensures staff comply with statutory responsibilities under 'The Management of Health and Safety at Work Regulations 1999' and the Health and Safety at Work etc. Act 1974. The change in practice followed on from an HSE Intervention within NHS Lanarkshire in November 2018 identifying further measures required to ensure that NHS Lanarkshire provides suitable safeguards for staff and patients related to practical moving and handling through the Scottish Manual Handling Passport Scheme and PaMoVA Module Three 'safe use of physical intervention training'.

To protect the safety of staff and patients from moving and handling and PaMoVA Module Three related risks, NHS Lanarkshire arranged with the Health and Safety Executive (HSE) to implement a new safeguarding process referred to as 'Restriction to Practice'.

16.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER (continued)

The restriction relates specifically to PaMoVA Module Three 'safe use of physical intervention training'. Whilst on 'Restriction to Practice' staff members whose Module Three 'safe use of physical intervention training' has lapsed and which has not lapsed for a period of more than 12 months can if required assist another member of staff with the use of PaMoVA Module Three 'safe use of physical intervention training' techniques. The supervising staff member must have successfully completed their PaMoVA LearnPro Module One within the last 36 months and completed PaMoVA Module Two within the last 36 months as well as having completed PaMoVA Module Three within the last 24 months.

This allowance is an interim measure designed to support staff working in 'high' risk areas for violence and aggression pending successful completion of their own PaMoVA Module Three 'safe use of physical intervention' refresher training as soon as is practicable.

Where your PaMoVA Module Three 'safe use of physical intervention training' has lapsed for more than 36 months you should not be involved in assisting with the application of PaMoVA Module Three 'safe use of physical intervention training 'techniques as it may place you and/or others at risk of injury.

In line with the above change in practice, you are being issued this letter notifying you that your practical PaMoVA Module Three 'safe use of physical intervention training has either lapsed or will lapse within the next 28 days and you have 28 days from the date of this letter to successfully complete the mandatory practical face to face moving and handling training.

Failure to complete this training within the next 28 days will result in you being placed on 'Restriction to Practice' in your current job role. In effect, 'Restriction to Practice' will commence at the end of the 28-day notification period and is noted in the letter heading above.

Your name will be recorded onto a site compliance training register for PaMoVA Module Three 'safe use of physical intervention' training until you successfully complete the practical PaMoVA Module Three 'safe use of physical intervention' refresher training. Your name will be removed from the register once you have successfully completed the refresher training. You will not be permitted to attend the practical refresher training unless you have successfully completed the LearnPro PaMoVA module within the last 36 months and successfully completed PaMoVA Module Two training within the last 36 months.

This letter will be retained in your personal file until you successfully complete the training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained.

Subject to exceptional /or unforeseen circumstances, if the practical training is not successfully completed within the next 28 days you will be advised that you will be subject to Stage 2 of the 'Restriction to Practice' process which will result in a further letter being issued.

Please be aware that you can complete a refresher course for the PaMoVA Module Three 'safe use of physical intervention' training up to four months before it expires and / or the LearnPro Moving and Handling Module three months before its expiry and / or the PaMoVA Module two training six months before expiry.

14.2 SPECIMEN RESTRICTION TO PRACTICE STAGE 1 LETTER (continued)

If you wish to make a complaint regarding any aspect of this process, please do so in writing within 14 days of receipt to your Line Manager who will review the nature of your complaint and act accordingly. This process will not be suspended unless the complaint is upheld.

Yours sincerely

'Insert name, job title and signature of person issuing this letter'

cc

'Copy in Relevant Site Nominated Management Lead & any other relevant manager(s)'

14. APPENDIX 1 (continued)

14.3 SPECIMEN RESTRICTION TO PRACTICE STAGE 2 LETTER

Letter to: *'insert staff member's name, job title and work location i.e. Service/Site/Ward/etc.'*
Email: *' insert staff members e-mail address'*

'Insert name of Site/Service and/or University Hospital
,
'Insert Site/Service and/or Hospital Address'
www.nhslanarkshire.co.uk

'Restriction to Practice'
'Stage 2' Letter

Date Stage 1 Letter Issued:
Restriction to Practice Effective Date:

(28 consecutive days from date of issue of Stage 1 letter)

Staff Payroll Number:
Enquiries to:
Direct Line:
Email:

PRIVATE AND CONFIDENTIAL

'Insert name of issuing manager' / 'Work Address' / 'Contact Details'

SUBJECT: Stage 2 Notification of Restriction to Practice Pending Successful Completion of PaMoVA Module Three Training

Dear *'insert full name of staff member',*

Following issue of the Stage 1 letter on the *'insert date'* you have not completed the practical PaMoVA Module Three 'safe use of physical intervention training' by the required 28-day notice period which expired on *'insert date'*. With immediate effect you are now being placed on restricted practice and will only be permitted to assist another member of staff with any PaMoVA Module Three 'safe use of physical intervention training' activity who has successfully completed their LearnPro within the last 24 months, practical PaMoVA Module Two within the last 36 months and PaMoVA Module Three within the last 24 months.

Your name will be retained on the site compliance training register for PaMoVA Module Three until you successfully complete the practical PaMoVA Module Three refresher training. Your name will be removed from the register once you have successfully completed the refresher training. You will not be permitted to attend the practical PaMoVA Module Three refresher training unless you have successfully completed PaMoVA LearnPro Module One and PaMoVA Module Two within the last 36 months.

This letter will be retained in your personal file until you successfully complete the training. Thereafter it will be removed and disposed of through the confidential waste stream. No permanent record will be retained.

Subject to exceptional / or unforeseen circumstances, if the practical PaMoVA Module Three training is not successfully completed within the next 28 days and it remains a requirement of your job role you may be subject to a review for failing to adhere to Health and Safety Rules and Procedures and failure to comply with an NHS Lanarkshire policy. Any review will be undertaken in line with NHS Scotland Workforce Policies https://workforce.nhs.scot/policies/.

Please be aware that you can complete a refresher course for the PaMoVA Module Three training up to 4 months before it expires.

If you wish to make a complaint regarding any aspect of this process, please do so in writing within 14 days of receipt to your Line Manager who will review the nature of your complaint and act accordingly. This process will not be suspended unless the complaint is upheld.

Yours sincerely

'Insert name, job title and signature of person issuing this letter'

cc

'Copy in Relevant Site Nominated Management Lead & any other relevant manager(s)'