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Management of Violence and Aggression Policy

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1. Introduction and Purpose

The Trust recognises that it has a legal and moral duty “so far as is reasonably practicable” to protect its staff. The Trust is committed to supporting staff in the event of adverse situations and recognises that the provision of a safe working environment is paramount to success. The Trust will not tolerate violent, aggressive, anti-social or abusive behaviour towards its staff during the course of their duty. Decisive action will be taken against offenders to protect staff, which could result in the withdrawal of treatment.

Violence and aggression can be defined as:

“Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well being or health” (EC 1997). This includes harassment, which is defined as “Unwanted, unsolicited and inappropriate words or conduct affecting the dignity of another”.

- 1.2 This policy sets out a framework to balance the need of patients and visitors to receive healthcare or to visit any of the Trust sites, with the need to protect staff from violence and anti social behaviour. This policy is applicable to all employees, patients and visitors of the Trust. It is also applicable to settings

such as community and/or domiciliary visits where employees are delivering care away from the Trust.

- 1.3 Violence or anti-social behaviour by staff is a matter of conduct and may constitute a criminal or civil offence. Instances will be dealt with through the Trusts Disciplinary Policy and may be referred to the Police and relevant professional bodies as appropriate.
- 1.4 Violence or anti social behaviour by patients, relatives and visitors may also constitute a criminal offence. Instances will be dealt with through this policy, within Counter Fraud and Security Management Service guidelines and may also be referred to the Police and relevant professional bodies as appropriate.
- 1.5 Everyone has a duty to behave in an acceptable and appropriate manner. As patients have a right to be treated whilst they are in hospital, staff have a right to work, free from fear of assault and abuse in an environment that is properly secure and safe.
- 1.6 The purpose of this policy is to implement the specific guidance of the NHS Counter Fraud and Security Management Service (NHS CFSMS) following the issue of the Directions of the Secretary of State on NHS Security Management Measures.
- 1.7 This policy supersedes the previous NHS Zero Tolerance Campaign and the Trust's Zero Tolerance Policy in light of the specific Directions of the Secretary of State for Health.
- 1.8 This Policy is launched with the remit of encompassing the Directions and the subsequent policies and strategies issued by the NHS Security Management Service (NHS SMS) with the aim of proactively managing security within the organisation.
- 1.9 This policy is also designed as an important step in improving the Trust's existing policies in tackling aggression and violence against staff and at the same time, taking into consideration the national legal frameworks in dealing with violence and abuse and supporting the staff members who have been assaulted in seeking legal redress.

1.10 The aim of this policy:

Is to detail the Trust's approach in tackling violence and aggression against NHS staff, this policy has been introduced in the context of the mandatory requirement to report all cases of physical assaults to the NHS SMS. It details the avenues that are available for staff, and the Trust alike, to seek legal redress.

The legal definitions of Physical and Non-Physical assault will be explained, along with detailed guidance on how to deal with incidents involving violence, abuse, threats, intimidation, harassment and other inappropriate behaviours.

The policy will also clearly define the roles of the Security Management Director (SMD) and the Local Security Management Specialist (LSMS) in supporting the Trust staff in dealing with, and tackling, violent and abusive persons.

The scope of this policy covers all employees of the Trust and others who are acting on behalf of the Trust and will apply to all areas that are the responsibility of the Trust, including Contractors and Sub Contractors.

2. Definitions

Violence and aggression can be defined as: “Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well being or health” (EC 1997). This includes harassment, which is defined as “Unwanted, unsolicited and inappropriate words or conduct affecting the dignity of another”.

V&A – Violence and Aggression

Fraud – Crime of cheating somebody: the crime of obtaining money or some other benefit by deliberate deception.

Anti- Social – is behaviour that lacks consideration for others and that may cause damage to society, whether intentionally or through negligence, as opposed to pro-social behaviour, behaviour that helps or benefits society (Berger 2003, p. 302).

LSMS – Local Security Management Specialist

CFSMS – Counter Fraud and Security Management Service

Zero Tolerance – A term no longer used

NHSMS – National Health Security Management Service

VPS – Violent Patient Scheme

ARA – Acknowledgement of Responsibility Agreement

HSE – Health and Safety Executive

Physical Assault – “The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort”

Non-Physical Assault - “The use of inappropriate words or behaviours causing distress and /or constituting harassment”

3. Accountability and Responsibility

The HSE, NHS SMS and Secretary of State's Directions 2003 place certain statutory, operational and advisory responsibilities on individuals, authorities, organisations and groups in respect of Managing Violence & Aggression. These responsibilities are detailed in this section, to assist with the management of violence and aggression.

3.1 Trust Board

The Trust Board has corporate responsibility for the implementation of this policy and must consider the security management policy in its implementation and have knowledge of how to access details of current legislation in order to understand their own liability pertaining to security and the management of violence & aggression.

3.2 Chief Executive Officer

The Chief Executive Officer has a responsibility to ensure that the appropriate arrangements operate within the Trust for reducing the risk of violence and abusive behaviour against staff and others and for ensuring as far as reasonably practicable the security of the assets and buildings, in accordance with legislation including The Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999.

3.3 Nominated Security Management Director

The Nominated Security Management Director (SMD) undertakes work at Board Level to tackle violence and aggression, the security of buildings and assets and the creation of a pro-security culture throughout the organisation. The SMD shall be registered with the NHS Counter Fraud and Security Management Service and shall be in a position to advise both the Chief Executive Officer and the Trust Board on security related matters and policy effectiveness.

In order to create a pro-security culture the SMD shall be integral in ensuring and maintaining a good working relationship with external agencies such as:

- Local Police
- Crown Prosecution Service (CPS)
- Counter Fraud and Security Management Service
- Legal Protection Unit (LPU)

Throughout the process to the final outcome of sanctions and redress, staff who have been involved in an incident shall receive the appropriate level of support as determined by the incident. In consultation with the Local Security Management Specialist (LSMS) the SMD will notify the Chief Executive Officer of all exclusions from the site and of any high level incidents that require any further actions.

Where necessary the SMD shall provide senior level support to the LSMS to assist in the issue of warning letters to individuals who are causing a persistent nuisance on Trust premises.

The SMD shall act as the communication link to the Trust Board on Security related issues and shall monitor and review this policy to ensure that resources are made available.

3.4 The Local Security Management Specialist

The Local Security Management Specialist is accredited through the Counter Fraud and Security Management Service (CFSMS) and is qualified at Accredited Security Management Specialist level through the designated university.

The LSMS has a duty to follow the training and guidance issued by CFSMS and to comply with the requirements of the Secretary of State's Directions of November 2003, with particular reference to the following:

- Reporting incidents to CFSMS
- Carrying out initial investigations in accordance with CFSMS guidelines
- Ensure full co-operation with the Police or CFSMS investigations and subsequent actions i.e. sanctions and redress
- Provide support to victims where other sources are not immediately available
- Advising managers and staff on issues relating to security and the minimisation of violence and aggression towards staff and the protection of the Trusts property and assets
- Monitoring of the Trusts compliance with "zero tolerance" in terms of seeking sanctions and redress
- Analysis of the Trusts Incident Reporting system to identify trends and take appropriate action to minimise any reoccurrence
- Monitor and review any actions for effectiveness and/or success
- Promote a pro-security culture throughout the Trust by using all available means, such as courses, road shows, bulletins and regular updates.
- Assist Departmental Managers in carrying out risk assessments relating to security issues that are preventative, pro-active and reactive to the changing needs of an area.
- Advise and support the SMD as required

In relation to this policy the LSMS is responsible for:

- Advising the Trust on the legal requirements on points to prove for offences against the person
- Providing advice and guidance to the SMD in terms of sanctions and redress against perpetrators
- Developing a collaborative system of indicating potential and/or known offenders throughout the organisation

- Auditing compliance with this policy and providing these audit results to the relevant groups for feedback and monitoring

3.5 Estates Manager

The Estates Manager is responsible for ensuring that security features relating to physical security measures are incorporated at the design stage of new buildings or on refurbishment of existing buildings. Security professionals such as the LSMS and Architectural Liaison Officer (ALO) shall be involved from inception to influence discussions on physical security measures that are both reactive and proactive in their use and that are fit for purpose.

3.6 Clinicians

Clinicians shall ensure that clinical decisions which are taken regarding patient care are carried out in such a way as to contain or reduce the risks to staff of violence and aggressive behaviour. They must also support clinical staff who maybe in a situation with regards to the management of violent and/or aggressive patients and/or relatives/carers.

3.7 Senior Managers

Senior Managers have a responsibility to ensure that arrangements are in place within their areas to identify, manage and assess the risk to staff from violent and aggressive patients and/or visitors to the Trust. Regular reviews should be carried out in line with the Trust's Risk Management Strategy and reported via the performance review process. Such assessments must take into account:

- Identification of the staff groups that are exposed to risk in particular Lone Workers (See also Lone Worker Policy)
- Assessment of working conditions – normal/abnormal, hazardous conditions, such as dangerous steps, unhygienic conditions, poor lighting for example
- Assessment of particular working activities, which might present a risk such as: refusing an appointment, administering medication and delivering unwelcome information. Whether staff have received suitable and sufficient training to defuse a potentially violent situation should also be considered.
- Assessing the possibility of an increased risk of violence due to alcohol abuse, drug misuse, a mental or personality disorder.
- Assessing the risk to staff from wearing a uniform when visiting certain patients/service users or working in or travelling between certain environments.
- Evaluation of physical ability to carry out duties that carry risks associated with potential perpetrators, such as being pregnant, disabled or inexperienced
- Estimation and assessment of “emergency” equipment that may be required such as the ability to raise an alarm in the event of an incident, room layout for 1:1 interactions and local procedure for managing such situations across the Trust.

- Implementation of the Trust's system for dealing with and managing such occurrences

3.8 Departmental Managers

Departmental/Ward Managers have a responsibility to ensure that risks to their staff are assessed and managed on a daily basis in accordance with the Trust's Risk Management Strategy. All appropriate Trust policies will be followed when managing incidents that occur locally.

3.9 All Staff

All staff have a duty to contribute to the minimisation of risk relating to security matters within their area or sphere of practise. The Trusts training and appropriate policies must be followed to reduce risks to a minimum.

The Trust's staff shall undergo the training that has been identified within the training needs analysis.

The Trust's Incident Reporting system shall be utilised as per the Trusts Incident Reporting Policy.

All security related incidents such as issues of violence and aggression shall be reported to the Departmental/Ward Manager in the first instance, as per the Trust's Incident Reporting Policy.

Staff that have been issued with equipment to reduce the risk to themselves shall utilise them to the full ability at all times and ensure that the equipment is fully functional i.e. mobile phones/radios are fully charged etc any fault should be reported to the supplier

4. Training

It is paramount that all staff are equipped with the skills and techniques to ensure that they are confident and competent when faced with an incident relating to violence or safety.

The Trust shall provide sufficient training in aspects of "Dealing with Conflict and Aggression" to ensure that all front line staff (those directly dealing with members of the public) have been trained in accordance with the training needs analysis and the Secretary of State's Directions that staff shall be trained by 2008. The course shall be ratified by the CFSMS which shall be certificated, transferable and valid for 3 years. The learning outcomes must be achieved and include:

- The causes of violence
- The recognition of the warning signs
- "talk down" and "breakaway" techniques

- details of the management of violence and aggression policy

Should a specific risk be identified and specific training be required this shall be provided appropriately. The required training will be organised in liaison with the Learning & Development Department, who will maintain records of training in terms of:

- Criteria for attendance
- The prospectus of training
- Achieved training outcomes
- Any follow up action that is required and by whom

5. GENERIC PROTOCOL

5.1 Management of Violence and Aggression Guidance

Definitions

The following baseline definition of a physical assault has been applied since Directions came into force, and it replaces any other definition that may currently be in use:

Assault is defined as:

“The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort”

Examples of the types of Physical Assaults are covered in the list below:

- An assault involves an intentional, unlawful threat to cause bodily harm or injury
- A circumstance which creates in the other person a well-founded fear of imminent peril or danger
- Battery - the wilful or intentional touching of a person against that person's will by another person
- Offensive touching
- Sexual assault-sexual contact against a person's consent or will
- Unwanted physical contact by another
- Physical contact on a person that has resulted in bodily harm and injury

(Please note that this is by no means an exhaustive list)

The following baseline definition of a Non-Physical Assault has been applied since Directions came into force, and it replaces any other definition that may currently be in use:

“The use of inappropriate words or behaviours causing distress and /or constituting harassment”

It is very difficult to provide a comprehensive description of all types of incidents that are covered under this non-physical assault definition; however, examples of the types of behaviour covered are listed below:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job and makes them feel unsafe;
- Racial or religiously aggravated comments or derogatory remarks;
- Offensive sexual gestures, behaviours or remarks
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Brandishing of objects or weapons;
- Near misses, i.e. unsuccessful physical assaults
- Offensive gestures;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimization or intimidation
- Stalking a member of staff;
- Spitting at a member of staff;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-co-operation such as repeated disregard of hospital visiting hours; or
- Any of the above linked to destruction or damage to Staff's or Trust's property

Unacceptable/inappropriate behaviour can be defined as any incident where a staff member feels, harassed, abused, threatened, bullied (not by a colleague), insulted, or assaulted in circumstances relating to their work or whilst they are at work.

It is for the recipient to determine whether any behaviour is unacceptable. The key issue to consider is the impact of the behaviour on the individual, recognising that there will be occasions where there was no intent to harass or offend. All complaints under this policy, whether formal or informal, will be fully and fairly investigated and will be treated sensitively and confidentially. (Refer to Tackling Harassment and Bullying at Work Policy).

It is important to note that the above-mentioned examples of Physical and Non-Physical assaults can be either be displayed in person or by telephone, letter or e-mail or any other form of communication such as graffiti on Trust' s property and buildings.

5.2 ABUSIVE TELEPHONE CALLS

If you experience the type of behaviour previously described in the form of a phone call, you should:

- Inform the caller that you do not wish to be spoken to in the manner being used

If the caller persists:

- Reiterate that you do not wish to be spoken to in the manner being used and that you will terminate the call should they persist

If the caller persists:

- Inform the caller that you will not be spoken to in that manner and that you are terminating the call
- Then put the phone down and report the incident to a Senior Manager and via the Trusts Incident Reporting system

Should the caller continue to ring and display this inappropriate behaviour you must refer on to a senior member of staff with all the relevant details.

If the caller is still persistent and displays this inappropriate behaviour this becomes a point of law under "The Protection from Harassment Act 1997" and must be reported to the LSMS and/or Police as appropriate.

5.3 PROTOCOL FOR PHYSICAL AND NON PHYSICAL ASSAULT

Preliminary Assessment

Following an alleged physical assault on a member of staff, the police must be contacted immediately by the person assaulted, their line manager or relevant colleague, except in those cases where the SMD or LSMS, having consulted with relevant staff and obtained clinical advice, has reached the conclusion that the assault was not intentional and that the patient did not know what he was doing, or did not know what he was doing was wrong due to the nature of his medical illness, mental ill health or severe learning disability or the medication administered to treat such a condition. The view of the person assaulted should also be sought in each incident (see below).

Patients lacking capacity

There may be incidents arising where a patient lacks capacity to make decisions around acceptable levels of behaviour where management of incidents will need to be modified in consultation with a clinician. Please refer to the Policy on Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

Reporting Lines

All incidents must be reported using the Trusts Incident Reporting system, the immediate Supervisor and/or Line Manager must also be informed at the first available opportunity. For out of hours reporting, the use of the Trusts On-Call system shall be utilised and advice given in terms of the next steps, at the first available opportunity the LSMS and SMD must also be informed the next working day. This will enable the initial investigation to take place and to gather any available evidence.

In the event of a physical assault the Police must be contacted and a crime number obtained and recorded on an incident report form.

The Lead Security Management Director and the Local Security Management Specialist will ensure that full co-operation is given to the police and the NHS SMS LPU in respect of an investigation and any subsequent action, including ensuring access to personnel, premises and records whether electronic or otherwise considered relevant to the investigation.

5.4 STAGES

Stage 1- Verbal Warning

Where a patient, relative or visitor is violent or abusive, the member of staff or senior member of staff should explain to the patient what is and is not acceptable behaviour and he/she should outline what the possible consequences of any further repetition of unacceptable behaviour could be. An experienced member of staff (and or security) should always witness this explanation. Identification of any triggers for the behaviour may be useful in future prevention.

Where appropriate, a copy of this policy should be given.

- A. Verbal warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions.
- B. Verbal warnings are not a method of appeasing difficult patients, relative or visitors in an attempt to modify their behaviour or to punish them, but instead to determine the cause of the behaviour so that the problem can be addressed or the risk of it reoccurring minimized.
- C. It is important that patients, relatives and visitors are dealt with in a demonstrable fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt

should be made to de-escalate a situation that could potentially become abusive. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviours. The incident should also be reported and recorded in the Trust's existing Incident Reporting system and in the case of patients, within the patient's notes, for future reference.

- D. Where it is deemed appropriate to approach to a patient, relative or visitor in respect of their behaviour, this should, where practicable, be done informally, privately and at a time when all parties concerned are composed and personal safety of staff should always be paramount.
- E. A meeting should be arranged and conducted in a fair and objective manner. A formal record should be made and maintained, utilising the Trust's existing Incident Reporting system and within the patients notes as appropriate.
- F. Verbal Warnings will not always be appropriate and should be only attempted when it is safe to do so with the relevant and appropriate staff present.
- G. Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

In summary: the main aim of the Verbal Warning process is twofold:

- To ascertain the reason of the behaviour displayed as a means of preventing further incidents or reducing the risk of them reoccurring; and
- Ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

NB: A verbal warning should be delivered once or even twice but no more

Stage 2- Acknowledgement of Responsibilities Agreement (ARA)

ARAs are an option that can be considered for individuals, either patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. An ARA is a written agreement between the parties aimed at addressing and preventing the recurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into serious behaviour.

The guidance from the NHS SMS is that all key stakeholders and relevant personnel, including staff union or professional representatives, should organise and attend the pre-meeting to discuss the conditions. Where it is considered safe to do so, the perpetrator should then be invited to attend a meeting where the agreement is made. It is important that the perpetrator is involved into this process as it may encourage him or her to recognise the impact of their behaviour, take responsibility for his/her actions and improve his/her behaviours.

The terms of the ARA should be outlined formally in a written document for the perpetrator. Templates for such a letter can be found in Appendix A of this Policy. A copy of the document should be signed and dated by both the perpetrator and the senior manager. The terms of the agreement must be written in a manner that can be easily understood by the individual concerned. If he/ she signs the agreement and there is evidence that their unacceptable behaviour has ceased, then it may be appropriate to acknowledge this in writing to the perpetrator and thereby, encouraging good communication as well as encouraging continued good behaviour.

The meeting should be planned and organised appropriately in order to avoid intimidation. Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors could be excluded prior to the meeting. ARAs are in no way linked to criminal proceedings and it is important that the great care is taken to ensure that the meeting is not misinterpreted as such. If a risk of violence is identified, consideration must be given to conducting this interview within a safe environment.

In circumstances where the patient or person concerned has not reached the age of 16 is being considered for an interview to discuss his/ her unacceptable behaviour, then they must be accompanied by their parent, guardian or appropriate adult to whom all correspondence must be issued.

All senior managers responsible for organising the ARA meeting should meet prior to the meeting to consider:

- The desired outcome
- Appropriate conditions of the behavioural agreement.

During the meeting the following issues should be covered:

- Reason for establishing an ARA;
- Explanation as to why the identified behaviour is unacceptable;
- Clear explanations of what constitutes continued unacceptable behaviour; and
- Details of the mechanism for seeking a review via local complaints procedure (Refer to complaints policy).

Where a patient, relative or visitor fails to attend the meeting without good reason or notification, reasonable attempts must be made to contact them.

The use of ARAs would not be appropriate in the following circumstances:

- Where the patient's Consultant, or the Trust Lead Management Security Director after having consulted with all relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced, such as a mental disorder, and where an ARA could adversely affect the patient's well being or recovery. However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded in accordance with the Directions; and

- Other than in exceptional circumstances, for anyone under the age of 16 (an ARA with the child's parent(s) or guardian(s) may however be appropriate).

Monitoring is essential if the ARA is to be effective. Therefore, the roles and responsibilities in respect of monitoring must be clearly outlined so that any further unacceptable behaviour is recorded and appropriate action can be escalated should that become necessary. It is important that the Clinical Manager or the relevant Senior Nurse Manager documents all these for future referencing.

Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The NHS SMS LPU will provide specific advice should this be necessary.

Stage 3- Written Final Warning

As a last resort, a final written explanation of potential exclusion from the premises and the withholding of treatment may be considered if unacceptable behaviour persists. This letter, which can only be sent by the Trust's Lead Security Management Director and/or by the Chief Executive, should notify the perpetrator if there is a repetition of his/her unacceptable behaviour, then this warning letter will remain on their personal record for a period of one year from the date that this letter has been issued and will be taken into consideration with one or more of the following actions:

- The withdrawal of NHS Care and Treatment, subject to Clinical Advice.
- The matter will be reported to the police with a view that the Trust will seek a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view that the Trust will seek criminal or civil proceedings or other appropriate sanctions. Any legal costs incurred will be sought from the perpetrator.
- Consideration will be given to obtain a civil injunction in the appropriate terms. Any legal costs incurred will be sought from the perpetrator.

A template for such a letter can be found in Appendix A of this policy.

In exceptional circumstances, this Final Warning Letter should be sent by recorded delivery.

The patient's General Practitioner and Consultant should be notified in writing.

The Clinical Director should be notified.

Stage 4- Withholding Treatment

The withholding of treatment raises a number of ethical, legal and clinical issues for both clinicians and managers alike. However, where such policies and procedures have been introduced, there is a clear indication that they can act as a deterrent to potentially violent patients and visitors and ensure that those who work hard to deliver quality patient care and services can do so in a safe environment. The Trust has developed local procedures for withholding treatment from Violent and Abusive Patients. It is important to bear in mind that before any decision is made to withhold treatment, it is important that each case is assessed individually and that the need to protect staff from violent, aggressive and abusive patients are balanced against the need to provide essential medical treatment and care to these patients.

The local Procedures to Withholding Treatment

Withholding treatment will only be appropriate where violent or abusive behaviour is likely to:

- Prejudice any benefit the patient might receive from care or treatment; or
- Prejudice the safety of those involved in giving care or treatment; or
- Lead the member of staff offering care to believe that he/she is no longer able to undertake his/her duties properly. This might include incidents of racial or sexual abuse; or
- Result in damage to property inflicted by the patient or as a result of containing him; or
- Prejudice the safety of other patients present at the time.

Exceptions

There will be circumstances where the withholding of treatment will be inappropriate, for example:

- Patients who, in the expert judgement of a relevant clinician, are not competent to take responsibility for their action e.g. an individual who becomes violent as a result of an illness or injury including severe pain
- Patients who are mentally ill or have learning disability or may be under the influence of drugs and/or alcohol or under a temporary section order;

Any decision to withhold medical treatment must be based on a proper clinical assessment and the advice of the patient's consultant or a senior member of the clinical team (on call team for Out of Hours). Under no circumstances should it be inferred to the patient that treatment might be withheld without a proper consultation with the patient's consultant, the Clinical or Medical Director. Reference should be made to the Trust Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards. The withholding of treatment should be always seen as a last resort, and after proper expert legal advice had been sought either via the Trust's Solicitors or the NHS SMS LPU.

Printed versions of this document may be out of date.

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However, there may be instances where the nature of the assault is so serious that the Trust, having obtained proper legal advice, can decide to withhold medical treatment immediately. The Security Management Director or the Local Security Management Specialist should seek clinical advice from a senior clinician such as the Clinical Director in the decision making of withholding medical treatment from a patient. In addition, the Trust Chief Executive or his/her Deputy must be fully informed of the clinical decision of the Clinical Director as well as the legal advice obtained from either the Trust's Solicitors or the NHS SMS LPU in order that a formal letter for withholding treatment may be issued.

It is imperative that the Security Management Director and the Local Security Management Specialist seek relevant clinical opinion in matters relating to service users or patients with mental health problems or learning disabilities, and that the needs of the individual patient are balanced against the need of the other patients and the right of all staff to work in safe and secure environment. Each case must be judged on its merit and where necessary, appropriate legal advice should be sought.

Before withholding of medical treatment is considered, a formal warning should be issued to the patient either by the Chief Executive or the Security Management Director. A copy of the formal warning letter should be sent to the patient's consultant and General Practitioner.

The letter or written warning should:

- Explain the reasons why the withholding of treatment is being considered (including relevant information, dates and times of the incidents);
- Explain why the behaviour demonstrated is unacceptable;
- Explain the appropriate sanctions which will apply to violent or abusive patients;
- Give details of the mechanism for seeking a review of the issue, e.g. via the Trust Complaints Procedures; and
- Explain that the patient's G.P and consultant will be sent a copy of the letter.

A template of such a letter can be found in Appendix A of this policy. This template can be adapted to meet the requirements of individual cases.

Where it is decided that a patient should be excluded from the Trust premises and treatment withheld, a written explanation for the exclusion must be provided. This letter must state:

- The reason why treatment is being withheld (including specific information, dates and times of incidents);
- The period of exclusion (The period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
- Details of the mechanism for seeking a review of the decision to withhold treatment, e.g. via the Trust Complaints Procedures;

- The action that the trust intends to take if an excluded individual returns to the Trust premises for any reason other than in a medical emergency or has been brought in by ambulance as an emergency;
- Each case should be judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide healthcare to individuals; and
- That the individual's General Practitioner will be notified in writing of the decision.

It is suggested that this letter should be signed by the Chief Executive of the Trust and be copied to the Security Management Director and the Local Security Management Specialist, the patient's Consultant and his/her General Practitioner. A copy of the letter should be kept in the patient's medical records.

5.4 SECURE FACILITIES and VIOLENT PATIENT SCHEMES (VPS)

A secure environment is one that allows for the safe consultation of violent patients, this may vary in form and resources depending on the Trust's and its needs. This may, for example, include a specially designated safe consultation room, a special purpose mobile unit, the provision of a security guard present during the consultation of the patient, or procedures that allow the safe consultation of violent patients.

A notice of the patient's inclusion on the VPS, including specific details relating to their behaviour, should be added to the patient's medical record to alert staff of their violent status, via copy letters and through flagging off offenders on internal patient administration systems (Ref Section 3.6) NB: Currently there are no recognised Violent Patient Indicators (VPI) for electronic patient systems but these are due to be released by CFSMS in 2010.

The Trust will ensure that all staff working in high-risk clinical and non-clinical areas must undergo a minimum standard of Conflict Resolution Training as per the mandatory guidance under the Secretary of State Directions on work to tackle violence against staff. The Trust will carry out risk assessments in order to comply with its duty of care and identify measures for reducing risk in consultation with all relevant parties, including the Trust's Security Management Director, LSMS, the Health and Safety Manager, Staff unions, Health and Safety Representatives and other professional bodies.

5.5 SUPPORT

In the event of an incident, the quality of support to the victim and those associated with it is crucially important in restoring well being. It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals. Involving managers in the factual debriefing will be a reflection of the seriousness of the incident and support the experience of the victim. If the member of staff is too shaky to travel home by normal arrangements, then arrangements should be made to send them home by taxi or accompanied by a colleague.

Staff morale and confidence can be improved if they see that there is a genuine commitment from managers and employers and the authorities to support and pursue prosecution in cases of assault.

5.6 Medical support

Victims of physical assault requiring medical attention should be referred to the Occupational Health Department, First Aid Unit or Minor Injuries unit as appropriate or, if a serious trauma or out of hours, the nearest and most appropriate A&E. Wherever possible, a colleague should accompany the victim.

5.7 Emotional support

Unless the victim cannot work, it is probably more helpful for the member of staff to remain at work among colleagues than to be sent home. However, the wishes of the victim must be respected and considered. The immediate and continuing interest in the member of staff's well being by colleagues and managers is very important, together with the opportunity for them to talk through the incident. Managers and colleagues can be most helpful by being available to listen. The support required will not be only in the immediate aftermath of an incident, but may also continue for some time after the event. The Occupational Health Department will be able to offer assistance and support if necessary.

5.8 Criminal Injuries Compensation Scheme (CICS)

A member of staff or patient who has sustained injury as a result of criminal assault may be entitled to some compensation under the CICS; staff are encouraged to refer to their respective trade union representative for detailed and specific guidance. Help and guidance should also be offered to patients.

5.9 National Health Service Injury Benefits Scheme

In certain cases, staff may be eligible for permanent or temporary injury allowances. The scheme known as the NHS Injury Benefits Scheme is subjected to more detailed guidance and therefore staff and managers are advised to contact their Human Resources Manager/Advisor and/or Trade Union Representative for further information.

6. Process for monitoring compliance and effectiveness of the policy/guidelines/procedure

Audits of success indicators shall be carried out at a frequency of once every two years or before a policy is renewed or updated. The results shall be provided to the local group that is responsible for approval of the policy, where recommendations and implementation plans will be developed. Ongoing monitoring of the actions shall be overseen by the local group that is responsible for approval of this policy.

Success indicators are a list of the key performance indicators that can be measured and monitored to ensure a policy is being complied with. These success indicators should be audited regularly and feedback reports provided to the local group responsible for approving the policy. The template below shows an illustration of how success indicators can be presented.

No	Indicator	Factor to be Monitored	Method of Monitoring
1	Roles & Responsibilities (Staff attendance at relevant training)	Policy to be disseminated down to staff	Human Resources to measure staff attendance at mandatory training and induction & C&R Training
2	Information for all staff on the management of Security and Managing Violence & Aggression	All staff receive information on induction/mandatory training	Human Resources to measure staff attendance at mandatory training and induction and to be included in all local and mandatory incident training

No	Indicator	Factor to be Monitored	Method of Monitoring
3	Process for identifying security related matters	Security risks are identified and flagged up using the Trust risk register and reporting systems included in the policy	Annual Audit
4	Arrangements for the provision of support and counselling of staff subjected to security related incidents	The frequency and degree of incidents and access to the confidential counselling service through Occupational Health	Incident Reporting system and induction training, spot questionnaire of staff in terms of how to access staff support and counselling
5	Risk assessment of buildings to be undertaken and documented in terms of security and reducing incidents of violence and aggression	Appropriate risk assessment on the physical security of premises which also include a focus on lone working provision	Annual Report and risk assessment portfolio received by the Health & Safety Group
6	To have a plan to improve security arrangements within available resources	To develop and review an organisation wide action plan following risk assessment	Annual review of plan and progress reports through the Health and Safety group
7	Staff are aware of how to report incidents relating to security and regarding lone worker issues	The frequency and degree of incidents that are reported on the Trust Incident reporting system	Review incidents that are reported on the Trusts Incident reporting system on an annual basis

7. References

Associated Strategies, Policies and Legislation

The following National, Regional and Trust strategies and policies have been identified as having an impact on the Security Management Strategy for managing violence and aggression:

1. Secretary of State for Health's Directions on NHS Security Management Measures (April 2003)
2. A Professional Approach to Security Management in the NHS (Dec 2003 NHS CFSMS)
3. Secretary of State's Directions on work to tackle violence against staff and professionals who work to provide services for the NHS (2003)
4. Tackling Violence Against Staff- Explanatory Notes for Reporting Procedures – November 2003
5. A Framework for reporting and dealing with non-physical assaults against NHS Staff and professionals (NHS CFSMS)
6. Health and Safety at Work Act 1974
7. Management of Health and Safety at Work Regulations, 1999
8. Regulation of Investigatory Powers Act 2000
9. The Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000
10. Freedom of Information Act 2000
11. Data Protection Act 1998
12. Building a Safer NHS, DoH 2001
13. Doing Less Harm, DoH 2001
14. Seven Steps to Patient Safety, National Patient Safety Agency
15. Risk Management Strategy
16. Security Management Strategy
17. Incident Reporting Policy
18. Serious Untoward Incident Policy
19. Health and Safety Policy
20. Major Incident Policy/Emergency Preparedness Policy
21. Lone Workers Policy
22. Guidance on the Management of High-Risk Patients (Mental disorder, Misuse of Illicit Drugs and Alcohol, and Substance abuse)

8. Consultation

For consultation at the Trust's Health and Safety Committee and initial agreement, then for the Executive Board to agree and ratify the policy for adoption through out the Trust.

9. Process for review of the document

The policy coordinator/author will monitor all published policies to ensure that policies are reviewed in a timely fashion. The Trust policies, procedures and guidelines shall be reviewed at least 3-yearly, or more often if needed, to ensure they remain accurate and relevant e.g. to reflect new legislation, new standards and new evidence of changes in best practice. The Policy Coordinator/author will maintain a monitoring system and database for this. The review date for all policies will be included on the document control information include at the front of that policy.

There are three possible outcomes arising from review of a policy – renewal, rollover or withdrawal.

Appendix A SUPPORTING ADVICE AND GUIDANCE ON MANAGING VIOLENCE & AGGRESSION

Appendix A.1 - Example ARA Letter

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour when attending the < insert name of trust/ location> in the future and comply with the following conditions as discussed at our meeting:

<List of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement.

Sincerely,

Signed

Date

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

Appendix A.2 - Example ARA Letter

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions

<List of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it is essential in order that we can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to us in the envelope provided. In the event that we receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours faithfully,

Signed by Lead Nurse / Head of Department / General Manager

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated

Appendix A.3 – Final Written Warning

<Date>

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence >. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:

(To be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed

Date

Appendix A.4 – With Holding Treatment

<Date>

Dear

Withholding of Treatment

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from health body premises. The period of this exclusion is <insert number of weeks /months> and comes into effect from the date of this letter.

As part of this exclusion notice you required not to attend health body premises at any time except:

- in a medical emergency;
- Where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (*to be adjusted as appropriate*):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment this health body considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

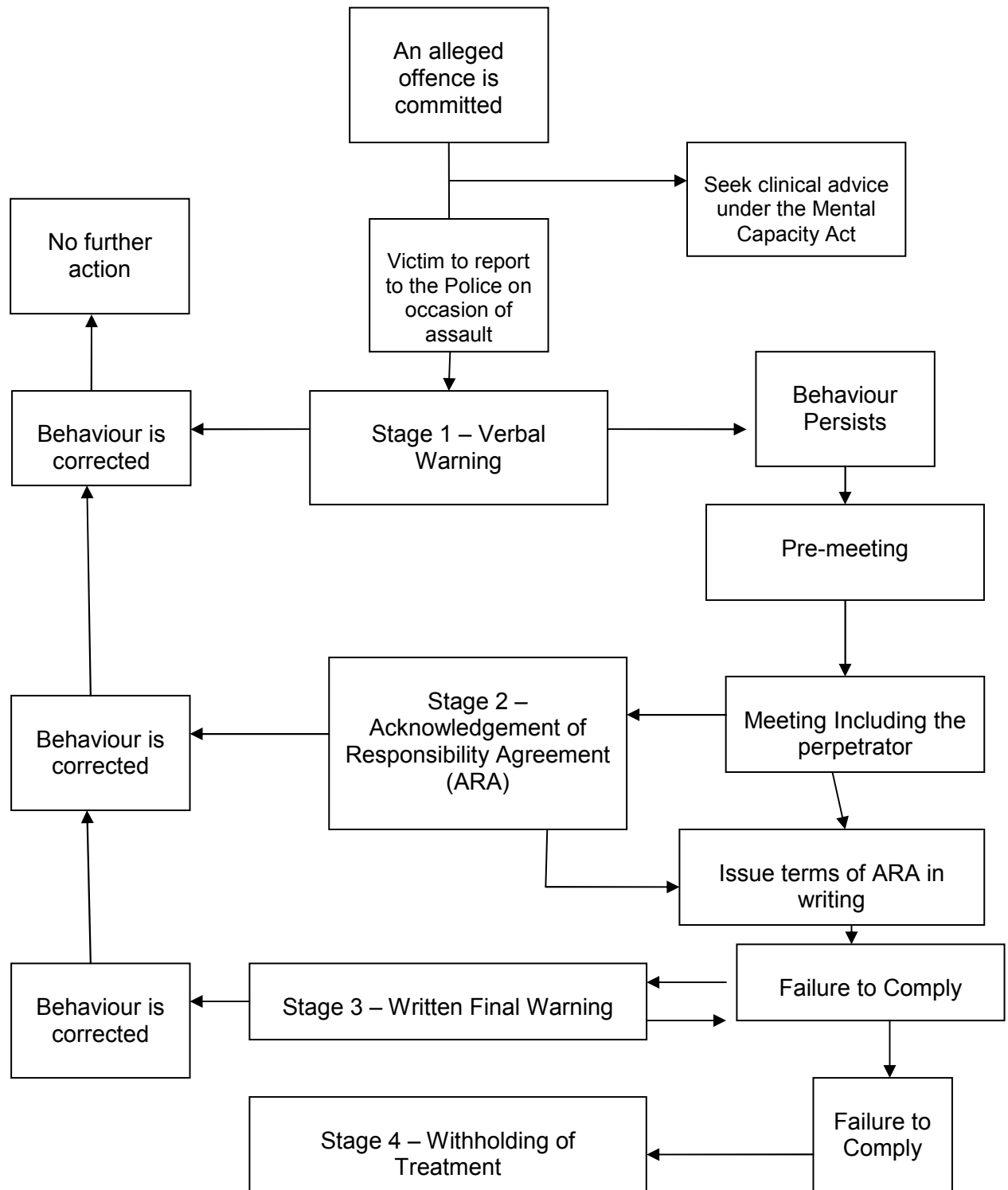
A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Senior Director

Date

Quick Reference Flow Chart of the Steps involved in managing Perpetrators



VIOLENCE ASSESSMENT CHECKLIST

The checklist will remind you of the main points to think about while you:-

- Consider the risk of injury from Violent Incidents;
- Identify steps that can remove or reduce your risk;
- Decide your priorities for action.

ASSESSMENT	
Activities covered by this assessment:	Locations:
Persons involved:	Date of Assessment:

** Please circle as appropriate*

SECTION A – Preliminary	
Q1 Does the activity involve a significant risk of injury? If “Yes” go to Q2. If “No” the assessment need go no further. If in doubt answer “Yes”.	Yes / No *
Q2 Can activities be avoided? If No – complete section B overleaf.	Yes / No *

SECTION C - Overall Assessment of Risk	
Q1 What is your overall assessment of the risk of injury?	Insignificant / Low /
If not “Insignificant” go to Section D. If “Insignificant” the assessment need go no further.	Med / High *

SECTION D - Remedial Action	
Q1 What remedial steps should be taken, in order of priority?	
1.	
2.	
3.	
4.	

SUMMARY

Overall priority for remedial action: <i>Green /Yellow/ /Amber/Red</i> *	
Remedial Action to be taken by whom?	
Date by which action is to be taken:	Date for reassessment:
Assessors Signature:	Assessors Name:

FINAL CHECKLIST

- | |
|---|
| 1. Compare the summary with your other violence risk assessments. |
| 2. Decide your priorities for action. |
| 3. TAKE ACTIONAND CHECK THAT IT HAS THE DESIRED EFFECT |

Section B

Questions to Consider:	Response:	Possible Remedial Action: (make notes here in preparation for completing Section D)
HAVE YOU CONSIDERED:		
<p>1. Previous Violent Incidents.</p> <ul style="list-style-type: none"> ◆ How many in the previous year? ◆ Number of incidents with injury? ◆ Number of incidents without injury? <p>2. Is there a written procedure and policy for dealing with violent incidents/lone working?</p> <p>3. Are staff trained in this procedure?</p> <p>4. Staff at risk from violent incidents :</p> <ul style="list-style-type: none"> ◆ Number of staff at risk ◆ Occupations at risk <p>Are there specific tasks which expose staff to violence?</p>		

WORKING ENVIRONMENT:

Is any public seating arranged in clusters?

1. Is there adequate seating for the numbers of people requiring it?
2. Is the seating secured to the floor?
3. Is there adequate heating and lighting?
4. Is the area clean and welcoming?
5. Have items/equipment been fixed in place where possible?
6. Is décor conducive to creating a calm environment? (I.e. pastel colours).
7. Are there clear sign posts to and from the area?
8. Can waiting areas and access/egress points be easily monitored by staff?
9. Are means of access and egress suitable in an emergency? (i.e. arrangement of interview rooms- staff member nearest to exit)
10. Is there a suitable mechanism for raising the alarm in an emergency? (I.e. personal attack alarms, mobile phone, panic alarm).
11. Are doors to office areas secure?

Questions to Consider:	Response:	Possible Remedial Action: (make notes here in preparation for completing Section D)
WORKING PROCEDURES :		
<ol style="list-style-type: none"> 1. Do staff work alone? 2. Can the length of lone working be reduced? 3. Have lone workers access to use of a mobile phone or other communication system? 4. Do staff know the emergency response procedure and testing system? 		
INFORMATION:		
<ol style="list-style-type: none"> 1. Is adequate and timely information given to clients on waiting times? 2. Are information leaflets provided? 		

RECEPTION AREAS:		
<ol style="list-style-type: none"> 1. Are there protocols in place for receiving visitors? 2. Is all staff aware of protocols and trained in their use? 3. Has all staff been trained in shop window skills? 4. Are there adequate protection measures against potentially violent people? (i.e. extra width reception desks/physical screening). 		

Questions to Consider:	Response:	Possible Remedial Action: (make notes here in preparation for completing Section D)
COMMUNITY WORK ENVIRONMENT:		
<p>1. For Community Visits –</p> <ul style="list-style-type: none"> ◆ Is there a visiting list record? ◆ Are there adequate means of communication between staff and the Department? ◆ Can staff be easily located at any given time? 		

Printed versions of this document may be out of date.

<ul style="list-style-type: none"> ◆ Are staff handling cash/valuable? ◆ Are collection /banking times and routes varied daily where possible? ◆ Do you CHECK to see if the system is adhered to? ◆ Are violent/potentially violent tenants interviewed at office premises rather than visiting in the community? ◆ Are out of hours calls kept to a minimum and monitored by managers? 		
INDIVIDUAL CAPABILITIES:		
<ol style="list-style-type: none"> 1. Are relevant staff trained in recognising potentially violent situations and techniques in reducing the potential? 		

OTHER FACTORS:		
<ol style="list-style-type: none"> 1. Is there a procedure for documenting potentially/known violent clients? 2. Have medical conditions that may make staff more vulnerable in a lone working situation been checked? 		

3. LIST ANY OTHER RELEVANT FACTORS HERE OR ON A SEPARATE PAGE:		
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NOW COMPLETE SECTIONS C, D AND SUMMARY ON PAGE 1.