

HS.30 Prevention of Violence, Abuse and Harassment of Staff and Application of Sanctions Policy

Document Summary

The Trust is committed to a policy of **zero tolerance** regarding abuse of its employees whilst at work, whether this involves violence, harassment, bullying, or aggression in any form, and will take action against the perpetrators of such abuse. This policy seeks to provide staff with information and guidance related to the care and management of aggression.

Document Number	HS.30
Date Ratified	11 th September 2015
Date First Implemented	16 th February 2012
Next Review Date	September 2020
Accountable Director	Security Management Director
Policy Author	Local Security Management Specialist

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TABLE OF CONTENTS

1 Scope	3
2 Introduction	3
3 Statement of Intent	3
4 Definitions	3-4
5 Duties.....	4-7
6 Planning to Prevent Violence	7-9
7 Responding to Incidents of Violence.....	10-12
8 Applying Sanctions.....	12-15
9 Action when withdrawal of treatment is not an option.....	15-16
10 Training	16
11 Monitoring of Compliance	16-17
12 References/Bibliography.....	17
13 Related Trust policy/procedures.....	17
14 Equality Impact Assessments.....	18-19
15 Document Control Checklist.....	20-21
Appendix 1A Example Warning Letter.....	22
Appendix 1B Example Acceptable Behaviour Agreement Letter.....	23-25
Appendix 1C Example Exclusion from premises/entry with conditions letter...	26-27
Appendix 1D Example Change of location for receiving NHS services/change of NHS Services provider template letter.....	28-29
Appendix 2 Applying Sanctions Flowchart.....	30

1. SCOPE

This policy applies to all staff and services within Wye Valley NHS Trust. In addition there are Human Resources policies which deal with bullying of staff by other members of staff.

2. INTRODUCTION

Aggression is an important health and safety problem which includes not only physical attacks but also verbal abuse and threatening behaviour. The cumulative effects of prolonged or frequent exposure to threats or actual abuse can result in lowered staff morale and ill health. Aggression can occur in any setting and be directed towards anyone but it is much more likely to be experienced by staff working in specific high-risk areas, for example, accident and emergency and community dental services. In response to this the government has established NHS Protect, a special health authority, with a remit to protect people and property so that the highest standards of clinical care can be made available to patients. NHS Protect state that:

“Everyone has a duty to behave in an acceptable manner. Staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse in an environment that is properly safe and secure”

Wye Valley Trust fully supports this statement and recognizes it has a duty to provide a safe and secure environment for staff, patients, service users and visitors. The Trust will not tolerate violent or abusive behaviour and will take decisive action to ensure people are protected.

Under health and safety legislation both the Trust and staff are required to take steps to ensure the health and safety of everyone while they are at work, including protecting employees from violence.

3. STATEMENT OF INTENT

The Trust is committed to a policy of **zero tolerance** regarding abuse of its employees whilst at work, whether this involves violence, harassment, bullying, or aggression in any form, and will take action against the perpetrators of such abuse.

This policy seeks to provide staff with information and guidance related to the care and management of aggression by:

- detailing the behaviours which are unacceptable
- helping them to recognise situations when the risk of aggression may be increased
- suggesting ways in which the risk can be reduced
- describing the measures available to cope with unacceptable behaviour
- describing the sanctions that can be applied when unacceptable behaviour continues.

4. DEFINITIONS

The following are legal definitions for a criminal offence to be proven:

Physical Assault is the intentional application of force to the person of another, without lawful justification, resulting in physical or personal discomfort.

Non-Physical Assault is the use of inappropriate words or behaviour causing distress and/or constituting harassment. It is recognized that both as individuals and as social groups there are

differences in how we express our feelings and how we tolerate behaviour. From an organizational perspective however the following examples are considered **Unacceptable Behaviour** which are **not** tolerated:

- Physical violence;
- Threatening or abusive language including excessive swearing or offensive remarks which prevents staff from doing their job or makes them feel unsafe;
- Loud and intrusive conversation or shouting;
- Derogatory racial or sexual remarks, gestures or behaviours;
- 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, victimisation or intimidation;
- Stalking;
- Spitting;
- Drug dealing;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or
- Wilful damage to property;
- Theft

Anti-Social and Nuisance Behaviour is acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household.

NHS protect recognises that within health services there may be occasions when aggression is not intentional and does not fit the legal definition. These are defined as:

Unintentional or Clinical Assault is when there is agreement with clinicians that the person did not intend the assault but the aggression was due to a medical condition, mental ill health, severe learning disability or medication. It is important to note that the presence of mental ill health should not automatically prevent reporting of an assault to the police, each case should be judged on its own merit with clinical advice.

5. DUTIES

5.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring the safety of all patients, visitors, and employees of the Trust. The Chief Executive is specifically responsible for the following:

- Ensuring that the Trust has a policy for the prevention of violence, abuse and harassment against patients, staff and visitors.
- Signing any letters which result in provision of services at alternative locations or by an alternative provider (red card).

5.2 Director nominated as Security Management Director

- To implement recommendations made by NHS Protect to reduce the risk of violence to staff including availability of recommended training such as Conflict Resolution Training or bespoke MAPA Training
- To ensure adequate resources are available to provide a safe environment for staff to work in
- Ensure a thorough fair and professional investigation is undertaken following incidents of violence and that offenders are dealt with appropriately
- Authorise any administrative sanctions which will include signing relevant correspondence to patients or the public in respect of their behaviour
- Ensuring that arrangements are put in place so that patients excluded from the Trust under this policy receive an equivalent level of healthcare elsewhere
- Ensuring that records are kept of all patients, service users and visitors to whom the formal sanctions within this policy are applied

5.3 Director of Nursing

The Director of Nursing has the following responsibilities:

- Ensure that the Trust has in place an incident reporting system capable of recording all reported incidents of violence and aggression
- Ensure that a training needs analysis is completed and that conflict resolution training is provided for all front line staff in line with the requirements of NHS Protect and other appropriate training such as breakaway techniques for specific clinical groups (accident and emergency, challenging behaviour in elderly care and children)
- Ensure that suitable refresher training is provided at regular frequencies

5.4 Local Security Management Specialist (LSMS)

The Trust has an accredited Local Security Management Specialists in post. The LSMS has the following responsibilities:

- To proactively promote a pro-security culture which has a zero tolerance of violence and abuse of NHS staff
- To actively encourage staff to report any violent incidents or near misses at induction and refresher training
- To review all reported incidents of violence and abuse to ensure all appropriate actions have been taken
- To advise managers and staff on the appropriateness of applying sanctions
- To prepare the necessary letters for signature by the Security Management Director where a decision has been made to apply a sanction
- To ensure that any Warning Letters, Acceptable Behaviour Agreement's, Exclusion/Entry with Conditions, Change of Location/Provider Letters are monitored for compliance and reviewed within the identified timescale
- To liaise with the Police on behalf of the Trust following any reports of crime (any staff can report a crime)
- To liaise with NHS Protect ensuring that any intentional assaults are reported to them via the Security Incident Report System (SIRS) and that criminal sanctions are vigorously pursued
- To receive NHS Protect Security Alerts and forward them as appropriate to relevant staff for action
- To assist managers and staff in carrying out risk assessments in order to identify and where possible rectify, risks of violence and aggression

5.5 Head of Quality and Safety

The Head of Quality and Safety is responsible for the provision of Health and Safety arrangements within the Trust. They have the following responsibilities:

- To ensure a Health and Safety Group is established which is representative of the Trust's staff groups
- To ensure the group receives data on incidents of violence and abuse against staff in order to monitor the situation.

5.6 Health and Safety Officer

The Health and Safety Officer has the following responsibilities:

- To prepare quarterly trend analysis of violence and abuse incidents for presentation to the Health and Safety Group that indicate the type of violent incidents and their locations.
- Ensure all reported incidents of violence are brought to the attention of the Local Security Management Specialists.

5.7 Service Unit Managers, Service Delivery Managers and Corporate Services Managers

All managers have the following responsibilities:

- Identify and rectify wherever practicable, features of the workplace environment which could contribute to violence
- Where situations of significant risk to staff are perceived, undertake a risk assessment and ensure that the appropriate controls are put in place to reduce the risk to an acceptable level. (Use general risk assessment form as set out in the Risk Management intranet website)
- Ensure risk assessments are undertaken as appropriate as part of the patient assessment process
- Ensure that all front line staff under their control attend conflict resolution training and other appropriate training as identified in the training needs analysis such as breakaway techniques and refresher training
- Ensure particular attention is paid to the safety of lone workers as described in the Lone Worker policy and a risk assessment is completed before commencing lone working
- To ensure that where acts of violence, abuse or harassment have been committed against staff that, subject to the approval of clinical staff, appropriate sanctions as described in this policy are applied to the offending person.
- Provide the necessary immediate support to staff who become victims of violence, abuse or harassment and arrange further support where this is necessary.
- Contact the Local Security Management Specialists for advice when deciding to apply this policy and ensure arrangements are in place for letters to be sent to the persons committing the offence
- Ensure that all incidents of violence, abuse and harassment are reported using the Trust's incident reporting system
- Ensure that a Zero tolerance to violence, abuse and harassment is promoted in all areas under their control

5.8 Porters

In accordance with the PFI contract and the Output Specification the porters will, when requested:

- Respond to requests from persons for assistance in situations of violence, abuse or harassment. This assistance will, when necessary, involve providing control and holding techniques

5.9 All Staff

Responsibilities include:

- Read and implement this policy
- Make relevant staff aware of patients where there is a particular risk of violence – either through verbal or written means
- Attend and implement relevant Conflict Resolution, bespoke MAPA training and Breakaway Training
- Report and record all incidents and near misses
- Help other staff as appropriate in violent incidents, provided you have been trained and it is safe to do so
- Maintain and use the systems and processes which are in place to reduce the risk of violence e.g. personal alarms, lone worker devices.

6. PLANNING TO PREVENT VIOLENCE

6.1 High Risk Groups

Individuals who may present a greater risk of aggression or actual violence include those who are:

- Suffering from an acute episode of a major mental illness. Recent studies have indicated that when violence occurs amongst people with a psychotic illness it occurs primarily as psychotic symptoms develop. The greatest risk is presented by patients who are suffering from delusions
- Diagnosed with Dementia/Challenging Behaviour
- Involved in Child Protection Proceedings
- Extremely agitated and/or restless
- Confused, for example those confused as a result of organic impairment or following the administration of an anaesthetic
- Under the influence of alcohol or other drugs who may have reduced inhibitions towards aggressive behaviour
- Suffering from severe side-effects to medication
- Frightened
- Experiencing pain
- Known to have a past history of aggression
- Unco-operative with their management plan and/or show poor compliance with medication regimes

It is important to recognise that the threat of violence is not restricted to patients and service users but can arise from other people, for example, relatives, friends or even on occasions, colleagues.

6.2 The Working Environment

It is well recognised that the general design of the physical environment can influence people's behaviour, especially as people may be under stress in unfamiliar surroundings. The Trust provides services from a wide variety of buildings across Herefordshire, some of which are not purpose built, which may result in limitations to the changes we may wish to make. However there are some basic principles that should be in place:

- In all health care premises steps should be taken to make reception, waiting and living areas welcoming to users of the facility, with good decor and lighting and enough seats
- Panic buttons or personal alarms should be available where staff are seeing patients in a high risk group in a one to one situation e.g. in interview/clinic rooms
- When any new Trust premises are being designed, security measures should be incorporated into the design e.g. position of lighting, close circuit cameras

6.3 Working in the Community

It is not always possible to ensure a safe environment when staff visit people in their own homes or in other premises, for example, GPs' surgeries. In these situations it is important that the practitioner is able to obtain sufficient information to identify potential risks prior to undertaking a visit. When undertaking a visit they must remain alert to their environment, ensure they always have access to an exit, and are aware of any articles in the immediate vicinity which could be used as a potential weapon.

The Trust has clear arrangements in place for ensuring the safety of lone workers which are detailed in the Lone Worker Policy. Managers must ensure that safe systems of work are in place and staff must ensure they adhere to these safe systems.

6.4 Communication

Good written and verbal communication is essential, both between the professional and the individual receiving care and their relatives, and also between professionals. This is particularly the case in situations of acute distress and/or long waiting periods and is thus especially relevant for Accident and Emergency and Outpatients Departments. Even the usually well-behaved individual may be apprehensive or anxious about unfamiliar surroundings and procedures. In such situations people are less worried when they have sufficient information to reduce uncertainty.

Many staff, having become accustomed to the hospital or clinic environment, or the social care system within which they are working fail to appreciate how disconcerting it is to be a person experiencing it for the first time, often when in a state of distress or apprehension. The following are important and should be given priority:

- Keep people informed about what is happening to them. If they are kept waiting explain why this has happened and how long the delay is likely to be.
- Written material is much better absorbed and retained than verbal information. Therefore, it should be normal practice for departments to produce and provide written information for the majority of people they see and to hand write information when required.

6.5 Staff Awareness

A proactive approach rather than a reactive approach should be used if there are any signs of impending aggression. If possible, interventions should be made before an incident occurs. In the hospital this could involve increasing the number of staff available or requesting an urgent review by medical staff.

Staff working in the community who are required to visit patients where there is an established risk of aggression must implement a safe system of work, as described in the Lone Worker policy, and ensure that the unit and their colleagues are aware of their intended whereabouts and movements. They should not undertake unaccompanied visits and arrange either for a colleague to accompany them or make arrangements to see the individual in Trust premises or their General Practitioners' surgery, if they assess the risk as requiring that action.

When new patients are referred staff should specifically ask the referrer if there is any risk of aggression. If the referrer confirms that there is a risk, or is unsure, staff may need to reconsider providing a home visit unless they are accompanied.

All staff will need to exercise caution if they are seeing patients on a one to one basis e.g. in offices or interview rooms. If there is a risk of aggression consider having someone else in the room or station staff outside so that they can intervene if necessary. As a minimum they should let a colleague know where they will be and how long they anticipate the session will last. They should also take a personal alarm with them in case they need to summon help quickly.

Never see a patient alone when there is no other staff member in the building. If necessary, arrange for a colleague to be there or rearrange the appointment for another time. In 24 hour-staffed buildings where exterior doors are locked at night, staff should be clear about the legitimacy of anyone requesting access before letting them in e.g. minor casualty in community hospitals. It must be possible to summon help from a colleague quickly, if necessary. If there are serious concerns about potential aggression, the Police should be called and asked to attend.

Routine testing of panic alarms should take place regularly and departmental panic button procedures should be in place and known by all staff.

6.6 Assessing the Risk of Aggression

Comprehensive, reliable information is the basis for all risk assessment and for making any informed decision. There are two types of risk assessments - a formal risk assessment of a particular problem area, and clinical risk assessments of particular patients.

Managers should ensure that a formal risk assessment is carried out where a problem involving staff safety at work is identified in their area. This is part of the general responsibility for carrying out health and safety risk assessments. They should ensure that a plan of action is drawn up and implemented to address the risk. The general Risk Assessment form can be used which can be found on the Risk Management page on the intranet

If there are particular indications of potential aggression from a person then it may be necessary to refer to the local community mental health team to request a clinical risk assessment.

7. RESPONDING TO INCIDENTS OF VIOLENCE

7.1 Management of Actual Incidents of Violence or Aggression

The management of the situation will depend on the nature of the incident and the degree of risk to people involved. If staff are able to recognise signs of increasing aggression they should attempt to quickly defuse the situation. If this is not possible they should withdraw at the earliest opportunity. If other people are in the immediate vicinity they should also be encouraged to leave the area. The initial aim should be to ensure your safety and the safety of others.

If violence has taken place or is about to take place in a trust building:

- If possible clear the immediate area and leave yourself.
- Summon assistance by any means possible
- One person should take control of the situation. Ideally this will be the senior person on the ward or area that the incident is taking place
- One person should attempt to communicate with the individual. If possible this should be someone already known to the person, and who relates well to them. This person should attempt to find out from the person why they are behaving in an aggressive manner. It is important that they do not antagonise the person. They should avoid direct confrontation, be aware of their body posture, attempt to stay at the same level as the person, avoid gesturing or making sudden movements, be aware of the tone and volume of their voice and avoid intensive eye contact
- Physical intervention, i.e. holding techniques should only be used in the following circumstances: 1) a physical attack is being made on another person or, 2) the individual is so disturbed he has become a danger to himself or others
- Only attempt to hold a patient if you know how to do it, have been trained and there are enough people there to do it safely

If violence has taken place or is about to take place in a person's home:

- Assess the risk of remaining with the person and attempting to defuse the situation
- Be aware of the environment and ensure that the exit is not blocked
- Ensure that there is space between you and the person, to enable a rapid exit if the need arises
- Leave the premises at the earliest opportunity
- Alert other relevant people to the situation at the first opportunity, including those from other agencies who may visit and may not have access to your records
- Record details of the incident in the person's records

7.2 Reporting Incidents of Violence or Aggression

In the event of an actual incident of violence or aggression occurring there are a number of actions that need to follow:

Contact the police. It is important for staff to understand that any member of staff can contact the police directly. Whether police involvement is required will depend upon the nature of the incident and the degree of risk posed by the individual. A clinical judgement may need to be taken to decide if the incident was intentional or a symptom of a person's clinical condition.

If the police need to attend, they should be contacted straight away by either, the person assaulted, their manager or a colleague. The following information will need to be obtained from the attending officer/s:

- Polices Officers Name and Surname
- Police Officers Collar Number
- A Crime Reference Number

Inform the line manager. The member of staff involved in the incident or their colleague should inform the line manager as soon as possible after the event. Out of hours inform the on call manager. The manager is responsible for informing the Local Security Management Specialist.

Obtain Medical Care for anyone injured.

Complete an on-line Datix incident form. This should factually detail the incident and any witnesses. If the police were called their details need to be included.

Update Records. Document the incident in the patient or service user records. The risk should also be brought to the attention of other staff who may come into contact with the patient but who do not have access to the records.

Report to NHS Protect. It is the responsibility of the Local Security Management Specialist to inform NHS Protect of all intentional physical assaults via the Security Incident Reporting System. If the police have been informed of the incident the Local Security Management Specialist will liaise to ensure appropriate sanctions are applied.

7.4 Debriefing

Staff involved in a violent incident should have the opportunity to debrief as soon as possible following the incident, with their manager or appropriate senior colleague. Debriefing should involve the provision of support for the staff involved, learning from the incident, and planning for the future management of the patient or service user. A multidisciplinary review should take place to achieve this.

7.5 Counselling

Staff who have been threatened or attacked whilst on duty should have the opportunity to discuss the experience in an emotionally safe and supportive setting. This support can be provided by the staff member's colleagues, Health@Work, the Counselling service or they can approach their own General Practitioner.

7.6 Information Sharing

Staff will need to consider if they should share information relating to patients and service users with other professionals or agencies. To override an individual's confidentiality rights, there has to be an overriding need to protect the safety of potential victims and the community. Decisions about the type of information which should be shared, how much, and with whom, must be on a strictly "need to know" basis and will be the minimum necessary for the purpose. It must be accurate and relevant. Guidance on this is available in the "Information Sharing Protocol" and the Information Governance Team.

The dissemination of factual, correct and comprehensive information sharing through various means e.g. health records, service user records, referral letters, discharge summaries, ward transfer sheets and general handovers, is paramount in reducing the level of risk to staff associated with high and extreme risk patients and service users.

8. APPLYING SANCTIONS

There are a range of sanctions that can be taken against those who abuse staff, or steal or damage Trust property. The primary aim for applying sanctions is to inform the individual that their behaviour is unacceptable, to describe the impact it has on staff and to allow them the opportunity to change their behaviour. The sanctions available range from local sanctions to criminal prosecutions:

- Verbal warning
- Written warning

- Acceptable Behaviour Agreement – an intervention designed to engage an individual in acknowledging his or her antisocial behaviour and its effect on others, with the aim of stopping that behaviour
- Exclusion from premises or Entry with conditions - local sanctions, such as managed visits whereby a known violent patient is escorted at all times by security staff when on health body premises, or police involvement
- Change of location for receiving services or Change of service provider – also known as Withholding Treatment
- Criminal sanctions through the Crown Prosecution Service supported by the police
- Criminal sanctions through the Crown Prosecution Service supported by the Legal Protection Unit, part of NHS Protect

Depending on the individual circumstances and seriousness of each case, the outlined options can be taken in conjunction with one another or in isolation. Whilst a verbal warning would normally precede an Acceptable Behaviour Agreement and this would precede the Exclusion from premises, there is no requirement to escalate the response in any particular order if the situation warrants immediate action.

It is important that decisions on the use of sanctions are made quickly in order for the sanctions to be effective and demonstrate the policy of **zero tolerance**. The final decision on the appropriate sanction to take should be made by the responsible manager with the agreement of the clinical team or lead professional and with advice from the Local Security Management Specialist. The Local Security Management Specialist will then prepare any letters required for authorisation by the Security Management Director or Chief Executive. Copies of all letters will be placed in the patient or service user record.

NHS Protect has developed template letters to assist with applying sanctions which the Trust can adapt and use. These can be found in Appendix 1. A Flowchart to depict the process of applying sanctions can be found in Appendix 2.

8.1 Verbal Warnings

Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult patients, service users, relatives or visitors but an attempt to determine the cause of the behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

It is important that people are dealt with in a demonstrable fair and objective manner. However, whilst staff has 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 person should be warned of the consequences of future unacceptable behaviour. The incident should also be reported on an incident form.

Where it is deemed appropriate to approach a person in respect of their behaviour, this should (where practicable) be done informally, privately and at time when all parties involved are composed. The aim of the verbal warning process is twofold:

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

A meeting should be arranged and conducted in a fair and objective manner and a formal record made in the individual patient notes or service user records.

Verbal Warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present. Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

8.2 Written Warning Letters (Appendix 1A) (Yellow Card)

Written warning letters are an option that can be considered where verbal warnings have failed, or it has not been possible to give a verbal warning. They tend to be general and less specific than Acceptable Behaviour Agreements but sufficient information should be given to identify the incident or behaviour.

Many individuals may not be aware of how their behaviour has affected those subjected to it and how dealing with the behaviour may have impacted on the delivery of services. Where there has been an impact on services (e.g. longer waits for others, misuse of emergency ambulance etc.) this should be clearly stated.

8.3 Acceptable Behaviour Agreement (Appendix 1B) (Yellow Card)

Acceptable Behaviour Agreements (ABA) are an option that can be considered where verbal warnings have failed, or as an immediate intervention depending on the circumstances. An ABA is a written agreement between 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 more serious behaviour.

Where it is considered safe to do so, the perpetrator should be invited to attend a meeting where the agreement is made. Involving the perpetrator in the process is important as it may encourage them to recognise the impact of their behaviour, take responsibility for their actions and improve their behaviour.

Both the agreement and any meeting should specify a list of acts or behaviours which an individual has been involved in with a view to get agreement and cooperation from them not to continue this. It should provide an explanation as to why the behaviour is unacceptable and must stop, the consequences of continued unacceptable behaviour and details of the mechanism to seek a review through the complaints procedure. The ABA should last at least for a period of six months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ABA should be outlined formally for the perpetrator and they should be asked to sign a copy. The terms of the agreement must be written in a manner which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

8.4 Exclusion from premises or Entry with conditions (Appendix 1C) (Red Card)

Excluding people from specific premises or managing when or how they attend may be necessary if behaviour does not change and continues to be unacceptable. Any decision to exclude from premises should take account of the views of the relevant clinician.

It is important to be clear about the precise location the individual should not attend. This may be a complete restriction or entry permitted under certain specified conditions. Any ambiguity could lead to the individual attending premises and lead to further incidents. Maps may be a useful way of ensuring that the position is made clear to all concerned.

In many cases it may be necessary for the person displaying the unacceptable behaviour to return to the premises for treatment either on a regular basis or in an emergency. The individual can be excluded from the site and only permitted access in certain circumstances. The conditions will depend on the nature of the unacceptable behaviour, the type of services offered from the site(s) in question and any medical conditions or mobility factors the person may have.

Example of exclusion from premises conditions permitting access to a hospital site:

You are prohibited from entering the premises or grounds of [insert name of premises or refer to map etc.] except in the following circumstances –

- where you or a member of your immediate family require urgent or emergency medical treatment,
- to attend yourself, or to accompany a member of your immediate family, at a pre-arranged appointment,
- to attend yourself as an in-patient or to visit a member of your immediate family who is an in-patient,
- to attend for non-medical purposes any meeting previously arranged in writing.

8.5 Change of location for receiving services or Change of service provider (Appendix 1D) (Red Card)

In exceptional circumstances it may be necessary to continue to provide services but at an alternative location. For example, this could prove necessary in extreme cases where the risk to staff outweighs the responsibility to provide treatment at a patient's home meaning it is necessary to provide the service at premises where security provisions can be provided and effectively managed.

Where there has been a complete breakdown in the relationship between staff and the person involved, or where the risk to staff or others cannot be managed to an acceptable level it may be necessary to consider providing care at an alternative location.

In secondary care, provision of services at an alternative location within the trust may not be an option. The refusal of further service provision should only ever be considered as a last resort, when all other means of tackling the problem have been exhausted and may include involving the police and/or taking legal action.

Consideration of changing the location or the provider of services must take into account the views of the relevant clinicians **before** any decision is reached. Legal advice would always be required before proceeding. When a decision is made by the Trust to change the secondary care provider, the person's GP, CCG or commissioning consortia and new secondary care provider should discuss and reach agreement on an acceptable risk controlled course of action.

The letter to the individual will be authorised by the Chief Executive. It may also be necessary to notify other relevant organizations such as the Ambulance Service. The letter should include who has been notified.

8.6 Young Persons (Aged 16 or 17)

Where there is a young person, then all the sanctions listed above will apply, but the appropriate manager should make a special effort to ensure that the individual is aware of the consequences of his or her actions and what being issued with a sanction will mean before it is imposed. This is in order to make some allowance for inappropriate behaviour due to immaturity and inexperience.

This special consideration will not apply if there is a significant risk of harm occurring to staff or patients. In these circumstances the Police will be called without delay.

8.7 Children (Below age16)

Where the individual is a child, but the inappropriate behaviour puts staff or patients at risk, then the above procedure will apply but the parent(s) or legal guardian(s) of the child will be held responsible for the behaviour of the child and any formal sanctions will be issued to them.

Some older children will be clearly capable of taking responsibility for their own actions. In these cases, the consequences of continued inappropriate behaviour should be explained to the child and parent or guardian, preferably together.

It is expected that the use of this policy in relation to children will be a rare event, and the advice of the relevant senior managers in the Integrated Family Health Services Unit will be obtained prior to any formal sanctions.

8.8 Marking Records

Where an incident of unacceptable behaviour has taken place consideration should always be given to whether a warning marker should be placed on the person's records. This will depend on the nature and circumstances of the incident and will be in accordance with the Trust Policy. A decision should then also be made on whether other staff or organisations should be made aware in order to assess if they are at risk.

9. ACTION WHEN WITHDRAWAL OF TREATMENT IS NOT AN OPTION

It is recognised that there are occasions where long-term care is provided and in order to sustain life or where safeguarding other members of the family is a priority, withdrawal of treatment may not be an option. In these instances the range of sanctions described in Section 8 - Verbal Warnings, Written Warnings, and Acceptable Behaviour Agreements - should still be implemented. If these do not have an impact on the patient's behaviour and withdrawal of treatment is not an option the following approaches should be considered to prevent or manage violent or aggressive behaviour.

9.1 Treatment at home

Because this option would place those staff going out to the patient's home in a more vulnerable position, a risk assessment should be undertaken by the Local Security Management Specialist to determine how many staff should attend and if police or a security presence is required. Consideration should be given to whether the patient can self-treat at home. Where appropriate, a patient may be provided with instruction, guidance and the relevant medication and equipment in order to self-treat.

9.2 Using other facilities

The Trust may wish to consider using other facilities which are equipped with secure rooms. Some providers in the independent sector may have the facilities to provide the care required in a secure area.

10. TRAINING

Training required to fulfil this policy will be provided in accordance with the Trusts Training Needs Analysis. This includes Conflict Resolution training and Management of Actual and Potential Aggression training. Management of training will be in accordance with the Trusts Training and Development Policy

11. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts monitoring arrangements for this policy/document.

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group/ committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Monitor reports of violence, abuse and harassment	Analysis of incident reports for frequency, location and severity	Local Security Management Specialists	Quarterly	Health and Safety	Security Management Director
Issuing of sanctions - NHS	Report on numbers	Local Security Management Specialists	Annual Report	NHS Protect	Security Management Director
Pursue criminal sanctions	Report to NHS Protect via the Security Incident Reporting System	Local Security Management Specialists	Annual Report	NHS Protect Board	Security Management Director
Attendance at identified training – Conflict Resolution and MAPA	Training figures monitored for staff attendance	Local Security Management Specialist	Six Monthly	Leadership Team	Security Management Director

12. REFERENCES/ BIBLIOGRAPHY

- Department of Health (2003) *A Professional Approach to Managing Security in the NHS*
 Department of Health (2004) *Explanatory notes on tackling physical assaults against NHS staff*
 Department of Health (2004) *Non Physical Assault Explanatory Notes*
 NHS Security Management Service (2007) *Prevention and Management of Violence where Withdrawal of Treatment is not an option*
 NHS Security Management Service (2009) *Tackling Violence Against Staff*
 NHS Protect (2010) *Unacceptable Behaviour – applying NHS Administrative Sanctions*
 Health and Safety Executive *Health and Safety at Work Act etc. 1974*

13. RELATED TRUST POLICY/PROCEDURES

Lone Worker Policy
 Incident Reporting Policy
 Warning Markers
 Bullying and Harassment
 Information Sharing

List any procedural document which is referenced within the text.

14. EQUALITY IMPACT ASSESSMENTS

1	Name and Job Title of person completing assessment	Tristan Morgan Local Security Management Specialist
2	Name of service, policy or function being assessed	Prevention of violence to staff and application of sanctions
3	What are the main objectives or aims of the service/policy/function?	To provide staff with information and guidance related to the care and management of aggression by detailing the behaviours which are unacceptable, helping them to recognise situations when the risk of aggression may be increased, suggesting ways in which the risk can be reduced and describing the measures available to cope with unacceptable behaviour including use of sanctions.
4	Date	6 th July 2015

Stage 1: Initial Screening

5	What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics? Document reasons, e.g. research, results of consultation, monitoring data and assess relevance as: <i>Not relevant or Relevant Low/Medium/High</i>		
	Protected Characteristic	Relevance	Evidence
A	Race	Not relevant	
B	Religion/Spirituality	Not relevant	
C	Gender	Not relevant	
D	Disability	Not relevant	
E	Sexual Orientation	Not relevant	
F	Age	Not relevant	
G	Pregnancy/maternity	Not relevant	
H	Gender reassignment	Not relevant	
I	Marriage and Civil Partnership	Not relevant	
J	Carers	Not relevant	

If you assess the service/policy/function as **not relevant**, please proceed to section 11.
 If you assess the service/policy/function as **relevant**, continue to Stage 2, Full Equality Impact Assessment.

Stage 2: Full Equality Impact Assessment

6 Are there service user, public or staff concerns that the proposed service/policy/function may be discriminatory, or have an adverse impact on people from the protected characteristics?

A Public

B Staff

If there are **no concerns** proceed to section 11.
 If there **are concerns**, amend service/policy/function to mitigate adverse impact, consider actions to eliminate adverse impact, or justify adverse impact

7 Can the adverse impact be justified

8 What changes were made to the service/policy/function as result of information gathering?

9 What arrangements will you put in place to monitor impact of the proposed service/policy/function on individuals from the protected characteristics?

10 List below actions you will take to address any unjustified impact and promote equality of outcome for individuals from protected characteristics. Consider actions for any procedures, services, training and projects related to the service/policy/function which have the potential to promote equality.

Action	Lead	Timescales

11 Review date

I am satisfied that this service/policy/function has been successfully equality impact assessed.
 Date: 6th July 2015
 Author: Local Security Management Specialist

Please send the completed assessment for scrutiny to: Quality & Safety Manager, Quality & Safety Manager, Trust HQ, County Hospital, Union Walk, Hereford. HR1 2ER.

15 DOCUMENT CONTROL CHECKLIST

1. Indicate type of document (tick most appropriate box) Policy X Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Protocol <input type="checkbox"/> Pathway <input type="checkbox"/> Link to NHSLA/CQC/Trust Policy/Other (please specify)		
2. Title: Violence Abuse and Harassment Policy		
3. Has the Document Template been applied fully? Yes X No <input type="checkbox"/> Comments:		
4. Key Words: List the key words from your document. (Key words allow rapid/accurate searching of guidance when using the Trust intranet search engine)		
5. Summary of Document Guidance: (less than 100 words) Policy of Violence, Abuse and Harassment on any Trust site		
6. Why have you written this document? (Complaint, incident, NICE/External advice, review, NHSLA standard level 1, CQC registration etc.)		
7. Is there written patient information for this document? Yes <input type="checkbox"/> No X If yes, please ensure that it is forwarded to the PALS Department for display on the intranet. If no, does there need to be? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Has an Equality Impact Assessment been completed and submitted with the document? Yes X No <input type="checkbox"/> If no, this document cannot be ratified/approved.		
9. Please list the staff members and committees that have been consulted and have agreed with the submitted document.		
Name	Job Title	Department
Health & Safety Committee Meeting – 16 th September 2015		

10. Have service users and/or other representatives been consulted?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide details. If no, please justify.	
10a. For clinical guidance, have you documented the level of evidence and recommendations where relevant, within the guidance and given references?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please justify. N/A	
11. Does this guidance have additional resource implications for the Trust?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please justify. N/A	
12. How will this guidance be implemented/disseminated within the Trust? (Tick as many as appropriate)	
Training <input type="checkbox"/> Technology Change <input type="checkbox"/> Department/Ward Based Education <input type="checkbox"/> Other <input type="checkbox"/> Please specify PSG communication channels	
13. Are the monitoring arrangements defined clearly?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
14. Does submitted guidance conflict with NICE or NSF?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please justify	
Signatures below indicate that the appropriate officers take responsibility for the clinical content, financial resources and performance management of this document:	
Author(s)	Departmental Manager/Executive Director
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: 7 th August 2015	Date: _____

Appendix 1A – Example Warning Letter

Wye Valley 
NHS Trust

Trust Headquarters
County Hospital
Union Walk
Hereford
HR1 2ER

Tel: 01432 364000
Fax: 01432 354310

Ref: LSMS/HO/XX

01st January 2015

Name
Address

Dear

Re: Warning Letter – Unacceptable Behaviour

It is alleged that on **DATE**, you were **V/P** abusive to NHS staff within the **DEPARTMENT**, **METHOD**.

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.

The staff who work for **DEPARTMENT** do understand that patient's can be under a lot of stress, particularly if they are experiencing pain or discomfort – but I would urge you to consider your behaviour when speaking to any members of Wye Valley NHS Trust staff in the future.

If you continue to demonstrate what we consider to be unacceptable behaviour, we may need to take more formal actions.

Yours sincerely,

Howard Oddy
Director of Finance/ Interim Security Management Director

Richard Beeken, Chief Executive

Museji Takolia, Chairman

Appendix 1B – Example Acceptable Behaviour Agreement Letter and agreement

Dear [insert person's name]

Unacceptable behaviour – proposed Acceptable Behaviour Agreement

I am [insert your name] and I am the [insert role/position in organisation] for Wye Valley NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate].

Behaviour such as this is unacceptable and will not be tolerated. Wye Valley NHS 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. Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

Just as the NHS has a responsibility to you, so you have a responsibility to use its resources and treat its staff in an appropriate way.

We would urge you to consider your behaviour when attending NHS premises in the future and to accept the following conditions:

- You will
- You will
- You will not
- You will not

Enclosed are two copies of an Acceptable Behaviour Agreement for your attention. I would be grateful if you could sign both of these and return one in the envelope provided. In the event that no reply is received within the next 14 days, and consideration will be given to taking further action against you.

If after signing and returning the agreement, you decide not to abide by the conditions or should there be any further incidents of unacceptable behaviour; consideration will be given to taking further action against you. Such action may include the following:

- Excluding you from premises
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

Should you sign the agreement a copy will be sent to [say who will be informed or copied in]. **Even if you refuse to sign the agreement a copy of this letter may be sent to [say who will be informed or copied in].**

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as appropriate]

If you sign this agreement it will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please contact the Complaints Department.

Yours sincerely

Security Management Director

[Ensure that agreement is on a separate sheet of paper]

Acceptable Behaviour Agreement

This agreement is between:

Wye Valley NHS Trust

And

[Insert name and date of birth or other unique identifying details]

I agree to the following in respect of my future behaviour – [insert appropriate conditions, those below are examples which may be appropriate in many cases]

- I will
- I will not use violence, or foul or abusive language or threatening behaviour towards any person while on NHS premises
- I will treat all people with courtesy and respect while on NHS Premises or when contacting NHS Premises by phone
- I will not
- I will not
- I will not

Declaration

I, _____, accept the conditions set out above and agree to abide by them accordingly.

Signed:

Dated:

Wye Valley NHS Trust

Signed:

Print name:

Position:

Dated:

Appendix 1C – Example Exclusion from premises/entry with conditions letter

Dear [insert person's name]

Unacceptable behaviour – Restriction on Attending NHS Premises

I am [insert your name] and I am the [insert role/position in organisation] for Wye Valley NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate].

Behaviour such as this is unacceptable and will not be tolerated. Wye Valley NHS 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.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

It has been decided that you will no longer be permitted to attend [insert details of location involved and refer to enclosed map and/or entry/exit routes if appropriate] except in accordance with the following conditions [insert appropriate conditions, those below are examples, in exceptional cases all further attendances can be prohibited]–

- a. where you (or a member of your immediate family) require urgent or emergency medical treatment,
- b. to attend, (or to accompany a member of your immediate family), at a pre-arranged appointment,
- c. to attend as an in-patient (or to visit a member of your immediate family who is an in-patient),
- d. to attend for non-medical purposes any meeting previously arranged in writing.

[Amend as appropriate]

If you attend at any other time without good cause, you may be asked to leave the premises immediately. If you refuse to leave security or the police may be called to remove you.

If there are any unauthorised attendances of any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Excluding you from premises
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as appropriate].

This decision will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please contact the Complaints Department.

Yours sincerely

Security Management Director

Appendix 1D – Example Change of location for receiving NHS services/change of NHS Services provider template letter

Dear [insert person's name]

Unacceptable behaviour – Change of location for receiving NHS services/change of NHS Services provider

I am [insert your name] and I am the [insert role/position in organisation] for Wye Valley NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate].

Behaviour such as this is unacceptable and will not be tolerated. Wye Valley NHS 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.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

It has been decided that [insert details of services] will no longer be provided to you at [insert details of location] **OR**

It has been decided that [insert details of services] will no longer be provided to you by [insert details of organisation no longer providing services]

From [insert date] you will receive [insert details of services] [insert new location or service provider].

If there are any further incidents of unacceptable behaviour; consideration will be given to taking further action against you. Such action may include the following:

- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as appropriate]

This decision will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please contact the Complaints Department.

Yours sincerely

Chief Executive

Appendix 2 Applying Sanctions Flowchart

