Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

THE MANAGEMENT OF WORK-RELATED VIOLENCE AND AGGRESSION POLICY

POLICY

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1.0 INTRODUCTION

This policy is issued and maintained by the Accredited Security Management Specialist on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

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.

This policy sets out a framework to balance the needs 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.

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 Rules and Procedure and may be referred to the Police and relevant professional bodies as appropriate.

Violence or anti-social behaviour by patients, relatives and visitors may also constitute a criminal offence. Instances will be dealt with through this policy; wand may also be referred to the Police and relevant professional bodies as appropriate.

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.

The purpose of this policy is to protect staff so far as is reasonably practicable from the effects of violence and aggression that they may be subject to in their work with the Trust.

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.

This policy is intended to provide guidance for managers and staff on how to minimise risk and safely deal with episodes of Violence and Aggression (V&A) when it occurs in the workplace.

Nothing in this policy imposes on the Trusts or its staff any duties in excess of those set out within the Health and Safety at Work Act 1974or common law.

2.0 POLICY STATEMENT

Sherwood Forest Hospitals NHS Foundation Trust attaches great importance to the wellbeing and welfare of its staff and the people who use its services.

The policy covers systems for reporting and responding to violent and abusive incidents using the Trust's incident reporting procedures and reporting to the various authorities, which include the Police and the Health & Safety Executive (HSE).

The Guidance that accompanies this Policy contains the Trust's procedure for the Care of Individuals Who are Violent or Abusive and provides for the formal cautioning against aggressive individuals and includes the ultimate sanction of refusing treatment to offenders. This is sometimes known as the Trust's yellow card/red card system. It is a way of escalating the response of the Trust to a violent situation.

The Trust recognises that there may be some instances where systems need to be put in place to protect staff from physical and non-physical assault where the withdrawl of treatment from a patient is not an option.

There is no universal solution to cover all eventualities; but all front-line staff should familiarise themselves with the early signs of violence and aggression and the possible causes and measures that need to be taken to minimise the risk to themselves and the people that use the services of the Trust. The Conflict Resolution Training course run by the Trust is a mandatory requirement for all frontline staff and is an opportunity for staff to familiarise themselves with this.

This policy aims to raise awareness and increase understanding of staff, and their representatives of workplace harassment and both internal and third-party violence.

This policy aims to provide staff and their representatives with a framework of response to identify, prevent and manage problems of harassment and all forms of violence at work.

3.0 DEFINITIONS / ABBREVIATIONS

'The Trust' means the Sherwood Forest Hospitals NHS Foundation Trust.

'Staff 'means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.

'**Violence'** Violence is defined by the HSE as an incident in which an individual is abused, threatened, or assaulted in circumstances relating to their work. This definition includes verbal as well as physical abuse and could arguably also include psychological manipulation (mental abuse). Incidents involving verbal abuse are the most common.

'Physical Assault' means the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort.

'Non-Physical assault' (**sometimes also referred to as Verbal Assault**) means the use of inappropriate words or behaviour causing distress and/or constituting harassment.

'**Violent Incident'** means all types and levels of violence ranging from non-physical assault such as swearing and verbal and racial abuse through to physical assault.

'Yellow Card' means a procedure for the issuing of a formal caution to individuals who are violent or abusive.

'Red Card' means a procedure for formally excluding violent or abusive individuals from the care of the Trust.

'**Warning Letter'** means a letter issued to a patient by the Consultant in charge of the patients care in accordance with this policy and the trust security policy.

'Violence and aggression' can be defined as (NHS): "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".

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

'Anti-Social Behaviour' 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

'Discrimination' can be defined as the unjust or prejudicial treatment of different categories of individuals, particularly around the grounds of race, age, sex or disability.

'Protected Characteristics' can be defined as in the Equality Act 2010. There are nine characteristics were identified as 'protected characteristics. These are the characteristics where evidence shows there is still significant discrimination in employment, provision of goods and services and access to services such as education and health.
These are:-

- Age
- Disability
- Gender
- Reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex or sexual orientation

4.0 ROLES AND RESPONSIBILITIES

The Employers Duties (the Trust)

The Trust has a general duty to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of all members of staff and the public under the Health and Safety at Work Act 1974. This includes protecting them from the risk of violence.

The Management of Health and Safety at Work Regulations 1999 require employers to conduct an assessment of all the risks associated with their work activities. This would include exposure to potential or known aggressive and/or violent situations.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, employers must report acts of violence perpetrated at work which also fulfil the reporting criteria (See the Trust's Incident Reporting Policy).

Corporate Responsibility

The overall responsibility for ensuring the Trust has systems in place for dealing with violence and aggression rests with the Chief Executive.

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 in a position to advise 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)

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 Accredited Security Management Specialist (ASMS) the SMD will notify the Board of all exclusions from the site and of any high-level incidents that require any further actions.

Accredited Security Management Specialist (ASMS)

Review all incidents of physical assaults and non-physical assaults including those that are racially, religiously or sexual aggravated.

Act as a point of contact for any police enquiries or investigations.

Communicate information from any national guidance or police investigation and /or legal actions to the Security Management Director.

Investigate all reported incidents of physical assault

Issue or warning letters to patients when behaviour is deemed unacceptable.

Day to day collaborative working with the security contracted services

Support the managers of the Trust in carrying out security risk assessments and the implementation of action plans arising from them.

Working with Directors of Operations, Matrons, Duty Nurse Mangers, Department Managers and Ward Leaders on agreeing the best method of dealing with the care of a violent or abusive visitor or patient.

Working with the police on the application of additional or complimentary sanctions on violent or abusive visitors or patients.

Working with the police and crown prosecution service about appropriate sanctions for violent or abusive patients or visitors.

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

Medirest

Will provide the Trust with a competent security service aimed in part at protecting staff, patients and visitors from the risks of violence and aggression in line with current Trust policies and guidance documents.

Will provide a support role for any staff subject to verbal abuse from colleagues, patients or visitors.

Will assist where any employee or visitor becomes aggressive, violent or abusive.

Divisional Directors

Ensuring divisional compliance with this policy, which requires: -

All incidents of violence are to be reported within the timeframe set out in the incident reporting policy.

Ensuring all staff who has contact with patients and the public attends the Trust's Conflict Resolution Training Course (in line with the mandatory training policy) or any course that supersedes this arrangement.

Ensuring all incidents of violence is investigated and all facts including any injuries and damage to NHS and private property is recorded.

Ensuring risk assessments are completed for all wards and departments.

Providing support to wards and departments to reduce and prevent attacks.

Ensuring support is provided to staff that have been assaulted.

Ensuring the Trust's Incident Reporting Policy is complied with and where required make reports to the Health and Safety Executive under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR).

Instigating the Procedure for Care for Individuals who are Violent or Abusive (Yellow card procedure).

Excluding patients from treatment but only in extreme cases and with the agreement of the Clinical Director (Red Card Procedure).

Duty Nurse Managers, Matrons, Department Managers and Ward Leaders

Notify the Police immediately when there has been a physical assault or where a non-physical assault is racially, religiously or sexually aggravated. Ensuring the police are provided with all the details to support any further actions taken against the perpetrator. Ensure staff are supported in recording the incident to the police if non-emergency via 101 or the police website.

Ensuring that risk assessments are completed for all wards and departments for which they are responsible

Ensuring staff are informed and trained in the requirements of this policy and those staff having contact with patients and the public attend the Trust's Conflict Resolution Training Course or any course that supersedes this arrangement. (Managing Challenging Behaviours)

Taking immediate action to prevent further injuries to staff, patients, and the public.

Ensuring all staff involved in the incident are offered post incident support, counselling and if required referral to Staff Occupational Health or other support services such as VIVUP.

Investigating all incidents of violence that occur within their area of responsibility. Ensuring all facts are recorded including what was said by those involved (record all threatening or abusive language, expletives etc), any physical contact, injuries and damage to NHS and private property as soon as possible post incident using the Trust's incident reporting system.

Consider issuing warnings or acting under the Trust's Procedure for the Care of Individuals who are Violent or Abusive

Consider the need to plan for the care of the patient who has been violent. Is a case conference required or a review of the patient's medical care, how will the clinical environment continue to be managed safely, will extra staff be required, will additional skills be required?

Ensuring that the Accredited Security Management Specialist is informed as soon as possible of any physical assaults or any non-physical assaults that are racially, religiously or sexually aggravated

During normal working hours the nurse in charge of a ward or department and the Duty Nurse Manager would agree the need for any extra staff to try and prevent or reduce the risk to staff (or patients) from the unacceptable or violent or aggressive behaviour of a patient.

All Members of Staff:

All members of staff who have contact with patients or the public are to: -

When requested by their line manager, attend the Trust's Conflict Resolution Training Course or any course that supersedes this arrangement.

Comply with policies and procedures, particularly relating to the prevention and management of violence.

Report all incidents of violence, they are exposed to or witness and assist their line manager with the completion on the incident form.

Self-Referral to the Staff Counselling service if the member of staff needs further help and support following a violent or aggressive incident discussing with managers what actions will be taken in the event of an incident before the incident occurs.

Duty Nurse Manager:

Where incidents of physical assault and non-physical assault which are racially or religiously aggravated are reported to them, ensure: -

The ward/department making the report has complied with their requirements of the policy, i.e., contacting the police and ensuring the safety of the ward or department.

Where the incident is considered significant, or staff require medical treatment report the incident to the senior manager on call.

During normal working hours contact the Accredited Security Management Specialist as soon as possible

Allocating additional staff to try and prevent or reduce the risk to staff (or patients) from the unacceptable or violent or aggressive behaviour of a patient.

5.0 APPROVAL

Approved by the Estates Governance Committee

6.0 DOCUMENT REQUIREMENTS

Practical Arrangements for preventing, eliminating, or controlling V & A, or minimising its effects, should include:

- Suitable and sufficient Risk Assessments managed through the governance arrangements and reviewed at least annually must be undertaken
- Modifications/alterations to the working environment and working practices.
- Access control/CCTV
- Ensuring adequate staffing numbers and skill mix are maintained.
- Ensuring safe systems of work and local procedures are in place.
- Appropriate training for employees.
- Communication with employees, patients, and visitors.
- Using access control systems
- Summoning security guards (2222 or activate one of the panic alarms where available)
- Wearing ID badges
- Ensuring appropriate arrangements are in place for dealing with prisoners.
- Arrangements for dealing with Offenders who pose a risk of harm to children
- Reviewing the records of violent, aggressive, abusive patients.
- Withholding treatment from violent, aggressive, abusive patients.

Arrangements for dealing with V & A incidents that occur include the provision of:

- Personal alarms.
- Safe systems of work or local procedures.
- Appropriate segregation, control, and restraint of aggressive or violent people (see Policy for the Use of Restrictive Practices).
- Diagnosis and treatment of mental disorders.
- An appropriate security response.
- Police involvement where appropriate.
- The withdrawal, withholding or refusal of treatment.

Process following an V & A Incident:

- Report the incident, in every case where intended, violation or criminal acts are involved, or where there was potential or actual physical injury, or at the staff members discretion where more minor behavioural disturbance is associated with mental disorder
- Offer counselling to staff affected by V & A. Counselling Services can be accessed via Occupational Health, Trade Unions and / or Chaplaincy.
- A letter may be sent from the Trust warning patients or visitors of behaviour required in future
- Legal or disciplinary action may be taken.

- Review the risk assessment
- Devise a return-to-work plan and agree this with the member of staff prior to returning to work.
- Review local arrangements and procedures
- Review training needs

Process for Dealing with V & A perpetrated by a member of staff

In the event of an incident in which a member of staff is aggressive, violent, or harassing this will be managed through the Trust's Disciplinary Policy.

Security should be called to deal with any immediate threat, and the member of staff's Line Manager and / or Human Resources (HR) should be contacted.

Process for Dealing with V & A perpetrated by a patient

In dealing with an aggressive patient there are several aspects that need to be considered including any underlying disease process and the effect of medication, drugs and/ or alcohol.

In all instances the initial decision should be "Can the situation be handled by staff locally?" If it is felt that the situation has gone beyond this or may escalate, then security should be called immediately for advice and support. If it is felt that a Police presence is required, staff are empowered to ring the Police directly using the standard 9 -999.

If there is a need to restrain the patient, then reference should be made to the Trust's Policy for the use of Restrictive Practices for adult patients.

Unless the visitor or member of the public is the guardian of a patient in the Trust's care security should be called to request that the person leaves the premises. If the person refuses to leave then Security will escort the person from the premises or involve the Police as required.

Any such incidents must be reported via the Trusts Incident Reporting Process.

In the case of the person being the guardian of a patient in the Trust's care, Social Services should be contacted. The person should be given an opportunity to modify their behaviour. Failure to comply will lead to them being excluded from the hospital, initially for a fixed period. Any continuation of the substandard behaviour will lead to a case conference being called which could lead to permanent exclusion.

Dealing with Abusive Telephone Calls

If a member of Staff receives an abusive telephone call, they should warn the caller that they will terminate the call if they do not modify their behaviour. If the caller continues to be abusive the member of staff has the authority to terminate the call. They should notify their line manager immediately and complete an incident report form.

The Line Manager should report the incident to one of the Trusts Accredited Security Management Specialist who will in conjunction with the Manager and the member of staff agree what action will be taken.

There are many factors that may contribute to aggressive and/or violent behaviour. The effect of these factors will vary between workplaces even within the trust. There is no clear explanation of why this violence occurs, and research into this area identifies that it is a complex issue involving a number of risk factors.

One framework for understanding violence in the workplace includes a range of factors seen to contribute to violence against and abuse of staff by members of the public. These concern aspects of the perpetrator (e.g., personality, substance abuse, unfounded expectations), the employee (e.g., sex, age, social status, experience), the type of interaction (e.g., caring, money/valuables issues, controlling), the situation (e.g., working alone, job location, waiting times) and the outcome.

Risk Factors to consider including:

General risk factors
- mobile jobs, travelling frequently to and from the worksite
- working in an unsafe environment
- frequent involvement in transporting goods and passengers

Context-related risk factors
- remote workplace
- wide client base

Organisation-related risk factors
- operating after normal hours
- working away from base and alone
- low staffing levels

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Risk factors related to the characteristics of assailants
- mental health history associated with violent behaviour
- higher promises of service bringing higher expectations
- drink and drugs
- having a physical advantage

Employee-related risk factors
- uniforms
- employee ill health and stress, which can affect patience and cause misunderstanding
- inexperience
- unrealistic expectations of the job.

Many of the above risk factors are present within the NHS, and violence in the workplace has a negative effect on efficiency, motivation, and performance. This can have a negative effect on the working environment and staff/patient interaction. Several measures as outlined previously are now in place to tackle violence against staff generally. However, violence against staff where long-term care is provided is a particular problem, as it is more likely that violence will recur where patients have to re-attend for long-term treatment.

In areas such as the Emergency Department patients are discharged or transferred to another unit or receiving hospital once they have been treated. In these areas, patients or their accompanying friends or relatives usually carry out assaults on staff.

In both situations, the effect of a violent attack is the same in terms of distress and trauma to the victim. In the long-term care environment, it is far more likely that staff will have to face the violent individual repeatedly and the attacker is more likely to be the patient than their friend or relative. In some areas, such as renal dialysis units, patients have to return regularly to the same unit or ward for treatment. This may be several times a week for an extended period – usually several years

In situations where long term care is being provided the use of the yellow card/red card system Procedure for the Care of Individuals who are Violent or Abusive may not be appropriate. For example, it would not be useful to use a system designed to threaten the withdrawal of treatment to a patient that would clearly die without that treatment.

Even where treatment cannot be withdrawn there are ranges of sanctions that can be taken against those who abuse NHS staff and professionals or steal or damage NHS property. These include criminal prosecutions; Criminal Behavior Orders (CBO's) which can lead to a criminal conviction and a Crime Prevention Injunction (CPI). Advice, guidance, and support on the range of sanctions that are available to deal with offenders include:

- A verbal warning
- An Acknowledgement of Responsibility Agreement or Behaviour Agreement
- A written warning signed by a senior member of staff such as the Consultant or Executive Director of Nursing or ASMS. ASMS to be made aware of all letters issued for audit and assurances.
- Local sanctions such as managed visits
- Injunctions and civil actions
- Conditional cautions/ Criminal Behavior Orders CBO's
- Criminal sanctions
- Bail conditions

There may also be situations where staff themselves may be the perpetrators of violence, e.g., abuse of vulnerable patients. The decision to involve the police in this matter should be taken by the security management director

Multi-Agency Public Protection Arrangements (MAPPA) is the statutory process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community to protect the public. Individuals who are subject to MAPPA will on occasions present for treatment and may potentially pose a risk to the safety and wellbeing of other patients and to staff. They may particularly pose a risk to children. The trust has clear lines of management and accountability in place to manage MAPPA processes in order that effective information sharing, and risk assessments take place. The trust will actively work with other MAPPA agencies to achieve this aim. The trust intranet contains comprehensive advice and guidance on MAPPA processes.

There are many circumstances in which employees of the trust can find themselves in confrontational situations. Therefore, training and risk assessments are particularly important in finding ways of controlling the risk. The trust's generic risk assessment tool for assessing the risk of violence and aggression within work areas can be found within the Health and Safety Risk Assessment Policy. This should be completed by Heads of Nursing/Ward leaders/Unit managers and reviewed on an annual basis or sooner if a particular risk or the workplace changes.

This tool is designed to help nursing staff assess patients with a potential for violence or a history of violence and abuse against NHS staff, to achieve a consistent approach. It should be used in conjunction with the information and strategies outlined in the "Prevention and Management of Violence Where Withdrawal of Treatment is not an Option". The tool may be used on its own or as part of an overall nursing assessment and the information gathered used to inform the patient's care plan.

Violence from patients to staff is usually, but not always, a result of, or allied to, the patient's medical condition. For this reason, it is very important that when considering the care of a violent patient the appropriate professionals are convened together to discuss the care plan for the individual concerned and safe ways of managing the ward environment. This may entail reviewing the medical intervention provided, the staffing level provided, the skill mix of the team providing the care and the environment in which the patient is cared for. The document Alcohol Withdrawal Delirium (aka DT) – evidence based best practice guideline on management provides further invaluable guidance on managing one of the highest risk situations faced by trust staff in terms of violence and aggression and can be found on the Trusts intranet.

The Trust provides a security guarding service, through Medirest at Newark all our sites. One of the roles of this service is to support staff in dealing with violence and aggression. The guards will help staff deal with violent patients as much as they can whilst always staying within the law and in a non-clinical role. They are not intended to provide additional nursing services. There is no guarantee under the current service level that a security guard will be available to assist with a violent patient. There could be other equally pressing work for the guards on duty.

The trust's security guards can ask visitors to leave the trust's and under common law and also the Criminal Justice Immigration Act Section 119 use reasonable force to escort individuals off site. Police support can be summoned at any time to assist or remove violent or aggressive individuals from the trust's premises.

When calling security staff or the police to help deal with a physically violent patient, staff must consider the risk of this action to themselves, the patient and those that they are calling. These must be balanced against the risks that will arise by not calling on this help. Staff must be clear about what they intend to achieve by calling non-clinical staff to help deal with a patient. The most senior medical staff member available must brief the arriving security staff or police officer(s) and convey the nature of the emergency and any medical risk factors with the patient that those non clinical responders may need to help deal with the situation.

It is vital that staff ensure that the police are properly informed of all pertinent matters if they are asking the police to intervene. Whenever a call is made to the police for help with a violent or aggressive situation the Site Coordinator or Night Team Leader or other senior clinician/manager available at the time should also be informed. Arrangements should be made to meet the police on arrival and direct them to the problem area.

The Police should then receive a full and appropriate brief on the situation facing them. The trust and the police will meet on a regular basis to continue to develop guidelines for staff on summoning police assistance. Further guidance on calling for police liaison and assistance at King's Mill hospital can be found on the security management intranet page.

Any forcible intervention must be considered absolutely, necessary on the basis of risk assessment and must be proportionate to the perceived or actual harm likely to result if no intervention is made. Trust staff are not yet trained or authorised to use physical restraint techniques over and above those contained in the document "Physical Restraint in a Clinical Setting". The trust will be moving towards the use of limited physical intervention by trained contractor staff in support of the lead clinician as a last resort to facilitate the most appropriate therapeutic treatment for violent patients that lack capacity and may pose a risk to themselves and others

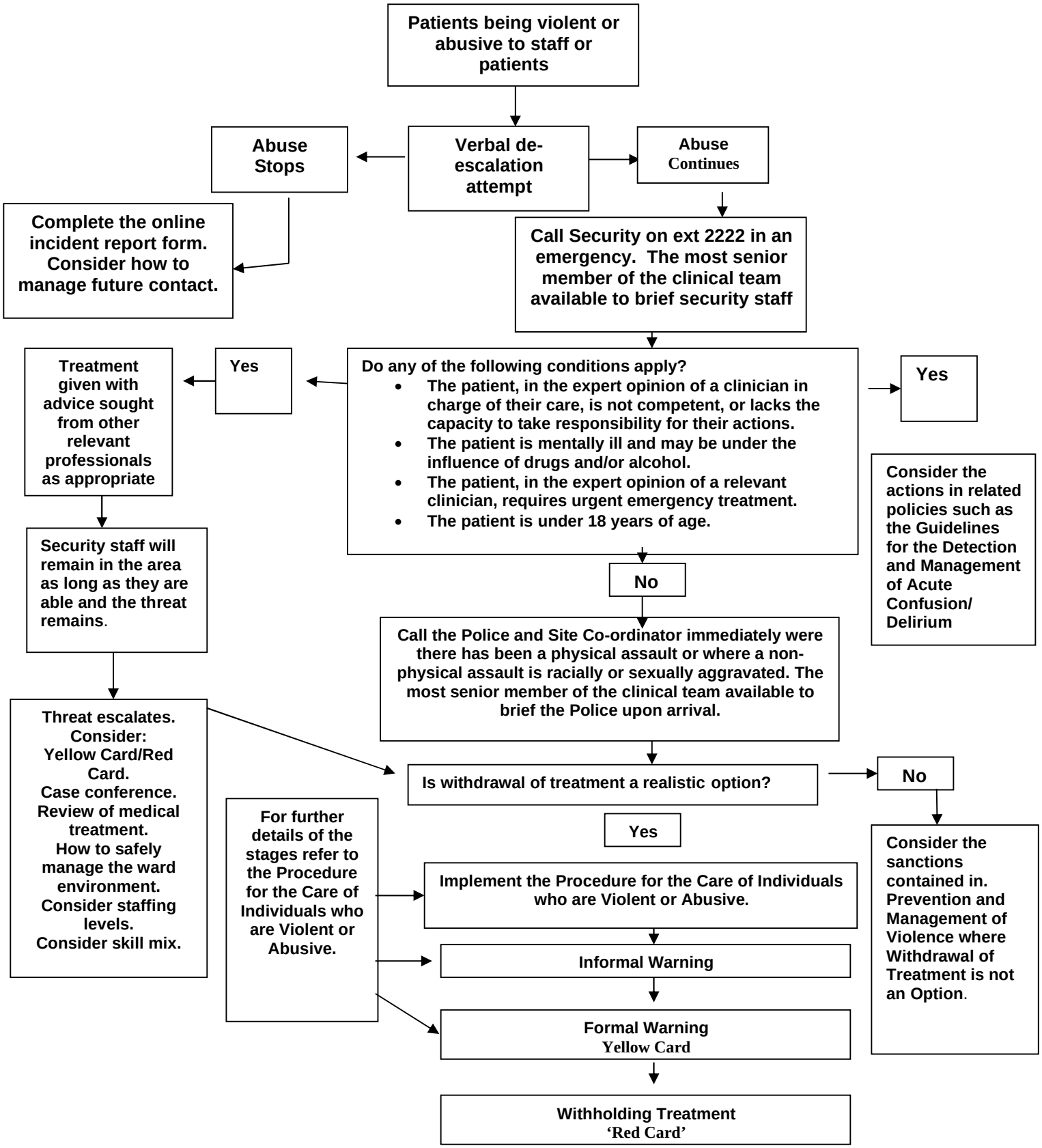
NHS staff has a duty of care to protect the public and a responsibility under health and safety legislation to maintain a safe environment. The Human Rights Act (Article 2:1) indicates a positive obligation to preserve life and Article 2:2 allows the use of no more force than is absolutely necessary. Section 3 of the Criminal Law act 1967 and common law allow all citizens the right to use force that is necessary to defend themselves or others or to prevent the recurrence of a crime. Staff must consider the best interests of their patients. Staff may be required to use the common law doctrine of necessity to prevent harm to themselves, the patient or others. The proportionate use of reasonable force may be required in such circumstances. It should be noted that while the law allows people to exercise "reasonable force" to defend themselves, what actually constitutes "reasonable" is very much open to interpretation. It will be dependent on the particular circumstances of each situation.

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

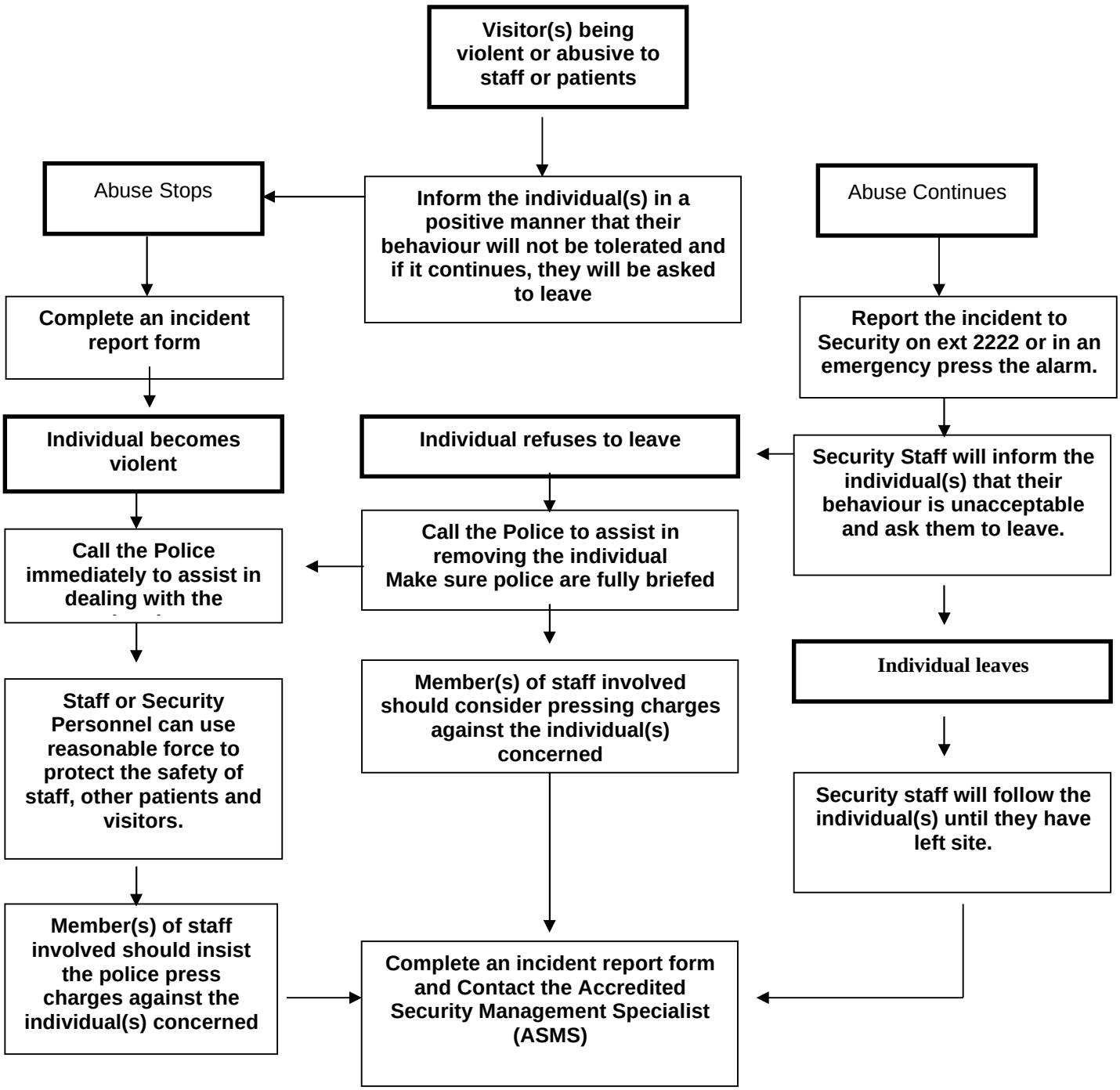
PROCESS CHART FOR DEALING WITH ABUSIVE OR VIOLENT PATIENTS

WHAT TO DO



PROCESS CHART FOR DEALING WITH ABUSIVE OR VIOLENT VISITORS

WHAT TO DO



Guidance for the care of Individuals who are violent or abusive

- All wards and departments will undertake a risk assessment using the generic risk assessment form and take appropriate action to minimise the risk of violence, aggression, or abuse in the healthcare environment. Support and guidance can be obtained from the Trust Accredited Security Management Specialist and Health & Safety Manager.

De-escalation attempt

For all patients and visitors

- The **member of staff** who has been abused should report it to their immediate line manager (or in their absence another appropriate senior staff member).
- The **line manager/senior member of staff** will explain to the patient or visitor that his/her behaviour is unacceptable and outline the expected standards that must be observed in the future. This should be used as an opportunity to defuse the situation and prevent escalation. Communication requirements should be considered e.g., interpretation.
- An incident form must be completed detailing the unacceptable behaviour and guidance given. Complete any additional documentation in which the incident should be recorded e.g. patients records

VERBAL WARNING

For all patients and visitors

- If the behaviour continues, and where it is appropriate/safe **the staff in charge of the ward/department** will give a formal verbal warning to the patient/visitor detailing the possible consequences of any further repetition. This warning should be given privately and carried out when all parties are composed. Communication requirements should be considered e.g., interpretation.
- An incident form must be completed detailing the unacceptable behaviour and guidance given. Complete any additional documentation in which the incident should be recorded e.g., patients' records
- Notify the line manager and the Accredited Security Management Specialist.
- If patient under 18 years, the parent/carer should be informed of the 'verbal warning'.

FORMAL WRITTEN WARNING – THE YELLOW CARD

For patients and visitors

- If the patient or visitor continues to fail to behave appropriately, this will result in the issue of a formal written warning – known as a 'yellow card'. This can be given by a **senior member of staff such as the modern matron/department manager/Site co-ordinator / nurse manager, consultant or Accredited Security Management Specialist. (Once letters issued the ASMS should be made aware.)**
- An incident form must be completed detailing the unacceptable behaviour and guidance given

- A meeting must be arranged and held within 24 hours of the incident (or at the earliest possible time if at a weekend/public holiday) to discuss and agree a behaviour and / or management plan as appropriate.
- Any member of staff who has been subject to any of the unacceptable behaviours listed in this policy from a patient or their visitor has the right to opt out of caring for the relevant patient in discussion/agreement with the nursing and medical leads and as part of the management plan.

THE RED CARD

For patients and visitors

- If the patient or visitor fails to comply with the behaviour plan set out at the yellow card stage, or if the behaviour is such that criminal proceedings are required immediately, then the **Nurse Manager/Department manager/Modern Matron** will, in consultation with Senior Medical Staff and the Trust Accredited Security Management Specialist as appropriate, initiate criminal charges
- Police arrest for the individual's action will be sought at this stage and there will be liaison with the NHS Legal Protection Unit. provides an outline of what actions are required to progress criminal/civil proceedings.
- If a patient or visitor is under 10 years referral to the social service / police should still be made so a referral to Youth Offending Teams can be considered and attention can be given to wider prevention measures.
- An incident form must be completed detailing the level of unacceptable behaviour and planned action. If appropriate, the incident should be reported and handled as a Serious Untoward Incident.
- An immediate meeting should be arranged to set / review a behaviour / management plan to ensure a safe environment for all patients, staff and visitors
- Any member of staff who has been subject to any of the unacceptable behaviours listed in this policy from a patient or related visitor has the right to opt out of caring for that patient in discussion/agreement with the Divisional nurse manager and as part of the management plan.

EXPULSION / EXCLUSION:

For patients and visitors

- Failure by a patient or visitor to comply with any stage of this procedure (or as a result of a criminal investigation) may lead to exclusion/expulsion from the Trust or where appropriate an injunction against the individual.
- Such exclusion will last one year (or until criminal prosecutions have lapsed).

ABUSE & VIOLENCE

FROM PATIENTS OR VISITORS

IF YOU ARE IN FEAR DO NOT HESITATE TO CALL 2222
WHAT TO DO

VISITORS

1. **Make de-escalation attempt**
   Immediate senior person

2. **VERBAL WARNING**
   Immediate senior person

3. **HAVE REMOVED**
   CALL 2222, SITE CO-ORDINATOR AND SECURITY. THEY WILL **ARRANGE THE REMOVAL OF THIS PERSON**
   (By the Police where necessary)

4. **CRIMINAL / CIVIL ACTION AND PERMANENT EXCLUSION**
   (If necessary)

PATIENTS

1. **Make de-escalation attempt**
   Immediate senior person

2. **VERBAL WARNING**
   Immediate senior person

3. **WRITTEN WARNING (YELLOW CARD)**
   BY MODERN MATRON/ NURSE MANAGER/SENIOR THERAPIST/ SITE CO ORDINATOR or ASMS

4. **CRIMINAL / CIVIL ACTION (RED CARD)**
   DIVISIONAL MANAGER
   HEAD OF NURSING / THERAPIST
   CONSULTANT
   (MAY LEAD TO “EXCLUSION”)

YOU DO NOT HAVE TO FOLLOW ALL STAGES OF THIS FLOWCHART IF THE SITUATION WARRANTS IMMEDIATE ACTION

YELLOW CARD - (Formal written warning)

Implementation checklist

- Inform and seek advice / support from your management lead and if necessary the patient's consultant or senior member of the medical team (on-call team, out of hours), or their GP.
- Inform the patient or visitor of the concerns about their unacceptable behaviour; fully explain the policy ensuring that there is no confusion as to the standard of behaviour required, or the possible consequences of failure to comply.
- Ensure any equipment or weapons if involved in the incident have been isolated.
- Complete all details on the Yellow Card Confirmation Pro forma.
- Ask the patient or visitor, as appropriate, to sign the confirmation Proforma. If they refuse to sign, this should be documented and an explanation given that the document will be valid with or without their agreement. Ensure that an appropriate member of staff (registered doctor, nurse or therapist) witnesses the explanation and signs the confirmation paper.
- Give the patient or visitor a copy of the Confirmation Pro forma and a copy of the policy
- Complete an online incident report form (sometimes called an IR1 form or a Datix form) detailing the unacceptable behaviour and guidance given. Ensure that the incident triggering the procedure is documented in full, and signed by the member of staff and any witnesses. If appropriate, the incident should be reported and handled as a Serious Untoward Incident.
- Inform your Manager / On Call Manager / Site Co-ordinator.
- Inform patients lead consultant and appropriate members of Multi-disciplinary team.
- Inform the Trust Accredited Security Management Specialist who will inform the NHS Legal Protection Unit where necessary.
- Ensure the Director of Nursing / Divisional Manager is informed.
- Ensure the incident / behaviour is documented in the patient's medical, nursing or therapy records.
- Ensure that copies of the fully completed confirmation and the report of the incident which resulted in initiation of the procedure are filled in the patient's records and forwarded to each of the following:
  Trust Accredited Security Management Specialist, Health & Safety Manager, and appropriate Divisional Manager.
- The Trust ASMS, to flag the use of a card/warning on the PAS system or equivalent.
- Organise a 24hr Action Planning Meeting with all relevant staff to inform and discuss the issue of the Yellow Card and the future management of the patient or visitor
- Ensure patients and staff receive appropriate support. Staff who are abused and/or assaulted should be offered the full range of Occupational Health and counselling services.
- Organise a feedback meeting for staff involved in the incident as soon as possible.
- Send letter to General Practitioner *if* applicable with a copy of the Yellow Card Confirmation Pro forma and the Trust Management of Violence and Aggression policy.

MEETING CHECKLIST

List of those to be considered for attendance:

- Divisional manager (Chair) or nominated representative
- Executive lead or nominated representative (Security Management Director)
- Key professional staff caring for the patient e.g. Social Worker / Mental Health Liaison Nurse
- Line manager
- Accredited Security Management Specialist
- Clinical Risk Manager
- Health & Safety Manager
- Consider patient or visitor attendance
- Consider suitable venue for the meeting and any interpretation needs etc.

Process

- Keep notes of attendance and agreed actions.
- Review the incident, outlining the events chronologically.
- Ensure the relevant yellow card / red card checklist has been completed.
- Provide an update on the patient and / or visitor's current state of health and behaviour.
- Discuss and agree actions if required to determine if the patient is competent or not competent to make their own informed decisions.
- Review the patient's / visitors management plan agreed to date and put in place any additional action required to prevent another incident of a similar type occurring.
- Ensure any equipment if involved in the incident has been isolated.
- Consider how care can be provided - e.g. if a patient what is life threatening / can care be provided in the community setting / discharge etc.
- Consider whether civil or criminal proceedings are required.
- Develop an agreed management plan.
- Identify nominated lead to be responsible for communication to all parties.
- Decide who should debrief the staff and when.
- Consider and, if appropriate, arrange counselling for staff and / or patients.
- The Accredited Security Management Specialist should provide guidance on whether the incident should be reported to the Strategic Health Authority and or any other external agencies.
- Decide whether the Trust's Community Relations Department and or Legal Advisors need to be informed.
- In the event of feedback, the Divisional Manager or chair of the meeting should organise this in accordance with Trust guidance.
- Consider if a further meeting is required. If so, who should be involved and when it should be held.

RED CARD

Implementation checklist

- Liaise with the Trust Accredited Security Management Specialist and the Trust's Security Department immediately for assistance. They will call the police and inform the NHS Legal Protection Unit. If under 18 years contact paediatric social worker and parent/carer.
- Inform and seek advice / support from your management lead and if necessary, the patient's consultant or senior member of the medical team (on call team out of hours), or their GP.
- Ensure any equipment / weapons involved in the incident have been isolated.
- When safe to do so, inform the patient or visitor about their unacceptable behaviour, fully explain the red card stage of the policy, ensuring that there is no confusion as to the standard of behaviour required and the outcome of their behaviour.
- Ensure all the details on the Criminal / civil proceedings checklist has been completed.
- Complete an incident form detailing the incident. Ensure that the incident triggering the procedure is documented in full. If appropriate, the incident should be reported and handled as a Serious Incident (See incident Reporting Policy).
- Ensure all those who were witness to the incident complete a statement.
- Inform the patients lead consultant and appropriate members of Multi-disciplinary team.
- Inform your Manager / On Call Manager / Divisional Manager.
- Ensure the Director of Nursing / Medical Director is informed.
- Ensure that the incident / behaviour is documented in the patient's records.
- Ensure that copies of all documentation related to the incident are completed and are forwarded each of the following:
  - Trust Accredited Security Management Specialist and Divisional Manager.
  - To flag the use of a card on the PAS system or equivalent.
- Organise an immediate meeting with all relevant staff to inform and discuss the issue of the Red Card and the future management of the patient
- Ensure patients and staff receive appropriate support. Staff who are abused and / or assaulted are offered the full range of Occupational Health and counselling services.
- Organise a feedback meeting for staff / patient involved in the incident as soon as possible.
- Feedback to patients as appropriate
- Send a formal letter to the visitor or patient and a copy to the General Practitioner when applicable *(Appendix 8)* with a copy of the Trust's Management of Violence and Aggression Policy.

CRIMINAL / CIVIL PROCEEDINGS CHECK SHEET

The Trust Accredited Security Management Specialist should be contacted if criminal and or civil proceedings are to be pursued or when security intervention is required to assist in the management of a patient / visitor.

Full Name:……..……..

Aliases (If appropriate).....……..…….....

Date of Birth…….. Date and Time of Incident:……..

Hospital Number (If appropriate)..... In/Out-patient / Visitor.....
..
Ward / Department:…….…… Hospital Site……..

Directorate:……

Brief details of the incident.....……..

…….

…….

Was the Trust Security Department called?	Yes	No
Has the Trust ASMS been notified? (On Call Senior Manager - out of hours)	Yes	No
Did the injured party seek medical attention or refuse?	Yes	No
Has a Trust Online Incident Form been completed?	Yes	No
Have statements been collected from any injured parties and witnesses?	Yes	No
Have injured parties and witnesses retained original notes /records for use at a later stage in a secure place?	Yes	No
Have costs for replacement staff / equipment been collated? If yes please provide approximate costs.....	Yes	No
Was police intervention required? If so who called the police (name/designation and contact details)?	Yes	No

.....……

……..

Has a de-brief been considered/ arranged?	Yes	No

Useful telephone numbers:Trust Accredited Security Management Specialist - ext 6495
Security Guarding Services - ext 4056

WITHHOLDING TREATMENT FROM VIOLENT, AGGRESSIVE AND ABUSIVE PATIENTS

COMPETENCY ASSESSMENT TOOL

A decision to withhold treatment from a patient must be based on a proper clinical assessment. Treatment will not be withheld from patients who are not competent to take responsibility for their actions.

A patient must be judged competent by two clinical members of staff, one of whom must be a Doctor of SpR grade or above, according to the following criteria (in the case of a patient under the age of 16, this should involve the parent or guardian if available):

	YES	NO
Does the patient understand what is being said to him / her?		
Does the patient believe that what you are saying is true? *(i.e. does he/she accept that the consequences you have described could actually happen?)*		
Is the patient able to retain that knowledge and weigh up the information given to make a decision *(can he/she recall what you've said and is willing to accept the stated risk?)*		
Is the patient suffering from any condition that prevents a balanced reasonable decision being made?		

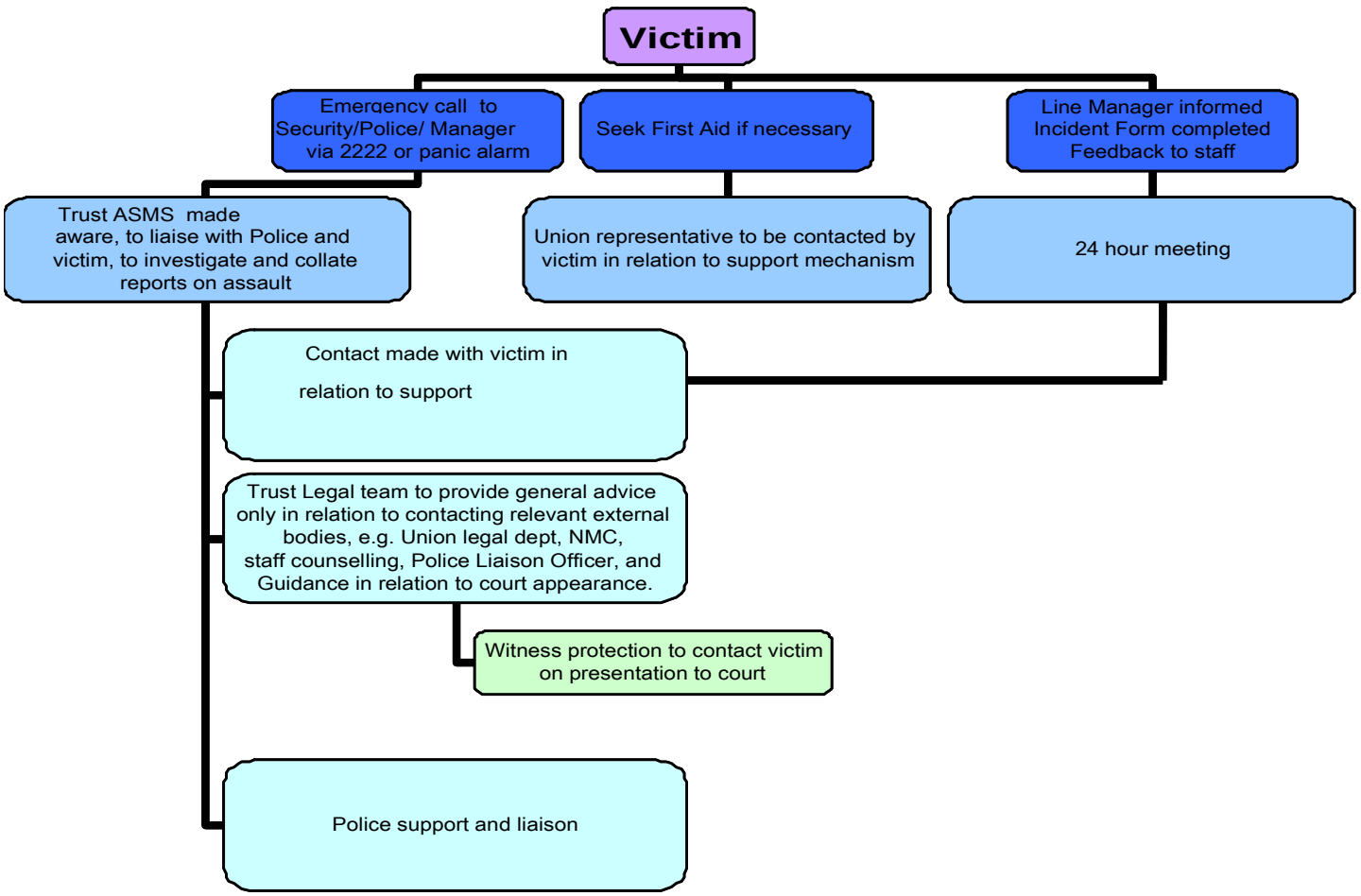
All boxes must be initialled by both assessors and only if ALL of the clear boxes are initialled by both assessors can consideration be given to all possible withholding treatment.

The patient has been assessed and is deemed competent to take responsibility for his/her actions or to refuse treatment.

…….....	…….	……..
Name (Block Capitals)	Signature ..	Date
……..……...	……..……..	……..
Name (Block Capitals)	Signature	Date

ASSAULT INVESTIGATION

FLOW DIAGRAM



PREVENTION AND MANAGEMENT OF VIOLENCE WHERE WITHDRAWAL OF TREATMENT IS NOT AN OPTION

SUMMARY

The guidance examines the possible reasons for and risk factors associated with violence. Using a public health model, it describes the steps that can be taken to reduce violence in long-term healthcare environments within the Trust. It discusses a range of measures available to health bodies to tackle the problem and provides practical tools such as a behaviour agreement, warning letter template and assessment tool that may be adapted for local use.

The procedures and systems found within the guidance are designed to help protect staff from physical and non-physical assault, specifically in environments where the withdrawal of treatment is not appropriate. The guidance is intended primarily for staff caring for individuals who have the capacity to take responsibility for their own behaviour.

Initiatives for tackling violence and aggression, such as withdrawing or withholding treatment, which may be applicable in other settings are often unsuitable for this type of environment. There are serious implications for healthcare staff and managers in considering taking action which would deny patients life-sustaining treatment. It is important that the possibility of violent and aggressive behaviour being in any way linked to the patient's clinical condition, medication or treatment is fully explored. For example, lack of oxygen to the brain causes neurological problems which can result in erratic behaviour.

Deterrents, warnings, contracts and Behaviour Orders will be neither appropriate nor effective for patients whose violence and aggression arises from their clinical condition and who lack the capacity to control their behaviour.

It is understandable for patients to be angry, upset or otherwise emotional when faced with a particular diagnosis or medical intervention/decision. Equally, relatives and friends may also become emotional; if not dealt with appropriately, this can exacerbate a situation. Sanctions that can be used to manage the behaviour of a violent or aggressive patient and provide a safe and secure environment for staff and patients are outlined in this guidance. However, sanctions will only work for patients with capacity to understand and take responsibility for their actions.

It provides information, primarily for ASMSs, risk managers, human resources and, even more importantly, the managers of the staff working in these areas and the staff themselves, about the policies and procedures which should be in place to provide the best protection for staff and patients.

The guidance is designed to be as comprehensive as possible but, inevitably, cannot cater for every situation that may occur within a working environment. With this in mind, it should be used as a template from which local procedures and systems to protect those NHS staff working in the long-term healthcare environment should be developed, revised or enhanced. These local arrangements should reflect the local needs of staff and the environments in which they work.

The effects of non-physical and physical assault are wide-ranging, and it should be acknowledged that as well as the more evident impacts of a physical assault, such as a visible bruise or injury, there may often be non-evident, longer-lasting impacts such as emotional and psychological trauma. It is not necessary for there to be any physical injury as a result of the assault in order for further action to be taken.

Indeed, the potentially serious degree of harm that can be inflicted without physical contact has led to successful prosecutions for actual bodily harm brought against stalkers as, in some cases, the offence was caused by telephone calls.

Action:

These may include:

- making staff aware of the process and the support available to them when a violent incident takes place
- educating staff about the importance of reporting procedures in ensuring that all violent incidents are recorded, and appropriate measures taken
- post-incident support and counselling for staff to assist their return to work and encourage staff to remain working within long-term healthcare environments after such an event
- undertaking risk assessments in high-risk areas, to include the health body's ASMS, health and safety officer and front-line staff
- the creation or development of a pro-security culture
- training and supervision
- verbal warnings
- behaviour agreements
- written warnings
- acceptable behaviour contracts
- civil injunctions and Behaviour Orders
- criminal prosecution.

The NHS has identified seven generic areas of action for both proactive and reactive initiatives in relation to security management in the NHS. These include:

- engendering a pro-security culture
- deterring security incidents and breaches
- preventing security incidents and breaches
- detecting security incidents and breaches where they have not been prevented
- investigating security incidents and breaches in a professional, objective and fair manner where detected, and ensuring that lessons are learned, and system weaknesses are fed into risk assessments and policy development and revision to prevent further breaches from occurring
- applying a wide range of sanctions where necessary
- seeking redress to ensure that funds are put back into the NHS for improved clinical care.

PRO-SECURITY CULTURE

The development of a pro-security culture is integral to all strands of security management work in the NHS. Building a pro-security culture is about taking an inclusive approach with all those involved – staff, managers, patients/service users and the public.

Managers should communicate to staff what they can expect in terms of support and what is expected from them.

A generic behaviour agreement is included with the guidance and is reproduced below. This can be adapted to local requirements. Any pledge/mission statements developed for ward/unit level should reflect the Trust's values and this policy.

PREVENTION

Prevention is concerned with stopping incidents of violence from occurring in the first instance by using interventions to either eliminate or reduce the underlying risk factors or to reduce the recurrence of further incidents of violence and its ill effects. Prevention should be based on effective use of available information to ensure that the risk of future incidents can be minimised – this includes learning from operational experience and adopting an inclusive approach that involves staff.

The public health model best describes the steps that can be taken to reduce violence in long-term healthcare environments across the NHS. Using this perspective, the prevention of violence within NHS health bodies can be described as having three main dimensions – primary, secondary and tertiary (see the full guidance, which demonstrates the model in action). However, it is important that the possibility of violent and aggressive behaviour being in any way linked to the patient's clinical condition is fully explored and treated appropriately. There may be other causes, such as a neurological condition, sudden onset of an infection or side effects of medication.

Primary prevention is action taken to prevent violence before it occurs, such as the training of health professionals in conflict resolution skills, which enables staff to recognise the warning signs of a potentially violent situation and take steps to prevent it from escalating.

Secondary prevention is action taken to prevent violence when it is perceived to be imminent and/or to minimise the harm caused by a violent event and the immediate post-violence intervention aimed at preventing re-victimisation – for example, interventions to reduce the duration of violent events or damage inflicted. Secondary prevention activities occur in the short-term after the event.

Tertiary prevention occurs in the long-term after an event and is action taken to prevent or reduce the potential for physical and psychological harm to the parties involved and to inform primary and secondary prevention strategies. Tertiary prevention activities are aimed at treating and rehabilitating victims and perpetrators.

Various physical security measures add value alongside consistent and thorough policies and procedures; these include:

- CCTV
- Alarms
- Panic buttons/alarms
- Lone worker devices
- Access control systems
- Building design features that adhere to Secured by Design.

Management Team

Actions at the management team level include:

- the development of the **pro-security culture**
- ensuring that each worker is aware of their role and responsibility as regards the **prevention** and **deterrence** of violence
- assessing training needs and providing relevant and regular training
- ensuring that staff training skills are current and maintaining records of those staff who have attended training courses
- reviewing incidents as they occur to learn from the
- ensuring that staff report incidents.

The training needs of clinical staff may differ from those of non-clinical staff. The need to monitor and care for the patient's physical well-being during and after a violent episode as a specific duty of care should be included in training courses for clinical staff. Consideration should also be given to incorporating risk assessment and risk management strategies into all training courses.

There should also be agreement of an information sharing protocol with local police, social services and primary care providers such as GP surgeries, as they will have information on violent patients or other individuals who may pose a risk to NHS staff. If NHS health bodies have any concerns about confidentiality issues and disclosure of information, they should contact the NHS SMS Legal Protection Unit for advice.

All front-line staff (both full- and part-time) should be trained in conflict resolution techniques in line with the national NHS strategy. 'Front-line staff' refers to every member of staff who has contact with patients and the public.

A key part of the delivery of healthcare to people with long-term conditions is the ability to communicate effectively and provide good patient care. Training in this area should be provided as part of the induction process for new staff as well as on an ongoing basis for existing staff.

It is essential that staff are encouraged to report identified risks, as well as incidents that have or may have occurred, to managers, so that the appropriate action can be taken and the ASMS informed about any incident of violence, so it can be properly investigated.

Appropriate action also refers to alerting all staff who will come into contact with the individual who has been identified as a risk. Although such episodes should be well documented, not all staff who work in the NHS will have access to this information. Some may simply not access it before dealing with the individual in question.

Management must explore fully the risks to all staff and communicate with all staff who may potentially be at risk of violence – for example, staff coming on duty who may not have been on the ward for a few days, cleaning and catering staff and those staff not based on the ward, such as those taking blood samples for investigation.

Individual Worker

Actions at the level of the individual worker include adhering to the Trust's policy on the management of violence, reporting incidents as they occur and taking ownership to ensure that their training skills are up to date and current. Individual staff have a responsibility to undertake conflict resolution and other relevant training provided by the Trust. This training will educate staff on non-verbal and verbal communication skills, models of communication, patterns of behaviour, warning signs and trigger points, impact factors, such as alcohol or drugs, and the safe distance staff should keep when dealing with conflict.

However, conflict resolution training does not fully examine the reasons why individuals are violent. It is anticipated that patients may be angry and/or upset when faced with a poor prognosis and the probability of death as a result. Equally, relatives, friends and families may also become emotional – which, if staff feel unprepared or unable to deal with difficult questions about death, can exacerbate rather than defuse the situation. There will be other influences on the behaviour of the individual, such as a history of violence within a family or social group, alcohol or substance misuse and socio-economic factors such as financial hardship. This type of information will be gathered during patient assessments (see below for an assessment tool template to assist in this process). Aggressive or abusive behaviour may also be the result of poor communication with staff, the reaction to what the individual may perceive as unfair or poor service, or a complete breakdown in communication between the two parties.

Therefore, healthcare staff should keep in mind and be aware of the possible reasons why an individual is displaying aggressive or abusive behaviour, because the patient's clinical condition may contribute to their behaviour. However, a physical assault which occurs due to a patient's clinical condition must still be reported.

Service User/Patient

Action at the level of the service user/patient relates to individual care planning and patient expectation. Each service user having treatment within the NHS must have a care plan. Where violence is an issue, this plan must identify underlying problems which will be picked up on as part of the patient assessment. The tool below is designed to assist nursing staff when carrying out an assessment for care planning. Action in this area also includes participation in and adherence to any behaviour agreement on the part of the service user.

Secondary Prevention

Secondary prevention is focused on reducing the prevalence of the problem by minimising known or suspected risk factors and by early intervention i.e. when violence is perceived to be imminent or immediately post-incident. While it is not appropriate for the NHS to give clinical staff specific advice on the prevention and treatment of violence and aggression arising from the patient's clinical condition, it is suggested that within secondary prevention, action would include prompt medical review after a violent and/or aggressive incident. Action in this area can be planned or unplanned. In some areas of the NHS, the incidence of violence is highly predictable – therefore, this knowledge can be used proactively to plan positive interventions such as training staff to recognise warning signs and in de-escalation strategies so they can defuse a potentially violent incident.

This involves staff using a *dynamic* risk assessment immediately before an incident occurs or while it is occurring. A dynamic risk assessment can be defined as a continuous process of identifying hazards and risks and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. The dynamic risk assessment involves staff:

- being alert to warning signs as covered in conflict resolution training
- carrying out a '10-second risk assessment'; if staff feel there is a risk of harm to themselves, they should leave immediately
- placing themselves in a position to make a good escape
- making a judgment as to the best possible course of action – for example, whether to continue working or withdraw. At no point should a staff member place themselves, their colleagues or their patients/service users at risk or in actual danger
- utilising appropriate physical security measures e.g. triggering panic buttons to call assistance from staff nearby/security/the police
- ensuring that when they enter a confined area or room, they make sure they can operate the door lock in case they need to make an emergency exit
- avoiding walking in front of a patient/service user, and not positioning themselves in a corner or in a situation where it may be difficult to escape
- remaining calm and focused during an incident in order to make rational judgements.

Managers and staff should discuss what actions they should take in the event of an incident. Managers should check whether this is covered by local tackling violence policies and amend them as necessary. The flowcharts at outlines suggested action for individuals when an incident of violence or abuse is occurring.

Initially, this involves notifying the police, ASMS or health body security staff. The senior nurse/bleep holder/ward manager responsible for the staff involved and the doctor on call/consultant in charge of the patient's care should also be notified. These individuals all have their own responsibilities in the event of an incident:

The police – if appropriate, to make an arrest, take witness statements, gather evidence, conduct an investigation and secure the area if required.

Security staff – to engage with the violent individual, ask them to leave the premises, escort them from the premises and secure the area if required. If the violent individual is an inpatient, security staff will still need to engage with them to assist in resolving the incident. In conjunction with the

senior nurse and consultant in charge of the individual's care, security staff should be involved in a review of where the patient is being treated and consider whether they should be moved temporarily or transferred to another environment.

The senior nurse/general manager – to provide support to the staff involved in the incident, debrief them and, if they are injured, ensure they receive appropriate treatment and are referred to an occupational health practitioner and/or counsellor. The senior nurse/general manager will also need to document the incident and decide whether to continue operations or evacuate the area. This will involve making alternative staffing arrangements and ensuring that staff involved are able to continue with their duties.

The senior nurse/consultant also has a duty of care towards the patient. It is suggested that this duty of care may include beginning to assess whether the patient understands and can take responsibility for their own actions, and whether there is an underlying clinical cause of their behaviour, as well as assessing and treating any injuries. In line with the Healthcare Commission's national recommendations following the Christopher Alder inquiry, staff must ensure that:

Patients whom they consider to be aggressive or violent are assessed as to their fitness for discharge by a senior doctor prior to their leaving the department, particularly where there is a risk of a head injury. The assessment must be recorded in their notes.

In the short-term – ideally, after the incident has been resolved – there should be a post-incident review. This is an evaluation of the incident response, used to identify and correct weaknesses, as well as to determine strengths and publicise them. It is important for a review to take place as quickly as possible while the memories of those involved are still fresh. However, the trauma suffered by any individual(s) must be taken account of. The review is the time to learn from what happened and use these lessons to enhance the health body's policies and systems. It is best to do this as a matter of urgency rather than lose the opportunity. There are several questions that should be asked during the review:

- What can be learned from what happened?
- How can we avoid repeating mistakes?
- How can we assess what is and is not working?
- What are the implications of what just happened, not only on the health body, but also on the whole local health community?
- Are policy and system revisions needed?

Tertiary prevention

Action at this stage focuses on the long term; while secondary prevention is reactive, tertiary prevention deals with the aftermath. Tertiary prevention is about minimising the effects of violence as well as preventing its occurrence. The key to preventative action is an honest and objective appraisal of how and why incidents can occur in long-term healthcare environments and the ability to learn from this. To achieve this, a post-incident review should be carried out. This review differs from that discussed under secondary prevention as it deals with the long term and is more detailed. It requires an analysis of the incident and the following factors should be considered:

- Type of incident, i.e. non-physical or physical assault. Weaknesses or failures that have allowed the incident to take place – for example, procedural, system or technological. Examine what lessons can be learned and actioned by the health body to avert or better manage similar situations.
- Severity of incident in terms of extent of injuries (i.e. were there broken bones; do the injuries require hospitalisation of the affected staff member; is surgical intervention needed?) and the period of time taken off by staff to recover.
- Cost to the Trust in both human and financial terms. For example, if staff take long-term sick leave following an incident, the cost to replace them and, if staff leave because of the incident, the costs of recruitment.
- The actions of individuals and staff groups involved. It is important to establish whether staff have been involved in an incident before, as this may suggest that the environment in which they work needs to be addressed. Assessment of the patient pathway and how people are managed through systems is also important. Where skill gaps are identified, further training should be provided.
- The care of the individual concerned to avert future incidents and ensure that any history of violence is reflected in their care plan. It is suggested that action within tertiary prevention might include, for example, appropriate rehabilitation for brain-injured patients demonstrating repeated violence and aggression.
- Measures in place to manage risk, and the appropriate use and operation of technology such as CCTV.

In the long term, analysis of security incidents can identify trends and patterns which can inform the revision of policies and procedures. Prevention is about using information to minimise the risk of similar future incidents.

The Trust has a range of flexible support that staff can access at their discretion. This can include the occupational health department, or the Trust's independent counsellors.

Tertiary prevention also concerns the sanctions and redress pursued by the Trust against individuals who are violent towards their staff.

SANCTIONS

There are a range of sanctions which can be taken against those who abuse NHS staff and professionals or steal or damage NHS property. These include criminal prosecutions, Behaviour Orders and civil injunctions.

Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the Trust's Accredited Security Management Specialist and the NHS SMS Legal Protection Unit.
When a physical or verbal assault takes place, there are various actions and sanctions which the Trust can pursue either directly or in cooperation with the criminal justice agencies. These include:

- a verbal warning
- an Acknowledgement of Responsibility Agreement or 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

- a written warning letter signed by a senior member of staff deemed by the Trust to have the suitable level of authority, such as the ASMS or Executive Director of Nursing or the consultant in charge of the individual's care. A warning letter may also be sent by the NHS Legal Protection Unit if appropriate. A template of a warning letter which health bodies can amend accordingly can be found below
- 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
- injunctions and civil sanctions
- conditional cautions/Behaviour Orders
- criminal sanctions
- bail conditions.

The Trust will also consider other options which can be used in isolation or in conjunction with the above range of sanctions. These can include the following:

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 before they do so. The risk assessment should be conducted by suitably trained individuals and is likely to highlight the need for more than one staff member to attend – or, indeed, through local arrangement, a police or security presence. It is suggested that consideration is 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.

Secure room

A room set aside to provide secure facilities for interacting with service users with a known history of violence or aggression towards staff.

Using other facilities

The trust could also consider using other facilities, such as a local health centre or on-site mental health unit, which are already equipped with secure facilities.

Using the independent sector

The Trust may consider using a private provider to deliver the care. Some providers in the independent sector may have the facilities to provide the care required in a secure area.

Using a cooperative approach

The trust may also consider working with other health bodies and organisations to create a scheme specifically for patients who are persistently violent. For instance, local trusts can agree to treat such violent patients at a particular unit within a particular trust. The cost and human resources should be shared and regularly reviewed to ensure the arrangement is working effectively.

Sanctions are considered an effective way of deterring individuals from committing an offence. The type of sanctions applied should be proportionate to the nature and gravity of the incident(s). Therefore, the sanctions listed above do not have to be considered in any set order. For example, if a patient has physically assaulted a member of staff and caused injury, the Trust can immediately consider criminal and/or civil sanctions if appropriate.

REDRESS

There are various routes by which effective redress can be sought. Monies lost through violent incidents against NHS staff or theft or damage to NHS property can be subject to an application to the courts for compensation and victims of physical assault may be able to apply to the Criminal Injuries Compensation Authority.

Recovery of losses delivers an important deterrent message to staff, patients/service users and the public: that the NHS will always pursue redress from those who abuse the service or its staff and deprive it of its valuable resources.

Prevention of violence model

The public health model best describes the steps that can be taken to reduce violence in long-term healthcare environments across the NHS. This model is used to provide a visual reference of how the guidance will work.

Primary prevention

- behaviour agreement
- environment
- good management structure
- effective complaints procedure
- conflict resolution training
- local policies and procedures
- risk assessment
- effective communication systems/structures
- use of media and advertising (to spread pro-security message)

Secondary prevention

- training/customer service
- violent incident flowchart
- staff responsibility during conflict
- diversity awareness

Tertiary prevention

- post-incident review
- staff support/counselling
- reporting/sanctions
- redress
- long-term management of the patient

Behaviour Agreement

1. All individuals will be treated with consideration, respect, sensitivity and compassion, regardless of age, race, gender, religion, national origin, sexual orientation or any physical or mental disability.
2. All individuals' right for privacy and dignity will be respected.
3. All individuals will agree to follow the treatment/care plans.
4. Treatment/appointment times will be recognised and adhered to as closely as possible and any delays in treatment will be explained.
5. All individuals entering NHS health body premises are expected to take responsibility for their own property leave valuables at home and only bring necessary items with them.
6. All those working in or receiving treatment from NHS health bodies need to understand that there are pressures and limitations on the resources of the NHS and those working within it.
7. All individuals on NHS premises have the right to work or receive treatment in a safe and secure environment without the fear of intimidation, assault or abuse.
8. NHS staff should involve patients, and carers and relatives as appropriate, in any decisions about the patient's care and take into account their individual's needs.
9. Communication between staff and patients should be in clear, plain language without the use of medical jargon.
10. All those who use NHS environments should have access to information about NHS health bodies' services, facilities and procedures.
11. All policies and procedures will be clearly explained and, if necessary, information made available to clarify any uncertainties – for example, the hospital's discharge policy.
12. All policies and procedures must be followed. For example, the NHS policy of no smoking on NHS premises and the health body's policies on visitors/noise/privacy/prohibition of illegal drugs and weapons, to ensure the safety and comfort of staff and patients.
13. Information needs to be shared in a timely manner so patients can make informed choices and staff can plan appropriate treatment. All requests and queries will be dealt with within a reasonable time.
14. All those who use the NHS must ensure they show respect for its property and equipment. Theft of or damage to NHS property and equipment will be reported to the police.
15. Violent and/or aggressive behaviour will not be tolerated. It is NHS policy to ensure appropriate sanctions are pursued and, where appropriate, incidents are reported to the police.

ASSESSMENT TOOL TEMPLATE FOR ASSESSING PATIENTS WITH A POTENTIAL FOR VIOLENCE OR A HISTORY OF VIOLENCE

This assessment tool is designed to help nursing staff assess patients with a potential for violence or a history of violence and abuse against NHS staff, to achieve a consistent approach. It should be used in conjunction with the information and strategies outlined in this guidance. The tool may be used on its own or as part of an overall nursing assessment and the information gathered used to inform the patient's care plan.

Problem: Violence and abusive behaviour relating to a history of harm to self or others, destruction of property, overtly aggressive acts and verbal threats of physical assault.

Aim: To recognise, prevent and safely manage any act, or potential act, of violent or abusive behaviour without compromising the therapeutic needs of the patient.

	Assessment	Nursing intervention	Evaluation
1	Assess patient's potential for violence and abusive behaviour through history, patient interview (or interview with family and friends if patient is unable to communicate), medical and nursing notes and information provided from other allied organisations/individuals, such as Social Services, patient's GP etc.	• Before meeting with the patient, examine their medical and nursing notes to check for any incidents of violence and abusive behaviour that have been documented and how they were managed. • Introduce yourself and explain any procedure in plain and simple terms. Try to build a rapport with the patient to put them at ease during the assessment interview. • If appropriate and safe to do so, explore the patient's history with them and explain the health body's policy regarding violence and abuse against staff.	Ongoing
2	Assess whether patient has any communication difficulties and explore possible reasons for this (e.g. sensory impairment, learning disability or English not being their first language).	• If there are communication difficulties, try to arrange for a family member or significant other to be present to assist during the assessment. You should always try to obtain the patient's consent for this first. • If the patient is hearing impaired, ensure that hearing aid equipment is set and working properly or arrange for a BSL interpreter to be present for the assessment. • If the patient's first language is not English, it may be appropriate to arrange for an interpreter to be present.	Ongoing

3	It may be useful to engage with family and/or friends to establish if there is any history of violence or abusive behaviour within the family. To maintain patient confidentiality, establish whether or not the patient has advised their significant others/family of their condition. However, be aware that family dynamics may be a cause of patients' violence and judge whether or not to proceed with engaging with family. Establish level of support available to the patient from family or significant others.	• Employ family members and significant others to enforce message that violence or abuse is not tolerated within the healthcare environment.	As required
4	Assess patient's attitude to admission/treatment and medical condition.	• Answer any questions the patient may have concerning their admission, treatment or diagnosis and try to alleviate any anxiety. • Arrange for the patient's doctor, or other relevant members of the multi-disciplinary team (MDT), to discuss their condition with them if necessary.	Ongoing
5	Assess patient's current physical and mental health, current medication and any substance use and misuse.	• If there are any concerns about the patient's mental health, refer to the on-call psychiatrist, psychiatric liaison nurse or mental health team. • If there are any signs of substance use or misuse, discuss with the patient the health body policy on the use of substances. Refer the patient to the substance misuse team, if appropriate. • If appropriate, set boundaries with patient and employ the use of a behaviour agreement (*see above for template or the detailed guidance from CFSMS*). • If there are any organic or other physical health concerns, refer to the appropriate member of the MDT. • Explain policy regarding prescribed medication.	Initially and as determined by relevant professionals following any intervention

6	Assess whether patient has any previous known episodes of violence and/or abuse, including any trigger factors or antecedents such as a recent bereavement.	• Establish from medical records/nursing notes whether patient has had any previous episodes of violence and/or abuse against NHS staff. • When engaging with the patient, be alert to any information that they disclose about incidents in their personal life that may have precipitated previous violent behaviour, such as medical/psychiatric diagnosis, change to marital status, bereavement, redundancy etc. This can be achieved through general conversation rather than a direct questioning process. • Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff, are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are aware of what to do in the event of a violent or abusive incident and publicise the locally adapted 'Suggested management of a violent/abuse incident' flowchart demonstrated in appendix 3. • Observe for warning signs and triggers and manage appropriately on the scale of de-escalation and resolution to calling for assistance. • Promote an environment that provides safety and reduces agitation.	Ongoing
7	If known history of violence or abusive behaviour, establish whether there is a history of using weapons, hostage taking etc.	• Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff, are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are aware of what to do in the event of a violent or abusive incident and publicise the locally adapted 'Suggested management of a violent/abuse incident' flowchart demonstrated in appendix 3. • Observe for warning signs and triggers and manage appropriately on the scale of de-escalation and resolution to calling for assistance.	Ongoing

8	As regards any previous episodes of violence or abusive behaviour, establish the following if possible: how it was managed; which interventions were successful and which were not; how long the episode of violence or abusive behaviour lasted; if medication was used to resolve the situation; if the police were involved; and what sanctions, if any, were applied.	• If in previous episodes of violence, particular interventions worked, review these for application locally. If particular interventions did not work, review these for lessons to be learned and ensure that all of the multi-disciplinary team, new staff and agency and bank staff are aware of these. • Observe for warning signs and triggers and manage appropriately on the scale of de-escalation and resolution to calling for assistance.	Ongoing
9	Where possible, use appropriate advanced directives[21] determined by the patient.	• Staff may wish to consider previous incidents recorded and decide whether it would be helpful to discuss known trigger factors and any preferred intervention with the patient. • Staff may wish to consult their mental health colleagues for advice before engaging in such a discussion with the patient. • Ensure that any advanced directives are communicated to all staff caring for the patient.	As required

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Health and Safety Manager Accredited Security Management Specialist	Reported on Datix	Quarterly	Divisional Governance
Legal Actions Cases	Health and Safety Manager Accredited Security Management Specialist	Report following Legal action	As required	Divisional Governance
Staff Survey	Health and Safety Manager	Review findings of Survey	Annually	Divisional Governance

8.0 TRAINING AND IMPLEMENTATION

The Trust will provide Conflict Resolution Training to all front-line staff, as identified in the Mandatory Training Policy. This training covers 10 objectives, listed in the national syllabus. Priority will be offered to the following staff groups:

- Accident and Emergency clinical and non-clinical staff
- Outreach staff such as Community Midwives
- Reception Staff
- Clinical and non-clinical staff on Wards
- Volunteers

Delivery will be via an in-house or an external suitably qualified trainer.

New staff will be offered a place on the full course and the Conflict Resolution Training will be refreshed every three years. The training will be mandatory for all frontline staff. The training will normally have taken place within 1 month of employment for all new staff and will be refreshed within 3 years of the initial training taking place or as and when required i.e., following a specific incident or changes in legislation or guidance.

The Trust will look to build on any lessons learned as a result of the comprehensive conflict resolution training course put in place for Trust staff. The quality of the training provided will be regularly monitored by means of feedback sheets and attendance lists.

The Trust recognises that as a result of risk assessment some staff groups may require training over and above the conflict resolution training syllabus. In-house or external contractors depending on the nature of the training concerned will provide this. It is also recognised that the training made available to staff should reference other relevant training such as that available regarding the safeguarding of children and adults.

Following reviews and further enhancing staff training risk assessed areas that form part of a training needs analysis (TNA) will receive further enhanced training on de-escalation, breakaway and Restrictive Practices Training. This is delivered in partnership with our partners IKON Training and also in house via associated trainers

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document has not been subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees.

- The Management of Health and Safety at Work Regulations 1999
  Employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
  Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury, on incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work.

- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)
  Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

Related SFHFT Documents:

Guidance for the management of Violence and Aggression

11.0 KEYWORDS

words ***not*** in the published title but thought useful when using the intranet search engine to help find the document

12.0 APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Template of warning letters, example of exclusion from premises, Acceptable behaviour letter and agreement, Change of location for care, request of data from police.
Appendix 3	Understanding and dealing with violence and aggression advice sheet
Appendix 4	Template of risk assessment

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed:			
New or existing service/policy/procedure:			
Date of Assessment:			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
Age	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Religion	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None

Disability	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Marriage and Civil Partnership	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None
What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.			

What data or information did you use in support of this EqIA? Trust policy approach to availability of alternative versions
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/Low Level of Impact *(Delete as appropriate)* For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: **Robert Dabbs**
Signature:
Date: 11th June 2021

Appendix 2

Example Warning Letter

Dear [insert person's name]

Warning letter – Unacceptable Behaviour

I am [insert your name] and I am the [insert role/position in organisation] for the [insert name of organisation]. 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 in unacceptable and will not be tolerated.

The [name of organisation] 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.]

Should there be any repetition of this type of behaviour; consideration will be given to taking action against you.

Such action may include the following: [amend as appropriate]

- Excluding you from premises
- Seeking an Acceptable Behaviour Agreement
- 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.

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

A copy of this letter has been 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 per organisation policy on record marking]

This warning 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 [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

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 the [insert name of organisation]. 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 in unacceptable and will not be tolerated.

The [name of organisation] 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 or any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Completely Excluding you from premises
- Seeking an Acceptable Behavior Agreement
- Providing NHS services at a different location
- Reporting to the police where your behavior 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 per organisation policy on record marking]

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 [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

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 the [insert name of organisation]. 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 in unacceptable and will not be tolerated.

The [name of organisation] 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, 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.
- Seeking a court order to restrict your behaviour

[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 per organisation policy on record marking]

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 [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

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

Acceptable Behaviour Agreement

This agreement is between:

[insert name of organisation]

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, , confirm that I have read and understood the attached letter and this agreement and that I accept the conditions set out above and agree to abide by them.

Signed: Dated:

[insert name of organisation]

Signed: Print name:

Position: Dated:

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 the [insert name of organisation]. 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 in unacceptable and will not be tolerated.

The [name of organisation] 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:

- Seeking an Acceptable Behaviour Agreement
- 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 per organisation policy on record marking]

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 [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

Example of letter of request of data from police force

[Police force address]

Date:

Your Ref: [crime reference number]
Our Ref: PARS/

Dear Sir/Madam,

Request for information of the assault on [Victim] on [Date] by [Assailant] ([date of birth – if known])

On [Date], [NHS Employee and Victim] employed by [NHS Trust] was assaulted by [Offender] in/at [Location]. It is understood that the police attended the scene and arrested the offender; he subsequently appeared before xxxxxx Magistrates' Court charged with assault on [Victim].

As the designated Accredited Security Management Specialist for Sherwood Forest Hospitals it is my responsibility to monitor the progress and outcome of any investigation of assault against NHS staff and contractors working on behalf of the Trust. This is to ensure:

1. That assaults against NHS staff and contractors are reported in an accurate and complete manner allowing for investigations to take place where appropriate, risks to be assessed and to allow the development of preventative measures.
2. That all assaults and any subsequent court proceedings are reported fully in accordance with guidelines issued to the organisation.
3. That there is a fair, objective and consistent approach to the investigation of assaults on NHS staff and contractors.

Please provide the result of enquiries into the incident and include details of any sanction imposed. In the event of a caution/formal warning being given, please include the place and date administered.

If the case has been referred to the courts, please advise the court date and venue to enable a request to be made for the case result from public records.

The following may assist you in understanding the NHS position in this matter.

On 16th August 2006 a memorandum of understanding was signed between the NHS and the National Police Chiefs Council (NPCC) for the sharing of information under the Data Protection and Crime and Disorder acts.

On 1st November 2006 a memorandum of understanding (MOU) was signed between the NHS and the Crown Prosecution Service (CPS) for the sharing of information under the Data Protection and Crime and Disorder acts. This can be viewed on the CPS website at http://www.cps.gov.uk/publications/docs/mou_cps_nhs.pdf

Please consider disclosing the required information under sections 29(3) and 35(2) of the Data Protection Act 1998 to allow the NHS to consider whether private legal action is possible and appropriate in this instance. You may also wish to consider Section 115 of the Crime and Disorder Act 1998.

I understand that any information supplied is governed by the acts.

I agree to use the information only for the stated purpose, and in accordance with the acts, to treat the information in confidence. In addition, I have considered the provisions of the Human Rights Act 1998 and believe this request to be both necessary and proportionate.

Thank you very much for your assistance.

Yours sincerely

Accredited Security Management Specialist

APPENDIX 3

TITLE: UNDERSTANDING AND DEALING WITH VIOLENCE AND AGGRESSION IN THE WORKPLACE SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

What is violence?

As used in this guidance, the term violence covers a wide range of incidents, not all of which involve injury. The definition adopted in this guidance sheet is: 'Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment'. This is based on HSE's definition of work-related violence.

Violence to staff in healthcare arises primarily because the work involves contact with a wide range of people in circumstances which may be difficult. Patients and their relatives may be anxious and worried. Some patients may be predisposed towards violence. Factors which can increase the risk in particular circumstances include:

- **Working alone;**
- **Working after normal working hours;**
- **Working and travelling in the community;**
- **Handling valuables or medication;**
- **Providing or withholding a service;**
- **Exercising authority;**
- **Working with people who are emotionally or mentally unstable;**
- **Working with people who are under the influence of drink or drugs;**
- **Working with people under stress.**

Assessing the risk of violence and aggression

The practical steps needed to manage the risk of violence vary depending on the extent of the risk and the nature of the workplace. The Trust has a duty of care to assess the risk before deciding what to do. Risk assessment shows if there is a problem which needs to be addressed and helps identify precautions and set priorities. Risk assessments need to be based on good information about the work and to cover all foreseeable risks. Risk assessments will be carried out at least annually but more often where circumstances dictate.

Is violence or aggression my concern?

Both employer and employees have an interest in reducing violence at work. For employers, violence can lead to poor morale and a poor image for the organisation, making it difficult to recruit and keep staff. It can also mean extra cost, with absenteeism, higher insurance premiums and compensation payments. For employees, violence can cause pain, distress and even disability or death. Physical attacks are obviously dangerous but serious or persistent verbal abuse or threats can also damage employees' health through anxiety or stress.

How can we reduce the risk of violence and aggression occurring?

Measures for dealing with violence need careful thought and sound risk assessment as their basis. Unless the policy, organisation and culture are such that the risk of violence is taken seriously at all levels, it is unlikely that the control measures will work. Some employees may accept too easily risks which they see as part of the job. They may co-operate more readily if they see that this will help reduce the risk to others. And managers need to take account of the cumulative effects of exposure to violence in their arrangements to manage stress and help people cope, the following guidance will help

Public access

Some areas of healthcare buildings and grounds need to be open to the public. However, uncontrolled access to all areas may expose some staff to unnecessary risk. Risk assessments need to take this into account and to consider measures such as:

- careful positioning of entrances;
- good lighting of entrances and other access routes and thoroughfares;
- relocation of work activities which do not need to be in public areas.

Treatment rooms

When setting up treatment and interview rooms, you need to consider:

- the selection of furniture and fittings which are difficult to use as weapons;
- the ease with which staff can escape;
- the provision of suitable alarm systems;
- the need for easy communication between staff, while retaining privacy for patients.

Reception

Reception staff are frequently the first people that patients or visitors meet. They contribute to first impressions; and they may be able to defuse anxiety and tension. They have an important role in collecting information and providing it to patients.

It is important that reception staff have clear instructions on how to receive patients. They need training in dealing with violence and aggression, as well as other aspects of their work.

The instruction and training needs of reception staff vary depending on where they work, for example:

- Reception staff in need to collect sufficient information to prioritise personal and telephone callers. They need clear criteria to help them decide whether to refer matters to a doctor, practice nurse or other person, or whether to deal with it themselves.
- Accident and Emergency staff need to understand the triage or greeting system which operates in their department, so that they can explain it to patients.
- All reception staff need to be aware of the circumstances in which they should call for help

Staffing

Managers who set staffing levels need to ensure there is always enough suitably trained staff to cope with any foreseeable violence. Written working procedures need to specify the staff required to implement them.

Decisions about staff levels and competence need to take into account such issues as:

- the acceptability of lone working in isolated premises or in the community and the possibility of pairing staff for certain community visits;
- limiting the length of time which staff work alone;
- cover for breaks, nights, weekends and handover periods;
- the need to cater for unpredictable workloads;
- the need to respond effectively to a violent incident while maintaining adequate levels of care for other patients.

Training

Training is appropriate for all groups of employees at risk from violence. All staff working with or among potentially violent or aggressive people need training to help them work safely.

Senior managers need to know how to recognise the problems associated with violent and aggressive incidents, and how to manage them.

How can I find out what I can do to reduce or control the risk of violence and aggression?

The Trust has a Policy for Management of Violence and Aggression in the Workplace and this can be found on the Trusts intranet or by request to your line manager. This policy has a clear process for dealing with violence and aggression at Sherwood Forest Hospitals NHS Trust and is supported by a number of guidance's, procedures and tools to help you understand the risks, the controls required and the necessary actions you can take.

Conclusion

Violence and Aggression is present throughout society. The hazard cannot be removed from work in the health service, which involves staff interaction with people from all sections of the community. But a high level of risk to people at work is not inevitable. This guidance has outlined ways in which it is possible to reduce the risk of violence by proactive management, underpinned by positive commitment from staff at all levels.

Remember violence and aggression should not be accepted as an occupational hazard of working in the Health Service and we should not except that it is an inevitable part of the work we do. The policies and guidance available at Sherwood Forest Hospitals are there to help all staff and they should utilise and enacted upon to make the Trust a safer place to work.

Appendix 4- Example Risk Assessment Template Form

HEALTH AND SAFETY RISK ASSESSMENT

Division	All as applicable	Department/Ward	All as applicable	Date	
Work Activity	General assessment of Violence and Aggression in the Workplace at Sherwood Forest Hospitals NHS Trust				

Assessor	A Manager	Review Date	

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
1.	Violence and Aggression both physical and verbal within the wards	Consider the nature of the ward is it such that the potential for work related violence exists.	• Carry out a suitable risk assessment to establish potential, identify types of likely violence and probability of occurrence. • Six monthly workplace inspection audits. • Monitoring of staffs perception of the issue of violence and aggression through the annual staff survey. • Use of benchmarking data to monitor physical assault levels via Datix.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
			• Provision of a Accredited Security Management Specialist. • Successful prosecutions of assailants are publicised in the local media and internally within the Trust							
2.	Admission of patients to wards with no prior knowledge of the patient and their potential for violent or aggressive behaviour	As an assessment unit the previous medical history of the patient can be unknown.	• Medical patients should be put through some form of triaged and therefore should enter the ward with some background information and first line treatment. • Patient's medical needs are assessed and provided for. • Mental health assessments are made and appropriate referrals made if required. • Patient's relatives concerns regarding unusual behaviour are noted and acted upon accordingly.	3	2	6				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
3	Regular incidents of violence and aggression on the ward	Physical violence occurs on a regular basis (less than weekly but more than monthly)	• Look at incidents of violence and aggression, consider route causes and put in place additional requirements to prevent or control incidents. • Increased staff levels, provision of specially trained staff, availability of security guard assistance, access to police assistance. • Staff to ensure there are no likely weapons available including kitchen utensils where applicable, staff supplying their own cutlery such as carving knifes or bread knifes which must be removed.	4	2	8				
4	Potential for violent or aggressive persons to enter the ward	The ward doors can be locked but this is done rarely as there is a constant flow of patients, visitors and staff through the department.	Swipe card entry is available for all wards and should be utilised as much as practical Security services are provided to protect staff and patients.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
5.	Specific hazard due to patients age	Physical violence is usually related the elderly demented or elderly confused patients. Physical violence related to young persons, adolescence with high levels of emotional response, the inability to control their emotions and possible aggressive tendencies as a result of confusion and lack of awareness	Additional staff are provided to care one to one with patients with behaviour problems related to their condition e.g. patients with severe dementia or other age related problems including highly strung adolescents.	3	2	6				
6.	Violence or aggression due to condition, illness or addiction of patient	There is potential for physical violence from patients detoxing from alcohol and drug abuse. Patients with delirium tremens may have a sudden change of behaviour and may relatively quickly exhibit irrational violent behaviour towards staff and other patients.	Specialist staff are available to assist in the management of patients with drug and alcohol dependency.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
7.	Violence and aggression due to trauma after sustaining head injury	The ward treats patients sent from the emergency department who may have sustained head injuries. This group of patients can exhibit physically challenging behaviour.	Additional staff are provided to care one to one with patients with behaviour problems related to their condition e.g. patients with traumatic head injury.	3	2	6				
8.	Exposure to patients or visitors with a violent or aggressive nature	Staff can be injured as a result of a deliberate physical assault from patients or visitors; they can also be injured as a result of verbal aggression directed towards them by patients or visitors. .	• Staff are encouraged to report all incidents of violence and aggression (including verbal aggression) via the Trust's incident reporting system. • Signs are displayed informing the public that violence against staff is unacceptable and that action will be taken against the perpetrators of violence • The police will be called when a crime such as physical assault is in progress • Managers are expected to investigate all incidents reported on Datix.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
			• External counselling services are available to support staff involved in incidents if this is required. • Ward leaders hold incident debriefing sessions after incidents in which staff or patients were at serious risk of injury.							
9.	Violence and aggression exposure from confused or disorientated patients	Staff can also be injured by physical aggression from confused patients, patients with post-operative confusion lacking capacity and intent but none the less physically assaulting the member of staff providing medical care	Additional staff are provided to care one to one with patients with behaviour problems related to their condition. Efforts made to orientate patient to time and place.	3	2	6				
10.	Exposure to violence and aggression to none clinical staff or others	Security staff or outside agencies such as the police responding to a violent or aggressive incident could be at risk of injury.	If the police/security guards are called to an incident, arrangements are made to inform the most senior clinician and/or site co-ordinator and brief the responders on any details they may require e.g. presence of weapons,	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
		People responding such as the police or security may exacerbate the patient's agitation or aggression if they react to the uniform or the manner of the responder.	medical problems associated with the incident and potential restrictions on actions available to the police or security guards.							
11.	Individual exposure to violence and aggression	Staff caring one to one in a side cubicle may be at risk if the patient is physically aggressive.	• All front line staff are to be provided with Conflict Resolution Training • Use of the Vocera monitoring system to alert others in an emergency • The use of the nurse Call system where available to alert others. • All staff trained to set up and use the Vocera device as an alarm	3	3	9				
12.	Increased risk of exposure to violence and aggression due to lack of training, or experience	Young or inexperienced staff members may be particularly vulnerable. This could include any front line staff group but in particular violence and aggression is an issue for new	• All front line staff are to be provided with Conflict Resolution Training and this is to be refreshed on a three yearly basis. • The Risk Management Group	3	2	6				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
		ward receptionists, junior doctors and student nurses The ward is still getting staff through the Conflict Resolution Training course. The use of young or inexperienced staff.	monitors the quality and uptake of Conflict Resolution Training on a regular basis. • Young and inexperienced staff are not usually employed to work on wards with high risk or increased likelihood of violence and aggression • Specific risk assessments are made for young workers (those under the age of 18) • New employees are inducted to the Ward.							
13.	Exposure to violence and aggression from patients with mental health problems.	Patients with mental health problems can pose a risk of physical violence to staff and often without any kind of warning or indication.	Specialist staff are available to advise on issues relating to patients with learning disabilities or mental health problems.	4	2	8				
14.	Exposure to violence and aggression for patients and visitors	Fellow patients and visitors can also be at risk from physical and verbal aggression directed at	All front line staff are to be provided with Conflict Resolution Training.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
		them by patients under the care of the Trust.	Increased staff levels, provision of specially trained staff, availability of security guard assistance, access to police assistance.							
16.	Violence and aggression to Staff caring for Children	Patients involved with child protection issues can provide unique challenges.	Support from specialist child safeguarding colleagues and at times the police or security may be required.	3	2	6				
17.	Verbal or abusive aggression from patients in waiting rooms or receptions	Violence and aggression from patients based on dissatisfaction with time delays usually verbal aggression but potential for physical violence	Trained and experienced reception staff. Staff to keep patients informed of any delays. Suitable distractions and facilities for waiting patients e.g. television monitor, books, magazines, toys for children. Staff to have discrete panic alarm systems and test regularly to ensure that the alarm is suitably functioning.	2	3	6				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
18.	Risk of violence and aggression from insufficient provision of sedation for patients with alcohol and drug problems	Doctors on surgical wards can be more reluctant to provide the level of sedation required to ensure the safety of patients with alcohol and drug withdrawal.	Doctors to follow the clinical guidelines for the correct treatment of alcohol related treatment. Guidance and assistance to be provided by qualified experienced staff. Support is available from the Drug and Alcohol team and medical staff used to dealing with this issue	4	2	8				
19	Risk of violence and aggression from confused patients after surgery.	Aggression from patients can occur when staff intervenes to stop patients removing lines out of their bodies. In their confusion patients do not know that the staff member is acting in their best interests and may lash out	ICCU has its own restraint policy aimed at protecting confused patients from interfering with lines and tubes required for their treatment. This involves the use of peek-a-boo mittens.	2	2	4				
20	Risk of Violence to Lone Worker and workers in the community	Various risks associated with lone working and working out in the community. Risks of attack from patients, patient's partners and relatives, attacks from persons looking for drugs, aggression or violence	All lone workers should be competent and able to undertake appropriate dynamic risk assessment. Identify previous history and decide control measures to reduce risk of violence and aggression occurring.	4	2	8				

No.	Identified Hazard			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm) **(As applicable, delete where not applicable)**	How harm can occur and who could be harmed **(As applicable, delete where not applicable)**	Control Measures or Safeguards in place **(As applicable, delete where not applicable)**	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
		from emotional new mothers stressed from the recent arrival of their baby or suffering from post-natal depression.	Identify agreed control measures for risks before 1st referral if possible or otherwise minimise the risks identified. Measures may include separate reference to patient notes and care plans, sharing information, availability of 2nd person at visits / in practice rooms, no home visits etc See the separate risk assessment for lone workers for further details of required or existing controls							

Risk Scoring System
Consequence Scoring Table

Level	Descriptor	Impact (actual or potential)
1.	Very Low	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort.
2.	Low	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment or first aid). e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.
3.	Moderate	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.
4.	High	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.
5.	Very High	Multiple fatal injuries or terminal illnesses.

- **Likelihood Score and Descriptor**

	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Very Likely**
	Less than 1 chance in 1,000 Statistical probability below 0.1%	Between 1 chance in 1,000 and 1 in 100 Statistical probability between 0.1% - 1%	Between 1 chance in 100 and 1 in 10 Statistical probability between 1% and 10%	Between 1 chance in 10 and 1 in 2 Statistical probability between 10% and 50%	Greater than 1 chance in 2 Statistical probability above 50%

- **Risk Scoring Matrix**

	Very Unlikely 1	Unlikely 2	Possible 3	Somewhat Likely 4	Very Likely 5
Very Low - 1	1	2	3	4	5
Low– 2	2	4	6	8	10
Moderate – 3	3	6	9	12	15
High – 4	4	8	12	16	20
Very High – 5	5	10	15	20	25

- **Risk Rating Table**

RISK RATING	Very Low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)

NB: The above risk scoring system is taken from the Risk Management Policy (January 2017); Appendix 3 V1