

Ref: FOI/GS/ID 6847

**Please reply to:**  
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ME16 9QQ  
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19 August 2021

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to current policy for nuisance / disturbance / violence / aggression.

*On July 14 2021 you requested the following information:*

- 1. Would you please provide me with a copy of your current policy for nuisance / disturbance / violence / aggression?  
please provide the details of the authorised officer/officers for each hospital.*

*On July 16 2021 you requested additional information as follows:*

- 2. please provide the details of the authorised officer/officers for each hospital or a list of the replacement positions, training, certification required for each person which replaced the authorised officer.*
- 3. The requirements of the person or persons that replaced the authorised officer, as stated in the Guidance on provisions to deal with nuisance or disturbance behaviour on NHS premises in England.*
- 4. please provide the record and report for the alleged nuisance/disturbance dated 21 January 2021*

On July 23 2021 the Trust contacted you for additional information relating to Q4 of your request as follows:

4. please provide the record and report for the alleged nuisance/disturbance dated 21 January 2021

In order for us to be able to provide the correct report can you please supply the following details:

The location of the alleged incident

The time of the alleged incident

The name of the person the alleged incident is referring to.

On July 23 2021 you replied:  
Please ignore that question

The Trust will not be responding to Q4 of your request.

Trust response:

The Trust has amalgamated these requests together under the ID 6847 and the responses to both are as follows:

1. Please find below the current Policy and procedure for the management of violence and aggression.

## **Policy and procedure for the management of violence and aggression**

<b>Target audience:</b>	All Trust staff
<b>Author:</b>	Local Security Management Specialist <b>Contact details:</b> Ext. 24535
<b>Other contributors:</b>	Security Group and Health and Safety Committee
<b>Owner:</b>	Chief Operating Officer
<b>Division:</b>	Corporate Services
<b>Directorate:</b>	Estates and Facilities
<b>Specialty:</b>	Security
<b>Supersedes:</b>	Policy for the Management of Violence and Aggression, (Version 5.0, November 2015)
<b>Approved by:</b>	Health and Safety Committee, 16 <sup>th</sup> November 2018
<b>Ratified by:</b>	Policy Ratification Committee, 23 <sup>rd</sup> October 2019
<b>Review date:</b>	October 2023

This policy has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' policies may be written to supersede or run alongside this policy.

Disclaimer: Printed copies of this document may not be the most recent version.  
The master copy is held on Q-Pulse: Organisational Wide Documentation database  
This copy – REV6.0

## Document history

<b>Requirement for document:</b>	<ul style="list-style-type: none"> <li>The Trust recognises that it has a legal duty, <i>“To ensure, so far as is reasonably practicable, the health, safety and welfare of all employees”</i>, whilst at work (Section 2, Health &amp; Safety at Work Act, 1974). This policy is intended to embrace all current guidance and legislation, regarding the management of violence and aggression within the Trust and will form part of the Trust’s overall Risk Management Policy. It advises how to manage violent people and what sanctions can be applied.</li> </ul>
<b>Cross references (external):</b>	<ol style="list-style-type: none"> <li>1. Assaults on Emergency Worker (Offences) Act 2018.</li> <li>2. Criminal Justice and Immigration Act. (2008). Causing a Nuisance or Disturbance on NHS Premises. Part 8 (119-121).</li> <li>3. Department of Health. (2000). Improving Working Lives Standard. London: Department of Health.</li> <li>4. Department of Health. (2005). The Management of Health, Safety and Welfare Issues for NHS Staff.</li> <li>5. Health &amp; Safety Executive (HSE). (2013). Working Alone in Safety: Controlling the Risks of Solitary Work.</li> <li>6. Health &amp; Safety Executive (HSE). (2006). Violence at Work: A Guide for Employers.</li> <li>7. Health &amp; Safety Executive (HSE). (2005). Work Related Violence.</li> <li>8. Health &amp; Safety Executive (HSE). Risk Assessment for Work Related Violence.</li> <li>9. Health &amp; Safety Executive (HSE). (2009). Working Alone: Health and Safety Guidance on the risks of lone working.</li> <li>10. Health &amp; Safety Executive (HSE). (2009). Preventing workplace harassment and violence: Joint guidance implementing a European social partner agreement.</li> <li>11. National Audit Office &amp; Department of Health. (2005). A Safer Place for Patients: Learning to Improve Patient Safety.</li> <li>12. National Audit Office. (2003). A Safer Place to Work - Protecting NHS Hospital and Ambulance Staff from Violence &amp; Aggression.</li> </ol>
<b>Associated documents (internal):</b>	<ul style="list-style-type: none"> <li>Bullying and Harassment Policy and Procedure [RWF-OPPPCS-NC-WF24]</li> <li>Data Protection Policy [RWF-OPPPCS-NC-TM5]</li> <li>Disciplinary Policy and Procedure [RWF-OPPPCS-NC-WF10]</li> <li>Incident Management Policy and Procedure [RWF-OPPPCS-NC-CG22]</li> <li>Lone Worker Policy and Procedure [RWF-OPPPCS-NC-FH1]</li> <li>Risk Assessment Policy and Procedure [RWF-OPPPCS-NC-CG6]</li> <li>Risk Management Policy and Procedure [RWF-OPPPCS-NC-CG13]</li> <li>Security Policy and Procedure [RWF-OPPPCS-NC-FH3]</li> <li>Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure [RWF-OPPPCS-NC-WF59]</li> </ul>

<b>Keywords:</b>	Violence	Aggression	Abuse
	Challenging behaviour	Dementia	Capacity
	Learning disability	Police	Exclusion
	Warning	Safety	Security

<b>Version control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
5.0	<p>Review and updated as follows :</p> <p><b>Pg2 – Requirement for document:</b> inserted “Standards for Providers (Security Management) – Standard 3.2”</p> <p><b>Pg18 – 9.3 (New):</b> Inserted “Unacceptable Behaviour – Guidance on the use of warning letters and other written communications”</p> <p><b>Pg20 – Monitoring and auditing:</b> Inserted “Timescales for review of risk assessments”, “How action plans are developed as a result of risk assessments” and “How action plans are followed up”</p> <p><b>Pg22 – Process requirements – Review:</b> inserted “three years”</p> <p><b>Pg25 – Further appendix:</b> Inserted “16 - Unacceptable Behaviour – Guidance on the use of warning letters and other written communications (NHS Protect)”</p>	November 2015
6.0	<ul style="list-style-type: none"> <li>• Removal of reference to NHS Protect as no longer in existence. NHS security standards expired 2017.</li> <li>• Removal of reference to zero tolerance.</li> <li>• Removal of references to red and yellow card and changed to Stage 1 warning and Stage 2 exclusion.</li> <li>• Removed appendices 11, 12 and replaced with security risk assessment.</li> <li>• Removed appendices 14, 15 and 16. 14 is repetitive information. 15 is not required for this document and is in the Security Policy.</li> <li>• 16 was produced by NHS Protect which no longer exists.</li> </ul> <p><b>NOTE:</b> the policy was approved by the Health and Safety Committee on 16<sup>th</sup> November 2018, only six days after consultation began; however, the author confirms that no further feedback requiring material changes was received after approval.</p>	October 2019

## Summary for

# Policy and procedure for the management of violence and aggression

The Trust recognises that it has a legal duty to provide a safe and secure environment for patients, staff and visitors.

Violent or abusive behaviour is not tolerated and decisive action is taken to protect staff, patients and visitors.

The Trust is committed to a policy that deals with such matters effectively and therefore this policy will be monitored and reviewed at regular intervals to ensure its continued effectiveness in the working environment.

Any member of Trust staff identified as behaving in a violent or aggressive manner will be dealt with under the Trust Disciplinary Policy and Procedure and if appropriate the Bullying and Harassment

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## 1.0 Introduction, purpose and scope

This document sets out the roles and responsibilities of Trust individuals in managing violence at work and the action necessary to ensure the procedure is fully and effectively implemented (see Appendix 4 for the 'Implementation checklist'). It should be read in conjunction with other Trust policies referenced in this document. In the event of a violent incident staff must call security to assist. The Local Security Management Specialist, (LSMS) can also be contacted for advice, management plans, policy implementation, operational needs and training.

The Health & Safety Executive (HSE) enforces workplace health, safety and welfare legislation, underpinned by the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999.

## 2.0 Definitions/glossary

Term	Definition
Aggression	Feelings of anger or antipathy resulting in hostile or violent behaviour; readiness to attack or confront.
Capacity	An individual assessed by two medical professionals is presumed to have capacity for the purpose of this policy unless they: <ul style="list-style-type: none"><li>• are unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or</li><li>• are unable to weigh the information in the balance as part of a process of arriving at the decision.</li></ul>
Challenging behaviour	Violent or aggressive behaviour often perpetrated by people who lack capacity.
Exclusion	Is a sanction applied by the Trust as a last resort when a patient or visitor displays inappropriate behaviour. This involves exclusion from medical care at the Trust with the exception of life saving treatment. Exclusion may only be authorised by a member of the Executive team.
Learning disability	A learning disability affects the way a person understands information and how they communicate.
Violence	Any incident in which a person is abused, threatened or assaulted by a patient, member of the public or member of staff.
Warning	A notice (verbal or written) informing a person that their behaviour is unacceptable (and confirming what is expected of them).

### 3.0 Duties

Person/Group	Duties
<b>Chief Executive</b>	<ul style="list-style-type: none"> <li>Has overall responsibility for controlling and co-ordinating security.</li> </ul>
<b>Security Management Director (SMD)</b>	<ul style="list-style-type: none"> <li>The SMD is the Chief Executive. It is their responsibility to take reports and proposed action plans to the Trust Board for consideration and implementation. The SMD may delegate responsibility to the LSMS</li> </ul>
<b>Managers</b>	<ul style="list-style-type: none"> <li>All managers must ensure that they and their staff comply with this policy and that their staff undertake any security training identified for their services and staff needs. Managers must release staff for any such training. 'Conflict resolution' and 'lone worker' training are offered.</li> <li>Managers must ensure preventative measures are put into place as soon as practicable to reduce the risk of recurrence.</li> <li>Upon receiving a report of an incident involving violence, aggression or abuse, line managers must immediately complete an investigation. Please refer to section 6.0 of this policy. Support from the LSMS is available.</li> <li>Appropriate action must be taken in respect of persons who have or may have committed a criminal offence by calling the Police.</li> <li>Managers must support staff during and after a violent incident by advising the staff member about the Employee Assistance Programme, deciding with the staff member what support they require and consider a post incident debrief. LSMS is available for advice and support.</li> </ul>
<b>Local Security Management Specialist (LSMS)</b>	<p>The LSMS is nominated by the Trust as required by the Secretary of State Directions for Security Management. The LSMS:</p> <ul style="list-style-type: none"> <li>Reports directly to the Security Management Director</li> <li>Provides assistance to managers to identify appropriate control mechanisms to eliminate or reduce the risk of violence</li> <li>Liaises with stakeholders and outside agencies such as Police and National Association of Healthcare Security, to report trends in particular behavioural issues</li> <li>When required, undertakes the role of investigator in the investigation of incidents involving the use of violence and aggression</li> </ul>

Person/Group	Duties
	<ul style="list-style-type: none"> <li>• Ensures an offending patient's GP has been informed of the inappropriate behaviour (see Appendix 5 'Letter to GP').</li> <li>• Develops an annual security strategy work plan for submission to the Health and Safety Committee; the fundamental elements of the work plan focus on the following generic areas of security:               <ul style="list-style-type: none"> <li>○ Developing a pro-security culture within the Trust</li> <li>○ Deterring those who would seek to offend against the Trust staff, patients and assets</li> <li>○ Preventing security incidents through-risk assessments</li> <li>○ Detecting security incidents when they have occurred</li> <li>○ Reporting and investigating security incidents</li> <li>○ Assisting the Police, Crown Prosecution Service and other Judicial Authorities in the seeking of sanctions against those who are convicted of criminal activity</li> <li>○ Assisting the Trust and its staff to obtain redress following conviction of individuals, including restitution, compensation, wherever appropriate.</li> <li>○ Ensuring violent offenders are recorded on relevant patient databases with an in date flag indicating their current status.</li> <li>○ Sharing information with local Trusts in relation to violent or excluded patients.</li> </ul> </li> </ul>
<b>All employees</b>	<ul style="list-style-type: none"> <li>• Staff must ensure that their respective line manager is informed of all cases of violence, aggression and verbal abuse, together with details of any action taken by completing an incident report, thus maintaining a safe and secure environment for staff, patients and all other users of Trust sites.</li> <li>• Are required to follow safe working procedures identified within their area, to ensure good security at their place of work, not only safeguarding their own well-being and property but also that of patients and visitors to the Trust.</li> </ul>

#### 4.0 Training/competency requirements

Staff members identified by their managers as requiring 'conflict resolution training' must apply through Learning and Development.

It is recognised that dealing with any situation in which individuals, are violent, abusive or intimidating, can be very difficult. Appropriate training is available to all staff who may become involved in the implementation of the policy.

All frontline staff identified through risk assessment, should attend 'conflict resolution training'. Staff most at risk from violence and abusive behaviour from patients, relatives and other members of the public, will automatically receive a course of training in conflict resolution as soon after induction as practicable. Whilst not compulsory to attend updates, it is recommended that frontline staff attend every three years.

The LSMS is also available for bespoke security training sessions, tailored to individual department needs. This can be requested directly with the LSMS.

## **5.0 Procedure**

### **Risk assessment**

Managers must ensure that annual risk assessments are carried out to identify potential for violence within their areas of responsibility, in accordance with the Risk assessment policy and procedure [RWF-OPPPCS-NC-CG6] and the Security policy and procedure [RWF-OPPPCS-NC-FH3]. These also include the need to ensure lone workers and their conditions are adequately assessed. Please refer to the Lone worker policy and procedure [RWF-OPPPCS-NC-FH1].

The assessment should consider the risks occurring to staff at any time during their work, taking account of among other thing, the potential sources of violence (patients, visitors, general public), the reasons why violence may occur (for financial or other gain, mental illness, distress etc.) time of day, day of week and degree of isolation from assistance e.g. lone workers. Directorates will be required to prepare their own local procedures to ensure that the risk of violence is adequately controlled.

The Trust recognises the hazards when lone working, particularly in environments which the Trust does not control such as a patient's home. Managers will ensure that risk assessments and control measures are implemented to minimise the risk of harm.

### **5.2 Safe systems of work**

From a risk assessment a safe system of work can be developed.

The safe system of work should consider existing measures to control the risk and identify any additional measures that may be necessary.

Where the risk cannot be fully mitigated, senior management should be informed. Where appropriate, these shall be entered into the relevant Directorate Risk Register.

### **5.3 The priorities**

It should be clearly understood by all concerned that in any situation, the prevention and avoidance of violence is of paramount importance and that active defence will be a last resort. Where patients, visitors or clients are involved, the emphasis must be on safeguarding them from harm, even in cases where they contribute to the disturbance, but not at any cost. Staff are not expected to take action in which there is a likelihood of them being

harmed. In the case of violence or impending violence, security and the police must be called.

#### **5.4 Incident reporting**

All incidents of violence should be reported in accordance with the Trust Incident Management Policy and Procedure. Managers should ensure they have appointed and trained a suitable number of Incident Investigators to facilitate the reporting and investigation of incidents. Risk assessments should be reviewed following any reported incident.

#### **6.0 Incidents**

All incidents involving actual physical violence or verbal aggression on staff by patients, relatives or other individuals who are not employed or contracted by the Trust must be recorded on an incident report.

Statistics show that the majority of assaults on staff are perpetrated by patients who lack capacity, primarily due to a diagnosis of dementia. It is paramount that staff receive training in relation to understanding dementia and dealing with the associated aggressive outbursts. Security can be called to assist staff with violent patients. Police can be called if there is loss of control within the unit, but this would be very rare. As intent to harm cannot be proven, the person will not be arrested. Please contact the Dementia Lead Nurse for training and advice on managing dementia patients.

The LSMS will review all such allegations wherein staff are aggrieved by patients, relatives and other individuals who are not employed or contracted by the Trust and decide whether an investigation is necessary or required. These investigations will be proportionate and appropriate to the wishes of the aggrieved party.

Cases of physical assault by those with capacity must be reported to the Police by the aggrieved party. Crime reference numbers should be included in the incident report. The LSMS will liaise with the Police in cases of actual physical assault and assist where necessary and appropriate.

Upon completion of an incident report, the staff member's line manager must undertake an immediate investigation with a view to:

- Establishing the cause of the incident
- Identifying all injured and affected parties
- Identifying all possible witnesses
- Preserving evidence (including the taking of photographic evidence of the scene of the assault where appropriate and practicable)
- Identifying and implementing immediate preventative measures to prevent or avoid similar incidents occurring
- Liaising with dementia leads and learning disability leads where appropriate

The line manager must retain a record of all investigations and enquiries undertaken and all such records must be handed to the LSMS when requested.

The LSMS will endeavour to apprise the aggrieved party of updates at regular or appropriate intervals until the investigation is concluded and provide such advice and support as appropriate in the circumstances should the matter progress to court.

In cases of allegations of physical violence or verbal aggression on staff by another member of staff or by other individuals who are employed by or contracted for the time being by the Trust, investigations will be undertaken by Line Managers and Human Resources.

## **7.0 Staff support**

### **7.1 During an incident**

Staff subjected to violence or abuse should, in the first instance seek support from other appropriately trained staff including the security team and if required, the police. Staff must assess whether their involvement would constitute an unnecessary risk and act accordingly, by informing security and the police if required. The Trust will support any member of staff who uses reasonable force in self-defence of a violent attack. As part of the risk assessment process, departments should identify the support required and training needs analysis for their staff. This may be particularly relevant to those working with dementia patients, those with learning disabilities or other conditions which may present challenging behaviour.

### **7.2 Post incident**

The Trust expects staff to react to incidents in an appropriate manner, which will be fully supported. Following an incident, where required, the Trust will provide a range of support mechanisms, which include:

- Occupational Health advice
- Access to counselling (where deemed appropriate)
- Incident management, debrief and security advice (from the LSMS)
- Pre-Court attendance guidance (from the LSMS) and accompaniment to court

Management support will be made available when dealing with the police and practical assistance when making compensation claims via the Criminal Injuries Compensation Authority or the NHS Injury Benefits Scheme.

## **8.0 Abusive telephone calls**

People may use the telephone to complain about some aspect of their own or their relative's treatment. During such a call they may be distressed or angry.

While every effort should be made to resolve the problem as early as possible, telephone calls made to staff which are of a threatening or abusive nature may be terminated by the member of staff, after having given an appropriate warning that they intend to do so should the language and/or behaviour continue to be threatening or abusive. If staff receive such a call, they should calmly inform the caller that they will be terminating the conversation and replace the handset. If this happens staff should make a record of the nature of the conversation, wherever possible noting the exact

words used by the caller. The words the caller used may be offensive and distressing to record but it is important that the record is as full and accurate as possible as this record may be called upon in any subsequent complaint investigation.

If communication has broken down with the patient or their relative, the complaints department should be contacted so that they may log this event. This will be helpful should the caller subsequently lodge a complaint. It may also be appropriate to involve the Patient Advice and Liaison Service to assist in order that the Trust fulfils its duty of care to the patient in the most appropriate way possible. In the event that any person continues a course of conduct involving telephone abuse, intimidation, harassment or nuisance, advice should be sought from the LSMS and each incident duly reported on an incident report as verbal abuse.

## **9.0 Sanctions**

### **9.1 Visitors**

Visitors who display any of the above behaviours should be asked to stop and offered the opportunity to explain their actions.

Continued failure to comply with the required standard of behaviour will result in the on-call manager being informed and the offending individual excluded from Trust premises. The excluded individual may request an immediate review of the exclusion by the site manager and should be informed of this. Where individuals indicate that they will not comply with the instruction to leave Trust premises the security team or the police will be called to remove this individual.

Any visitor behaving in an unlawful manner will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will support individual actions against all perpetrators of crime against Trust staff, property and assets.

The relevant general manager/senior nurse/or doctor may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff. If a visitor is excluded but they have not been a previous patient of the Trust, the LSMS should be contacted for advice.

### **9.2 Patients**

Following any incident, the manager will explain to the patient that their behaviour is unacceptable and explain the expected standards that must be observed in the future.

If the behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of any further repetition.

If the behaviour is repeated, this will result in the application of a 'Stage 1 – Formal patient undertaking' as a result of the consequences of unacceptable behaviour. Contact the LSMS at this stage so that Stage 1 can be instigated. Please note that letters in appendices 5, 6 and 7 have restricted access rights.

If a patient complies with the terms of the warning they can expect the following:

- A letter will be given to them or posted to them, explaining the warning process.
- That their clinical care will not be affected in any way
- That, where substance abuse has been identified, appropriate assistance will be provided
- That a copy of the warning will be filed and kept in the patient's healthcare record.
- The warning will be 'flagged' on PAS and on Emergency Department computer databases.
- The Trust will fully investigate all valid concerns raised by the patient.
- That the warning will only be in place for one year and reviewed by LSMS and Consultant.
- In exceptional circumstances if in that year the conduct of the individual gives continued cause for concern for the safety of Trust staff the warning should continue beyond that period following the agreement of the lead clinician responsible for the care.
- Failure to comply with the warning will, at the request of the relevant senior manager be reviewed by a Consultant and may result in the patient being excluded from the Trust and medical care by issuing a Stage 2 – Exclusion letter . Please contact the LSMS so that stage 2 can be instigated. Appendix 7- 'Letter to patient: Unacceptable behaviour – Change of location for receiving NHS services/change of NHS Services provider'. This letter must be signed by a member of the Executive Team.
- Exclusion will last one year and the patient referred back to their GP. In the event of an excluded individual presenting at the Trust's Emergency Department for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff or police in attendance. If admission is unavoidable, security staff will remain in attendance. The need for security attendance will be determined by a senior manager.
- Any patient behaving unlawfully will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust staff, property and assets.

### **9.3 Unacceptable behaviour: guidance on the use of warning letters and other written communications**

Warning letter templates can be requested from the LSMS. Letters must not be sent without confirmation by the LSMS that the content is correct. A final copy must be sent to the LSMS in order that a record may be maintained. In the event of an exclusion letter being sent, this may only be signed by a member of the Executive team, and a copy given to the LSMS.

**Appendix 1**

## **Process requirements**

### **1.0 Implementation and awareness**

- Once ratified, the Chair of the Policy Ratification Committee (PRC) will email this policy and procedure to the Corporate Governance Assistant (CGA) who will upload it to the policy database on the intranet, under 'Policies & guidelines'.
- A monthly publications table is produced by the CGA which is published on the Trust intranet under 'Policies & guidelines'. Notification of the posting is included on the intranet 'News Feed' and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

## **2.0 Monitoring compliance with this document**

- Monitoring will be carried out by the Health and Safety Committee and the Security Group. These take place quarterly. The LSMS is required to provide a written report which includes details of violent incidents, exclusions and warnings.

## **3.0 Review**

This policy and procedure and all its appendices will be reviewed at a minimum of once every four years.

## **4.0 Archiving**

The policy database on the intranet, under 'Policies & guidelines', retains all superseded files in an archive directory in order to maintain document history.

## Appendix 2

**CONSULTATION ON:** Policy and procedure for the management of violence and aggression

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Local Security Management Specialist

**By date:** 16<sup>th</sup> November 2018

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff must be included in all consultations:</b>				
Corporate Governance Assistant	12/11/18	27/11/18	Y	Y
	08/08/19	06/09/19	Y	Y
Counter Fraud Specialist Manager (tiaa)	12/11/18	13/11/18	N	N
Energy and Sustainability Manager	12/11/18			
Chief Pharmacist and Formulary Pharmacist	n/a			
Formulary Pharmacist	n/a			
Staff-Side Chair	12/11/18			
Complaints & PALS Manager	12/11/18			
Emergency Planning Team	12/11/18			
Head of Staff Engagement and Equality	12/11/18			
Health Records Manager	12/11/18			
All individuals listed on the front page	12/11/18			
The relevant lead for the local Q-Pulse database	12/11/18			
All members of the Health and Safety Committee	12/11/18			
<b>Other individuals the author believes should be consulted</b>				
The following staff have given consent for their names to be included in this policy and its appendices:				

## Appendix 3

### Equality impact assessment

This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development, approval and ratification process.

<b>Title of document</b>	Policy and procedure for the management of violence and aggression
<b>What are the aims of the policy?</b>	To prevent violence against staff
<b>Is there any evidence that some groups are affected differently and what is/are the evidence sources?</b>	No
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	No
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	NA
<b>When will you monitor and review your EqIA?</b>	Alongside this document when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix 3 of this document

## Further appendices

The following appendices are published as related links to the main policy/procedure on the policy database on the intranet, under 'Policies & guidelines':

No.	Title	Unique ID	Title and unique id of policy that the appendix is primarily linked to
4	Implementation checklist	<a href="#">RWF-OWP-APP419</a>	This policy
5	Letter to GP	<a href="#">RWF-OWP-APP421</a> N.B Controlled access – can only be accessed via the LSMS	This policy
6	Letter to patient: Unacceptable behaviour – proposed Acceptable Behaviour Agreement	<a href="#">RWF-OWP-APP422</a> N.B Controlled access – can only be accessed via the LSMS	This policy
7	Letter to patient: Unacceptable behaviour – Change of location for receiving NHS services/change of NHS Services provider	<a href="#">RWF-OWP-APP424</a> N.B Controlled access – can only be accessed via the LSMS	This policy

Implementation checklist:

### Management of violence and aggression: Implementation checklist

If a warning or exclusion is required:

▪ <b>Warning letter required:</b>	Done?
▪ Inform and seek advice in relation to the behaviour from the LSMS (Trust Security Manager), the patient's Consultant or senior member of the medical team (on call team out of hours) or their GP if necessary.	
▪ Ensure that the incident which triggered the procedure is documented in full, and signed by the member of staff and any witnesses.	
▪ Inform the patient of the staff's concerns and fully explain the Trust policy and procedure, ensuring that there is no uncertainty as to the standard of behaviour required or the possible consequences of failure to comply.	

<ul style="list-style-type: none"> <li>LSMS prepares a copy of the standard letter (<b>RWF-OWP-APP421- controlled access</b>), for the issue to the patient and the patient's GP. This letter should be signed and sent by the General Manager.</li> </ul>	
<ul style="list-style-type: none"> <li>This letter is to be given to the General Manager with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately and for onward submission.</li> </ul>	
<ul style="list-style-type: none"> <li>Ask the patient to sign the warning letter and give them a copy of the Policy and Procedure for the Management of Violence and Aggression. If the patient refuses to sign, this should be documented in the healthcare record. It should be explained to the patient that the warning letter will be valid with or without the patient's agreement.</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure that a suitable member of staff witnesses the explanation to the patient and signs the warning letter.</li> </ul>	
<ul style="list-style-type: none"> <li>Inform the site manager.</li> </ul>	
<ul style="list-style-type: none"> <li>This letter is to be given to the General Manager with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately and for onward submission.</li> </ul>	
<ul style="list-style-type: none"> <li>The incident/behaviour must be documented in the patient's healthcare record.</li> </ul>	
<ul style="list-style-type: none"> <li><b>Exclusion letter required:</b></li> </ul>	
<ul style="list-style-type: none"> <li>In the event of an <b>exclusion</b> from care at the Trust the LSMS and the General Manager must: <ul style="list-style-type: none"> <li>Check the procedure has been applied correctly</li> <li>LSMS draft the exclusion letter</li> <li>Issue the letter to the GP informing them of need for the relocation of care</li> <li>Forward the exclusion letter to the patient to the Chief Executive or designated executive for signature</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Chief Executive's Office to send letter and copy of the Policy and Procedure for the Management of Violence and Aggression by recorded delivery to the patient concerned</li> </ul>	

Examples of appropriate members of staff able to initiate the exclusion: Site Practitioner, Site Manager, Medical Director, Deputy Medical Director, General Manager, Chief Nurse, Senior Nurse, Senior Clinician (registrar or above) **Out of hours** The On-Call General Manager. However, exclusion may only be authorised by a member of the Executive team.

2. The officers who are authorised to exclude are any member of the Executive team (i.e. the Chief Executive, Deputy Chief Executive/Chief Finance Officer, coo, Chief People Officer, Director of Strategy, Planning and Partnerships, Medical Director, or Chief Nurse).

3. The Chief Executive Officer remains the accountable officer for the Trust. He has delegated responsibility for exclusion for reason of threats and violence to members of the Executive Team who acts in line with the requirements set out in the standard NHS terms and conditions.

Five pieces of health and safety legislation cover violence at work:

- Health and Safety at Work Act 1974 (HASAWA)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR)
- Safety Representatives and Safety Committees Regulations 1977
- Health and Safety (Consultation with Employees) Regulations 1996. The Health and Safety Executive undertakes annual inspections across all health sectors. Please refer to the operational guidance for more detail.

Associated legislation

- The Corporate Manslaughter and Corporate Homicide Act 2007
- Protection from Harassment Act 1997 – [Legislation.gov.uk](http://legislation.gov.uk)
- Assaults on Emergency Workers (Offences) Act 2018
- Equality Act 2010 - [Legislation.gov.uk](http://legislation.gov.uk)
- Offences against the person legislation
- Section 39 Criminal Justice Act 1988

4. This question has been withdrawn from the request.