St George's University Hospitals **NHS**

NHS Foundation Trust

VIOLENCE & AGGRESSION POLICY

(THE MANAGEMENT OF INTIMIDATION, VIOLENCE &

AGGRESSION POLICY & PROCEDURES)

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix A.

Policy Profile			
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Date:	18th July 2012		

Document History			
Version	**Date**	**Review date**	**Reason for change**
1.1	April 2010	April 2013	This Policy was completely revised and updated in line with the new Trust Policy format and in compliance with NHSLA requirements
2	14.Jan.2011	31.Jan.2014	Policy Ratified
3.0	5th July 2012	31 Jan 2014	Minor amendments due to NHSLA update

Contents

Executive Summary

This Management of Intimidation, Violence & Aggression' Policy & Procedures outlines the Trust's commitment to mitigate violence and aggression (from whatever source) towards its staff, so far as is reasonably practicable. It reinforces its support to those staff who have been involved in potential or actual situations where intimidation, violence or aggression occurs. It further describes the procedures to deal with those patients and visitors who intimidate or subject staff to violence and aggression.
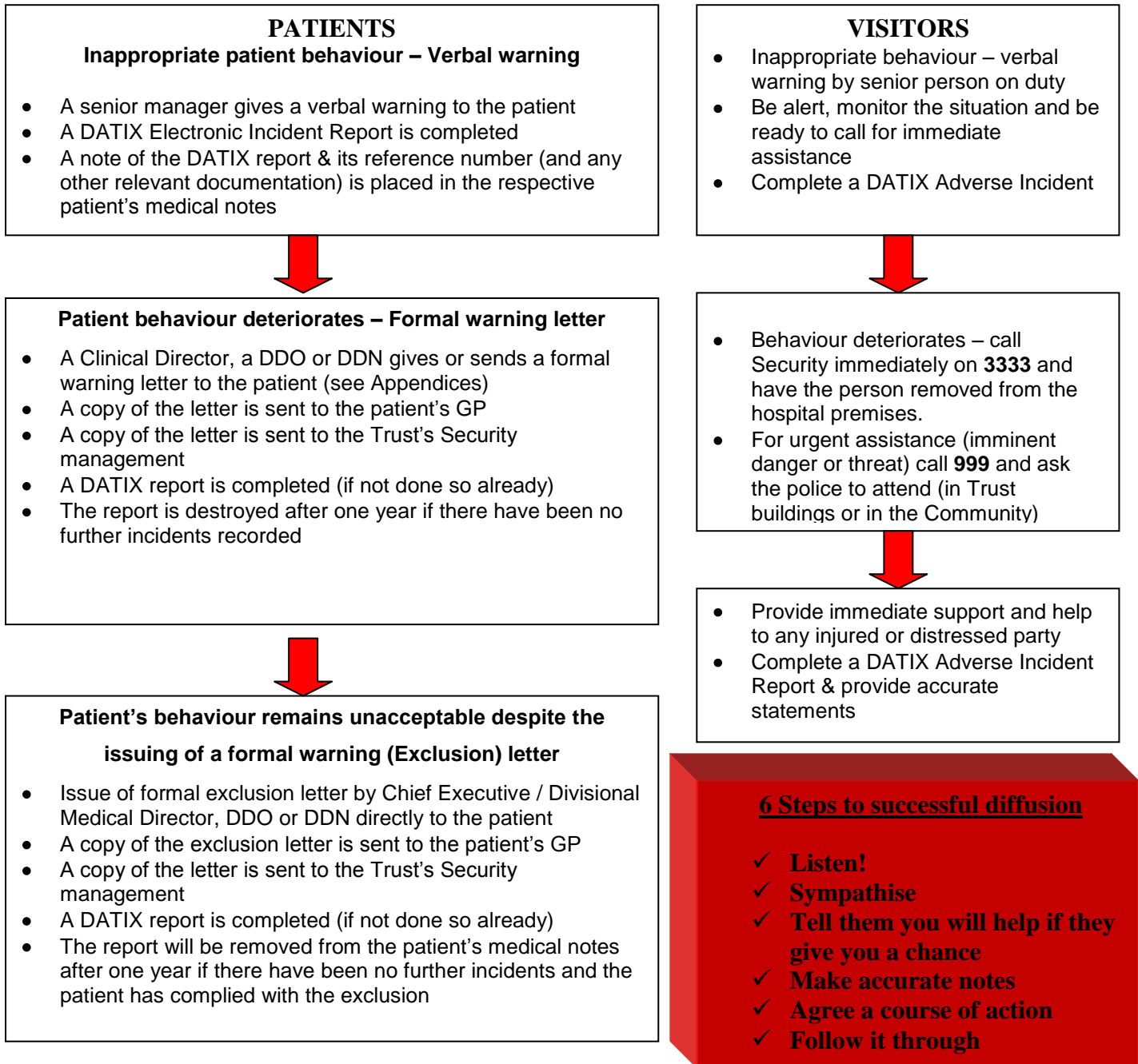
Patients who intimidate or are violent and aggressive towards Trust staff will be given an initial informal (verbal) warning, followed by a formal (written) warning, followed by exclusion, and in extreme cases the withholding of treatment. The Trust recognises that whilst there is a need to Protect staff, this needs to be balanced against the requirement to provide suitable healthcare to all patients. Even though a patient has exhibited violence or aggression to staff, there may be occasions when treatment will need to be continued until the patient is discharged or transferred to another hospital or organisation; a procedure for continued care is also included in this policy.

The Trust recognises that young persons and children under the age of 18 are also liable to be intimidating, threatening or violent towards staff; treatment will not be withheld from them or unduly delayed under any circumstances. If a parent, guardian or visitor is intimidating, threatening or violent towards any person and there are children in the care of that parent, guardian or visitor then the safety & needs of the child will take precedence.
This policy covers the various aspects associated with lone working and focuses on the risks associated with situations where violence and aggression may occur. The NHS Security Management Services provide advice and guidance to help Protect lone workers.

This policy is necessarily closely allied to other Trust policies such as the Harassment & Bullying Policy, Stress Policy, Security Policy and Consent Policies. There is also information on accessing the National 'Victim Support Line' (**0845 30 30 900)** which provides support and guidance to people who are victims of violence, intimidation or abuse. A simple flowchart to assist in understanding this policy is included on the next page.

Action Flowchart

Intimidation, Violence and / or Aggression from Patients and Visitors

PATIENTS
Inappropriate patient behaviour – Verbal warning

- A senior manager gives a verbal warning to the patient
- A DATIX Electronic Incident Report is completed
- A note of the DATIX report & its reference number (and any other relevant documentation) is placed in the respective patient's medical notes

VISITORS

- Inappropriate behaviour – verbal warning by senior person on duty
- Be alert, monitor the situation and be ready to call for immediate assistance
- Complete a DATIX Adverse Incident

Patient behaviour deteriorates – Formal warning letter

- A Clinical Director, a DDO or DDN gives or sends a formal warning letter to the patient (see Appendices)
- A copy of the letter is sent to the patient's GP
- A copy of the letter is sent to the Trust's Security management
- A DATIX report is completed (if not done so already)
- The report is destroyed after one year if there have been no further incidents recorded

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- Behaviour deteriorates – call Security immediately on **3333** and have the person removed from the hospital premises.
- For urgent assistance (imminent danger or threat) call **999** and ask the police to attend (in Trust buildings or in the Community)

- Provide immediate support and help to any injured or distressed party
- Complete a DATIX Adverse Incident Report & provide accurate statements

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Patient's behaviour remains unacceptable despite the issuing of a formal warning (Exclusion) letter

- Issue of formal exclusion letter by Chief Executive / Divisional Medical Director, DDO or DDN directly to the patient
- A copy of the exclusion letter is sent to the patient's GP
- A copy of the letter is sent to the Trust's Security management
- A DATIX report is completed (if not done so already)
- The report will be removed from the patient's medical notes after one year if there have been no further incidents and the patient has complied with the exclusion

6 Steps to successful diffusion

- ✓ **Listen!**
- ✓ **Sympathise**
- ✓ **Tell them you will help if they give you a chance**
- ✓ **Make accurate notes**
- ✓ **Agree a course of action**
- ✓ **Follow it through**

Please Note: *The stages of this Flowchart do not have to be followed in sequence if the situation warrants immediate intervention to diffuse the situation or manage it more appropriately*

1   Introduction

Work-related violence and aggression is a recognised occupational hazard for NHS staff and professionals who are at a greater risk of physical assault or verbal abuse than many other professionals. In 2000-2001, there were some 84,000 reported incidents of violence and aggression against NHS staff, an increase of 30% over 1998-1999.

The policy, originally developed in response to the Department of Health's 'Zero Tolerance' policy for the prevention and management of violence and aggression to NHS staff from patients, relatives and visitors aims to provide a workplace where staff can work and go about their business without the fear of intimidation, threats or assault from any other persons. Under the aegis of the NHS zero tolerance zone campaign the Department carried out a further survey in 2001 to establish levels of sickness absence and the number of accidents and violent incidents in 2000-2001.

The Health and Safety at Work etc Act 1974 places a legal duty upon employers to provide for the health and safety of their employees. This extends to safeguarding those who face a predictable risk of violence. These duties were extended under the Management of Health and Safety at Work Regulations 1992 (further amended in 1999) which require employers to assess risks to the health and safety of their employees and implement a comprehensive system of safety management, including providing adequate information and training.

The Trust recognises that there may be intimidation, violence or aggression (in all its various forms) directed towards its staff. The Trust will take all reasonable steps to prevent or mitigate these risks by providing physical security measures, safe working practices and appropriate staff training & conflict resolution training. Staff are encouraged to undertake risk assessments and consider the possible underlying causes for intimidation, violence and aggression in the workplace, which includes the following examples:

- Medical or mental conditions - aggression through frustration, from patients who are confused as a result of their illness, drugs, pain, fear of hospitals, complications of epilepsy or diabetes, head injuries or diminished levels of responsibility, family tensions & bereavement, the elderly or patients with mental health issues may unintentionally lash out and appear violent but are not necessarily in control of their faculties

Whilst the delivery of healthcare is predominately carried out in teams, there are occasions where workers may need to work alone. This is particularly true for staff who provide a service within the community. Managers are expected to apply the risk assessment process to identify potential and actual risks of intimidation, violence or aggression towards all staff particularly those staff working on their own across a range of departments and to determine and implement appropriate local measures.

The Trust will ensure that appropriate support mechanisms exist for all members of staff who are subjected to incidents of intimidation, violence or aggression during their work, including access to counselling and legal advice or support, where appropriate.

The Trust accepts that on occasions some staff may have to use physical force, either for the purpose of restraint to prevent self harm or for their self- Protection. The use of physical force by a member of staff **must** be justified in its application. The Trust will investigate any such incidents, and where deemed applicable, support any member of staff who has acted in an appropriate manner in accordance with Trust policy guidelines and their training. However, staff must be aware that any unjustified or deliberate use of force

may result in police intervention, internal disciplinary action and/or legal action being taken against them by the injured party.

2   Purpose

It is essential that all staff feel safe and secure, so that they can perform their duties, free from fear and in full knowledge that there are strong management procedures in place to ensure that effective action can be taken should they find themselves in a threatening environment and need help. The standard of Protection for individuals working on their own should not be significantly less than those working with other colleagues. This policy is to protect its staff and to outline the Trust's approach to the prevention and management of intimidation, violence and aggression towards its staff.

 It reinforces its support to those staff who are intimidated by patients, visitors or others, or who are involved in violent or potentially violent situations, whilst at work.

3   Definitions

The Secretary of State for Health provides directions to NHS bodies on measures to deal with violence against NHS staff and has defined violence and aggression under two general baseline definitions for physical and non-physical assaults. UK Trusts have adopted both these definitions since April 2004.

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

Non-physical Assault is defined as 'the use of inappropriate words or behaviour causing distress and/or constituting harassment'

NHS Zero Tolerance is a nationwide campaign that was reinforced by the Secretary of State in 2003 with the formation of the Special Health Authority and NHS Protect

Lone working may be defined as any situation or location in which someone works without a colleague nearby, or when someone is working out of sight or earshot of another.

Local Security Management Specialist (LSMS) is a person trained by the NHS Security Management Service (NHS SMS), in security techniques and procedures developed for the NHS.

NHS Protect definition of Violence at work: 'The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort'**.**

Offensive weapon. is defined in the Prevention of Crime Act 1953 as "any article made or adapted for use for causing injury to the person, or intended by the person having it with him for such use by him or by some other person".

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR): Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for three or more consecutive days. This includes any act of non-consensual physical violence done to a person at work

HSE definition of Violence at work: 'Any incident in which a member of staff is abused, threatened or assaulted by a patient/client or member of the public in circumstances arising out of his or her employment, and includes incidents of verbal abuse'.

Acts of **violence** and **aggression** includes:

1. Physical Assault with or without the use of a weapon, which results in actual physical harm e.g. bruising, lacerations, fractures, unconsciousness, burning, poisoning etc

2. Physical Abuse or manhandling where the assault does not result in actual harm or physical signs

3. Threats or intimidation whether verbal, written or communicated in a manner that indicates or suggest harm to a person or property

4. Actual or threatened criminal damage to property either belonging to the Trust, its staff or the organisation, per se.

The following are examples of **intimidation** or **behaviour** that is not acceptable on Trust premises (this is not an exhaustive list):

1. Creating excessive noise, e.g. loud and intrusive conversation or shouting.

2. Threatening or abusive language, behaviour, correspondence (letters, texts & e-mails) which may involve swearing or making offensive remarks or using derogatory signs, symbols or gestures

3. Derogatory or offensive racial, religious, political, disability, ageist or sexual remarks gestures or behaviour

4. Malicious allegations and rumours relating to members of staff, patients or visitors

5. Abusing or 'dealing' in alcohol or drugs within the hospital. (However, all medically identified substance abuse problems will be treated appropriately)

6. Wilful damage, theft, destruction or arson to Trust property, equipment or vehicles

7. Using mobile phones, i-pods, personal stereos or any other electronic instrument that cause nuisance or disturbance

8. Smoking on Trust premises or creating any noxious fumes or smells

9. Enticing or inciting any dog or other animal to attack any person

10. Invasion of personal space, brandishing objects or weapons, stalking, spitting, biting

11. Enticing or inciting others to commit any of these above-mentioned examples

12. Cycling, driving, or using any other mode of transport or vehicle without due care or attention, or within any building.

4   Scope

This policy applies to all staff (temporary or permanent) **working in all the locations registered by St George's Healthcare NHS Trus**t with the Care Quality Commission, to provide its regulated activities. This includes agency and locum staff, contractors, voluntary workers, patients, visitors, students and members of the public etc; whether or not they are on Trust premises for lawful reasons.

The principles and procedures of this policy primarily concerns acts of intimidation, violence or aggression carried out by people on Trust premises where these actions are directly aimed at individual Trust staff, groups of Trust staff or The Trust, per-se.

Exception: Issues of harassment (including sexual, racial or other discrimination), violence and aggression between staff, by work colleagues, are covered by the Trust's Bullying and Harassment Policy and are therefore outside the remit of this policy.

The Trust is also aware of the possibility of members of the public, patients and others acting in a violent and abusive manner towards or between other members of the public and patients. Staff are highly likely to witness such incidents or be drawn into them or coerced to intervene to stop such behaviour and therefore staff must immediately notify Security on 0208 725 Ext **3333** at St Georges Main Hospital site. At Queen Mary's hospital Roehampton the staff must notify security on 0208 487 **Ext 3333**. In the Community and other community health centres, dial **999** and ask for police attendance before informing the relevant trust departments (i.e. Community Estates, completing a Datix form etc). Employees at the prison will alert prison officers by the use of a panic alarm which is placed under the desk in the work area or via an issued whistle.

The Trust will engage with other relevant stakeholders and service providers (e.g. PFI, ESSENTIA, retailers on Trust premises, NHS Wandsworth, Mental Health Trusts, HMP Wandsworth and St George's University of London (SGUL) who work with or for the Trust to discuss and manage safety & security issues relating to Intimidation, Violence or aggression.

5 Roles and Responsibilities

5.1 The Chief Executive

The Chief Executive has overall responsibility to provide a safe working environment, by ensuing compliance with the requirements of The Health and Safety at Work etc, Act 1974, and the requirements of this policy, i.e. to provide a working environment that is free from intimidation, violence and aggression, so far as is reasonably practicable. He also has overall responsibility for the safety of any patient, visitor or contractor whilst they are on Trust premises.

The Chief Executive has nominated the Director of Estates and Facilities as the Trust's lead on Health and Safety issues.

5.2 The Director of Estates and Facilities

The Director of Estates and Facilities leads on Health and Safety matters by informing the Board on all relevant health & safety management issues and of any new NHS Protect Directives. This includes alerting them to the requirements of this policy and any actual or potential breaches of Health and Safety Legislation and significant acts of intimidation, violence or aggression against staff. He also ensures that key health and safety information and instructions are cascaded and communicated throughout the Trust through a variety of routes, including the Trust's Governance Committee structures.

The Director of Estates & Facilities is the main point of liaison with the NHS Protect during enquiries and investigations of serious incidents of violence against staff. The Director of Estates and Facilities has a responsibility for the security hardware and management systems within Trust managed workplaces that could impact on lone worker risk.

5.3 Corporate Directors

All Directors have corporate responsibility to provide a safe working environment and ensure adequate arrangements and resources are provided to implement the requirements of this policy, all safety Regulations, training requirements, any associated safe systems of work, and apply this within their respective Directorate.

5.4 Health, Safety & Fire Committee

The Health, Safety and Fire Committee has overall responsibility for protecting staff, visitors, contractors, patients, neighbours and all other relevant persons who could be adversely affected by the Trust's work activities and its undertakings.

The Committee is responsible for facilitating the Trust in complying with current health, safety and fire legislation, by ensuring that managers provide adequate resource and priority to these matters. i.e. in undertaking risk assessments and putting in place control measures to ensure the health, safety and welfare of all relevant persons.

Responsible for developing a positive and proactive health, safety and fire culture and promoting safe systems of work /work conditions, work practices and procedures and making recommendations for corrective action and the reduction of risks.

5.5 DDOs and General Managers / Divisional Directors of Nursing & Governance & Clinical Directors

All these managers must ensure that

- They are aware (through the risk assessment process) that some areas or groups are more prone to incidents of intimidation, violence or aggression, e.g. Accident & Emergency, Out-patients Department reception areas, Maternity Department, Dialysis Department, and some Community settings

- Suitable arrangements are be made to manage the risks to lone workers, particularly, those out in the community or those at Wandsworth Prison.

- Risk assessments are systematically reviewed, and where necessary ensure that suitable protocols and procedures are further developed to provide adequate safety precautions and safe systems of work

- They are confident that local managers are disseminating Trust safety policies and any local protocols / procedures, to employees, and that they all have suitable training and safe operational arrangements in place to deal with intimidation, violence or aggression

- They support local managers and work with lead risk assessors, staff, and staff representatives to provide safe working environments and put systems, lone worker alarms, supervision and procedures in place to control any identified risks

- Funding is available to provide any necessary equipment, PPE, physical barriers, security systems and ongoing conflict resolution or other appropriate training programs & supervision, where a risk assessment has identified such control measures as being necessary

- Understand their obligations under common law towards the employee and the potential for civil claims and subsequent compensation payments

- They co-operate and coordinate discussions and activities with other stakeholders and Service providers (PFI, SGUL, ESSENTIA, SODEXO, Kingston Faculty, Retailers on site, all other landlords, tenants & contractors) to comply with the requirements of this policy

5.6 Managers / Matrons / Supervisors / Heads of Departments

Each manager, supervisor or persons responsible for other workers have a responsibility to ensure or take into consideration that they

- Ensure 'Security' (per-se) is a standing agenda item on Directorate & Divisional Health & Safety agendas

- Maintain workplaces which are suitable and fit for its intended purpose and use and have appropriate security measures and safe systems of work in place

- Review all existing safe systems of work and obtain input from the end user and safety representatives and take heed of their security needs and concerns when workplaces change their operations, or new premises or work procedures are introduced

- Ensure that risk assessments on lone working and prior to lone workers undertaking home visits are being carried out within their areas of responsibility and that these are adequately documented

- Provide Information, Instructions, Training to staff with regard to workplace safety and security and that they Supervise them accordingly

- Maintain training records on what training has actually been provided, to whom and when

- Put in place measures to deal adequately with emergency (intimidation, violence and aggression) situations and have clear and unobstructed means of escape and calling for help

- Recognise that persons gaining work experience, Bank, temporary or 'young' or inexperienced workers are entitled to the same provisions and requirements of this policy as if they were full time employees

- Ensure that staff who have been subjected to assault, are informed of the options available to them following the incidents including counselling, reporting to police and the Security Manager (Trust LSMS), who will offer victim support advice.

- Foster effective communication of risks with other departments and other agencies e.g. GPs and Occupational Health, whilst maintaining confidentiality

- Place posters explaining the Trust's values and that the Trust will not tolerate Intimidation violence or aggression towards its staff

- Provide pre-admission literature to be sent to all booked admissions; this will include a clear statement of the Trust's Policy and Procedure for dealing with incidents of intimidation, violence or aggression

- Ensure that DATIX incident reports are completed and that they investigate and address the issues raised in them, in a timely manner

5.7 Employees

All employees have a responsibility to:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do or do not do

- Use the workplace provided for them in accordance with their managers' or supervisors' training & instructions and attend training on conflict resolution, harassment & bullying and the management of intimidation, violence and aggression

- Co-operate with managers to implement measures to reduce incidents of intimidation violence and aggression

- Not interfere with or misuse anything provided for their or others' personal Protection or safety

- Comply with the requirements of this policy

- Take reasonable care of their working environment and report any untoward activity, incidents, defects, losses or procedural problems relating to the workplace which they believe is likely to endanger the safety of themselves or others

- To properly utilise all appropriate technology which has been provided for their own personal safety, ensure that they attend training in the use of the technology and associated support services

- Report all incidents of intimidation, violence and aggression at work, using the DATIX reporting system and in accordance with the Trust Adverse Incident Reporting Policy

- Employees are to be aware of the impact of their own behaviours on others, and how their behaviour can diffuse and minimise risks in potentially difficult situations

- Remain calm and professional and do nothing to provoke or inflame a situation

- Go to the assistance of any victim of violence or aggression; but are not expected to place themselves or anyone else in any unnecessary danger

5.8   Security Manager / Local Security Management Specialist (LSMS)

The responsibilities of the LSMS and the Security Manager will include ensuring that

- Security on site meets the requirements of national mandatory and statutory framework (i.e. NHS Protect and Health &Safety at Work Act) and the local security needs of the Trust

- Systems are in place to effectively manage security and tackle intimidation, violence or aggression on site; this includes monitoring CCTV systems

- Liaising with St George's Hospital Identicom device service users for lone workers

- They provide relevant advice and guidance on security issues

- They ensure security staff receive appropriate accredited training

- Intimidation, violence and aggression incidents are reported correctly using the DATIX Adverse Incident Report.

- They attend and provide reports on intimidation, violence and aggression to the Health, Safety and Fire Committee

- They work closely with the Risk Management Department, Wards and Departments, the Police and safety representatives to ensure that intimidation, violence and aggression issues are an integral part of the risk management process

- Keep abreast of changes and new initiatives from the NHS Protect and inform the Lead Director (Director of Estates & Facilities) and other relevant managers of any ongoing investigations or actions by the Police, NHS Protect or HSE as appropriate

5.9   Security Department at St George's Hospital Main site

Managers and landlords at Community Health premises are responsible for ensuring that there are local security arrangements in place. At the main Trust site in Tooting the Security department are responsible for:

- Providing timely and adequate response to **3333** or other Emergency Assistance calls relating to intimidation, violent or aggression situations

- Documenting incidents and preparing security reports on intimidation or violent incidents attended by themselves; in line with the requirement of the NHS Protect guidelines

- Attending training courses as necessary to manage potential intimidation violent and aggressive situations

- Only (trained) Security staff should apply holding and controlling techniques; they are not expected to apply these techniques alone. Verbal interaction should be used before and during any attempts at physical Breakaway or Holding and Controlling, and continue until the incident ceases

- Listen to the advice and guidance of clinical staff when dealing with patients (who are, or appear to be, violent or aggressive)

- Wearing their stab proofed vests and any other Personal Protective equipment

On site security is provided by various providers at Queen Mary's Hospital (SUDEXO), HMP Wandsworth (Healthcare Prison Service) or St John's Therapy centre (ESSENTIA)

5.10 Health and Safety Managers

The Health and Safety Managers provide advice and guidance on safety within the workplace; safe systems of work and work procedures. The Health & Safety Managers can propose changes to this Policy as and when new legislation or regulations are introduced and intervene to prevent poor health and safety practice or procedures, as necessary, and co-ordinate and cooperate with stakeholders to comply with the arrangements of this policy.

- Providing assistance and training to managers and staff in undertaking risk assessments, particularly health and safety,
- Providing advice to managers and staff in implementing risk reduction measures
- Providing support and advice on local incident investigations
- Providing advice to managers on training needs of groups of staff
- Monitoring the effectiveness of this policy and use of lone worker alarm devices by means of safety audit
- Participating in training programmes related to lone working and personal safety as necessary
- Liaising with Community Service Wadsworth Division Identicom device users.
- Report incidents to the Health & Safety Executive as per the requirements of the RIDDOR 1995 Regulations.

5.11 Occupational Health

The Occupational Health Department will provide or facilitate post-incident counselling services for all staff who may have been adversely affected by any violent / potentially violent incident, whether emotional or physical. Where appropriate, staff may be referred to other relevant agencies.

5.12 Project Managers, Estates and Facilities

Project Managers must ensure that the needs of staff, in relation to their safety & security, become an integral part of any new design or project they are undertaking. A requirement of any new project is that the Project Manager must consult the Trust's LSMS Estates & Facilities managers to enhance the physical security of staff & others.

5.13 Other stakeholders & Service providers

There are ranges of other stakeholders with which St George's Healthcare interact with and rely on; these include for example, retailers on Trust premises, Contractors, PFI partners, SGUL, Kingston Faculty, NHS Wandsworth, Sodexo, Mitie, ESSENTIA, Mental Health Trusts, Wandsworth Prison). The Trust will co-ordinate and cooperate with these bodies as necessary and seek their cooperation on security & policy matters in order to comply with the requirements of this policy.

5.14 Education & Training

All managers, supervisors or those with responsibilities for staff must assess what training is actually required to enable them to manage situations of Intimidation, Violence or Aggression; commensurate with the respective work activity. They will ensure that as per the Trust's Training Needs Analysis process, the relevant courses are offered and provided to all staff to train them in conflict resolution and lone worker safety as required (See MAST policy).

6 PROCESS the Management of Intimidation Violence and Aggression

6.1 Taking positive steps to prevent incidents occurring

The development of a pro-security culture is integral to all strands of security management work, including tackling non-physical assaults, as it underpins all other areas of generic action that follow. 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.

A pro-security culture amongst staff, professionals, patients, visitors and members of the public is one where the responsibility for security is accepted by all and the actions of a small anti-social minority who breach security not tolerated.

It is essential for all Trust staff to be proactive and do everything reasonably possible to prevent intimidation, violence or aggressiveness from occurring and therefore everyone should (this list is not exhaustive, but illustrative)

- Take on board the values of the Trust; **Excellent, Kind, Responsible, Respectful**
- Treat patients, visitors, members of the public and colleagues with respect, dignity & courtesy at all times
- Make allowances for patients, relatives & visitors being anxious, worried, distressed, depressed, etc
- Share information - reduce stress and frustration by letting people know what is happening & when (delays & cancellations) and what they can expect
- Provide information to patients & visitors with clear, appropriate notices or signs so that people know where to report to, where the use of mobile phones is permitted and the location and directions to clinics, refreshments, toilets & other facilities
- Ensure that waiting & reception areas are pleasant, clean and comfortable
- Regularly review the information sent out to patients to make sure that it is relevant, informative and clear
- Plan for those whose first language is not English or who may have communication difficulties
- Anticipate the needs of those with a disability, with dependants or children
- Deal sensitively with people with mental impairments, or those wearing cultural or religious clothing

It is important that patients are fully aware of the standards of conduct expected of them and of the sanctions that may follow unacceptable behaviour.

6.2 Risk Assessment & Risk Control for the prevention and management of violence and aggression

Following the 1996 report, the Department of Health identified specific steps that needed to be taken to minimize violence and aggression, including the need for:

- Risk assessments
- An action plan to identify, analyse and rectify problems

- Reporting of all incidents of violence and aggression
- Training to educate staff on how to avoid or defuse potentially violent situations and how to respond appropriately to incidents of violence
- Support and counseling for all staff who were subjected to violence.
- Effective technology and procedures so that staff can summon assistance if required (e.g. alarm systems)
- Care plans that indicate whether specific precautions are required for specific patients.

All employees must undertake a visual inspection of their workplace to ensure there are no obvious hazards or security risks to reduce potential triggers before commencing work. The physical environment can have a strong influence on behaviour. Risk assessments recognise that long waiting times in drab surroundings and a failure to meet increasing patient expectations are important factors influencing the risk of violence. While these environment measures are generally believed to help reduce violence and aggression there is little substantial scientific evidence to support of this belief. Nevertheless there is growing belief that they make a positive contribution to the feelings and behaviour of people (24).

In cases of inappropriate patient behaviour the senior manager must be informed who will give verbal warning to the patient in the first instance.

The incident must be logged onto Datix, the Trust's electronic incident reporting system. A note of the Datix report and its reference number is placed in the respective patient's medical notes.

Each manager, supervisor or persons responsible for other workers have a responsibility to refer to the appropriate procedure for managing patients, visitors and relatives **Appendix C, D, E, F, G, H, I, J, K, L** to obtain guidance to assess, manage & escalate incidents of intimidation, violence or aggression involving patients.

If the patient's behaviour deteriorates, the senior manager must draft and sign the relevant formal letters **(see Appendix D,F,G,H, I & J)** depending on the seriousness of the intimidation, violence or aggression. Clinical Directors or those acting on behalf of the Chief Executive are to issue the Formal Warning and Exclusion letters if appropriate **(See Appendix G, H, I & J).**

A copy of the exclusion letter is sent to the patient's General Practitioner and attached to the patient's notes. A copy of this letter will also be sent to the Security management.

It is important to understand that anyone (even those who appear placid) can become so enraged that they can suddenly demonstrate a more threatening attitude and become intimidating or dangerous. It is not always the intoxicated or those suffering from a medical condition that causes most harm.

A Datix report is completed if this has not already been completed. The exclusion letter and report is removed from the patient's medical notes after one year if there have been no further incidents and the patient has complied with the exclusion.

For inappropriate behaviour displayed by patient's visitors; staff to remain vigilant/alert and monitor the situation in the first instance. If the behaviour deteriorates; staff must call Security on Ext 3333 immediately and have the person removed from the hospital premises. Managers must provide staff with information regarding victim support **(see Appendix K)** and ensure incident reports are completed **(See Appendix L).**

6.3 **Timescales for review and how action plans are developed as a result of risk assessments**

Managers/Departmental senior staff must complete the safety workplace and security and conflict resolution checklists of their wards/areas on an annual basis and/or as required. The completed safety checklists facilitate risk assessments to ascertain the security risks in their ward or department and assess the likelihood of patients or others intimidating or assaulting their staff where necessary (this includes reviewing the patients on their ward or department and discussing this at ward team meetings & handovers).

If risks are identified; managers within their respective departments are responsible to ensure risk assessments are carried out in accordance with the Trust Risk Assessment Guidance and ensure the identified risks are managed and mitigated. The assessments are to consider the nature and level of risks of intimidation, violence or aggression to their employees. Employees' views and experience must be taken into account when evaluating the adequacy of any new safety measures to be implemented. Assessments which indicate a significant risk must be placed on the relevant departmental risk assessment. The risk register is then reviewed at local governance or divisional health and safety meetings. Where appropriate the risk will be reviewed at the Health, Safety and Fire committee and the Organisational Risk committee.

Local action plans are to be developed as a result of the risk assessments undertaken and should seek to address all issues identified, in particular those relating to the nature of the service, high risk patients (and other persons such as trespassers), the environment, physical security precautions, lone working, training and information, procedures and safe systems of work.

6.4   Follow-up of action plans

Risks identified as moderate, high or extreme must be included into the Directorate and Divisional Risk Registers respectively and managed via the Trust's reporting arrangements.

Follow-up of action plans are reviewed at Divisional Governance meetings and/or health and safety meetings and further at the Health, Safety and Fire committee and the Organisational Risk committee.

The risk assessment should also consider the possible underlying causes for intimidation, violence and aggression in the workplace, which includes the following examples:

- Medical or mental conditions - aggression through frustration, from patients who are confused as a result of their illness, drugs, pain, fear of hospitals, complications of epilepsy or diabetes, head injuries or diminished levels of responsibility, family tensions & bereavement, the elderly or patients with mental health issues may unintentionally lash out and appear violent but are not necessarily in control of their faculties

- Procedures or provision of Information - aggressive outbursts from frustrated patients or relatives because of prolonged waiting times without a reason being given, a request for medical information or attention that is not forthcoming, belief that treatment or medication is unreasonably withheld, when patients or relatives are given bad news on their medical condition or a bereavement, queue jumping

- Physical environment factors - availability of items of furniture or equipment that could be used as weapons, lack of refreshment, telephones, uncomfortable waiting & reception areas, overcrowding, no toilet facilities, no seating, opportunities for arson

All incidents of physical assault on staff, including those that may have been due to the patients' mental or other clinical condition, is reported to the NHS SMS as per the Security policy.

6.5 Arrangements for ensuring the safety of Lone Workers

The risks to Lone Workers pose special attention such as the necessity to report exactly where staff are going, at what time, have they been provided with emergency contact numbers., as such the Trust has developed a Lone Working policy which details the specific risks attached to Lone Working and measures taken to mitigate these risks. The Lone Worker policy is available on the Trust intranet

All managers must ensure that all lone workers are identified and that a suitable and sufficient risk assessment using the Lone Worker Checklist is carried out. Risk assessments help employers decide on the right level of supervision. The extent of supervision required depends on the risks involved and the ability of the lone worker to identify and handle health and safety issues. This is a management decision, which should be based on the findings of a risk assessment: the higher the risk, the greater the level of supervision required.

Suitable operational arrangements are in place e.g. tracking a lone workers movement on, for example, a whiteboard or some form of technology with mobile phone capabilities may be used or using personal alarms and covert devices such as badge holders. All staff must also be provided with the relevant training.

6.6 Telephone Abuse

Threats and/or abuse received on the telephone are to be treated in the same way as if the person was threatening or abusing a member of staff face to face. In the first instance the employee should advise the caller that they find their manner threatening or abusive and unacceptable and request that they desist or else there will be no option but to terminate the call.

The employee must report the matter to their line manager as soon as possible and record the facts and what was actually said or done. The decision to undertake further action should be decided between the employee and their line manager.

If a phone call (or other communicated message) threatens imminent danger to any person or the Trust (e.g. Terrorist or bomb threat) then it is essential that the matter is escalated to managers& LSMS for their immediate action. All such incidents must be reported on DATIX wherever they occur within the Trust.

7 Post incident debriefing & support

Following a violent incident, line managers will be expected to provide initial sympathetic support to affected employees, providing reassurance, de-briefing, and/or allowing an immediate discretionary period of time away from the workplace to recover. This may also include ensuring medical treatment in A&E, Minor Injuries Unit, and Occupational Health Department.

All Managers will be expected to participate in the support of employees in more serious or widespread incidents. This may include more formal debriefing, arranging time off work, or access to formal counselling available in the Trust, i.e. Occupational Health Service, Chaplaincy, etc.

In cases of actual physical assaults on employees, the Trust will work with the police and NHS Protect to achieve prosecution of assailants. Employees injured as a result of a violent incident may be able to claim compensation under the Criminal Injuries Act 1968 so long as the incident is reported to police within 24 hours. The LSMS may refer staff members to victim support.

Following an incident, a discussion should take place with the member of staff involved regarding the on-going treatment of the patient, refer to the Withholding of Treatment of Patients Procedure **(See Appendix F)** and the Trust's Security Policy.

A debriefing meeting should be held as soon as reasonably possible after a serious violent incident. Staff should feel safe to help identify factors that may have contributed to the incident and voice their views about the management of the incident. Debriefing meetings can help to improve the future management of violent incidents and develop measures +to prevent reoccurrence.

8   Legal and police considerations

The Trust views all violence to staff as unacceptable and will fully support any member of staff who wishes to pursue a prosecution so long as the member of staff acted in 'good faith' in the situation and they used only the minimum force required to deal with it. Whilst a public prosecution is preferable, the Trust will give necessary time to the LSMS to investigate the incident and seek redress for the victim with a view to pursuing a private prosecution with the help of the NHS Legal Protection Unit (NHS LPU) and in appropriate cases will contribute to the cost of such a prosecution.

The Trust will fully support members of staff who wish to report assaults and threats to the Police. It is understood by the Trust, that employees have the same rights as any other citizens, in that they are entitled to ask the Police to investigate actual or alleged intimidation, threats or assaults on themselves.

The Trust, therefore, encourages staff to obtain Police involvement even if prosecution of alleged offenders is deemed unlikely. The presence of uniformed Police Officers may well discourage assaults on staff and could also boost morale; in as much as staff will see actions as a result of their complaints.

9   Training

All staff will receive training in conflict resolution at Corporate Induction as per the Trust's Training Needs Analysis (TNA). For monitoring of attendance and follow up of non attendance please see the Corporate Induction Policy and the MAST Policy.

Dissemination and implementation

9.1 Dissemination
This Policy will be made available on the Trust Intranet for all Trust employees to access. The relevant stakeholders (NHS Protect, Security staff, Nursing staff, etc) will access and apply the requirements of the Policy within their respective areas of responsibility. This Policy has been updated in line with the new Policy template and it includes reference to the fact that the Wandsworth Community is now an integral part of St George's Healthcare NHS Trust.

9.2 Implementation

Appropriate training is an essential component in enabling staff to confidently manage intimidation, violent or potentially violent situations. Managers must ensure that they themselves, as well as all staff within their area of control, have the level of violence awareness training relevant to their area; be this conflict resolution, personal safety or more in depth security management and people handling training.

10   Monitoring Compliance

All arrangements & requirements of this policy along with the appended procedures will be monitored for effectiveness by analysing the following:

- Staff Training records and training evaluation feedback

- Analysis of (Intimidation, violence or aggression) DATIX incident reports at all relevant committees; Divisional & Trust Health Safety & Fire Committee & Organisational Risk Committee

- These incidents are included as part of the 'Security' standing item on these quarterly agendas

- This policy will be reviewed bi-annually and/or to reflect local and national changes or as a result of any identified deficiencies in its application

- Collating the numbers of warning letters that are sent to patients & visitors and copied in to GPs

- Auditing the use of lone worker alert devices annually

- Reports and correspondence from PFI partners and other stakeholders

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Monitoring compliance and effectiveness table					
Element/ Activity being monitored	**Lead/role**	**Methodology to be used for monitoring**	**Frequency of monitoring and Reporting arrangements**	**Acting on recommendations and Leads**	**Change in practice and lessons to be shared**
Monitoring of duties: The numbers of security related or other incidents where Intimidation, violence & aggression are a feature. NHS PROTECT & NHSLA requirements	NHS Protect & Security Managers Divisional Leads, DDOs & DDNs and other Heads of Nursing. Health, Safety & Fire Committee & the Organisational Risk Committee Other stakeholders and Service providers, e.g. PFI, ESSENTIA, SGUL, Kingston Faculty	-ongoing Investigation & collation of DATIX incident – review of the numbers of warning & exclusion letters completed. -Instances of staff attending A&E or Occupational Health Dept as a result of being involved in intimidating, violent or aggressive incidents.	Reports produced six times yearly by the Trust Security Managers for the Health Safety & Fire Committee The committee members are expected to read and interrogate the Security & SUI reports to identify deficiencies in local systems, procedures and act upon them accordingly.	Divisional Health & Safety Committees have the provision to escalate matters of Intimidation, violence & aggression to The Health Safety & Fire Committee. Timeframes to get matters resolved and those allocated action points to improve safety & security will be dependent of the immediacy & severity of the incident and the need to allocate resources to put in place remedial actions	Lessons learnt from incidents & SUIs will help inform training sessions such as Conflict Resolution. Practice & behavioral changes will also come about through communication via Induction & Local training, MAST, team meetings and bulletins on eG.
Risk Assessments are developed for the prevention & management of violence and aggression, timescales for review of the risk assessments,	Line Managers, NHS Protect & Security Managers Health, Safety & Fire Committee	- ongoing review of all completed checklists / risk assessments -Proactive & dynamic undertaking of risk assessments of patients, locations & procedures, by local managers &	Annual Audit of completed violence & aggression checklist, actions taken and risks entered into the Divisional Risk Register Presented at Trust Health, Safety & Fire Committee undertaken Health & Safety	Appropriate members of Trust Health, Safety & Fire Committee.	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared

action plans are developed and followed up		nursing staff - review of violence & aggression risks entered into Divisional Risk Registers , reviewed at Divisional Health & Safety Committees	Managers. Six monthly reports by Division on risks entered onto the Divisional Risk Registers, action plans and follow-up presented to the Health, Safety and Fire Committee by Divisional Governance Managers. The committee members are expected to read and interrogate the Security & SUI reports to identify deficiencies in local systems, procedures and act upon them accordingly.		with all the relevant stakeholders.
Arrangements for ensuring safety of Lone Workers (Lone Worker policy)	Line Managers & Security Managers Health, Safety & Fire Committee	- ongoing review of all completed Lone Worker checklists - review of electronic log of service provider database	Annual audit findings presented to Trust Health, Safety & Fire Committee by Security and Health and Safety Managers	Appropriate members of Trust Health, Safety & Fire Committee.	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

Staff training as per the Organisation's Training Needs Analysis	Training Coordinators Training & Development Department	-ongoing review of sign in/sign out attendance forms - follow up of staff who do not attend training	Quarterly reports presented to Organizational Risk Committee by MAST Manager, Training & Development	Training & Development Team	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

11 Related Trust Policies

Health & Safety Policy

First Aid Arrangements

Personal Protective Equipment (PPE)

Guidelines on Young Persons at Work

Lone Working Policy

Risk Management Policy

Guidance on the Risk Scoring Matrix, Risk Register and Risk Assessment Tool

Adverse Incident Reporting Policy and Procedures

Serious Incident Policy

Consent Policy

Trust Major Incident Plan

Security Policy

Safeguarding Adults

Trust Lockdown Plan

Corporate Induction Policy

MAST Policy

Queen Mary's Joint Emergency plan

12 References

1. Guidance for the better Protection of Lone Workers in the NHS. http://www.nhsbsa.nhs.uk/fraud & http://www.nhsbsa.nhs.uk/security
2. Violence and aggression to staff in the Health Service. March 2003. HSE Books ISBN 0 7176 1466 2 http://www.hse.gov.uk/healthservices/violence/index.htm
3. Preventing Workplace Violence and harassment. Health & Safety Executive http://www.hse.gov.uk/violence/index.htm
4.UNISON Violence at Work: A Guide to Risk Prevention
5.Not Alone: A Guide for the better protection of lone workers in the NHS (2009)
6.Prevention and Management of Violence Where the withdrawal of Treatment is not an Option (2007)
7 Tackling Violence against Staff: Explanatory Notes for Reporting Procedures Introduced by Secretary of State Directions (2009)(2003)
8. Offensive Weapons. NHS Security Management Service Guidance (2006)
9.Ipsos MORI(2010) Violence against frontline NHS staff: Research study conducted for COI on behalf of the NHS Security Management Service
10. Non Physical Assault Explanatory Notes. A framework for reporting and Dealing with Non-physical Assaults against NHS staff and professionals (2004)

11.Violence at Work: A Guide for Employers (2006)
12.Working alone: Health and safety guidance on the risks of lone working (2009)
13.Preventing workplace harassment and violence: Joint guidance implementing a European social partner agreement (2009)
14. National Audit Office (NAO) (2003) A safer place to work – Protecting NHS Hospital and Ambulance staff from Violence and Aggression
15. 2000-2001 Survey of Reported Violent or Abusive Incidents, Accidents involving staff and Sickness Absence in NHS Trusts and Health Authorities, in England
16. Training in conflict resolution skills and the management of aggression and violence in non-mental health :an overview of current provision and future requirements- A. Bleetman and P. Boatman, June 2001

Appendix A:

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
Violence and Aggression Policy	Director of Estates & Facilities	Mary Prior	Existing	January 2011

1.1 Who is responsible for this service / function / policy?
The Trust NHS Protect Manager, The Trust Security Staff, All heads of Nursing and Senior managers.

1.2 Describe the purpose of the service / function / policy? Who is it intended to benefit? What are the intended outcomes?
The intended purpose is to prevent Intimidation, Violence and aggression directed at staff; so far as is reasonably practicable

1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives
Compliance with the NHS 'Zero tolerance' & NHS Protect ethos. Compliance with the Health & Safety at Work, etc Act 1974, to provide employees with a safe place of work.

1.4 What factors contribute or detract from achieving intended outcomes?
If suitable and sufficient risk assessments are not undertaken. If Project managers are not cognisant of 'designing-in' adequate security arrangements. Managers and nursing staff do not take account of the requirements of this policy; particularly with regard to undertaking risk assessments & providing suitable conflict management training.

1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human Rights? Details: [see Screening Assessment Guidance]
It has a positive impact be requiring all relevant persons to take the safety & security of staff seriously to prevent intimidation, violence & aggression.

1.6 If yes, please describe current or planned activities to address the impact.

1.7 Is there any scope for new measures which would promote equality?

1.8 What are your monitoring arrangements for this policy/ service

1.9 Equality Impact Rating   [low, medium, high] - see guidance notes 3.1 above high

2.0. Please give you reasons for this rating

2. EQUALITY IMPACT ASSESSMENT FROM – DETAILED ASSESSMENT FOR HIGH IMPACT AREAS

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Policy/Service	Date of Assessment

2.1 In which areas is the service, function or policy judged to be high priority? *Summarise issues raised at the screening stage. Outlined above*

There are areas such as the Accident & Emergency Department, Maternity & Dialysis departments, certain wards & Wandsworth Prison where it is known, or there is sufficient anecdotal information to indicate that these areas are more prone to staff being subjected to Intimidation, Violence or Aggression

The Policy applies to all patients who are being treated by Trust staff. No person under the age of 18 will be denied treatment and only in exceptional circumstances will anyone (over the age of 18) need 'special' conditions or supervision in order to be treated.

The requirements of this policy also apply to relatives & visitors, or any other persons coming on to Trust premises who intimidate, threaten or abuse Trust staff. It also applies to any Trust staff working out in the community in people's homes, medical centres, or similar.

2.2 What relevant data is available [e.g. ethnic coding monitoring, complaints, previous consultation etc]? Does the data indicate there is a differential impact on any groups?

Information on incidents is gathered via the DATIX electronic Incident reporting system.

2.3 Is there any national or local guidance on equality issues for this service, policy or function?

Counter Fraud & Security Management Services (NHS Protect) & NHS Litigation Authority standards and requirements.

2.4 Summarise the consultation. Who are the main stakeholders? What are their views?

Trust NHS Protect & Security managers. Divisional leads and heads of nursing, Risk Management.

2.5 What are the recommendations for change arising from the assessment? (To consult with key stakeholders before disseminating Trust wide)

None

2.6 What are the costs and benefits to the relevant group and to the Trust?

If special arrangements or supervision is required to 'treat' a person who is known to have a history of violence or intimidation towards Trust staff then additional security arrangements or alternative treatment options will be required.

2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.

2.8 Monitoring arrangements

All sections of this policy along with the appended procedures will be monitored for effectiveness by analysing the following:

- Staff Training records and training evaluation feedback

- Analysis of (Intimidation, violence or aggression) DATIX incident reports at all relevant committees; Divisional & Trust Health Safety & Fire Committee.

- These incidents are included as part of the 'Security' standing item on these agendas.

- This policy will be reviewed bi-annually and/or to reflect local and national changes

- Collating the numbers of warning letters that are sent to patients & visitors and copied in to GPs.

Appendix B:

Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document submitted to the Policy Approval Group for ratification.

	Title of document being reviewed	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have human resources/staff side committees (or equivalent) approved the document?	Yes	

7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	Via the Trust Intranet
	Does the plan include the necessary training/support to ensure compliance?	Yes	Local managers will decide on the appropriate training in relation to their completed risk assessment
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

Appendix C:

BEHAVIOURAL 'VERBAL' WARNINGS

PROCEDURE FOR MANAGING PATIENTS, VISITORS AND RELATIVES

1. If staff believe a **patient, relative, visitor, contractor** or **member of the public's** behaviour is unacceptable and they feel confident about speaking to them, they should remain calm and state politely that the behaviour is unacceptable, pointing out why the particular behaviour is inappropriate or offensive.

2. Staff should identify themselves but not enter into an argument with the perpetrator of the inappropriate behaviour. If they feel out of their depth in dealing with the situation, or if the situation escalates, they should remove themselves from the situation and seek help immediately (Consider calling Security Ex **3333** or **999** in other locations).

3. The Ward Sister or senior person in charge will give a **verbal warning** to the perpetrator to desist in the behaviour. If possible the verbal warning should be given in the presence of other Trust managers or staff and ideally a member of the security staff.

4. In response to this verbal warning the perpetrator will be offered the opportunity to apologise, amend or explain their actions. A verbal warning if conducted early and in the correct way, can in many cases, stop escalation or a repeat of any unacceptable conduct.

5. The patient, relative or member of the public should be warned that if their unacceptable behaviour continues, more formal action may need to be taken. The manager who issues the verbal warning must complete an adverse incident DATIX report.

6. If staff are faced with an imminent threat to their personal safety, they must attempt to remove themselves from the situation and call for immediate assistance from Security Ex **3333**, or **999** in other locations. Where this is not possible, staff are entitled by law to use such force as is absolutely and reasonably necessary to defend themselves and create a window of opportunity to escape.

7. Where risk assessments indicate that staff could be expected to hold and control persons in the course of their work, only those who are adequately trained and receive refresher training on a periodic basis in its application and certified competent, will be permitted to effect control.

8. If the perpetrator is a patient, a note should be placed in the patients medical notes*. **This must be removed from the patient's medical notes within one year - if there are no further incidents.*** The incident must be mentioned at handover (where applicable) or communicated to receiving staff if the patient is transferred to another clinical area so that other members of staff are aware of the issue.

9. If the perpetrator is a visitor, relative, contractor or member of the public then they should also be advised of the consequences of any further incidents. This may include loss of access to the Trust's premises. It may also be appropriate to discuss their behaviour with the patient or healthcare professional / department they are visiting. Any member of staff who witnesses an incident of violence may be required to make a statement.

10. Continued failure to comply with appropriate standards of behaviour will result in Security Staff being called **(Ext 3333)** and the relevant manager being informed (Out of hours - the Duty Manager) and the removal of the offending individual from Trust property.

11. Any person 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 prosecute all perpetrators of crime on or against Trust property, assets, or staff and seek an injunction; irrespective of the person's age.

12. The expelled individual should be informed that they can request in writing an immediate review of why they have been excluded by the Duty Manager and that they should direct the application to the Duty Manager or to the Lead Director. The review will be carried out by the relevant responsible managers upon application.

13. The relevant Clinical Director / Divisional Director of Operations / Divisional Director of Nursing 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.

Appendix D:

FORMAL WRITTEN WARNINGS TO PATIENTS

Where a patient has already received a verbal warning about their behaviour and continues with the unacceptable behaviour, or if the initial behaviour of a patient is of a more immediate and serious nature, a formal warning letter should be prepared and issued (with consideration for the possible eventual exclusion and withholding of treatment) and a letter detailing the formal warning sent to the patient and their GP.

It will be necessary to consider beforehand (not an exhaustive list)

- The degree to which the incident undermines personal dignity & freedom, the type of care provided and the relationship with the patient and the working environment
- Any previous recorded incidents, their nature and degree of severity
- The effectiveness of formal action in preventing a repetition of the behaviour i.e. the health problem of the patient must be taken into account. (E.g. confusion due to medical illness/mentally ill).
- The patient's age, mental capability, disability, understanding of English
- The fact that a warning letter has been written must be noted on the DATIX incident reporting system
- The relevant Manager will also inform the patient that the services provided by the member of staff being victimised are the only services that are available e.g. the perpetrator cannot object to the services on grounds of gender, race, religion etc.
- It is acknowledged that on occasions some employees may request not to treat a patient who has been threatening or abusive towards them
- The Trust, through the relevant departmental management team, will decide whether patients, who refuse services on racial, or on any other grounds, may also be effectively refusing all services & treatment
- The exceptions detailed in **Appendix F**

The patient will be written to formally by either the Clinical Director, Divisional Director of Operations, or Divisional Director of Nursing , informing them that their comments or behaviour are unacceptable and that any further incidents will not be tolerated and may lead to the future exclusion or withholding of treatment.

Appendix E:

PROCEDURE FOR THE TREATMENT & CARE OF INDIVIDUALS WHO INTIMIDATE, ARE VIOLENT OR AGGRESSIVE

1. In the event of a patient exhibiting intimidating, violent or aggressive behaviour the following careful review must be undertaken by the patient's clinical team (or the on-call team out-of-hours).

2. The senior nurse on duty should contact a suitable member of senior staff e.g. the DDN / ADN / Clinical Director / Matron / Out of Hours - Duty Manager and fully appraise them of the situation. It is the responsibility of the senior manager to ensure the following actions are undertaken.

3. Complete a DATIX incident report to include the staff member/s involved and wherever possible, get witnesses to the events to sign the report or any statements as a true and accurate record.

4. If it is necessary to implement this Procedure for the Treatment & Care of Individuals who Intimidate or are Violent and Aggressive, the Manager / Matron, where necessary in the presence of Security / Police, must:

    - Inform and seek advice from the patient's Consultant or Registrar of the medical team (on-call-team out of hours), or their GP if necessary
    - Inform the patient, of the ward staff's concerns, and fully explain this to the patient so that there is no confusion as to the standard of behaviour required or the possible consequences of the failure to comply
    - For out of hours incidents - on being informed by the Duty Manager a copy of the standard letter **(Appendix G),** should be issued to the patient's GP. This letter should be prepared, signed and sent by the relevant Consultant. A copy of this policy should also be attached.
    - Confirm with the patient that the sanction is a 'Formal Written Warning' **(Appendix H),** should be issued to the patient. This letter should be prepared, checked and signed by the appropriate Clinical Director
    - A copy of the 'Formal Warning / Exclusion' status must be kept in the patient's notes and flagged on the i-Clip system.

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This checklist is to assist the ADN / DDN / Matron in the implementation of this procedure where patients who have been intimidating violent or aggression are to be provided with **continued care**.

No	Actions to Follow	Yes / No
1.	Ensure that the immediate effects of the incident have been adequately managed. Ensuring that the perpetrator has stopped their unwanted activities and that the area is secure; look after injured or distressed staff, witnesses or other victims.	
2.	Inform and seek advice from the security staff or security manager and the patient's Consultant or Registrar of the medical team (out-of-hours on-call team), or the GP, as necessary.	
3.	Ensure that the incident, which triggered the procedure, is documented in full on the DATIX incident report, any statements obtained and signed by the member of staff and any witnesses.	
4.	Inform the patient, of the ward staff's concerns and fully explain the procedure for the care of individuals who have been Intimidating, Violent or Abusive.	
5.	Ensure that there is no confusion as to the standard of behaviour required or the possible consequences of a failure to comply and that a suitable member of staff witnesses the explanation to the patient.	
6.	Where necessary, Out-of-hours - Inform the Duty Manager.

Provide the patient with a copy of this policy if requested. | |
| 7. | Prepare a copy of the standard letter (**Appendix G & H**) for the patient and issue to the patient's GP. This letter should be signed and sent by the appropriate Clinical Director. | |
| 8. | A copy of any letter is to be sent to the Risk Management Department and the Security Manager
(Please quote the DATIX incident report number. | |

Appendix F:

Exclusion and/or Withholding Treatment from Patients who are Intimidating, Violent or Aggressive

The aim of this procedure is to detail further sanctions available to the Trust in the face of unacceptable intimidation, violence or aggressive behaviours. This includes a mechanism whereby patients who persistently display or use extreme unacceptable behaviour, can, as a last resort, be excluded from the Trust.

Exceptions to Withholding of Treatment from Patients who are Intimidating, Violent or Aggressive

Those patients who, in the expert judgement of the relevant clinician (Registrar level and above), are not competent to take responsibility for their actions will not be subject to this procedure; the following provide examples of exceptions:

- Patients who are not competent to take responsibility for their action e.g. an individual who becomes violent and aggressive as a result of an illness or injury
- Patients who are mentally ill, stressed, afraid or who may be under the influence of drugs and/or alcohol, those with learning difficulties
- Patients who require urgent life saving emergency treatment
- Any patient under the age of 18
- Other unforeseeable exceptional circumstances

SANCTIONS

Adult Patients (age 18 or over)

- Following any incident, the immediate manager or department head (or their deputy) will explain to the patient that his/her 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 a verbal warning about the possible consequences of any further repetition. This must be documented in the patient's medical and nursing records
- Failure to subsequently desist will result in the application of a formal written warning

Compliance with a Formal Written Warning

Where a formal written warning has been issued to a patient and the patient complies with the terms of the Formal Warning he/she can expect the following

- That clinical care will not be affected in any way
- Where substance abuse has been identified, appropriate treatment and care will still be provided
- The Security Manager (LSMS) or his deputy and 'out of hours' the Duty Manager will be informed
- That Trust will fully investigate all valid concerns or appeals raised by the patient
- That any Formal Written Warnings will lapse after one year

Non-Compliance with a Formal Written Warning

Failure to comply with the Formal Warning will, at the request of the relevant DDN / ADN / Clinical Director (or their nominated deputies) results in 'Exclusion' from the Trust.

EXCLUSION FROM TREATMENT PROCEDURE

The decision to exclude can only be taken by the DDN / ADN along with the Clinical Director and in consultation with the patient's Consultant and Lead Executive Director; once alternate care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.

- A letter will be sent to the patient's GP detailing the exclusion and the reasons for it. This will be prepared, sent and signed by the Consultant responsible for the excluded patient.
- The patient must be informed so that they may challenge exclusion via the Trust Complaints procedure.
- The appropriate Clinical Director will facilitate the dispatch of a written confirmation from the Chief Executive to the patient's home.
- The Security Manager (LSMS) and the Out of Hours Duty Manager must also be informed.
- A detailed record of the rationale for exclusion and of the alternative arrangements for care should be kept in the patient's medical records and **'flagged on iCLIP'**
- If an excluded individual returns in any circumstances other than a medical emergency, security staff must be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.
- In the event of an excluded individual presenting at the Trust's Accident and Emergency Department for emergency treatment, the individual will be treated and stabilised; if necessary, with security staff in attendance
- Where possible, they would then be transferred immediately to another healthcare establishment. However, if admission is unavoidable, security staff will, if necessary, remain in attendance
- Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician.

St George's University Hospitals **NHS**

NHS Foundation Trust

IMPLEMENTATION CHECKLIST TO FOLLOW FOR EXCLUSION

This checklist is to assist in the implementation of this procedure where patients who have been intimidating, violent or aggression are to be **excluded** from the Trust.

No.	Actions to follow	Yes / No
1	DDN / DDO/ Clinical Director (or in their absence their nominated Deputies) make the decision to exclude a patient from treatment in consultation with the patient's Consultant. See exceptions **(Appendix F)**	
2	Consultant / ADN make arrangements for alternative care, transport, transfer. (This does not preclude the relevant Clinician discharging a patient who no longer requires in-patient care in the normal manner).	
3	Consultant / DDN / ADN informs the patient in the presence of Security / Police that they are to be excluded	
4	The Clinical Director sends written confirmation from the Chief Executive Divisional Medical Director to the patient's home and patients GP. **(Appendix I & J)**	
5	ADN /DDN/ Matron to inform Senior Managers, Security Manager and Risk & Safety Management Department.	
6	Copies of the relevant documentation are to be sent to the Security Manager (LSMS), the appropriate Senior Managers and the Risk & Safety Management Department	
7	File copies of the exclusion letter and a detailed record of the rationale for exclusion. The alternative arrangements for care should be kept in the patient's medical records in accordance with the Trust Medical Records Policy. Flag the exclusion order on iCLIP **NB**. *This information should be removed from the patient's medical record after one year if there are no further incidents recorded.*	

Appendix G

<u>**INTIMIDATION, VIOLENT OR AGGRESSIVE PATIENT BEHAVIOUR**</u>
<u>Formal warning letter for the patient's GP</u>

GP's Name and Address
Date

Dear Dr

Re: Patient's name
        Patient's address
        Patient's hospital health records number / Patient NHS number

The above individual is currently an * inpatient / outpatient on…*………………….Ward at St George's Healthcare NHS Trust.

In order to Protect the hospital / ward environment for other patients and members of staff, it has been necessary to instigate the requirements of the Trust's Prevention and Management of Intimidation, Violence & Aggression Policy & Procedures for the above named patient and issue them with a formal warning letter about their behaviour. The patient has already been subject to a verbal warning about their behaviour on……………./ but their behaviour has now escalated into something more serious warranting a formal warning letter. Or: The patient's behaviour was so unacceptable as to warrant an immediate formal warning letter (delete as appropriate) Any further incidents of violence and aggression towards hospital staff or other patients by this patient may lead to the patients exclusion from treatment; subject to advice from the patient's Consultant.

If you have any queries, please do not hesitate to contact   ………………… (Name and tel. no. of patient's Consultant)
                                   <u>**or**</u>
……………………………………………(Name and tel. no. of Clinical Director, or Divisional Director of Nursing)

Yours sincerely,

Signature
Name
Clinical Director / Divisional Director of Operations / Divisional Director of Nursing (delete as appropriate)

A copy of the Prevention and Management of Intimidation Violence and Aggression Policy and Procedures should be attached to this letter

Appendix H:

INTIMIDATION, VIOLENT OR AGGRESSIVE PATIENT BEHAVIOUR
Formal warning letter to the patient (or patient's relative at home)

Patient's name
Patient's address
Hospital Number

Date

Dear

This is to formally confirm that due to your current or further (delete as appropriate) unacceptable behaviour on ………………………………….. at ……………………. you are now subject to the conditions outlined in the Trust's Prevention and Management of Intimidation, Violence & Aggression Policy & Procedures.

The first stage of the policy i.e. a verbal warning has been applied to you and you have not complied with reasonable requests to stop this unacceptable behaviour.

Provide a short statement or explanation as to why Mr / Mrs ?………..………is now subject to this formal warning letter. Enclosed is a copy of the Trust's Policy and Procedure on this matter (delete or explain further, as appropriate)

Or

Your behaviour is totally unacceptable and is subject to this direct formal warning letter under the terms of the Trust Policy (delete as appropriate)

Should you on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by Dr / Matron…………………………. and outlined in the Prevention and Management of Intimidation, Violence & Aggression Policy and Procedures, you will become subject to the next stage of the procedure which may involve your exclusion from the Trust premises by our Security Staff and / or the Police. Such an exclusion from Trust premises would not mean that you would not receive care; because your responsible clinician would make alternative arrangements for you to receive treatment in an emergency

Any exclusion from treatment will last for 1 year from the date of this letter.

If you wish to challenge the procedures or the way it has been implemented you may appeal in writing to the Trust's Complaints and Improvements Department.

Yours sincerely,

Clinical Director (On behalf of the Chief Executive)

A copy of the Prevention and Management of Intimidation Violence and Aggression Policy and Procedures should be attached to this letter

Appendix I:

<u>INTIMIDATION, VIOLENT OR AGGRESSIVE PATIENT BEHAVIOUR</u>
EXCLUSION letter for the patient's GP

GP's Name and Address
Date

Dear Dr

Re: Patient's name
      Patient's address
      Patient's date of birth
      Patient's hospital health records number

The above individual was an inpatient / outpatient on ……………….. Ward / Clinic at St George's Healthcare NHS Trust.

In order to Protect the hospital / ward environment for other patients and members of staff, it has been necessary to instigate the requirements of the Trust's Prevention and Management of Intimidation, Violence and aggression Policy and Procedure for the above named patient and issue the patient with an exclusion letter. The patient has already been subject to a verbal warning about their behaviour on……………. and a formal warning letter about their unacceptable behaviour on ……… (delete as appropriate) but their behaviour has now escalated / continued into something more serious, warranting a formal exclusion from the Trust's premises for a period of one year; except for emergency treatment, or if strict security measures are put in place.

The decision to exclude the patient has taken into consideration any exceptions as detailed in the attached Trust Policy

If you have any queries, please do not hesitate to contact:

…………………………………………… (Name and tel. no. of patient's Consultant)
                              or

…………………………………………… (Name and tel. no. of Clinical Director, Divisional Director of Operations or Divisional Director of Nursing

Yours sincerely,

Signature
Name:
A copy of the Prevention and Management of Intimidation Violence and Aggression Policy and Procedures should be attached to this letter

Appendix J:

<u>INTIMIDATION, VIOLENT OR AGGRESSIVE PATIENT BEHAVIOUR</u>
EXCLUSION letter to the patient

Patient's name
Patient's address
Hospital Number

Date

Dear

This is to formally confirm that due to your further unacceptable behaviour on ………………………………….. at ……………………. you are now subject to the conditions outlined in the Trust's Prevention and Management of Intimidation, Violence & Aggression Policy & Procedures.

You have already received a formal warning letter about your unacceptable behaviour on ....Date. on……………………ward or department.
Your behaviour has remained totally unacceptable and is now subject to a formal exclusion and withholding of treatment under the terms of the Trust Policy.
Such an exclusion from Trust premises does not mean that you will not receive care; because your responsible clinician would make alternative arrangements for you to receive treatment in an emergency or only if strict security measures are put in place.

This exclusion from treatment will last for 1 year from the date of this letter.
Should you enter the Trust's premises for any other reason than in an emergency you will be removed from the premises by the Trust Security Department and the Trust will seek legal redress to prevent any future entry to the Trust's premises during this time.

If you wish to challenge the procedures or the way it has been implemented you may appeal in writing to the Trust's Complaints and Improvements Department.

Yours sincerely,

Clinical Director
(On behalf of the Chief Executive)

A copy of the Prevention and Management of Intimidation Violence and Aggression Policy and Procedures should be attached to this letter

Appendix K

PREVENTION AND MANAGEMENT OF INTIMIDATION AND VIOLENCE POLICY
'VICTIM SUPPORT LINE' GUIDANCE

INTRODUCTION

The 'Victim Support Line' is a 24 hour service for anyone who has been the victim of violence, aggression or intimidation and who wishes to discuss their situation impartially and in confidence. This is an independent registered charity (No, 298028) that offers help, support and information to those affected by crime, both victims and witnesses.

Tel: 0845 30 30 900

http://www.victimsupport.org/Help%20for%20victims/How%20we%20can%20help%2 0you/Victim%20Supportline

or contact by e-mail supportline@victimsupport.org

Alternatively the aggrieved person may wish to discuss the incident **(**during the working day) with the Trust's

- Staff Counsellor   0208 725 **3368**
- Chaplaincy Team   0208 725 **3070**
- Queen Mary's Chaplain   0208 487 6000
- Security Manager   0208 725 **0767**
- Security Office   0208 725 **0044**
- Trade Union representative, who will have a range of information on external victim help organisations

Appendix L:

GUIDANCE ON INFORMATION REQUIRED WHEN REPORTING INCIDENTS OF VIOLENCE

Collection and recording the details of incidents of violence is imperative to supporting any legal action against the assailant and to aid in deciding future security and control measures. The following information is to be recorded using the DATIX electronic incident report and where required continued onto one or more copies of the Trust's statement form: -

1. Victim's Details
Full name, DOB, Job title, Workplace (if different to incident location), Contact number

2. Incident Description
Include as much detail as possible about the location, time and severity of the incident, including any injuries received and current location of the victim and if known the assailant's location (is he/she still an in-patient? Others may need to be warned).

Details of the assailant's actions leading up to, during and after the assault, what was said (using the actual language and words spoken), what exactly did he or she do?

Actions of other persons involved in dealing with the situation, e.g. have actions under the Trust's 'Procedure for Care of Individuals who are Violent or Abusive' been taken?

The events must be described in a logical, chronological sequence of events.

3. Police Details
Include the time that the call was made to the police and by whom, and the name of the officer(s) attending the scene, any crime numbers given by the police, their identification numbers and contact details.

4. Witness Details
Include the name(s), address(s) and contact number(s), also whether they are staff, public or patients.

5. Assailants Details
If known, the name, address and contact details of the patient and their patient number. Where no details are known; as full a description of the assailant as possible is required.

COMPLETED REPORTS
Once the DATIX form and any associated statements have been completed they are to be handed to: -

- During normal working hours – Line Manager / Matron / Divisional Director of Nursing / Divisional Director of Operations
- Outside normal working hours – The Duty / Site Manager/ Community Manager on-call

Where the incident report relates to a physical assault or to a non physical assault which is racially or religiously aggravated the manager will contact the LSMS (Security Manager) or Risk Management Department, as soon as possible, so the details can be passed to the NHS Protect within 24 hours of the incident occurring.