

TRUST-WIDE NON-CLINICAL

**MANAGING VIOLENCE
 AGRESSION & ABUSE IN THE
 COMMUNITY**

Policy Number:	HS13
Scope of this Document:	All Staff
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
Date Ratified:	March 2019
Next Review Date (by):	March 2021
Version Number:	2019 – Version 1
Lead Executive Director:	Executive Director of Communications and Corporate Governance
Lead Author(s):	Head of Health Safety Fire and Security

TRUST-WIDE NON-CLINICAL

2019 – Version 1

*Striving for perfect care
and a just culture*

TRUST-WIDE NON-CLINICAL

MANAGING VIOLENCE AGGRESSION & ABUSE IN THE COMMUNITY

Further information about this document:

Document name	Managaing Violence aggression and Abuse in The Community HS13
Document summary	This policy is designed to provide comprehensive guidance and advice to all Mersey Care staff on the management of violent and abusive incidents. This policy, its procedures and associated working groups will enable the organisation to fulfill its responsibilities to report under the relevant statutory requirements.
Author(s) Contact(s) for further information about this document	Carlton Brooks Head of Health Safety Fire and Security Telephone: 0151 472 4071 Email: carlton.brooks@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Lone Working Policy HS14 Management of Security Systems Policy SA29 Health and Safety Policy SA07 Risk Management Policy SA02A
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Consultation Draft, Version 1	The document will be circulated to trust-wide for consultation and presented to the Health and Safety Committee in March 2019 for approval	February 2019

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDAs principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	6
4. Definitions	6
5. Duties	7
6. Process	6
7. Consultation	17
8. Training and Support	17
9. Monitoring	17
10. Equality and Human Rights Analysis	18
11. Appendices	21
Appendix 1: Incident Reporting Flow Chart	22
Appendix 2: High Risk Person Strategy Meeting Flow Chart	23
Appendix 3: Acknowledge of Responsibilities Agreement Letter	24
Appendix 4: Final Warning Letter	26
Appendix 5: Withdrawal of Treatment Letter	27

1. PURPOSE AND RATIONALE

- 1.1 Mersey Care NHS Foundation Trust (the Trust) is committed to tackling violence and abuse against all employees who work in, or provide services within the community however it occurs and in whatever form. We are committed to promoting and improving a safe and secure environment for those who work in or use the NHS so that the highest standards of clinical care can be made available to our service users.
- 1.2 Following the recommendations of the National Audit Office report on Violence in the NHS (A Safer Place to Work, 2003), Ministers were concerned that there was an inconsistent approach to this issue across the National Health Service. By enforcing this policy, staff will know that the Trust takes this issue extremely seriously and that by reporting incidents, something will be done and will be seen to be done when dealing with those who assault or abuse them.
- 1.3 The Trust will not condone, nor tolerate any aggressive, abusive or violent behavior towards its employees engaged in their lawful duties from any source, be they patients or visitors. Decisive action will be taken to protect staff, patients and visitors.
- 1.4 We recognise that in some circumstances, people may have a disability or mental health problem that may make communication more difficult. Where there is a concern about unacceptable behaviour we will always consider individual needs and circumstances before deciding on how we should respond.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Working in an atmosphere of continuing threat is profoundly damaging to the confidence and morale of staff. There are also costs to the Trust in terms of reduced efficiency, sickness or absence. The Trust has adopted a 'Zero Tolerance' approach to violence and aggression towards its staff and service users.
- 2.2 The aims of this policy are:
 - a) To create a safe working environment for all staff and others minimising the risks of intimidation and violence wherever practicable.
 - b) To take all reasonable measures to prevent incidents of violence and aggression occurring and thereby protecting staff and others from risks to their personal safety.
 - c) To provide appropriate levels of support and aftercare in the event of such incidents occurring, through inter agency and departmental working.
 - d) To establish clear procedures for staff and managers when confronted with violence and aggression in order that incidents are reported promptly and effectively.
 - e) To give staff clear guidance on dealing with hate incidents/crimes towards staff by promoting the core principles of human rights (FREDA)¹ and our organisational values '*striving for perfect care for the people we serve*'.
- 2.3 The objectives of this policy will be achieved by:
 - a) Proactively identifying foreseeable risks and putting in place controls to minimise or prevent incidents of violence and aggression occurring, thereby reducing the number and severity of injuries sustained.

- b) Establishing procedures for the management of personal safety including violence and aggression throughout the Trust.
- c) Ensuring suitable and sufficient assessment, reduction and control of risks arising from incidents of violence and aggression.
- d) Providing appropriate staff training as identified by risk assessment.
- e) Ensuring that procedures are in place throughout the Trust to inform individuals of instances where their behaviour has been considered as unacceptable, prior to any further sanctions being considered.
- f) Ensuring that provision is made within the organisation for informing those whose behaviour has been considered as both serious and unacceptable where appropriate treatment is withdrawn or carries certain undertakings in order to continue.
- g) Giving a clear message to all staff and members of the public that violence, aggression and hate crimes / incidents against Trust staff is unacceptable and that the board are committed and determined to address this issue.
- h) Ensuring that a system is in place to actively look to progress prosecutions against offenders wherever appropriate seeking the toughest possible sanctions.

3. SCOPE

- 3.1 The Trust is committed to providing a safe working environment for its staff as is reasonably possible. Whilst a wide range of measures have been employed to protect staff from violence such as lone working devices, security staff, CCTV, panic alarm systems, guidance and training on Conflict Resolution, it is recognised that assaults will still occasionally take place against members of staff.
- 3.2 This policy sets out measures for protecting staff from service users and/or visitors who are persistently abusive or violent. This policy applies to all Mersey Care NHS Foundation staff, temporary or agency staff, contractors, volunteers, students and those on placement or work experience but only in so far as it relates to NHS work being delivered.

4. DEFINITIONS

The Health and Safety Executive (HSE) definition of work-related violence	'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks'
NHS Definition of Physical Assault	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." (Secretary of State Directions, Department of Health. 2003).
NHS Definition of Non Physical Assault Harassment	Non Physical assault is defined as: "the use of inappropriate words or behaviour causing distress and/or constituting harassment." (Secretary of State Directions, Department of Health. 2003)
A hate crime	Harassment is now a criminal offence and is defined in law under the Protection from Harassment Act 1997 as 'A person must not pursue a course of conduct (a) which amounts to harassment of another, and (b) which he knows or ought to know amounts to harassment of the other'
	A hate crime is defined as: 'A criminal offence which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a person's actual or perceived disability, race, religion and belief, sexual orientation and transgender'.

A hate incident	A hate incident is defined as: ‘Any non-crime incident which is perceived by the victim or any other person to be motivated by hostility or prejudice based on actual or perceived disability, race, religion, and belief, sexual orientation and transgender’.
------------------------	---

4.1 Unacceptable behaviour is not defined but some examples are given below:

- Offensive or abusive language, verbal abuse and swearing
- Loud and intrusive conversation
- Unwanted or abusive remarks
- Negative, malicious or stereotypical comments
- Invasion of personal space
- Brandishing of objects or weapons
- Physical assault
- Near misses i.e. unsuccessful physical assaults
- Threats or risk of serious injury to a member of staff, fellow service users or visitors
- Abusive telephone calls, emails and letters
- Bullying, victimization or intimidation
- Stalking
- Alcohol or drug fuelled abuse
- Unreasonable behaviour and non-cooperation such as repeated disregard for NHS policy ie. Smoking on premises, or
- Any of the above which is linked to destruction of or damage to property

4.2 NB – It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti on NHS property

5. DUTIES

- 5.1 The Trust Board** has overall responsibility for organisational strategy to tackle violence and aggression and ensuring compliance with health and safety statutory requirements.
- 5.2 The Chief Executive** is ultimately responsible for ensuring compliance with the legislation, Security Standards, NHS guidance and for ensuring this policy is effective and is also responsible for:
- a) Ensuring that this policy is implemented.
 - b) Appointing an Executive Director to lead on the management of violence and aggression
 - c) Authorising the exclusion of an individual who represents an unacceptable risk of violence to staff or users of our facilities or services.
 - d) The Chief Executive will be supported in the decision making process when applying sanctions by the responsible clinical team.
 - e) Ensuring that suitable and sufficient security arrangements are in place to protect both staff and patients as far as reasonably practical from violence and aggression incidents.
- 5.3 The Executive Director of Communications and Corporate Governance** has delegated accountability for ensuring that Health and Safety arrangements are in place across the Trust and will:

- Ensure that there is a consistent and co-ordinated approach to health and safety throughout the trust.
 - Advise the Chief Executive of any health and safety matters that compromise the effectiveness of the organisational structure, procedures.
- 5.4 **Chief Operating Officer (Liverpool Community)** is the nominated Security Management Director (SMD) who will lead and communicate at board level on strategies to tackle violence against staff. This should take into account the NHS SMS document; ‘ A professional approach to managing security in the NHS (2003) and relevant health and safety legislation.’ The SMD The SMD will:
- a) Advise the Trust Board on matters of Violence and Aggression.
 - b) Ensure that violence and aggression is appropriately considered at departmental and committee level with regular reports submitted.
 - c) Ensure effective monitoring arrangements are in place.
 - d) Champion Violence and Aggression at Health Board level.
- 5.5 **Directors/Associate Directors/Chief Operating Officers/Heads of Services** will take a leading role in promoting and developing a safe and secure environment and will:
- a) Ensure so as far as reasonably practicable that sufficient information, training, instruction and supervision is in place to protect the health safety and welfare of staff within the Service / Department.
 - b) Promote and champion strategies at board level which will tackle violence and aggression.
 - c) Preparing and implement the organisational structure, putting in place individuals with responsibility for the management of violence and aggression within their Service/Department and that these persons are competent to perform these functions
 - d) Ensure that appropriate risk assessments and control measures are co-ordinated throughout their division.
 - e) Liaise with the LSMS/ Health and Safety Advisors to develop arrangements to protect staff from violence and aggression which will be tailored to the needs of their service and the staff that work within them.
 - f) That violence and aggression information or procedures are communicated effectively throughout their division.
- 5.6 **Locality Leads /Care Managers/Team Leaders** Will also take a leading role in promoting and developing a safe and secure environment and are responsible for:
- a) Ensuring the implementation of this policy within their service/department.
 - b) Ensuring as far as reasonably practicable that sufficient information, training, instruction and supervision is in place to protect the health safety and welfare of staff within the Service / Department.
 - c) Identifying hazards and carrying out appropriate (lone working and patient) specific risk assessments in line with current legislation.
 - d) Assessing the need for and ensure that lone working staff delivering care in patients homes are where necessary provided with a lone working device.
 - e) Maintaining a High Person’s Risk Register (HRPR) of service users in the community who pose a risk to staff safety.
 - f) Consulting and involving staff and safety representatives to identify issues and develop appropriate working practices and control measures.
 - g) Ensuring that violence and aggression incidents that meet the criteria are reported to the Health and Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in line with statutory requirements.

5.7 The Head of Health, Safety Fire and Security is responsible for:

- a) To lead and advise the Trust on security and crime related matters.
- b) Providing advice with regards to staff safety issues along with the Service Managers and Locality Leads.
- c) Ensuring that violence and aggression incidents that meet the criteria are reported to the Health and Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in line with statutory requirements.
- d) Challenge enforcement agencies and make representations in order to gain appropriate disposals and courses of action with outside agencies, with the consent of the victim and with the authority of Service Managers/ Locality Leads and Team Leaders.
- e) Consider additional measures against perpetrators of unacceptable behaviour such as internal sanctions, patient undertakings, patient exclusions and anti social behaviour orders.

5.8 Local Security Management Specialist (LSMS) The LSMS/Safety Advisor of each division will:

- a) Provide advice to all staff regarding the management of violence / aggression, in accordance with NHS Protect Standards.
- b) Act as the divisions Subject Matter Experts and will work with key colleagues and staff representatives to manage violence and aggression risks
- c) Support the divisional HRPR process and locality strategy meetings.
- d) Consider additional measures against perpetrators of unacceptable behaviour such as internal sanctions, patient undertakings, patient exclusions and anti social behaviour orders
- e) Progress cases for prosecution and act as a point of contact for the victim, Department, Police, Victim Support and Trust Legal Services.

5.9 Employees have the responsibility to ensure their own safety and that of their colleagues at work.

- a) It is essential, therefore, that all employees are familiar with practice policies and procedures, equipment and precautions adopted to combat the risk of physical and verbal abuse.
- b) Familiarise themselves with Practice Policies and Procedures, guidelines and instructions.
- c) Use any equipment or devices provided for 'at risk' situations i.e. alarms.
- d) Participate in relevant training made available by the Trust.
- e) Report all incidents of physical and verbal abuse (threatened or actual).
- f) Contribute towards reviews by nominated managers concerning any incidents in which they have been involved.
- g) Suggest precautionary measures involving changes in the layout of the work environment and/or carrying out home visits to reduce risk.
- h) Make use of any available staff support and counseling provided by Occupational Health.
- i) Advise the Locality Manager/Line Manager of any perceived risks involved in work activities.

5.9 Localities will

- a) Carry out risk assessments to assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove the risk to employees.
- b) Assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove risk to employees particularly if they are working alone.

- c) Assess and review the layout of premises to reduce the risk to employees.
- d) Assess and review the provision of personal safety equipment i.e. alarms.

- e) Provide support and counseling for victims, or refer to suitably qualified health professionals.
- f) Make employees aware of risks and ensure employee involvement in suitable training courses.
- g) Record any incidents and take any remedial action to ensure similar incidents are prevented.

6. PROCESS

6.1 Risk Assessment

6.1.1 In keeping with a preventative strategy, appropriate risk assessments are essential in order to consider options to eliminate or control identified hazards thereby minimising risk as reasonably practicable. All staff are encouraged to examine their working environments and where risks are identified take appropriate action. There are some situations that may be identified from local and national perspectives however patient specific risk assessments must be completed for all service users prior to undertaking domiciliary home visits, taking the following into account:

- History of unpredictable, challenging, violent or aggressive behavior
- The influence of alcohol and/or drugs, particularly in the home
- The mental, emotional and physical condition of the individual
- Service users who are confused or suffering head injuries
- Suffering from alcohol or substance withdrawal
- Suffering from a paranoid illness where their perception of reality is distorted?
- Poor communication ability
- Service users who have been victims of crime or have a violent forensic history.
- Is the person facing high levels of stress
- Does the person consider you a threat
- Dealing with relatives and carers who may be anxious or angry.

6.1.2 Individuals with a history of violent behaviour are more likely to become violent again; however care should be taken to emphasise that the reoccurrence of violence is not definite and may be preventable. The LSMS can also provide specific information on violence prevention and staff safety measures.

6.1.3 The prevention measures identified by the risk assessment must be recorded in the patient's care plan and this information brought to the attention of all staff who are likely to be involved with the service user.

6.1.4 Where clinical IT systems are in operation eg. EMIS, a flag should be put on the system in relation to the patient identifying any concerns.

6.2 Reporting Incidents to the Police

6.2.1 Consideration should be given to reporting incidents of assault/violence to the police where there is no lawful justification or excuse for the behaviour, with the default position being that a report should be made. However, consideration should be given to the wishes of the victim, although the Trust may report an incident to the police even if the victim does not wish such a report to be made.

6.3 Preventing Violence and Aggressive Behaviour

6.3.1 Where appropriate this section should be read in conjunction with the Lone Worker Policy. This may include the way a service operates to reduce the risk of violence. Common triggers of aggression to consider when completing risk assessments may include:

- a) Parking issues
- b) Queuing at reception and waiting times
- c) Lack of communication about reasons for delay
- d) Not knowing where to go and not having anyone to ask
- e) Poor communication between professionals and patients
- f) Lack of and cleanliness of facilities
- g) Poorly planned appointments and arriving late
- h) Over-crowding

6.3.2 Addressing or implementing control measures to manage the above issues could significantly reduce the number of incidents that occur with our health care services.

6.3.4 The appropriate response to such incidents will depend upon the individual circumstances of each incident. Managers must recognise that action is appropriate where non-physical assault or abusive behaviour is likely to:

- a) Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety; or
- b) Prejudice any benefit the service user might receive from care or treatment; or
- c) Prejudice the safety of other service users; or
- d) Result in damage to property inflicted by the service user, relative, visitor or as a result of containing their behaviour.

6.4 What to do if violence and aggression is encountered?

6.4.1 When faced with a violent or aggressive incident, staff will be supported fully if they have responded in a way that is deemed to be appropriate at the time including adhering to relevant policies and procedures, training given, safe systems of work and the requirements of legislation.

6.4.2 Conflict training provided ensures that all staff understand what types of responses would be deemed appropriate within their local working environment. If an aggressor does not respond to reasonable requests from staff, the Trust would not expect those staff to remain exposed or vulnerable in an escalating situation.

6.4.3 The right of staff to call for police assistance to deal with an aggressor will always be supported by the Trust, and staff should not feel reluctant to do so if they feel this is necessary. Also, withdrawing to a place of safety may be deemed appropriate in some circumstances. In most situations, however, the involvement of the police may not be an immediate course of action chosen by staff, as other options to deal with the individual may be considered more appropriate or more effective. This may include staff being able to control the situation and the response by raising a panic alarm to summon assistance.

6.4.4 Staff, will be supported by the Trust so long as their actions are appropriate, within agreed parameters including legislation and the circumstances as they were perceived to be at the time of an incident.

6.4.5 Responding to unacceptable behaviour

- a) In the first instance the member of the staff should ask the perpetrator to **STOP** behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not in any circumstances respond in a like manner.
- b) Where necessary, the Police should be contacted, as soon as is practicable, by the person subject to the non-physical assault, or by their manager or a relevant colleague. The seriousness of the incident should be taken into account when deciding whether the Police should be involved. For example, someone swearing at a member of staff could be dealt with administratively through warning letters about their behaviour, but where the verbal abuse involves threats, the Police should always be called.
- c) Where applicable, the Police should be given information about the assailant's clinical condition (if known), if this could be seen as a contributory factor leading to the non-physical assault taking place. However, the presence of a clinical condition should not necessarily preclude action being taken. This should be a matter for the Police or the Trust.
- d) If the person is acting in an unlawful manner, causes damage or actually strikes another then the police should be called immediately.
- e) Should it prove necessary to remove the person from the premises the police should be called and staff should not attempt to manhandle the person from the premises.

6.4.6 **It is the Trust's policy to press for charges against any person who damages or steals NHS property or assaults any member of staff or visitor/patient**

6.5 Procedures following an incident of aggression or abuse

- a) Within 24 hours convene a HRPR STRATEGY meeting which should include the Service Manager, staff involved and the LSMS/Safety Advisor to review the incident with in order to determine severity. **See flow chart at Appendix 2**
- b) Determine if the service user should be placed on the High Risk Person's Register or removed from the service forthwith
- c) Decide if a written warning should be given
- d) Decide whether to take further action if the matter has been sufficiently dealt with by the advice already given.

6.6 Incident Reporting

6.6.1 All incidents of violence, aggression and hate incidents/crime including verbal abuse, must be reported through the Incident Reporting System (via Datix) and relevant investigations initiated. It is essential to have in place procedures that ensure the prompt and accurate recording and analysis of all reported violence and aggression incidents. This will help ensure the submission of agreed data between the locality, service users, GP's and other local partners.

6.6.2 **Contacting the Police - (Physical Assault)**

6.6.3 The Police are to be contacted immediately by the person assaulted, or by their manager or a relevant colleague. Staff should be aware that failure to report an assault to the Police could adversely affect any claim for compensation under the Criminal Injuries Compensation Authority Scheme.

6.6.4 The Local Security Management Specialist (LSMS)/ Health & Safety Team will:

- Ensure that full co-operation is given to the Police investigation and any subsequent action, into a case of physical assault, including access to personnel, premises and records (electronic or otherwise) considered relevant to the investigation.
- That details of the incident are recorded on DATIX to comply with Health and Safety legislation.
- That all possible preventative action is taken to minimise the risk of a similar incident reoccurring.

6.6.5 Where appropriate, that an acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or Occupational Health referral are offered. The acknowledgment should state that the matter would be dealt with, that action will be taken and that the particular member of staff will be kept informed of progress and outcome.

6.6.6 It is important that service users, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour.

6.7 **Marking a patients records**

6.7.1 In the event of an act of violence or aggression taking place, it is possible to mark the patient's record to warn other staff of the potential threat of violence. Where an electronic records system is used, a marker can be used to alert staff when they securely access the patient's record.

6.8 **Support for employees subjected to abuse or physical aggression**

6.8.1 The Trust takes a serious view of any incidents of physical and verbal abuse against its employees and will support them if assaulted, threatened or harassed.

6.8.2 The first concern of managers after an incident is to provide appropriate debriefing and counselling for affected employees. Depending on the severity of the incident this counselling may be undertaken by trained professionals.

6.8.3 Line Managers are required to assess whether staff involved in an incident require help or support but further support and advice is available from the Health and Safety Team and the Occupational Health Department. It is recognised that the victim has the choice as to whether debriefing or counseling is desired, it is not a mandatory requirement. This area may need to be revisited on more than one occasion and requires careful management.

6.8.4 The Line Manager will assist victims of violence with the completion of the a DATIX incident report and where appropriate will report the incident to the police. In the event of serious physical and verbal abuse consideration will be may be given withdraw care.

6.9 Taking action against offenders

6.9.1 The action we will take is dependent on the outcomes of the High Risk Persons strategy meetings which will consider the following:

- a) The type of incident verbal abuse or physical assault.
- b) History of previous incidents
- c) The clinical condition of an individual e.g. any mental health issues
- d) Safeguarding issues
- e) Non-compliant issues with treatment
- f) The impact of action on an individuals health
- g) Future behaviour regarding any threats to staff

6.9.2 There is a range of sanctions which can be taken against those who abuse Trust staff or property. Whilst these sanctions are described (in the table below) as a sequential process, the policy can be initiated at any stage if, in the judgment of the staff involved, the severity of the behaviour warrants that level of intervention.

6.10 How we will take administrative action for unacceptable behaviour

<p>Trigger Stage 1: Give A Verbal Warning</p> <p>The aim of the verbal warning is twofold:</p> <ol style="list-style-type: none"> 1. To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it re-occurring; and 2. Ensure that the service user, relative or visitor is aware of the consequences of further unacceptable behaviour. 	<p>Verbal warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult service users, relatives or visitors in an attempt to modify their behaviour or to punish them, but used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it recurring minimised.</p> <p>Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the service user, relative or visitor should be warned of the consequences of future unacceptable behaviour (i.e. withdrawal of health care service).</p> <p>Where it is deemed appropriate to speak to a service user, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.</p>
<p>Trigger Stage 2: Issue a Behaviour Agreement – Acknowledgement of Responsibilities Agreement (ARA)</p> <p>A template letter and Behaviour Agreement are shown in Appendix 3.</p>	<p>An Acknowledgement of Responsibilities Agreement or Behaviour Agreement – is issued whenever verbal warnings fail. It is an intervention designed to engage an individual in acknowledging his or her anti-social behaviour and its effect on others, with the aim of stopping that behaviour.</p> <p>The service manager should where possible arrange a meeting with the service users which should be conducted in a fair and objective manner. If the person fails to attend the ARA should sent to their home. A formal record should be made and maintained by the service and the patients records flagged with a warning and their GP provided with a copy of the letter.</p> <p>When a service user warrants an ARA they should be placed on the HRPR for 6 months and warned of an immediate final written warning if they breach the terms during that period.</p>
<p>Trigger Stage 3: Issue a Final Written Warning Letter – unacceptable behaviour</p>	<p>A final warning letter may be sent by the service manager for failure of the person to comply with the terms and conditions of the ARA.</p> <p>Again a meeting should be arranged and a formal record made and</p>

<p>A written warning letter signed by the Service Manager (see Appendix 4)</p>	<p>maintained by the service. The patient's records should be updated and their GP informed. If the service user fails to attend the meeting then the letter should be sent in their absence to their home.</p> <p>The service user will be advised that any further incident of unacceptable behaviour within that 12 month period may result in escalation in their exclusion from treatment by the Trust. A formal record should be made and maintained by the responsible service and the patients records updated and their GP informed</p> <p>The service user must be advised that the letter can be appealed through the Trust Complaints process.</p>
<p>Triggers Stage 4: Issue a Withholding of Treatment Letter</p> <p>A Withholding letter of treatment can be found at Appendix 5</p>	<p>Withholding treatment is considered, where the service user fails to comply with the terms of Stages 3 & 4 and/or immediately following situations where the service users behaviour has been of an extreme or serious nature.</p> <p>The issuing of this letter and subsequent exclusion from treatment by the Trust will be implemented by an appropriate senior member of the Trust management team, who must be different from the member who invoked Stage 3 the final warning letter.</p> <p>The case should be presented to either the Director of Nursing or the responsible Chief Operating Officer before any formal action is taken.</p> <p>Note: The Government's 2001 health service circular, Withholding treatment from violent and abusive patients in NHS trusts, makes it clear that treatment can be withheld immediately in exceptional circumstances – although normally patients would be warned – but leaves it to trusts to formulate their own detailed policies.</p>

6.11 Exclusion from treatment – making alternative care arrangements

- 6.11.1 A patient who have received a withholding treatment letter should be advised that they can appeal to the Trust against any decision to exclude them from treatment through the Trusts Complaints process. Such exclusion should last for a period of 12 months, subject to alternative care arrangements being made. The Trust (including the Consultant responsible for the service user's care) will discuss such arrangements with the service usres General Practitioner and relevant Commissioning body to ensure appropriate alternative arrangements are commissioned.
- 6.11.2 Where immediate alternative care arrangements are required, but cannot be made, there should be security staff in attendance to support the clinical team if necessary.
- 6.11.3 In the event of an excluded individual presenting at any Trust healthcare center for emergency treatment that individual should be treated if clinically safe to do so and stabilised with, if necessary, security staff in attendance.

6.12 Persons right to appeals against withholding treatment

- 6.12.1 Should the service user wish to challenge the decision, they may do so through the Trust's Complaints process PALS who should liaise with the relevant division to ensure that a full

investigation of the withholding treatment implementation process has taken place which will then be referred to Director of Nursing for discussion and final approval or refusal.

6.13 What to do if an excluded person returns onto trust premises

6.13.1 If an excluded individual returns to the Trust in circumstances other than a medical emergency, security staff should be called immediately. If necessary, the police will be asked to attend. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

6.14 Other methods of sanctions

6.14.1 In the event that internal administrative action taken as described in section 6.10 fails to prevent unacceptable behaviour, the Head of Health Safety Fire and Security will liaise with the Police to identify other types of sanctions such as:

- Civil injunctions and Anti-Social Behaviour Orders (ASBOs)
- Criminal prosecution and police bail condition
- Use of secure environments.

6.15 Aggravating factors

6.15.1 Members of staff should never be prevented or discouraged from reporting non-physical assaults to the police. In appropriate cases the clinical condition of the assailant should be considered as part of the decision-making process. The following is a list of possible aggravating factors which should be considered when deciding to report an incident to the police:

- The effect on the victim and/or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the ground of race, religious belief (or lack of), nationality, gender, sexual orientation, age, disability or political affliction.
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property
- The incident was an attempted, incomplete or unsuccessful physical assault
- The incident involves action by more than one assailant
- The incident is not the first to involve the same assailant(s)
- There is an indication that a particular member of staff or department/section is being targeted
- There is a serious concern that any threats made will be carried out
- There is a concern that the individual's behaviour may deteriorate or that other NHS bodies and care services should be advised or alerted
- The response to the incident has caused significant additional expenditure
- All incidents involving firearms should be reported to the Police

7 CONSULTATION

7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels. However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8 TRAINING AND SUPPORT

8.1 All staff will be informed of this policy on induction and as part of on going instruction within each department in line with the Training Needs Analysis as set by Learning and Development.

8.2 All frontline staff must attend Conflict Resolution Training in line with the Training Needs Analysis as set by LCH. Details of this training can be found on the Learning and Development Bureau intranet site.

9 MONITORING

What part of this policy will be monitored	Where in the policy is this described	Process used for monitoring	Frequency of monitoring	Monitored by who	Responsible committee for receiving reports
Reporting of violence and aggression against staff	6.5	Review datix incident reports	Daily	Health and safety team	Bi-monthly SPA reports to health safety committee
Redress process taking action against offenders	6.9	Copies of warning letters	As required	Health and safety team	Bi-monthly reports to health safety committee
Staff support following serious incident	6.7	Datix reports	As required	Health and safety team	Bi-monthly reports to health safety committee

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: The Management of Violence, Aggression and Abuse in the Community
Area covered: Trust-wide

<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i></p> <p>This policy is designed to provide comprehensive guidance and advice to all Mersey Care staff on the management of violent and abusive incidents. This policy, its procedures and associated working groups will enable the organisation to fulfill its responsibilities to report under the relevant statutory requirements.</p>
--

<p>Who will be affected? <i>e.g. staff, patients, service users etc</i></p> <p>Staff and service users</p>

Evidence

<p>What evidence have you considered?</p> <p>The security management standards of the NHS and the recommendations of the National Audit Office report on Violence in the NHS (A Safer Place to Work, 2003), Ministers were concerned that there was an inconsistent approach to this issue across the National Health Service. By enforcing this policy, staff will know that the Trust takes this issue extremely seriously and that by reporting incidents, something will be done and will be seen to be done when dealing with those who assault or abuse them. and health and safety legislation requiring N</p>
--

<p>Disability (including learning disability)</p> <p>N/A</p>

<p>Sex</p> <p>N/A</p>

<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>Patients will be treated fairly in line with The Equality Act regardless of ethnic background</p>
--

<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p> <p>N/A</p>

<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i></p> <p>N/A</p>

<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>N/A</p>
--

<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. N/A</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities. N/A</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. N/A</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. N/A</p>
<p>Cross Cutting implications to more than 1 protected characteristic N/A</p>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Use supportive of a HRBA
Right of freedom from inhuman and degrading treatment (Article 3)	Use supportive of a HRBA
Right to liberty (Article 5)	Use supportive of a HRBA
Right to a fair trial (Article 6)	Use supportive of a HRBA
Right to private and family life (Article 8)	Use supportive of a HRBA
Right of freedom of religion or belief (Article 9)	Use supportive of a HRBA
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Use supportive of a HRBA
Right freedom from discrimination (Article 14)	Use supportive of a HRBA

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Consultation with the following groups
 Divisional service managers
 Divisional Risk Leads
 Staff Side Safety Representatives
 Health and Safety Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

No issue identified

Advance equality of opportunity

No issue identified

Promote good relations between groups

No issues identified

What is the overall impact?

No issues identified

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges and priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*

- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Carlton Brooks (Head of Health Safety Fire and Security)

Date assessment completed:

January 2019

Name of responsible Director:

Date assessment was signed:

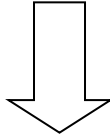
11. APPENDICES

- Appendix 1: Reporting Procedure Flow Chart
- Appendix 2: High Risk Persons Strategy Flow Chart
- Appendix 3: Acknowledgment of Agreement Warning Letter
- Appendix 4: Final Warning Letter
- Appendix 5: Withholding of Treatment Letter

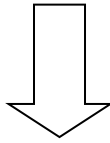
Appendix 1

PROCEDURE FOR REPORTING VIOLENT INCIDENTS AGAINST EMPLOYEES

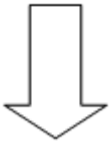
Physical Assault



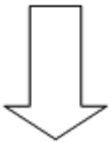
Member of staff, manager, colleague reports incident to:



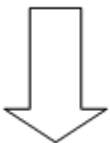
Trust on Call Manager
(and Police If Appropriate)



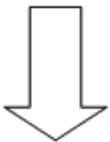
Completes Incident Form



Report assault to
LSMS/Health & Safety Department

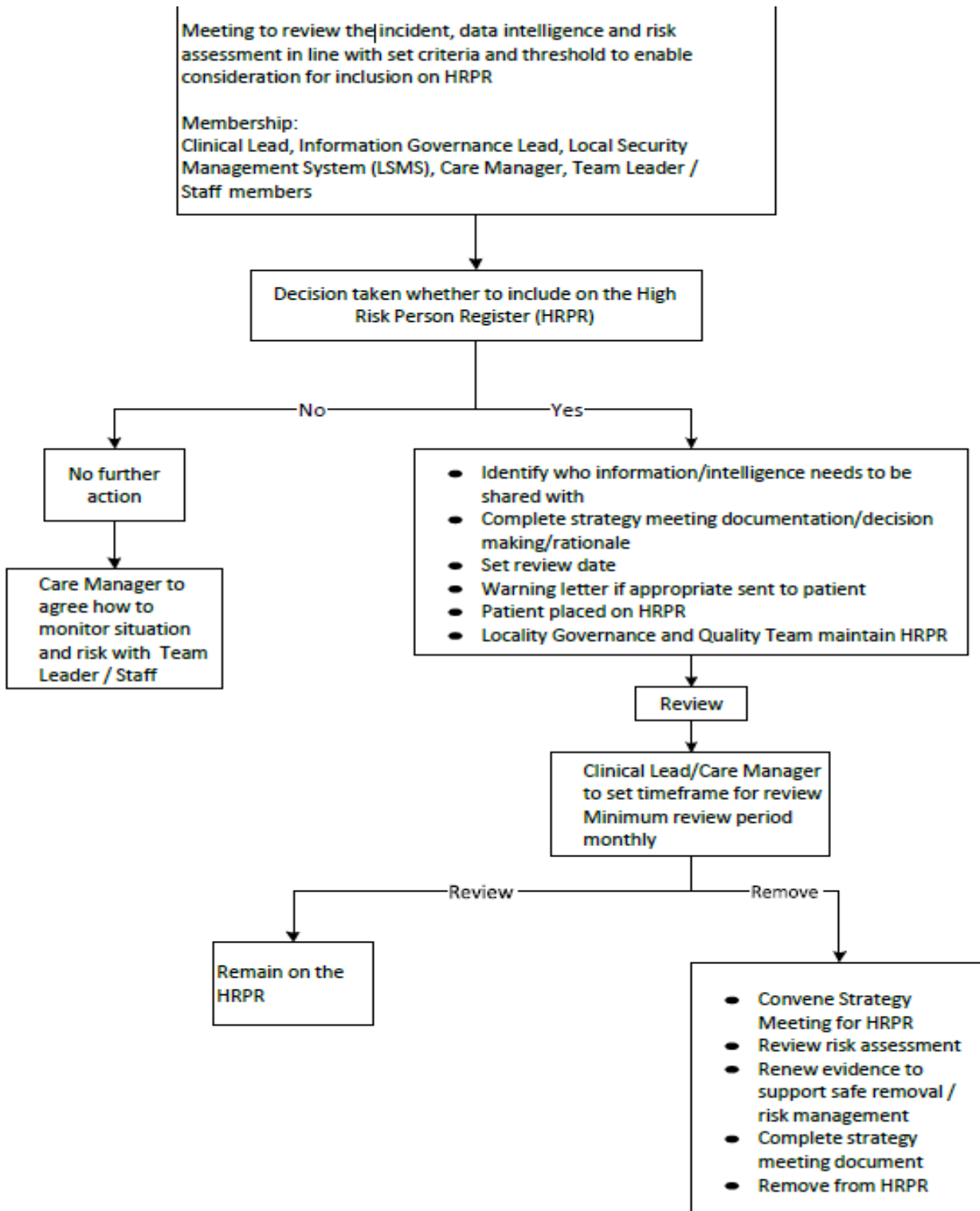


Complete RIDDOR report if staff member is absent from work for more than 7 days.



Person assaulted to be kept informed of progress and outcome of the case.

Appendix 2: High Risk Person Register (HRPR) Panel/Strategy Flow chart



Appendix 3

ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENTS

Dear

<Date>

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

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

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you at the meeting you attended on <insert location and date> to acknowledge responsibility for your actions and agreed a way forward.

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

<List of conditions>

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

The matter will be reported to the Police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.

Consideration will be given to other sanctions such as obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

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

If you do not reply within fourteen days, I shall assume your agreement. Yours sincerely,

< Signed by senior staff member >

< insert name >

< insert role>

Signed Date

ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENTS

Dear

<Date>

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

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

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you at the meeting you attended on <insert location and date> to acknowledge responsibility for your actions and agreed a way forward.

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

<List of conditions>

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

- The matter will be reported to the Police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration will be given to other sanctions such as obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

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

If you do not reply within fourteen days, I shall assume your agreement. Yours sincerely,

I,, accept the conditions listed above and agree to abide by them accordingly.

Signed Date

APPENDIX 4: FINAL WARNING LETTER

Dear

FINAL WARNING

<Date>

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

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

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

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

(To be adjusted as appropriate)

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

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

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

A copy of this letter has been issued to your General Practitioner and Consultant.

Yours sincerely,

< signature of service manager >

< insert name.>

< insert role >

Signed by senior staff member

APPENDIX 5: WITHHOLDING OF TREATMENT LETTER

Dear <Date>

Withholding of Treatment

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

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

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

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

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

In a medical emergency or

Where you are invited to attend at a pre-arranged appointment

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

Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself

The matter will be reported to the Police with a view to this health body supporting criminal prosecution by the Crown Prosecution Service or other sanctions. Any legal costs incurred will be sought from yourself

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

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

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

A copy of this letter has been issued to your General Practitioner and Consultant.

Yours sincerely,

Signed by Chief Executive

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Consultation	Send draft policy to Liverpool Community Local Division Secure Division Staff Side Health and Safety Team Trust Policies Group	01 Feb 2019	
Engagement	Present policy at Health and Safety Committee for discussion /approval Trust Policies Group	Mar 2019	