

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# Policy and Procedure for the support of people who experience abuse, discrimination and violence

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2016 – Review Version 2

Quality, recovery and wellbeing at the heart of everything we do

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## Policy and Procedure for the support of people who experience abuse, discrimination and violence

**Further information about this document:**

Document name	<p><b>HR 09</b> <b>Policy and Procedure for the support of people who experience discriminatory abuse, aggression and violence</b></p>
Document summary	<p><b>Applies to all Trust staff, service user, carers, relatives and visitors.</b></p> <ul style="list-style-type: none"> <li><b>Details principles which underpin the approach to the management of abuse, discrimination and violence within Mersey Care NHS Foundation Trust .</b></li> <li><b>Outlines responsibilities of Managers and members of staff.</b></li> <li><b>Outlines procedure to be followed for staff who have experienced abuse and / or violence in the workplace.</b></li> <li><b>Outlines procedure to be followed for service users are in the care of Mersey Care NHS Foundation Trust and who have experienced abuse, discrimination and violence within the Trust.</b></li> <li><b>Outlines the responsibilities of the Trust and individuals in relation to liaising with the Police and Crown Prosecution Service.</b></li> </ul>
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To be read in conjunction with	<b>SA03:</b> Reporting, management and review of adverse incidents <b>SA07:</b> Health, safety and welfare <b>SA10:</b> Procedure for Use of Clinical Risk Assessment <b>HR10:</b> Equality and Human Rights <b>HR14:</b> Dignity and respect at work - prevention of harassment & bullying at work <b>SD18:</b> Support of service users who present with challenging behaviour (formerly recognition, prevention and management of aggression/violence)
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**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 vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable 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/vulnerable 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 vulnerable 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 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 the with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## 1. PURPOSE AND RATIONALE

### Purpose

- 1.1 This policy is a framework to support people within Mersey Care who have experienced. Discriminatory abuse, aggression and violence during their time within Mersey Care NHS Foundation Trust. It provides guidance for managers to address the discriminatory abuse, violence or aggression experienced by people within Mersey Care's services.

### Rationale

- 1.2 Mersey Care NHS Foundation Trust believes that discriminatory abuse, aggression and violence against NHS staff, the people who use its services, volunteer or visit its services are unacceptable. Mersey Care NHS Foundation Trust believes that everyone deserves the right to be treated with dignity and respect and to be safe and secure.
- 1.3 The Department of Health has set up NHS Protect which includes the Counter Fraud and Security Management Service (NHS PROTECT). One of its main aims is to reduce the level of abuse NHS staff experience. Their work is directed by secondary legislation. The Trust fully supports and implements their guidance.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The aims and objectives of this policy are as follows:
- 2.2 To detail the principles which underpin the approach to the management discriminatory abuse, aggression and violence which may be experienced by NHS staff, the people who use its services, volunteer or visit its services.
- 2.3 To provide assurance that any discriminatory abuse, aggression and violence will be dealt with in a responsive and supportive manner.
- 2.4 To outline the responsibilities of Managers and members of staff.
- 2.5 To outline the procedure to be followed for staff who have experienced discriminatory abuse, aggression and violence in the workplace.
- 2.6 To outline the procedure to be followed for people who use our services who have experienced discriminatory abuse, aggression and violence
- 2.7 To outlines the procedure to be followed for staff who have experienced discriminatory abuse, aggression and violence
- 2.8 To outline the procedure to be followed for volunteers who have experienced abuse, discrimination and / or violence in the workplace.
- 2.9 To outline the procedure to be followed for people visiting Mersey Care services who have experienced discriminatory abuse, aggression and violence
- 2.10 To outline the responsibilities of the Trust and individuals in relation to liaising with the Police and Crown Prosecution Service.

## 2.11 This policy aims to achieve :

A reduction in the level of abuse NHS staff experience.

A reduction in the level of abuse people using our services experience.

An improvement in staff satisfaction across the Trust.

An improvement in the quality of reported service user experience across the Trust.

## 3. SCOPE

3.1 This policy applies to all staff, service users, carers, relatives, volunteers and visitors within the Trust. The incidents that this policy covers relate to all levels of violent, aggressive, abusive and discriminatory behaviour, including incidents that are repetitive in nature and potentially psychologically damaging.

## 4. DEFINITIONS

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

**Table 1: Definitions**

Term	Definition
Violence	An Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health'.(Source - NHS Zero Tolerance Resource Pack 1999).  The above could include a threat of violence, verbal abuse, threatening gestures, stalking, and minor injuries.
Physical Assault	'Any intentional or reckless act which causes a person to apprehend immediate unlawful force or personal violence' ( <i>Source - Offences against the Person Act 1861</i> ). 'The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort' ( <i>Source – Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide Services to the NHS – 2003</i> ).
Non-physical assault	'The use of inappropriate words or behaviour causing distress and / or will include that which is motivated by prejudice constituting harassment (Source – NHS Security Management Service).
Hate Crime	The Association of Chief Police Officers distinguishes between a hate incident and a hate crime. A hate incident is: - "Any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate." Whilst a hate crime is defined specifically as: -

Term	Definition
	"Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate "
Discriminatory abuse	Occurs when someone picks on an individual or treats them unfairly because something about them is different. This can include racist, sexist, and homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.
Support	<p>Within the document support is detailed and is defined as any intervention by the manager, team members in negotiation with the person to aid recovery from experience or experiences of discrimination, abuse or violence. It can include emotional/psychological, physical or practical support. This may include a specific immediate response such as access to medical intervention or a longer term 1-1 contact within supervision, occupational health, staff support or staff networks.</p> <p>It may also include support through the criminal justice process if a case such as a hate crime is followed by police intervention.</p>

## 5. DUTIES

### Trust Board

- 5.1 The Board has ultimate responsibility for ensuring that there is a process in place for monitoring incidents and creating a culture where discriminatory abuse, aggression and violence is not tolerated. The Board also has a responsibility to ensure that all staff working in the Trust are aware of, and operate within the policy and Support and develop the Zero Hero culture/ campaign across the Trust.

### Lead Executive Director

- 5.2 The lead Executive Director for this policy has strategic responsibility for the implementation of this policy. The reporting and implementation of the plans of lessons learnt from incidents and support and develop the Zero Hero culture/campaign across the Trust

### Lead Local Security Management Specialist

- 5.3 The Lead Local Security Management Specialist (LSMS) has operational responsibility to:-
- Ensure that where staff are assaulted or subject to hate crime they are supported in bringing about prosecutions of service users, members of the public
  - Flag up known perpetrators identified through NHS Protect alerts
  - Identify and implement anti crime initiatives (e.g. prevent and deter)
  - Share reports on the levels of violent / abusive behaviour and the analysis of incidents across the Trust within the Health and Safety Committee.
  - Liaise with victims of a crime with the aim of supporting them with prosecutions / legal issues.



- f) Monitor levels of discriminatory abuse, aggression and violence in each area and undertake assessments to identify any remedial actions required.

### **Chief Operating Officers**

5.4 Have local operational responsibility to:

- a) Support and develop the Zero Hero culture/campaign across the Division
- b) Monitor the levels of abuse and violence within their Divisions are monitored and lessons are learnt from incidents.
- c) Ensure people are fully supported when an incident occurs and all necessary procedures are undertaken.
- d) Trends of violent / abusive/discriminatory behaviour from both an individual service user and general perspective are analysed and action plans put in place to ensure steps are taken to reduce the levels of violent / abusive behaviour.
- e) Each division has an individual who will lead their development in relation to security and lead the implementation of the actions outlined below. Co-ordination of divisional activity will take place by the Trust's lead for security. All liaisons nationally will take place with the lead Local Security Management Specialist who will disseminate information to their colleagues.

### **Trust Equality and Humans Rights Lead**

5.5 Equality and Humans Rights Lead will: -

- a) Ensure training is available that provides information on the reporting of discrimination and the actions that should be taken.
- b) Provide support to staff and individual clinical areas in dealing with cases of discrimination.
- c) Support the analysis of discriminatory incidents and identify any remedial actions required with the Service Directors.

### **Deputy Director of People Participation**

5.6 The Deputy Director of people participation will ensure that:

- a) Support is provided to every member within People Participation in reporting discriminatory abuse, violence or aggression within Mersey Cares services to the Police.
- b) Contact will be made to any with any member who has been subject to an assault/hate crime by letter to formally offer support and advice.
- c) Systems are in place to continue the support through any processes that may follow an assault or discriminatory abuse.
- d) The monitoring of any discriminatory abuse, violence or aggression are maintained within People Participation team

## Managers

- 5.7 The Trust will support people in the reporting of discriminatory abuse, violence or aggression to the Police, which they can do irrespective of the outcome of the service user's mental state assessment.
- 5.8 Staff have a right to expect the full support of their Line Manager when deciding to report a violent, abusive or discriminatory incident to the Police.
- 5.9 This support can and may include; psychological support, practical support in obtaining medical assistance and communications with the Police, promoting and assisting contact with other relevant agencies such as the Trust Criminal Justice Liaison Service, Staff Support Services and the Criminal Injuries Compensation Authority.
- 5.10 Line Managers and their Services will make contact with any employee who has been subject to an assault/ hate crime by letter to formally offer support and advice.
- 5.11 Line Managers and their Services will provide staff with a recognised mechanism for reporting incidents and ensure its completion within the guidelines. This will help to establish patterns of behaviour within the clinical environment.
- 5.12 Line Managers and their Services will be responsible for sharing information with staff which relates to the progress of a case once it has been reported to the Police when it is shared with them. It is often difficult to get progress reports from Police as they will contact the member of staff directly therefore staff must keep the Manager of their Service or Department informed of progress, this will help the Service or Department support the member of staff in all appropriate ways.
- 5.13 Where the Police are not providing progress reports Managers can support staff in gaining this information either by contacting the Police directly or encouraging the member of staff to contact them in accordance with their statutory rights to be kept up to date.

## Staff

- 5.14 Staff have a responsibility to report a violent, abusive or discriminatory incident whether a victim or a witness. As within SA 03: Adverse Incidents Policy
- 5.15 Staff must ensure that they report the incident, as soon as is reasonably possible in line with the guidelines set for the reporting of adverse incidents. Staff must report the incident in a way that fully relates the circumstances in which the incident occurred which includes detailing witnesses. All documentation can be used as admissible evidence should the matter be progressed through the Criminal Justice System so staff should ensure that records are both accurate and objective. Also, any evidence e.g. weapon used must be placed in an evidence bag.

## 6. PROCESS

### 6.1 Supportive procedure for Incidents against staff

- 6.1.1 All incidents of discriminatory abuse, aggression and violent behaviour ( this includes those via social media) should be recorded via the Datix Incident Reporting System.

- 6.1.2 The incidents should be considered with / by the Multi-Disciplinary Team and discussions made pro-actively to amend treatment plans with the aim of reducing anti-social/abusive behaviour.
- 6.1.3 Staff are also expected to try and understand the causes of discriminatory abuse, aggression and violence with the aim of implementing preventative actions. The use of the HCR20 assessment tool (found in SA10: Procedure for Use of Clinical Risk Assessment) is key in helping staff assess the causes of violence and likelihood.
- 6.1.4 Support will be offered by clinical team and local manager to staff who are experiencing discrimination, abuse or violence. This can include

### **Incident Management / Involvement of the Police**

- 6.1.5 To act in accordance with policy SD 18: Support of service users who present with challenging behaviour Policy (formerly recognition, prevention and management of aggression/violence)
- 6.1.6 Staff will use the skills they have been taught to de-escalate violent behaviour where possible and where necessary physical intervention. There will be occasions when a user does not respond to these actions and immediate support and intervention from the Police is required. When calling the Police staff must: -
- a) Be clear why they are calling the Police
  - b) Understand and relay what assistance is required
  - c) What the level of risk is assessed as – i.e. threat to life
  - d) If weapons are being used
- 6.1.7 Provision of the above information will ensure that the incident is given the appropriate priority waiting by the call centre. Once the police arrive it is important that the nurse in charge of the incident liaises with their senior officer and provides them with: -
- a) The duration of the violent behaviour
  - b) Mental state of the individual
  - c) Recent medication given to the service user
  - d) Physical health concerns/ history
  - e) Reason for engaging the police and desired outcome
- 6.1.8 The Police have the right and responsibility to decide what type of intervention to use to manage an incident but it is the duty of staff to provide them with information that will make their decision making process easier and safer. Therefore trust staff must remain engaged with the process and keep in close contact with the police throughout their involvement
- 6.1.9 Some of the interventions that the Police may consider using, could have a negative effect on the health and wellbeing of the service user i.e. Taser, Pava spray, multiple handcuffs etc, particularly if the service user has been aroused for a considerable period of time.

- 6.1.10 Staff have a duty to inform the Police of any known contra indications to them using any of the above and to implementing care after the interventions that will keep the service user safe.
- 6.1.11 If a patient is remanded from the Ward by the Police i.e. to Police cells the Criminal Justice Liaison Team must be informed at the earliest opportunity so that they can liaise with the Police.

## **Police**

- 6.1.12 The Trust in partnership with Merseyside Police have recruited 4 Police Officers to work specifically and substantially within a number of Mental Health In-patient sites: -
- Broadoak Unit
  - Clock View and PICU
  - Ashworth Hospital,
  - Scott clinic
  - Low secure
- 6.1.13 These Officers will take the lead in investigating all incidents in these areas. Police are expected to keep victims involved and informed regarding the progress that is being made with an investigation.
- 6.1.14 Police are expected to take all cases referred seriously with the premise that all cases should be investigated.
- 6.1.15 Should expect to receive and / or request the clinical police referral form which will provide guidance regarding the clinical appropriateness of undertaking a Police investigation and pursuing a prosecution.

## **Post Incident**

### **Assessment Process**

- 6.1.16 Staff should ensure that a service user, who has committed a violent, abusive or discriminatory incident, should receive a mental state examination by a medical practitioner. This assessment will be important in establishing the likelihood of a realistic criminal action being undertaken and should not simply reflect the status of the patient under the Mental Health Act. The specific circumstances of the incident at that time will be the main consideration in such an assessment.
- 6.1.17 The immediacy with which this should be undertaken will be based upon the severity of the incident and likelihood of a recurrence. The reasons for undertaking an assessment of mental state include: -
- 6.1.18 To assess the risk of re-occurrence and / or escalation.
- 6.1.19 To clarify causative factors and to identify alternative treatment arrangements / changes to the care plan.

6.1.20 To clarify the person's the understanding of the outcomes of their actions, which may be required if legal sanctions are considered.

### **The Role of the Multi-Disciplinary Team / ACT Team / Care Team**

6.1.21 To discuss all discriminatory abuse, aggression and violence and consider: -

6.1.22 Need to refer to the Police and support the member of Staff

6.1.23 Effect on referral to the Police on the service user's mental health care and management

6.1.24 Changes that are required in relation to the service user's care plan.

6.1.25 On going support and need to review the member of staff work pattern in relation to contact with / by the service user and or his family.

6.1.26 To provide appropriate information to the Police on the alleged person's mental state and ability to take part in the Police investigation. Initially this would be achieved by the completion of the Police referral form

6.1.27 To provide information, as requested by the Police, which may include any previous assault / incident history.

6.1.28 To review the circumstances around the incident and identify root causes with the aim of gaining an understanding of the practices / systems which need enhancing / amending.

6.1.29 Work required with the person to prevent future repeat of any discriminatory abuse, aggression or violence

6.1.30 Incorporating all discriminatory abuse, aggression and violent behaviours into the process of assessing risk and formulating a management plan which will involve the participation of the person and / or their carer.

### **Range of actions after an incident**

6.1.31 A range of measures can be taken by the Trust depending on the severity of the abuse / assaults which may assist in the management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour, these may include: -

#### Verbal warnings

6.1.32 When an incident of violence or abusive behaviour has occurred, it is important that the individual concerned is informed clearly that this type of behaviour is not acceptable. Within a clinical setting it is important that the whole Team endorses this approach and the verbal warning comes from either the Consultant Psychiatrist or a Team Manager. The verbal warning should reflect the level of the incident and the ability of the person to understand the discussion. The reasons for the person's behaviour should be clarified and alternative ways of behaving considered. Discussion should clearly clarify the persons own responsibility to control their behaviour and any consequences that they could experience if the actions are continued. The content of the discussion and the person's response should be documented. The verbal challenge to the behaviour should take place as soon after the incident as possible and at the lowest level of a breach of acceptable behaviour

## Behaviour contracts

- 6.1.33 The Clinical Team in discussion with the service user can draw up a written agreement which details the behaviour that is unacceptable and the actions that will be taken if it continues. With some service users, it will be appropriate to develop an agreement prior to any negative behaviour occurring, and this would be based on previous behaviour.
- 6.1.34 Where a service user's behaviour changes significantly during an exacerbation of their illness, it is appropriate to include a management plan that is jointly agreed within an Advanced Statement

## Written warnings

- 6.1.35 Written warnings are usually used after a verbal warning has been given or due to a serious incident of violent/ abusive behaviour. Written warnings are most effective when they follow up a verbal discussion with the service user and are written by a Senior Clinician or Manager. They should be produced in a format that is appropriate to the individual and clearly identify the unacceptable behaviour including when and where it occurred. The letter should also identify any future actions that will be considered if there is a re-occurrence of unacceptable behaviour. This must be provided in a format appropriate to the person receiving it.

## Restricting treatment

- 6.1.36 The Multi-Disciplinary Team have a responsibility to consider and, where possible, implement alternative arrangements to how care is provided which will reduce the risk to staff and other people. These could include the use of telephone consultation, meeting in secure environments, the Police, being asked to attend all appointments, multiple staff attending meetings with the service user. These amendments to care should be part of the risk management plan and fully discussed, agreed and documented.

## Withholding Treatment

- 6.1.37 The withholding of treatment can be considered when other approaches have not reduced the behaviour or lowered the risk to staff and other people. It must be a Multi-Disciplinary decision based on a risk and capacity assessment that considers the implications of both withholding and not withholding treatment. It may be time limited or it may be continuous.
- 6.1.38 All decisions should consider and document what actions will be taken should an emergency take place and the person requires intervention from Mersey Care NHS Foundation Trust.
- 6.1.39 If the Multi-Disciplinary Team decides that withholding of treatment is necessary an incident form must be completed. When withholding treatment the clinical notes must be completed with a clear rationale and description of behaviour/s.
- 6.1.40 The communication of this action will include the services user's GP and other Health Professionals involved in their care as soon as possible and this must be confirmed in writing. The service user must be informed of the decision by letter within 7 days in a format that is appropriate to the individual including information about how and when reengagement can take place.
- 6.1.41 Any enquiries should be directed to the relevant Team Manager. Service users who wish to re-enter treatment will meet with the members of the Multi-Disciplinary Team. A decision will then be

made on where treatment, if appropriate will be provided. On re-entry into treatment a full risk assessment and management plan must be completed.

### Civil injunctions and Anti Social Behaviour Orders (ASBO's)

6.1.42 The involvement of Legal Advisors and the Police during Multi- Disciplinary reviews should be ensured when continued violence and/or threatening, abusive behaviour is experienced by staff. This will allow the above options to be considered. Any actions agreed should be agreed by the Multi-Disciplinary Team and where involved external partners such as the Police and Probation Services.

### Criminal prosecution

6.1.43 The Trust actively supports service users being referred to the Police, if they have been alleged to have abused or injured staff. It is though clear that the decision to refer to the Police for investigation and potential prosecution should be made whilst considering the persons capacity, ability to engage with the process used by the criminal justice system and its effect on the persons mental health and future behaviour.

### **Initial Staff Support**

6.1.44 In the event of a member of staff experiencing a physical injury: -

6.1.45 The member of staff should be examined by a medical doctor (this cannot be the same doctor who completes the mental state examination). Phone the Nurse in Charge of the nearest Accident and Emergency Department to your place of work, who will arrange for an appropriate time for this to take place.

6.1.46 The Trust will provide transport to a local Accident and Emergency Service.

6.1.47 The Ward Manager or their nominated deputy will act as the coordinator for the management of the incident and ensure that staff member receives a high level of support and guidance: -

6.1.48 Ensure completion of the adverse incident procedure is implemented.

6.1.49 Contact the member of staff the day after the incident if they are off sick / on leave to offer support.

6.1.50 Provide information on procedures / processes regarding liaising with the Police.

6.1.51 Contact staff member at least weekly if sickness continues.

6.1.52 Discuss the incident with the staff member on their return to work to identify areas of learning.

6.1.53 Agree how any needs for the member of staff will be met either via Health and Wellbeing Team or locally with the Ward Manager.

6.1.54 The staff member will have to agree to attend any court proceedings if they are seeking a potential prosecution. The Trust will ensure that the member of staff is supported in this respect throughout the process.

6.1.55 An individual may wish to report an assault directly to the Police (Phone 0151 709 6010). Once they have contacted the Police, the member of staff should state that they wish to report a crime.

They will then be put through to the Crime Recording Bureau who will ask for details of the incident. In order to ensure that support is available to the member of staff's Line Manager must inform the senior Manager or nominated deputy of the action taken.

- 6.1.56 The Police will need to take a full statement either on Trust premises or suggest attendance at a nominated Police station

### **Repeated Abusive Behaviour / High Risk of Repeated Violence to Staff**

- 6.1.57 If service users have a history of repeated violent / abusive behaviour or staff have evidence from referring agencies of the propensity for the service user to become violent, plans for management must be put in place. These should include: -

6.1.58 Changing the number or make up of staff visiting the service user.

6.1.59 Amending the type of observations used with the service user.

6.1.60 Development of a care plan that clarify specificities how the Service will be managed. Consistency is a key to preventing violent behaviour; therefore any plan must be used by and shared with all appropriate staff.

6.1.61 Consideration of using a violent patient marker.

6.1.62 The effect of the behaviour on staff should be shared with the service user who must be informed in writing that the behaviour is unacceptable by an appropriate senior Manager.

6.1.63 Where prosecutions have not been made or the Criminal Justice System are not keen on taking the issues further, Multi Agency Risk panel or HRAMM meeting should be considered as a way of agreeing multi agency responses.

6.1.64 Where HRAMM / MAPPA meetings are not appropriate, then a Care Co-ordination (CPA meeting) can be scheduled to discuss the management of the violent behaviour. Representatives from other agencies such as the Police, Probation can be asked to attend.

6.1.65 The Multi-Disciplinary Team should analyse the behaviour / pattern of incidents with the aim of identifying root causes / contribution factors. Once identified the management of these will be the focus for the care planning process.

6.1.66 Individual staff and / or the Team should be allowed and encouraged to discuss their feelings regarding repetitive abuse behaviour. Regular sessions with the Team Manager, or where appropriate, external specialist should be provided to help manage and direct staff's anxieties and explore their experiences.

6.1.67 Provide information about the staff support networks.

### **6.2 Supporting procedure for service users when exposed to challenging behaviour by peers**

- 6.2.1 Immediately following the incident any medical advice or treatment, if appropriate, should be immediately sought and recorded.



- 6.2.2 It is important that people who use our services are afforded the same rights and protections as staff and are provided with an appropriate support mechanism if they wish to report abuse or violence to the police.
- 6.2.3 People who use services should be encouraged to report any incident to staff in order for the staff to document this .

### **Actions for Low Level Incidents**

- 6.2.4 All incidents of violent, abusive and discriminatory behaviour by service users towards their peers should be recorded via the Datix Incident Reporting System.
- 6.2.5 The incidents should be considered with / by the Multi-Disciplinary Team and discussions made pro-actively to amend treatment plans with the aim of reducing anti-social/abusive behaviour. The impact on the service user who has been exposed to these behaviours should be fully considered and heard directly by the team.
- 6.2.6 Staff will work proactively with service users who are both challenging and who are exposed to challenging behaviour, to try and understand the causes of incidents with the aim of implementing preventative actions.
- 6.2.7 Staff will use different interventions to prevent challenging behaviour at the earliest opportunity to prevent escalation and to protect service users. They may support vulnerable service users in these circumstances by separating service users within a ward, or through moving a service user to another in-patient unit.
- 6.2.8 Staff should consider measures within that may reduce the risk of re-occurrence. These measures may range from facilitating mediation between the two parties, increasing supportive observations or, where appropriate moving one service user to another ward. The service users perception of their own safety should be the primary consideration and service users should be fully involved in the decision making process.
- 6.2.9 Staff should ensure that, subject to consent of the service user, relatives are informed of any incident of abuse or violence as soon as possible after the incident.
- 6.2.10 Based on considerations such as, severity, harm caused and likelihood of reoccurrence, consideration should be given to the appropriateness of safeguarding referral
- 6.2.11 (See policy SD 17: Safeguarding vulnerable adults from abuse)

### **Incident Management / Immediate involvement of the police to support service users**

- 6.2.12 Staff will use the skills they have been taught to de-escalate violent behaviour where possible and where necessary will utilise physical intervention techniques as a very last resort, in order to protect other service users. There will be occasions when an individual's service user does not respond to these actions and immediate support and intervention from the Police is required.
- 6.2.13 When calling the Police staff must: -
- a) Be clear why they are calling the Police
  - b) Understand and relay what assistance is required

- c) What the level of risk is assessed as – i.e. threat to life
- d) Identify if weapons are being used

6.2.14 Provision of the above information will ensure that the incident is given the appropriate priority waiting by the call centre. Once the police arrive it is important that the nurse in charge of the incident liaises with their senior officer and provides them with: -

- a) The nature and duration of threat towards the service user/s
- b) Mental state of the service user who is challenging.
- c) Recent medication given to the service user
- d) Physical health concerns / history
- e) Reason for engaging the police and desired outcome

6.2.15 The police have the right and responsibility to decide what type of intervention to use to manage an incident and protect other service user/s but it is the duty of staff to provide them with information that will make their decision making process easier and safer. Therefore trust staff must remain engaged with the process and keep in close contact with the police throughout their involvement.

### **Longer term police support**

6.2.16 The Trust, in partnership with Merseyside Police have recruited 4 Police Officers to work specifically and substantially within Mental Health In-patient sites: -

- Broadoak Unit
- Clock View
- Ashworth Hospital, High Secure Services
- Low Secure Unit and Medium Secure Unit

6.2.17 These Officers will take the lead in investigating all incidents where a crime has been perpetrated by one service users to other service users in these areas. If a crime is perpetrated in an area other than those identified above (i.e. with a dedicated police officer) then the unit manager can contact the local security management specialist to support them in bringing about a prosecution. Any individual has the write to contact the police directly, however it is beneficial to go through established channels so that the Trust can correlate incident information and initiate crime prevention strategies were appropriate

6.2.18 Service users exposed to should be made aware that it is their right to report incidents to the police and how they will be fully supported through any subsequent process.

6.2.19 Police are expected to keep service users exposed to challenging behaviour involved and informed regarding the progress that is being made with an investigation.

6.2.20 Service users exposed to and having reported an incident to the police, should be informed as soon as possible as to the clinical decision of whether or not it has been deemed appropriate to pursue prosecution. Particular support may be required if service users exposed to challenging behaviour aimed at them are told that the incident will not be pursued towards prosecution.

### **Additional Support**

6.2.21 If the service user needs support after an incident staff can assist with the contact of PALS or advocacy.

### **6.3 Procedure for members within people participation.**

6.3.1 The immediate response to any abuse, violent or discriminatory behaviour towards members within people participation will be dealt with directly within the vicinity it occurs.

6.3.2 The people participation team will make contact with any member who has been subject to an assault/ hate crime by letter to formally offer support and advice.

6.3.3 The people participation team will provide members with a clear mechanism for reporting incidents and ensure its completion within the guidelines. This will help to establish patterns of behaviour within the clinical environment

6.3.4 The people participation team will be responsible for sharing information with members which relates to the progress of a case once it has been reported to the Police when it is shared with them. It is often difficult to get progress reports from Police as they will contact the person involved directly therefore the member must keep the people participation team informed of progress, this will help support to be provided to the member in all appropriate ways.

6.3.5 Where the Police are not providing progress reports the people participation team can support members in gaining this information either by contacting the Police directly or encouraging the member to contact them in accordance with their statutory rights to be kept up to date.

6.3.6 The people participation team will liaise with local Police and the Crown Prosecution Service proactively in order to set up effective mechanisms for ensuring that cases of violence/ hate crime against members are realistically and effectively dealt with.

### **6.4 Procedure for visitors who experience discriminatory abuse, aggression and violence within Mersey Care premises.**

6.4.1 Immediately following the incident any medical advice or treatment, if appropriate, should be immediately sought and recorded. It is important that people who visit our services are afforded the same rights and protections as staff and are provided with an appropriate support mechanism if they wish to report abuse or violence to the police.

6.4.2 People who visit our services should be encouraged to report any incident to staff in order for the staff to document this.

6.4.3 Staff will advise visitors of the complaints procedure.

## 6.5 Procedure for visitors who use discriminatory abuse, aggression and violence within Mersey Care premises.

- 6.5.1 Any visitor within Mersey Care NHS Foundation Trust premises who displays behaviour which may be felt to be abusive, discriminatory or violent will be advised that this is not acceptable behaviour .
- 6.5.2 Staff will use the skills they have been taught to de-escalate violent behaviour where possible and where necessary physical intervention as a very last resort.
- 6.5.3 Dependent on the severity of the behaviour/s staff members will:
- Request that the behaviour stop.
  - Request for the person to leave the premises
  - Inform the person that the police may be contacted.
  - Staff may intervene if people are felt to be at risk of harm.
- 6.5.4 There may be occasions when an individual's visitor does not respond to these actions and immediate support and intervention from the Police is required. When calling the Police staff must:
- - a) Be clear why they are calling the Police
  - b) Understand and relay what assistance is required
  - c) What the level of risk is assessed as – i.e. threat to life
  - d) Identify if weapons are being used
- 6.5.5 Provision of the above information will ensure that the incident is given the appropriate priority waiting by the call centre. Once the police arrive it is important that the nurse in charge of the incident liaises with their senior officer and provides them with:
- The nature and duration of threat towards the service user/s and staff
  - Reason for engaging the police and desired outcome
- 6.5.6 The police have the right and responsibility to decide what type of intervention to use to manage an incident and protect other service user/s and staff but it is the duty of staff to provide them with information that will make their decision making process easier and safer.

### Withdrawal of visiting rights

- 6.5.7 Discriminatory abuse, aggression and violence by people visiting service users or attending with them is not acceptable and staff should clearly inform individuals of this via verbal and /or written warnings. If the behaviour does not improve once these and other appropriate actions have been undertaken, the Multi-Disciplinary Team should consider withdrawing the rights of an individual to visit the premises.
- 6.5.8 It is important that the decision made considers the reason why the person was attending and what alternative arrangements can be made for them to keep in contact with the person they were

visiting i.e. via the telephone, emails, letter etc. The individual being barred from attending the premises should be informed verbally (where possible) and in writing.

6.5.9 The letter should clearly say why this action has been taken for how long it will last, how and when it will be discontinued and what behaviour is expected in the future. When withdrawing visiting rights a plan should be put in place that details the actions that staff will take should the individual try and gain access.

6.5.10 This should be recorded in the clinical records of the patient they are visiting.

## 7. CONSULTATION

7.1 The following staff / groups were consulted with in the development of this policy document:

7.2 The procedure has been developed by the H.R. Policy Group, which consists of representatives from: -

- a) Recognised Trade Unions
- b) Senior Managers
- c) H.R. Staff
- d) Social Inclusion and Participation Team
- e) Staff support networks

## 8. TRAINING AND SUPPORT

8.1 Mandatory Training: -

- a) Recognition, prevention and therapeutic management of aggression and violence
- b) Equality and Human Rights Training

## 9. MONITORING

Monitoring of compliance with this policy will be undertaken by:	The health and Safety committee
Monitoring will be undertaken by means of:	By the production and analysis of an annual report.
The results of monitoring will be reported to:	Executive Committee
Resultant actions plans will be progressed and monitored through:	The Health and Safety Committee
The auditable standards of the policy are:	Incident reporting

	Reports to the Police  Staff Support
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10. EQUALITY AND HUMAN RIGHTS ANALYSIS

# Equality and Human Rights Analysis

<p><b>Title:</b> Management Of Abuse, Discrimination and Violence Against people within Trust premises</p>
<p><b>Area covered:</b> All of the Trust</p>

<p><b>What are the intended outcomes of this work?</b></p> <p>This policy creates a framework to support staff who have experienced abuse, aggression or violence towards them during their work with Mersey Care NHS Foundation Trust</p> <p style="padding-left: 40px;">Outlines procedure to be followed for staff who have experienced abuse and / or violence in the workplace.</p> <p>Outlines the responsibilities of the Trust and individuals in relation to liaising with the Police and Crown Prosecution Service</p> <p><b>Review Sept 2016</b></p> <p>This policy now incorporates the procedure to follow if people using services, carers, visitors, and volunteers experience discrimination, abuse or violence on Mersey Care NHS Foundation Trust premises.</p>
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<p><b>Who will be affected?</b></p> <p>Applies to all Trust staff, service user, carers and visitors.</p> <p><b>Review Sept 2016</b></p> <p>This now includes all people on Mersey Care NHS Foundation Trust premises</p>
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<p><b>Evidence</b></p> <p><b>What evidence have you considered?</b></p> <p>The previous policy. The incident recording system.</p> <p><b>Review Sept 2016</b></p> <p>Implementation of policy particularly the interaction with the police and their procedures. Much of this information has now been removed from the policy.</p> <p><b>Disability inc. learning disability</b></p> <p><b>Review Sept 2016</b></p>
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6.1.35- To include the requirement to provide any written information/warnings in a format appropriate to the person receiving it.

### **Sex**

Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific to sex noted

### **Race**

*Re section on written warnings page 15- add languages after format.*

**Review Sept 2016**

6.1.35- To include the requirement to provide any written information/warnings in a format appropriate to the person receiving it.

**Age** Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific re Age noted.

### **Gender reassignment (including transgender)**

Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific re gender reassignment noted

**Sexual orientation** Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific re sexual orientation noted

**Religion or belief** Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific re religion and belief noted

**Pregnancy and maternity** Nothing specific noted –see cross cutting.

**Review Sept 2016**

Nothing specific re pregnancy and maternity noted

**Carers** Nothing specific noted –see cross cutting.

**Review Sept 2016**

The inclusion of carers within the policy noted as a positive step.

**Other identified groups** Nothing specific noted –see cross cutting.

**Review Sept 2016**

The inclusion of all people using Mersey Care NHS Foundation Trust within the policy noted as a positive step.

### **Cross cutting**

Point 4.1. Under the rationale section add the Trust Equality and Human Rights statement **-At review 2016 noted completed.**

Points 4.2 And 5 first paragraph add in discriminatory behaviour. -At review 2016 noted completed.

Point 6.Add definition of discriminatory abuse -At review 2016 noted completed.

Add Equality and Human Rights Proforma -At review 2016 noted completed.

Add reference to use of staff support networks for staff who are subject to discriminatory abuse. At review 2016 noted completed.

**At Review Sept 2016**

To include the requirement to monitor the experience of discrimination, abuse and violence re protected characteristics at a minimum annually.

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>This section must not be left blank. If the Article is not engaged then this must be stated.</b>	
<b>Right to life (Article 2)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right to liberty (Article 5)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right to a fair trial (Article 6)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right to private and family life (Article 8)</b>	Sections on With holding treatment/Restricting treatment/Barring people-Can be viewed as engaging this article. Reference within policy acknowledging the implications in relation to article 8.  <b>At Review Sept 2016</b>



	It is noted that the withdrawal of care is after other avenues have been identified and the need to review the decision is included.
<b>Right of freedom of religion or belief (Article 9)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>
<b>Right freedom from discrimination (Article 14)</b>	This policy is supported and protected of this right. <b>At Review Sept 2016</b> <b>No change noted</b>

## Engagement and involvement

Engagements with staff side and staff networks evident.

**At Review Sept 2016**

**No change noted**

## Summary of Analysis

### Eliminate discrimination, harassment and victimisation

This policy supports positive action in relation to staff experience of discrimination and harassment from service users, carers and visitors.

**At Review Sept 2016**

The inclusion of all people on Mersey Care NHS Foundation Trust premises as a positive development

### Advance equality of opportunity

*This policy supports positive action in relation to staff experience of discrimination and harassment from service users, carers and visitors.*

**At Review Sept 2016**

The inclusion of all people on Mersey Care NHS Foundation Trust premises as a positive development

### Promote good relations between groups

*This policy supports positive action in relation to staff experience of discrimination and harassment from service users, carers and visitors.*

**At Review Sept 2016**

The inclusion of all people on Mersey Care NHS Foundation Trust premises as a positive development

**What is the overall impact?**

Policy is supportive of equality and human rights indications across the board.

**At Review Sept 2016**

The inclusion of all people on Mersey Care NHS Foundation Trust premises as a positive development

**Addressing the impact on equalities**

Policy is practice in being supportive of equality and human rights indications for staff across the board.

**At Review Sept 2016**

The inclusion of all people on Mersey Care NHS Foundation Trust premises as a positive development

**Action planning for improvement**

Action plan completed below

**For the record**

**Name of persons who carried out this assessment (Min of 3 ):**

**Meryl Cuzak Equality and Human Rights Lead**

**Barbara Rafferty Equality and Human Rights Advisor**

**George Sullivan Equality and Human Rights Advisor**

At Review

Meryl Cuzak

George Sullivan

**Date assessment completed: 05/06/2013**

Review September 2016

**Name of responsible Director: Kath Davies**

At Review: Ray Walker Executive Director of Nursing.

**Date assessment was signed:05/06.2013 : October 2016**

# 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 Directorate
<b>I Additions to be added to the references</b>	The Equality Act 2012 The Human Rights Act 1998	05/06/2013	Meryl Cuzak- Completed.
<b>Monitoring</b>	To identify and implement monitoring of abuse, discrimination and violence with regard to the protected characteristics at a minimum of annually within each division of the Trust. – to be included on the equality and human rights action plans for each division.	1 <sup>st</sup> October 2017	Equality and human rights senior leads for each division.