Purpose: To advise and inform all Trust work force of the policy to manage violence and aggression within the hospital.

For use by: All Trust patients, visitors and work force, including contractors.

This document supports compliance with:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Police and Criminal Evidence Act 1984
- Data Protection Act 1998
- The Private Security Industry Act 2001

This document supersedes:
- Violence and Aggression Policy v2.0 and Care of Individuals who are Violent or Abusive Policy v3.0

Approved by: Trust Safety Group

Approval date: 6 March 2014

Notified to Risk Management Committee

Date of notification: 14 March 2014

Implementation date: 1 April 2014

Review date: 1 April 2017

In case of queries contact: Responsible Officer

Directorate and Department: Trust Executive - Estate

Archive Date: To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.

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SECTION 1 – INTRODUCTION

1.1 Policy Statement and Rationale

1.1.1 The Ipswich Hospital NHS Trust (hereinafter referred to as the Trust) will not tolerate any form of violence or aggression, including verbal abuse against its staff, visitors or patients.

1.1.2 In order to deal with the problem effectively, it is vital that all incidents are reported and formally recorded. Any resulting action taken by the Trust will vary according to individual circumstances. This may range from immediate removal and arrest of offenders by the Police, to the issuing of informal or formal warnings, or in extreme cases may include the exclusion from treatment other than immediate emergency care.

1.1.3 The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

1.2 Key Principles

1.2.1 The policy outlines procedures for dealing with physical and non-physical assaults and includes preventative measures for tackling Violence and Aggression.

1.2.2 This policy details how the Trust will ensure that Staff have the right to work, and patients the right to be treated, free from fear of assault and abuse in an environment that is safe and secure.

1.2.3 The aim of this policy is to ensure that all staff are aware of the national reporting system for recording incidents of physical assaults and that the Trust has a consistent locally managed reporting system for recording non-physical assaults.

1.3 Background Information

1.3.1 Violence and aggression is one of the risks facing staff who work within the NHS. Being subjected to violence and aggression, whether verbal or physical may not only be demoralising and stressful for an individual but can affect their personal performance at work as well as their life and relationships outside work.

1.3.2 In some cases it can have more obvious results such as physical injury, absence or an inability to return to work. Some incidents can lead to permanent incapacity or, in the worst case scenario, may be life threatening.

1.4 Definitions

1.4.1 Physical Assault
The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

1.4.2 Non-physical Assault
The use of inappropriate words or behaviour causing distress and/or constituting harassment.

The Non physical assault can arise from abuse or threats via the telephone, letters or email as well as face to face abuse.
These definitions should assist in clarifying precisely what actions constitute physical and non-physical assault.

1.4.3 Lone worker

The Health & Safety Executive (HSE) definition of Lone Working is “Lone workers are those who work by themselves without close or direct supervision”.

NHS Protect use the term Lone Workers to describe a wide variety of staff who work, either regularly or only occasionally, on their own, and without immediate support from managers or other colleagues.

Preferred definition is “A worker whose activities involve a large percentage of their working time operating in situations without the benefit of interaction with other workers or without supervision.

1.4.4 Abbreviations and Acronyms

SMS  Security Management Service
SMD  Security Management Director
LSMS Local Security Management Specialist
LPU  Legal Protection Unit
ASMS Area Security Management Specialist
SIMS Security Incident Management System
HSE  Health & Safety Executive
CICA Criminal Injuries Compensation Authority
CPS Crown Prosecution Service
ASBO Anti Social Behaviour Order
CCTV Closed Circuit Television
PACE Police and Criminal Evidence Act 1984
ARA  Acknowledgement of Responsibilities Agreement
DPA  The Data Protection Act 1998

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 Chief Executive and Trust Board

2.1.1 The Chief Executive and the Trust Board have overall responsibility for all matters of health and safety including violence and aggression at work and for ensuring mechanisms are in place for the overall implementation, monitoring and revision of this policy.

2.2 Associate Director of Estates

2.2.1 The Associate Director of Estate is the designated Director with responsibility for health and safety and security management matters including violence and aggression at work.
2.3 Directors, Divisional Clinical Directors, Deputy Directors, Section Heads and Leads

2.3.1 Directors, Divisional Clinical Directors, Deputy Directors, Section Heads and Leads are responsible for the effective implementation of this policy within their area of responsibility including overall management of any potential risks and development of safe systems of work to manage any identified risks.

2.3.2 They are responsible for monitoring compliance and effectiveness of this policy under the Health and Safety Performance Management and Assurance Framework.

2.3.3 Directors, Divisional Clinical Directors, Deputy Directors, Section Heads and Leads are accountable for the safety of their work force, and the activities in their charge, and are expected to promote a high degree of health and safety awareness amongst all work forces.

This involves the following key responsibilities:

2.3.4 Ensuring managers within their areas of responsibility understand their responsibilities to complete suitable and sufficient risk assessments for their area of responsibility.

2.3.5 Providing sufficient resources to complete the risk assessments and implement identified control measures.

2.3.6 Ensure that risk assessments on violence and aggression are being carried out within their areas of responsibility.

2.3.7 Ensure that actions which have been deemed necessary as a result of the risk assessments are implemented where reasonably practicable.

2.3.8 Ensure staff members are given time off to attend mandatory training relating to violence and aggression.

2.3.9 Ensure that appropriate medical care and support, including time off to attend counselling, is given to staff who have been involved in violent incidents.

2.3.10 Ensure that all incidents of violence and aggression at work are reported and investigated in accordance with the Trust’s incident reporting procedure.

2.3.11 Ensure that internal and external information and alerts relating to violent or potentially violent individuals are disseminated appropriately.

2.3.12 Where applicable, ensure and support the appropriate implementation of verbal warnings, Acknowledgement of Responsibilities Agreements and procedures for withholding care.

2.4 Workforces

It is the responsibility of all members of the workforces to:

2.4.1 Treat all colleagues and service users with dignity and respect.

2.4.2 Assist in the local risk assessment process.

2.4.3 Attend violence and aggression related training programmes as directed by their manager.

2.4.4 Report all incidents of violence and aggression using the Trust’s incident reporting procedure.
2.5 Local Security Management Specialist (LSMS)

The LSMS is the Security Advisor who is responsible for:

2.5.1 Working with the police and CFSMS Legal Protection Unit in pursuing actions against individuals who commit a violent act against a member of staff.

2.5.2 Organising and participating in training programmes related to violence and aggression at work as necessary.

2.5.3 Advising the Trust on measures to improve staff safety and security.

2.5.4 Providing assistance to staff undertaking violence and aggression at work risk assessments.

2.5.5 Providing advice to managers in implementing risk reduction measures.

2.5.6 Providing support and advice on local incident investigations on violence and aggression at work.

2.5.7 Providing advice to managers on training needs of groups of staff.

2.5.8 Monitoring the effectiveness of this policy by means of safety audit.

2.5.9 Reporting relevant incidents of physical violence to NHS Protect using the Security Incident Reporting System (SIRS).

2.5.10 Participating in training programmes related to violence and aggression at work as necessary.

2.6 Contracted Security Staff

Security Staff attend all reported incidents of violence and aggression and take the following action:

2.6.1 Assess the situation and establish if they can defuse it without the need for additional support.

2.6.2 The use of reasonable force may only be used as a last resort and then only to prevent physical harm to anyone present.

2.6.3 Call for police attendance if situation is outside their control or a criminal offence has been committed.

2.6.4 Submit a concise report to their manager outlining the circumstances of the incident, all action taken and the final outcome.

2.7 Occupational Health Service

The Occupational Health Service will:

2.7.1 Work with Managers and the LSMS in producing policies for the management of violence and aggression against staff.

2.7.2 Provide or arrange for initial assessment of the counselling needs of those who have been involved in incidents of violence and aggression.

2.8 Responsible Officer

2.8.1 The Responsible Officer for this policy is the Security Advisor, who is responsible for reviewing the document and ensuring its contents comply with current standards and legislation.
SECTION 3 – ARRANGEMENTS

3.1 Key Related Hospital Policies

3.1.1 The Trust Health and Safety Policy TPO HS 001 is supported by a number of separate policies, procedures and guidance covering specific aspects of risk management and health and safety. All these documents are available to work force on the hospital’s intranet and some can be accessed from the hospital’s website.

3.1.2 Security Policy TPO S001

3.1.3 Lone Worker Policy TPO HS 016

3.1.4 Investigation and Monitoring of incidents, complaints and claims guideline

3.1.5 Risk Assessment Policy TPO HS 010

3.1.6 Restraint Policy

3.2 Risk Assessment

3.2.1 The first aim of this policy is to reduce the risk of violence and aggression towards staff and service users. Risk assessments must be carried out on behalf of the relevant manager, with the assistance of the Security Advisor if required, to identify potential triggers for violence and aggression either from the design of the environment, methods of communication or the way the service is delivered.

3.2.2 Violence and Aggression risk assessments can be recorded on the Security Risk Assessment Record Form (Appendix 6), for more significant risk the assessment and action plan may be recorded in another format.

3.2.3 Where risk assessments indicate that significant risk of violence and aggression exists, actions must be taken to reduce the risk as far as reasonably practicable. Measures which prevent the occurrence of violent incidents are preferable to those that reduce the severity of the violent incident.

3.2.4 If having identified a risk and a suitable control measure cannot be put into place, this should be noted on the risk assessment and recorded on the department risk index, reviewed by Risk Management Committee and then added to the Trust Risk Register if appropriate.

3.2.5 A review of the assessment for risks that are always present should take place after a change in legislation or Trust policy, after significant changes in the area, after major incident or at regular interval depending on risks found or at least every 2 years. A review of specific task assessments that are performed as required should take place before the task is completed.

3.3 Incident Investigation

Following a Physical or Non-Physical Assault against a member of staff, the Security Advisor or deputy will:

3.3.1 In all instances (whether a Police prosecution is in process or not), will carry out an investigation and consider, in conjunction with the relevant staff and representatives, what preventative action, if any, must be taken to reduce further or related incidents.

3.3.2 Keep the victim fully informed of the progress of any investigation or action taken and offer full support and counselling.
3.4 Support for all Staff involved in traumatic/stressful incidents, complaints or claims

3.4.1 Staff involved within the investigation process will be kept informed of its progress where appropriate.

3.4.2 Immediate support during an investigation can be provided through peer support, team debriefing and/or their Line Manager/Matron.

3.4.3 The Deputy Director of Nursing and/or Human Resources are always available for advice/support.

3.4.4 The Hospital Advice and Complaints Co-ordinators are available to support any complaints processes and procedures.

3.4.5 The following on-going support is available:

3.4.5.1 The CARE Support scheme provides a free, confidential and independent listening service available to all Ipswich Hospital NHS Trust staff.

3.4.5.2 The multi faith Chaplaincy team are available to support employees and provide pastoral care.

3.4.5.3 Individual counselling on personal and workplace concerns can be sought from Suffolk Occupational Health (SOH). This service is accessible via management referral; staff can phone Occupational Health for advice.

3.4.6 In the event of staff being called as a witness to any legal proceedings guidance and support is available from the Legal Services Manager and, if necessary, staff may also seek advice from the professional association or trade union.

3.5 Specific Actions Following Report of Assault

3.5.1 The Security Manager or deputy will record the assault onto the Security Incident Reporting System (SIRS)

3.5.2 If Police attend an incident it is important to obtain the investigating officer’s details, and either an incident log number or crime reference number so as to ascertain what action is to be taken against the assailant, and inform the Security Advisor.

3.5.3 If after having considered the incident under the exception above, and the incident was reported to Police, the Police must be provided with information concerning the assailant’s clinical condition as soon as practicable, if this condition is regarded as a relevant factor.

3.5.4 Where an alleged incident has been reported to Police or is being investigated by the Security Manager, all relevant evidential material must be disclosed to the investigator, including any material that may also undermine the prosecution case.

3.5.5 If the victim has stated that they do not wish for the incident to be either reported or pursued by the Police, the Security Manager will advise the victim if their decision may affect the possibility of obtaining compensation from the Criminal Injuries Compensation Authority (CICA). Whilst a conviction is not essential in order for the CICA to pay compensation, the victim must be encouraged to take appropriate action.

3.5.6 Where the victim does not wish to pursue the matter, the Security Manager and the Trust will consider whether it would be in the wider interest of the Trust to take action, as failure to do so could compromise the safety of personnel, if there was a recurrence. The decision to take action without the support of the victim must only
be taken after considering all available evidence and the advice of the Crown Prosecution Service (CPS) and/or the NHS Security Management Services Legal Protection Unit (LPU).

3.5.7 Where the Police decline to pursue the case, the Security Advisor should obtain full reasons (in writing unless impracticable) from the Police or Crown Prosecution Service for their discontinuance. A detailed report will then be prepared by the Security Manager highlighting any identified concerns relating to the discontinuance decision, along with any recommendations relating to further legal process. The report will be forwarded to the NHS Protect Legal Protection Unit for consideration of appropriate judicial process.

3.5.8 Any identified risks contributing to the cause of the incident, and/or policy changes recommended as a result, must be managed by the Business Unit or Department in accordance with the Trust Risk Management Strategy Details must be forwarded to the Security Advisor to ensure that preventative action can be considered.

3.5.9 In the event of a serious incident, e.g. victim suffering serious injury the following procedures will be followed:

3.5.9.1 During normal office hours (0900-1700 Mon-Fri) the Security Advisor will ensure that police and the Manager for the area have been informed.

3.5.9.2 The Manager will inform the Division General Manager or Associate Director of the area in which the injured party is based.

3.5.9.3 Out of hours (1700-0900 week days and all weekend), Security staff shall inform the Hospital Co-ordinator of the serious incident, the Hospital Coordinator shall then inform the Senior Manager on call.

3.6 Actions to be taken by the Trust following Report of Non-Physical Assault by a Visitor (i.e. non-Patient or non-staff member)

3.6.1 Visitors who use threatening, abusive, insulting or discriminatory language or behaviour will be asked to desist and offered the opportunity to explain their actions.

3.6.2 Continued failure to comply with the required standard of behaviour will result in Security Staff being called to remove the offending individuals from Trust property.

3.6.3 Any person(s) acting unlawfully will be reported to the Police.

3.6.4 Any person acting unlawfully or exhibiting any aggressive, threatening or other unacceptable behaviour may be subject to one or more of the available actions as recorded below in relation to adverse ‘patient’ conduct.

3.7 Actions to be taken by the Trust following report of Non-Physical Assault by a patient.

A range of measures are available depending on the severity of the assault including:

3.7.1 Verbal warnings

3.7.2 Written warnings

3.7.3 Withholding treatment

3.7.4 Civil injunctions and Anti Social Behaviour Orders (ASBO’s)

3.7.5 Restraining Orders

3.7.6 Criminal prosecution.
3.7.7 A ‘Verbal Warning’ would precede a ‘Written Warning’, and this would precede the ‘Withholding of Treatment’, although there is no requirement to escalate the response in any particular order should the situation warrant immediate action.

3.7.8 Depending on the individual circumstances and seriousness of each case, the options outlined above can be taken in conjunction with one another or in isolation. (see Appendix 5 for types of Assault)

3.8 Verbal Warnings

3.8.1 Verbal Warnings are often an effective method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They will be given by the Matron, Ward Manager or member of staff responsible for the department. The warning should (where practicable) be in private and when all parties involved are composed.

3.8.2 The verbal warning must be recorded onto the Trust’s Adverse Incident form and all relevant staff must be made aware of the verbal warning issued. The aim of the verbal warning process is twofold:

3.8.2.1 To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of recurrence.

3.8.2.2 To ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

3.8.3 It is important that patients, relatives and visitors are dealt with in a demonstrably fair and objective manner. However, whilst staffs have a duty of care, this does not include accepting abusive behaviour. Every attempt must be made to de-escalate a potentially abusive situation. Where de-escalation fails, the patient, relative or visitor must be warned of the consequences of future unacceptable behaviour.

3.8.4 Verbal warnings will not always be appropriate and must only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary).

3.8.5 Where the process has no affect and unacceptable behaviour continues, alternative action must be considered.

3.9 Written Warning

3.9.1 Written Warnings must be considered to address unacceptable behaviour from patients, relatives or visitors either when verbal warnings have failed, or as an immediate intervention depending on the circumstances. The written warning is an agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour.

3.9.2 The written warning will be issued by the Matron/Ward Manager or member of staff responsible for the department following consultation with all relevant parties (i.e. the offender’s Consultant, GP, Social Services)

3.9.3 The written warning must be recorded onto the Trust’s Adverse Incident System, and all relevant staff must be made aware of the written warning issued.

3.9.4 In addition, copies of the written warning must be:

3.9.4.1 Handed or Posted to the perpetrator

3.9.4.2 Placed within the patient’s file. (If perpetrator a patient)
3.9.4.3 Forwarded to the Ward/Departmental General Manager

3.9.4.4 Forwarded to the Security Manager/Local Security Management Specialist

3.9.5 The Security Manager will ensure administration within the Information Technology (I.T.) department will record the appropriate warning information onto the PAS or subsequent equivalent system and also remove this information after 12 months. In line with the guidance on electronic marking of medical records, this will be considered on a case by case basis. The security advisor or deputy will submit an email to the I.T. team administering the Patient Administration System authorizing the alert to be added. Where a complaint is made regarding the alert, it will be investigated by the Patient Advice and Complaints Service who will review the original decision.

3.9.6 The written warning must specify the reasons for issue with a view to obtaining an improvement in future behaviour.

3.9.7 The terms of the written warning must be outlined formally in a letter to the offender. (See Appendix 1 for template), and a copy signed by the offender retained by the Trust. If the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a further letter to the perpetrator, to encourage continued good behaviour.

3.10 Where a Written Warning Would Not Be Appropriate

3.10.1 Where Matron/Ward Manager, or member of staff responsible for the department, having consulted with relevant staff, has obtained such clinical advice which concluded evidencing that the incident was clinically induced, (i.e. underlying clinical condition), and where a written warning could adversely affect the patient's well-being or recovery. However, the presence of an underlying clinical condition should not prevent appropriate action being taken.

3.10.2 For offenders under 16 years of age, other than in exceptional circumstances, a written warning to the child’s parent(s) or guardian(s) may be appropriate.

3.11 Final Written Warning

It is recommended that a final written warning should be issued prior to withholding of treatment being instigated. A final written warning will be issued by the Chief Executive and must be copied to the patient’s Consultant and GP. The written warning will:

3.11.1 Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);

3.11.2 Explain that the behaviour demonstrated is unacceptable;

3.11.3 Explain the appropriate sanctions which apply to violent or abusive patients;

3.11.4 Detail the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures;

3.11.5 Be recorded onto the Trusts Adverse Incident form, and all relevant staff made aware of the warning.

3.11.6 Be entered onto PAS as an alert identifying this incident as a final warning. This will be created by the submission of an email to the I.T. department PAS team from the Security Advisor or deputy. The alert will remain on the system for the duration of the Warning. A period of 12 months is considered by the Trust to be a reasonable
period of time for the warning to remain active. A diary system, on Microsoft Outlook will be utilised to ensure removal of the warning upon expiry.

3.11.7 State that a copy letter will be sent to their GP and Consultant. A template for final written warning can be found in Appendix 2.

3.12 Withholding of Treatment

3.12.1 Any decision to withhold treatment must be based on accurate clinical assessment and the advice of the patient’s Consultant or a senior member of the medical team (on call team for Out of Hours) on a case by case basis. Under no circumstances should it be inferred to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment must always be seen as a last resort.

3.12.2 There may be instances of serious assault when the Trust, having obtained legal advice, can decide to withhold treatment immediately.

3.12.3 Where it has been decided that a patient is to be excluded from Trust premises and treatment withheld, a written explanation for the exclusion will be issued by the Chief Executive.

3.12.4 The letter will be signed by the Chief Executive, and copied to the Security Manager, the patient’s Consultant, and GP. A copy must also be retained on the patient’s medical records. A sample letter is contained in Appendix 3.

3.12.5 Once the patient has been advised that treatment is to be withheld they must be escorted from Trust premises by Security staff, and the patient’s ‘next of kin’ advised.

3.12.6 A detailed record of the rationale for exclusion and of alternative arrangements for care must be maintained in the patient’s medical notes

3.12.7 The withholding of treatment must be recorded onto the Trust’s Adverse Incident System, and all relevant staff informed.

3.12.8 Be entered onto PAS as a ‘withholding of treatment’ warning. This will be created by the submission of an email to the I.T. department PAS team from the Security Advisor or deputy. The alert will remain on the system for the duration of the Warning. A period of 12 months is considered by the Trust to be a reasonable period of time for the warning to remain active. A diary system, on Microsoft Outlook will be utilised to ensure removal of the warning upon expiry.

3.12.9 If an excluded patient requires emergency treatment, this will be given and, if necessary, security will be asked to attend.

3.12.10 The need for security presence must be decided in conjunction with the nurse or consultant in charge of the patient’s care and the Security Manager.

3.13 Further Action following a Physical Assault

3.13.1 The Security Manager will arrange for an acknowledgement to be sent to the person assaulted to ensure that any necessary support (i.e. counselling) is offered. The acknowledgement will be issued by the Security Manager. The acknowledgement will state that appropriate action will be taken, that they will be kept informed of the progress and outcome of the investigation. It will also include details of how, when and where the Security Manager can be contacted. A recommended format is contained within Appendix 4.
3.13.2 Once all actions, both criminal and/or civil have been completed, the Security Manager will ensure that the SIRS national database is updated. Any action taken and warning letters issued, including withholding treatment or removal from practitioners list will also be recorded.

3.13 Equality Impact Assessment
3.13.1 This policy applies equally to all workforces, patients, visitors, contractors and the public.
3.13.2 An equality impact assessment has been completed for this document

3.14 Consultation
This document was forwarded for comment to the following:
- Associate Director of Estates.
- Chief Operating Officer
- Head Matrons
- Risk Management Committee members
- Trust Safety Group members

3.15 Dignity and Respect Charter
Wherever possible the Trust’s Charter on privacy and dignity will be followed in implementing this policy. However the overriding consideration will be the safety and protection of people and the environment and there may be times when violence or aggression is being experienced where the provisions of the Trust’s Charter cannot be followed. In such instances, information on non-compliance will be included on the incident report form and reviewed by the Security Adviser/LSMS to see if any lessons can be learnt.

SECTION 4 – TRAINING AND EDUCATION
4.1 Training Needs Analysis (TNA)
4.1.1 All new employees will attend Trust Welcome (induction) where basic Health and Safety, Security, Personal Safety and Fire Safety information is given. Detailed induction training takes place within each department and is based on a training needs analysis.
4.1.2 It is for local managers with their staff on advice from the Security Adviser to determine the training needs of their staff taking account of the violence and aggression risks involved in the course of their employment. Those staff requiring training must be identified via risk assessment and their training needs managed in accordance with the Trust’s Mandatory Training Policy.

4.2 Training
4.2.1 Work force will receive information, instruction and training regarding all hazards within their workplace and the control measures and safe systems of work involved to minimise risk.
4.2.2 Where appropriate, work force may be given specialist personal safety training; this requirement is determined by the line manager following risk assessment and is mandatory for identified staff groups.

4.2.3 The following training is available to staff as part of the Trust’s risk management training programme, details of which appear within the Training Prospectus on the intranet:-

4.2.3.1 Conflict Resolution which is delivered at regular training sessions. Places on courses will be booked by the member of staff in accordance with details contained within the training prospectus or through departmental sessions organised by the head of department.

4.2.3.2 Disengagement Techniques which build on the training learnt at Conflict Resolution sessions which is classroom based. Places on courses will be booked by the member of staff in accordance with details contained within the training prospectus.

4.2.3.3 Holding Training which enables staff to safely hold patients, using non pain compliant techniques and to prevent injury to staff or patients is available as required following risk assessment.

4.2.4 Records of all training must be kept by line managers.

SECTION 5 - DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

5.1 Development and Implementation

5.1.1 The Trust’s Security Advisor has consulted with those referred to in paragraph 3.14 in compiling this policy through forwarding a draft to them for comment.

5.1.2 The policy will be approved and its approval notified as set out in the Trusts scheme of delegation.

5.1.3 The policy will be monitored as set out in section 6.

5.2 Dissemination

Once this policy has been approved it will be brought to the attention of work force via the following:

5.2.1 The policy will be placed on the Trust intranet.

5.2.2 A broadcast will be issued to all staff via a monthly e-mail.

5.2.3 The policy will be brought to the attention of all work forces attending appropriate training.

5.2.4 As part of the Trust’s induction process, all health and safety, security and fire safety policies must be brought to the attention of all new members of the work force.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

6.1 Compliance with and the effectiveness of this policy will be monitored by:
6.1.1 Each Division and service will monitor their compliance with training through monthly reviews of their mandatory training and are required to take any remedial action to improve the level of compliance.

6.2 This policy will be reviewed at a maximum of three years following approval by the Trust Safety Group and implementation.

6.3 This policy will be reviewed following changes in legislation and guidance and changes in relevant Trust policies and procedures.

SECTION 7 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS

7.1. Once approved the Responsible Officer will forward this document to the Information Governance Department for a document registration number to be assigned and for the policy to be recorded onto the central hospital master index and central document library of current documentation.

7.2. In order that this document adheres to the hospital's Record Management Policy, the Information Governance Department:

7.2.1. Ensure that the most up to date version of this document is stored on the document library.

7.2.2. Archive previous versions of this document.

7.2.3. Retain previous versions of this document for a period in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES

8.1 Health and Safety at Work Act 1974.

8.2 Police and Criminal Evidence Act 1984

8.3 Management of Health & Safety at Work Regulations 1999

8.4 Data Protection Act 1998

8.5 The Private Security Industry Act 2001

8.6 Counter Fraud and Security Management Service – A Professional Approach to Managing Security in the NHS - Strategy

8.7 Criminal Law Act 1977

8.8 CFMSMS – Tacking Violence against staff

8.9 Department of Health – The management of Health, Safety and Welfare Issues for NHS staff

8.10 Health and Safety Executive – Violence and Aggression to Staff in Health Services: Guidance on Assessment and Management

8.11 NHS Protect - Meeting needs and reducing distress Guidance on the prevention and management of clinically related challenging behaviour in NHS settings

8.12 NHS Protect - Applying appropriate sanctions consistently.

8.13 NHS Protect - Guidance on the security and management of NHS assets
Appendix 1 – Warning Letter to Individual
(use headed note paper)
We will keep a copy of this letter with your medical records, and it will stay on file for 12 months.

Yours sincerely

<Signed by senior staff member>

............................................Date........................................

I, <insert name>, accept the conditions listed above and agree to keep to them.

Signed ............................................Date........................................
Appendix 2 – Final Warning Letter
(use headed notepaper)

Private and Confidential
<contact details>

Chief Executive’s Office
Postbag C343
The Ipswich Hospital
Heath Road
Ipswich
Suffolk
IP4 5PD

Date letter sent:
Our Reference: NH/

Final warning

Dear

I am writing to you about an incident that took place on <insert date> at <insert location and Trust> <add department if necessary>.

I have received a report that you were violent (or threatened violence) or acted in an antisocial way to a member of NHS staff or while on NHS premises <delete whichever does not apply>.

We will not accept this type of behaviour.

We firmly believe that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. We made this clear to you in <insert details of previous correspondence/meetings>. You can ask us for a copy of our Violence and Aggression Policy which gives details of when we withhold treatment from patients because of their behaviour.

If your behaviour is acceptable, your care will not be affected. However, if you act unacceptably again, this warning will stay on your medical records for one year from the date of this letter. We may also do one or more of the following.

- We will withdraw all care and treatment.
- We will report the matter to the police and work with the Crown Prosecution Service to prosecute you.
- We will report the matter to the NHS Security Management Service Legal Protection Unit and take any legal action necessary. We will then take steps to make you pay the costs of this action.
- We will consider getting a civil injunction. You will also be made to pay for any costs involved in doing this.
When we consider whether to withhold treatment, we look at each case on an individual basis. This is so we can make sure that we balance the need to protect staff against the need to provide health care to patients. If we were to exclude you from NHS premises, it would mean that you would not receive care at this trust and so we would arrange for you to receive treatment elsewhere.

If you believe that the report of your behaviour is not correct or that this action is not justified, please write to <insert details of local complaints procedure> who will review this decision after receiving your account of the incident.

I have also sent a copy of this letter to your GP and consultant.

We will keep a copy of this letter with your medical records; it will stay on file for 12 months.

Yours sincerely

Chief Executive

Date………………………….
Appendix 3 – Withholding Treatment Letter

(use headed notepaper)

Private and Confidential

<contact details>

Withholding Treatment

Dear

I am writing to you about an incident that took place on <insert date> at <insert location and Trust ><add department if necessary>. I have received a report that you <insert name> were violent (or threatened violence) or acted in an antisocial way to a member of NHS staff or while on NHS premises. <delete whichever does not apply>

We will not accept this type of behaviour. We firmly believe that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. I have enclosed a copy of our ‘zero tolerance policy’, which gives details of when we withhold treatment from patients.

Following a number of warnings <insert details of correspondence and meetings> where we have explained this to you, and after carrying out a clinical assessment and appropriate consultation, we have decided not to allow you back onto our premises. This will apply for <insert number of weeks / months> and applies from the date of this letter.

This Means you must not come to our premises at any time unless:

- It is a medical emergency; or
- We invite you to come to an appointment we have arranged with you.

If you do not keep to the terms of this notice, we will do one or more of the following.

- We will consider getting a civil injunction. You will also be made to pay any legal costs involved in this.
- We will report the matter to the police and work with the Crown Prosecution Service to prosecute you.
- We will report the matter to the NHS Security Management Service Legal Protection Unit and take any legal action necessary. We will then take steps to make you pay the costs of this action.

While you are not allowed on our premises, you must keep to the following arrangement so you can receive treatment <list arrangements>.

When we consider whether to withhold treatment, we look at each case on an individual basis. This is to make sure that we balance the need to protect staff against the need to provide health care to patients.
If you believe that the report of your behaviour is not correct or that this action is not justified, please write to <insert details of local complaints procedure> who will review this decision after receiving your account of the incident.

I have also sent a copy of this letter to your GP and consultant.

We will also keep a copy of this letter with your medical records, and it will stay on file for 12 months.

Yours sincerely

Chief Executive

Date
Appendix 4 – Report of Physical Assault

(use headed notepaper)

Private and Confidential

<contact details>

Report of a Physical Assault

Dear

I understand that you were physically assaulted on <Enter Date> during the course of your duties. I am sorry to hear about this.

The Trust is determined to tackle all forms of anti-social behaviour and, in particular, where people abuse and assault Staff.

Ipswich Hospital Trust will ensure that where a member of staff reports a physical assault:

- it is properly followed up by the police;
- where the police do not take action, the assault is investigated to see whether appropriate action can be taken against the offender;

Furthermore the Trust and the NHS Security Management Service are committed to ensuring that you receive any support and guidance that may be needed following this incident.

As the Security Manager & Local Security Management Specialist for this Trust; I will be monitoring any police action taken in your case. Where it is necessary, I shall explore with your consent and the support of Ipswich Hospital Trust, what alternative or additional action can be taken.

Please do not hesitate to contact me if you should have any questions or concerns.

Yours faithfully

Security Advisor
Appendix 5 - Types of Physical & Non – Physical Assaults

Background
Incidents of Physical and Non-Physical assault against NHS staff and professionals constitute the vast majority of violent incidents reported. This policy has been developed to enable the Trust to tackle assaults in a consistent yet flexible framework. The policy also provides guidance to assist the Trust in the development and implementation of procedures to effectively tackle assaults on staff by patients, relatives, and visitors in accordance with new requirements introduced by the Secretary of State Directions and existing obligations under Health and Safety legislation.

Types of Physical Assaults
These include any hurt or injury calculated to interfere with a person’s health and comfort, such as:
- Slapping with open hand
- Punching
- Kicking
- Grabbing
- Spitting
- Pinching
- Pulling Hair

Types of Non-Physical Assaults
Non-Physical Assaults include:
- offensive language, verbal abuse and swearing which prevents staff from carrying out their duties or makes them feel unsafe;
- loud and intrusive conversation;
- unwanted or abusive remarks;
- negative, malicious or stereotypical comments;
- invasion of personal space;
- brandishing of objects or weapons;
- near misses i.e. unsuccessful physical assaults:
- offensive gestures;
- threats or risk of serious injury to members of staff, fellow patients or visitors;
- bullying, victimisation or intimidation;
- stalking;
- harassment;
- alcohol or drug fuelled abuse;
- unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or
- Any of the above linked to destruction of or damage to property.

It is important to remember that such behaviour can be either in person or third party by telephone, letter or e-mail or other forms of communication such as graffiti on NHS property.
## Appendix 6 – Risk Assessment Record Form

<table>
<thead>
<tr>
<th>DIVISION / DIRECTORATE</th>
<th>LOCATION</th>
<th>Assessment Date</th>
<th>Persons Exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HAZARD</strong></td>
<td><strong>CONTROL</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Violence Risks</strong></td>
<td>Is the area regularly frequented by persons affected by alcohol/drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do staff have to work with patients who are potentially violent as a result of their infirmity/medical condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there a history of violence against members of staff? Review incident reports for last 12 months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Violence Control Measures</strong></td>
<td>Have all members of staff attended Personal Safety Awareness training? <em>All members of staff must have attended once.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are all incidents of violence towards staff reported using the Incident/Accident Reporting Form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do staff need conflict resolution training, if so have they all attened? Training required for all front line staff, see training module for guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Prospectus C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do members of staff regularly come into contact with verbally aggressive patients/visitors? Review incident reports for last 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aggressive Behaviour Risks</strong></td>
<td>Have all members of staff attended conflict resolution training? Training required for all front line staff, see training module for guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Prospectus C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are all incidents of verbal abuse, including sexual and racial abuse, towards staff reported using the Incident/Accident Reporting Form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td>Record any additional control measures that are in place to mitigate any of the above risks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FURTHER ACTIONS REQUIRED RECORD**

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>ACTION TO REDUCE RISK</th>
<th>PERSON RESPONSIBLE</th>
<th>TARGET DATE</th>
<th>COMPL DATE</th>
<th>NEW RATING</th>
</tr>
</thead>
</table>

Ensure risk rating is reviewed once action is complete

If the answer to any of the following risk questions is **YES** then control measures should be in place to reduce the risk. If the risk rating is **ORANGE** or **RED** then further actions should be considered to reduce the risk and should be recorded in the Further Actions Required Record. If the answer to the risk questions is **NO** then control measures may not be required.

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>CONTROL</th>
<th>Yes</th>
<th>No</th>
<th>Acceptable? Y/N</th>
</tr>
</thead>
</table>

**THEFT OF PROPERTY RISK RATING**

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>PERSON RESPONSIBLE</th>
<th>TARGET DATE</th>
<th>COMPL DATE</th>
<th>NEW RATING</th>
</tr>
</thead>
</table>

**Notes**

Record any additional control measures that are in place to mitigate any of the above risks

---

**ASSESSMENT SIGN OFF**

**1st REVIEW**

This assessment was completed by (signature):
Name and Title (printed)

I have read this assessment and confirm there has been no significant change and is still valid

Review completed by (signature):
Name and Title (printed)

**2nd REVIEW**

This assessment was reviewed by (signature):
Name and Title (printed)

I have read this assessment and confirm there has been no significant change and is still valid

Review completed by (signature):
Name and Title (printed)

**3rd REVIEW**

I have read this assessment and confirm there has been no significant change and is still valid

Review completed by (signature):
Name and Title (printed)

Dated

Dated