Buckinghamshire Healthcare NHS Trust

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POLICY FOR MANAGING VIOLENCE, AGGRESSION AND UNACCEPTABLE BEHAVIOUR (PERSONS AGE 18 AND OVER)

Version 4.0

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Associated Documents - To be read in conjunction with the below named policies.

BHT Pol 082	Trust Security Policy	Swan Live Intranet/ Policies and Guidelines/ Policies and Strategies / Property
BHT Pol 049	Organisation-wide policy for the Management of Incidents including the Management of Serious Incidents	Swan Live Intranet/ Policies and Guidelines/Policies and Strategies/ Corporate
BHT Pol 117	Mental Capacity Act Policy	Swan Live Intranet/ Policies and Guidelines/Policies and Strategies/ Safeguarding

Document History

Version	Issue	Reason for change	Authorising body	Date
1	**0**	**New Policy**	**Draft- not published**	
2	**0**	**Review for EQIA**		
3	**0**	**Review and rewrite of Policy**		**June 2018**
4	**0**	**Review and update**	**PSDAM** **Health and Safety Committee** **EMC**	**Sept 2021** **Nov 2021**

(Origination: The previous document was entitled Procedure for the Care of Violent or Abusive Individuals. The current document is based on NHS model policy to deal with individuals aged 18 or over).

1. Introduction

The Trust is committed to providing a safe and secure environment for staff and taking all reasonable steps to protect and support staff. Violent or abusive behaviour will not be tolerated and the Trust will take decisive action to press for the maximum possible penalty for anyone who behaves in a violent, aggressive or abusive way to Trust staff.

The Trust aims to reduce the occurrence of violence and aggression using the following methods:

- Primary prevention aims to reduce the risk of challenging behaviour occurring in the first instance by using preventative strategies to reduce the risk of possible unacceptable behaviour.

- Secondary prevention involves reducing the risk associated with imminent challenging behaviour and its potential escalation, by using interpersonal skills to influence positive outcomes, issuing verbal warnings and entering behavioural contracts.

- Tertiary prevention focuses on minimising the physical and emotional harm caused by challenging behaviours, during and after an incident.

The Trust also operates a policy giving the option of withholding treatment from violent and abusive patients if they continue to act in an inappropriate manner.

The Trust will consider each situation on its individual merits to ensure that the need to protect staff is balanced against the need to provide healthcare to individuals.

Violence and some challenging behaviours may occasionally be used as a form of complaint. The Trust complaints procedure should be implemented at such times.

2. Purpose of Policy

This policy describes unacceptable behaviour, procedures staff can use to minimise risks posed by such behaviour and the sanctions that are available to address such behaviour, including a mechanism (Yellow and Red Cards) whereby patients who are persistent in their unacceptable behaviour can, as a last resort, be excluded from the Trust.

The purpose of this Policy is to:

- Increase staff awareness of safety issues relating to violent, aggressive, challenging or abusive behaviour.

- Ensure that all risks relating to challenging behaviour are assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risk/s so far as is reasonably practicable.

- Ensure that appropriate training is available to all staff to equip them to recognise risks within their workplace and provide practical advice to maintain their personal safety at all times.

- Ensure that appropriate support is available to staff.

- Encourage full reporting and recording of all security incidents, near misses, and injuries to staff.

This Policy is applicable to all members of Trust staff, including honorary staff, volunteers, and staff employed by other organisations working on Trust premises.

3. Violence, aggression and anti-social behaviour

The following are examples of behaviour that is not acceptable on Trust premises or within any site where staff are delivering services, including patients' homes when delivering services in the community:

- Excessive noise e.g. loud or intrusive conversation or shouting.
- Threatening or abusive language involving excessive swearing or offensive remarks.
- Racial or other discriminatory remarks.
- Malicious allegations relating to members of staff, other patients or visitors.
- Offensive sexual gestures, remarks or behaviours.
- Abusing alcohol or drugs whilst in receipt of services.
- Drug dealing.
- Wilful damage to Trust property.
- Theft.
- Threats of violent or abusive or bullying behaviour.
- Violence, including physical assault.
- Failure to adequately control animals or pets.
- Brandishing objects or weapons.
- Harassment or stalking.
- Spitting.
- Invasion of personal space.
- Posting abusive or threatening messages on social media.

Known serious and/or persistent offenders, deemed responsible for their actions, will receive written notification that such behaviour will not be tolerated and could result in legal action by the Trust (see Appendices 2 - 6).

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

4. Avoiding conflict

4.1. **Risk assessments**

Ward/department managers or Community Leads are responsible for undertaking annual risk assessments in relation to the prevention and management of violence and aggression. The LSMS can be consulted for expert advice and guidance on controls.

The template for the risk assessment can be found in the Risk Management Policy. The risk assessments must be stored locally and reviewed on an annual basis or more regularly, if required (as identified by the Local Security Management Specialist (LSMS) following violent or aggressive incidents).

Action plans may be developed as a result of specific incidents of violence or aggression. It is the responsibility of the ward/department manager in association with the LSMS to develop the action plans. They will be managed and monitored as per the guidance in the Risk Management Policy.

Guidance on risk assessments for lone workers can be found in the Lone Worker Policy.

4.2. **Causes and indicators of violent and abusive behaviour**

It is important for staff to understand what causes violence. There are two aspects to consider: physical and psychological.

Physical causes:

- Drug abuse.
- Alcoholism.
- Pain.
- Hunger or dehydration.
- Sleep deprivation.
- Environmental changes.
- Appearance.
- Illness and confusion due to infection or medication.
- Brain damage.

Psychological causes:

- Fear.
- Frustration.
- Humiliation.
- Inappropriate assertiveness.
- Pain.
- Vulnerability.
- Threats.
- Prejudicial views against certain groups of people.
- Age.
- Illness, including mental health disorders, neurodevelopmental disorders and learning disabilities.
- Feelings of oppression.

Other contributory factors that can sustain violence include:

- Environmental waiting room areas, light, heat, cold, sound, sights, smells.
- Lack of amenities, telephones, refreshments, lack of information or services.
- Social problems, unemployment, aspirations which do not match achievements.
- Violation of territory, invasion of privacy, invasion of personal space.
- Managerial, shortage of staff, poor communications.

Other peoples' behaviour which might contribute to violence includes:

- **Verbal**: Not appearing interested, tone of voice, showing little sympathy or empathy.
- **Non-verbal**: Distance, unfriendly angle, pointing finger, excessive eye contact, touching.

4.3. **Recognising signs of impending violent or abusive behaviour**

Conflict situations can be avoided if staff can identify warning signs, such as:

- Heightened emotions.
- Increasing agitation.
- Muscles tensed.
- Anxious facial expression.
- Person balanced to move quickly.
- Fingers or eyelids twitching.
- Pacing around.

- Arm swinging.
- Fist clenching.
- Withdrawn on approach.
- Voice-change of pitch or tone, obscenities or threats.
- Sweating.
- Increase in rate of breathing.
- Tears.
- Offensive weapon carried or available (where someone has a weapon, the Security Department should be called immediately (note also the related section on Weapons and firearms in this policy).

4.4. **Defusing a situation**

Having recognised such signs and assessed the potential of violence occurring, staff may be able to defuse the situation by using some of the following behaviours:

- Adopting a sympathetic, empathic, understanding approach, and attempting to show some affinity with the other person's position.
- Avoiding confrontation and not arguing or not disagreeing where it is not necessary.
- Speaking and standing calmly with open posture, but always remaining balanced and ready to move away.
- Distracting the person from the immediate cause of concern by changing the course of conversation and thereby buying time to think, plan, or obtain assistance.
- Speaking clearly and slowly and not necessarily stopping talking because the other person does not answer.
- Trying to identify the source of concern and offering to help, if possible.
- Not giving orders or using status or authority as a threat.
- Never making promises which cannot be kept.
- Not making threats that cannot be carried out or offering rewards for what started out as unlawful or improper conduct.
- Controlling behaviour in body language, feelings and expressions.
- Being alert and sending for assistance where necessary.
- Being prepared to leave the situation, if necessary, to avoid injury.

5. Procedures to be followed during a violent or abusive incident

It should be noted that staff are not expected to tackle violent individuals or ever to place themselves or other staff or patients at risk.

5.1. **Violent or threating behaviour: initial actions**

During an incident of violent or abusive behaviour, staff should, where safe to do so:

- Shout for immediate help from other members of staff.
- If possible, activate a personal attack alarm (either a fixed or portable type).
- Attempt to disengage yourself from the attacker and keep your distance from them and clear the immediate area.
- Try to calm the aggressor, if possible, without endangering yourself and wait for help to arrive such as security and/or the Police (see flow chart appendix 1).
- Assess how visible your presence should be and determine the seriousness of the incident.
- If possible, give a verbal explanation of what is acceptable behaviour and an explanation of the possible consequences of any further repetition of unacceptable behaviour (see flow chart appendix 1). Verbal warnings will not always be appropriate and should only be attempted when it is safe and relevant and there is sufficient support available, such as security or other clinical presence.

- If the behaviour persists and if safe to do so, give a written warning, followed by a final warning (appendix 2), if considered appropriate.
- If appropriate, give an explanatory leaflet with information on the withholding of treatment.
- If security officers have been called, provide them with a 'hot brief' from the clinical lead so they can understand the risks and issue.

If security officers are called, they will immediately act to try to pacify the patient. Where possible this should be achieved by means of sympathetic persuasion, tact, good humour and a display of willingness to deal with any complaint or perceived problem in order to allay any sense of grievance or fear which the patient may have.

Where someone displays violent behaviour due to medication administered by the Trust (for example, someone who has just come round from an operation), security officers should be called to assist.

5.2. **Restraint**

As a last resort, and if methods outlined above have failed to pacify the abusive patient, and certainly before any harm occurs, one of the present security officers will be expected to act as 'team leader' to co-ordinate the actions of the staff present to restrain the patient, ensuring they adhere to the following guidelines:

- In order that the patient and anybody else who may be in the vicinity understands the reason for this course of action, as soon as the violent patient is restrained, the security officer must clearly and distinctly tell the patient "We are restraining you to prevent you hurting yourself or anyone else".

- Where the person appears to lack capacity, the principles of the Mental Capacity Act must be followed, to ensure that any action is proportionate to the risk of harm.

- The patient's vital signs must be monitored by a nominated clinician before and during any restraint. If the patient shows any signs of breathing difficulty or states to be released as they cannot breathe, then the staff are to immediately release the restraint.

- After the restraint and when the patient has become compliant, they must have their vital signs monitored for the next 24hrs (unless they are discharged) and the type of restraint used recorded in their medical notes.

- If, after all efforts to calm the patient, the violent behaviour continues, the security officer must ask a member of the nursing staff to summon a doctor immediately, if this has not already been done.

- Physical restraint should only be attempted by staff who have received the appropriate training in its use and the circumstances when it may be employed.

5.3. **Clinical care**

If, upon arrival the doctor is also unable to pacify the patient, they may as a last resort, acting on behalf of the consultant and in the patient's best interests, taking into consideration the provisions of the Mental Capacity Act, prescribe a sedative.

The clinical lead will now resume the role as the 'team leader' of the incident.

Security will remain present whilst a sedative is being administered and until the doctor indicates the patient is no longer a danger to themself or others.

The clinical reason for administering sedation and how the patient was restrained must be recorded in the patient's notes, as soon as possible, after the event. The clinical lead may also need to consider requesting a:

- Deprivation of Liberty (DOL) authorisation in those cases where the person has been deemed to lack capacity; or
- Psychiatric assessment for the patient if the Mental Health Act applies.

5.4. **Police intervention**

The Police may be called, where there is an escalating risk of injury to patients or staff, harm to life or damage to property and where the following have failed to bring the violent incident under control:

- Trust Security has not been able to pacify the aggressor or aggressors.

- A doctor has decided that sedation is inappropriate on the grounds that the violent behaviour displayed is not attributable to illness or medication, but rather to aggressive personality, substance abuse or criminal intent.

Police can be called either on 9-999 or through switchboard 2222.

Trust Security will always remain with the aggressor(s) and, if proportionate to the risk of harm, may use restraint until the arrival of the Police.

The Police may want to know whether there is any medical reason why the individual should not be removed from the premises:

- If there is no medical reason for them to remain, the individual can be escorted from the premises.
- If the person requires support in order for the discharge to be safe, this will be dealt with by lead clinician.

6. Red and Yellow Cards: warnings and withholding treatment

6.1. **Verbal warnings: repeated unacceptable behaviour**

Where a patient persists in behaving in a violent or abusive way, staff should take the following initial steps:

- **Explain**. Encourage the individual to desist, telling them politely but firmly that their behaviour is unacceptable.
- **Verbal warning**. Make it clear to the individual that their behaviour is unacceptable and that they may compromise the continuation of their care unless they desist.

If the patient continues to behave in a violent or abusive way after the verbal warning, staff may consider the use of a written warning (Yellow Card) and ultimately withholding treatment (a Red Card). These are set out in more detail below.

6.2. **Written warning: Yellow Card**

In the event of continuing unacceptable behaviour by a patient, a written warning (Yellow Card) may be issued, after:

- careful review by the individual's clinical team (or the on-call team out of hours).

- a verbal warning has proven to be ineffective or inappropriate.

The Yellow Card procedure can be instigated by a director, department head, senior nurse or clinician or the LSMS. In this situation, the detailed procedures in Appendix 2 should be followed and the template letters in Appendices 2B, 2C and 2D should be used.

This is a warning issued to a patient displaying unacceptable behaviour and remains in place for one year. The yellow card takes the form of the letter in Appendix 4a and is printed and handed to the patient.

6.3. **Withholding treatment: Red Card**

Where a patient consistently displays unacceptable behaviour to the point where removal from the Trust site is required, a senior clinician should provide advice, following a clinical assessment, to the Chief Executive (or his deputy) to issue a formal letter on withholding treatment (see Appendix 4B).

This letter should be in the form of Appendix 4B and include a mechanism to review the decision. These procedures only apply after a patient has received verbal and written warnings and the following procedures are in place:

- Confirmation with the patient's consultant that the decision to withhold treatment is appropriate. For community staff, confirmation with the Head of Nursing that the decision to withhold treatment is appropriate and the GP has been informed.
- Confirmation that all relevant incidents have been fully documented, signed by the member of staff involved and any witnesses.
- Ensure that the patient has been made fully aware and understands that because of their unacceptable behaviour treatment is being withheld. A suitable member of staff must witness all discussions. If there is reason to doubt the patient's mental capacity, a Mental Capacity assessment will need to be completed and the principles of the Act must be followed.
- Ensure that security staff are aware of the situation, by emailing bht.security@nhs.net.
- Ensure that the patient has written notification confirming the withholding of treatment, including the patient's details, the date and time of the incidents.
- The notification should also explain that a formal letter will be issued and sent to the GP.

Healthcare workers need to work within the requirements of the Human Rights Act 1998 and take care to ensure that the refusal of treatment is done in a way that does not amount to an infringement of the patient's rights.

When can treatment be withheld?

The withholding of NHS Treatment from violent and abusive patients will always be the last resort, but it is an option available to managers and staff working in the Trust.

If a decision is made to withhold treatment, then it must be made in the context of a defensible local policy and managers must be able to justify their actions. Each case must be considered individually to ensure that the need to protect staff is properly balanced against the need to provide healthcare to individuals.

The withholding of treatment will be time limited and for a period of no more than 12 months.

The Trust policy recognises that it would only be appropriate to withhold treatment where violence and abuse are likely to:

- Prejudice any benefit the patient might receive from the care or treatment.
- Prejudice the safety of Trust employees involved in the provision of clinical care.
- Lead a Trust employee to believe that they cannot carry out the care effectively.
- Result in damage to property inflicted by the patient or in the process of containing them
- Prejudice the safety of other patients.

Exceptions

There will be circumstances where the withholding of treatment is not appropriate and procedures should provide for exceptions in the following cases:

- Patients who, in the expert judgement of a relevant clinician are not competent to take responsibility for their action e.g. an individual who becomes violent or aggressive as a result of an illness or injury or a person who lacks capacity as defined in the Mental Capacity Act.
- Patients who, in the expert judgement of a relevant clinician, require urgent emergency treatment.
- Other than in exceptional circumstances, any patient under the age of 18.

6.4. **Staff treating long-term in-patients**

Immediate threats of violence

For staff treating patients who are admitted to a ward for long-term healthcare (for example, in the National Spinal Injuries Centre), the same procedures and techniques should be followed as for other patients (above) in the case of incidents or threats of immediate violence or aggression.

The Police may be called where there is an escalating risk of harm to life or property.

Repeated unacceptable behaviour: Yellow and red Cards

Staff treating long-term patients can also use the Yellow and Red Cards system (see Red and Yellow Cards: warnings and withholding treatment above).

Where the patient requires ongoing treatment and cannot immediately be excluded from Trust sites, clinical advice should be sought on alternative care in alternative locations at other NHS Trusts and, if the patient has care and support needs, a risk assessment should be completed.

If no safe discharge to an alternative site is found, staff can transfer the patient to the patient's local District General Hospital, after seeking approval from the Chief Executive, and hand over the remainder of the patient's care to that hospital.

Treating patients convicted of a crime

If a patient is subject to an order or licence under the Criminal Justice Act 2003 (or any other similar legislation) and the patient displays any form of unacceptable behaviour, including violence, alcohol or drug use, staff should alert the patient's supervising authority (for example, their prison) immediately.

Primary prevention

For long-term in-patients, staff can also make use of primary prevention methods to reduce the likelihood of violent or abusive behaviour. For example, staff can hold discussions with

a patient pre-admission and seek commitments from patients in advance as to what constitutes acceptable behaviour, drawing patients' attention to the NHS Patients Charter.

6.5. **Security Officer removing individuals from the Trust premises**

The public, whether a patient or visitor, has an implied right to be on Trust premises but this can be removed at any time by staff, should the behaviour of a patient or visitor be unacceptable and places staff or others at risk.

Where an individual's behaviour is deemed to be causing a breach of the peace, it may be necessary to remove that individual from the premises. A breach of the peace occurs whenever harm is actually done or is likely to be done to a person or their property. It also occurs when a person is in fear of being harmed through an assault, affray, unlawful assembly, riot or other disturbance.

Every citizen whether a Police officer or not, in whose presence a breach of the peace is committed has the right to take reasonable steps to make the person who is breaching or threatening to breach the peace refrain from doing so. Reasonable steps in appropriate cases include detaining the perpetrator.

Patients

Where the offender is a patient, a Security Officer must establish with the Senior Nurse or Doctor, if one is present in the Department or Ward, that there are no medical or nursing reasons why that patient cannot be removed from the premises.

Only when that has been established can the Security Officer ask that person to leave, explaining the reasons why i.e. their behaviour is causing distress and is unacceptable. Should the person refuse to leave the premises, Security may physically remove that person from the premises using minimum reasonable force.

Should Security believe that it would not be safe for them to remove the person or that the offender is likely to return as soon as they have been removed, then the Police should be contacted and asked to support the removal of that individual.

Security should remain with the offender until the Police have arrived and the matter is resolved.

The patient's GP should be informed and the incident must be reported on the Trust's Incident Reporting System. In addition, if appropriate, the following additional people should be informed:

- For adults with care and support needs, the other professionals involved in the patient's care.
- For children (up to 18 years of age), their parents (if appropriate) and Children's Social Care.

Visitors, relatives and friends of patients

The same procedure as for patients (above) is to be carried out to remove abusive visitors, relatives or friends of patients from Trust premises, but it will not be necessary to obtain clearance from the senior Nurse or Doctor first. However, if there is any doubt as to the status of the aggressor then clarification should be sought from the Senior Nurse or Doctor.

7. Community Hospitals and Health Centres

7.1. **Avoiding conflict: Health Premises**

Managers and staff working in Health Premises should ensure that:

- Reception staff are never left isolated. These members of staff can be vulnerable when having to deal with aggressive clients or visitors to the premises including those who are under the influence of drugs or alcohol. They should not be left to handle difficult persons alone, nor should they be expected to convey any information which is likely to provoke aggressive responses.
- As far as possible, two persons open/ and lock premises, particularly if drugs or other target items are believed to be kept on the premises.
- Procedures are in place for checking on staff regularly if they are working alone with patients.
- Consulting and treatment rooms are arranged so that staff can be nearer the doors than patients.
- Any door to the reception area is kept locked at all times, with access control for staff use only.
- Any panic alarm system is fully understood by staff and proper procedures including testing are in place.
- Reception staff inform patients of any delays to their appointment.

7.2. **Avoiding conflict: Home visits**

Managers should ensure that:

- Community staff undertake a dynamic risk assessment prior to entering the patient's home or living quarters.
- A home risk assessment is completed in the initial assessment and any risk is shared with members of the team, including late and night shift workers.
- Community staff ensure the lone worker devices are charged and ready for their shift.
- Community staff follow the lone worker processes should they need to 'check in' and 'check out' before and after a visit.
- Community staff remain vigilant about safe lone working practices and be aware of their surroundings and environment. If in doubt, staff should leave the premises and contact the office/senior clinician on duty.

7.3. **Procedures to follow during a violent or abusive incident**

<u>During an incident (home visits)</u>

Community staff should follow the techniques set out in this Policy to try to defuse a situation (see 5.4 Defusing a situation), but should also note the following:

- Community staff should remove themselves immediately from a situation if they feel they are at risk. In the case of emergencies, the police should be called on 999.
- Lone worker devices can be activated to alert the controller of an issue or incident in progress or panic button activated, as deemed appropriate by the staff member.
- Police can be contacted on 101, ahead of a visit, to request the support from a neighbourhood Police officer where they can provide an escort during a patient's visit.
- If a patient is refusing treatment or is non-compliant with the treatment plan (e.g. taking dressings and bandages off), this should be reported to the senior clinician and manager to agree the next steps to be taken, for example, risk assessment, discussion with patient, formal letters and consideration of escalation to the Safeguarding Team.
- If, during a visit, a patient is missing and there is no response via their contact details, the Police should be contacted to assist with a search.

<u>After an incident (home visits)</u>

Following an incident, the following should take place:

- All incidents must be reported on the Trust's Incident Reporting System.
- Staff should also report the threat / incident to their manager and the Security Service
- Police should be contacted on 101 to report the incident and obtain an incident reference number.
- Community staff should record the incident on Rio progress notes as a significant event and ensure the late shift and night teams have been made aware of the incident, in case of emergency call outs to the patient. When appropriate, this may also include contacting Adult Social Care out of hours teams. In the case of under 18-year-olds, this would be Children's Social Care.
- A risk assessment should be undertaken by the senior clinician, with support from the manager and Security Service, to identify procedures and mitigations that will need to be put in place in order for staff to safely continue provide the treatment / home visits.
- The risk assessment will also identify whether treatment / home visits can be withheld and if an escalation to the Head of Nursing is required.
- The GP must be informed of any incident.
- It may be appropriate for the Security Service and manager to visit the patient to have conversations regarding acceptable and unacceptable behaviour.
- Staff may need to request a police escort to the patient's property depending on the situation (quoting the incident number). BHT security can be contacted for support and may attend a visit with a community staff member, if police are unable to escort.
- It may be appropriate to report the incident to Safeguarding and speak with the Safeguarding team for advice.
- The manager should discuss the risk assessment and mitigations with staff and provide reassurance to staff visiting the patient.

After consultation with the appropriate Senior Manager and the Security Service, a decision may be given to exclude any individual removed from the premises or withhold treatment in the home and make alternative arrangement for treatment in a secure environment. The GP will also be informed and included in any actions taken. If it is risk assessed that treatment or home visits are to be withheld, please refer to the process in the section **'Withholding Treatment: Red Card'** above.

A record of any sanctions should be shared with the Security Service by email (bht.security@nhs.net) so a centralised record can be maintained.

If, after all the steps above have been taken, staff refuse to visit the patient they may be subject to a disciplinary investigation.

7.4. **Abusive relatives or friends during home visits**

In the community, there may be occasions when a relative or friend is threatening or disruptive while clinical care being provided. This should be reported to the senior clinician and manager to agree the next steps to be taken i.e. risk assessment, discussion with them, formal letter etc.

A letter may need to be given to the visitor, relative or friend – see appendix 4D.

8. Weapons and firearms

Where an offensive weapon e.g. knife or firearm is discovered on a person in the Trust or in a person's home environment on home visits, staff must consider the safety of themselves and all other persons in the immediate area.

It is a criminal offence to carry an offensive weapon i.e. any article made or adapted for use as a weapon or intended for such use. Furthermore it is a specific offence to carry in a public place a blade or pointed weapon or a folding pocket knife where the blade exceeds 3 inches.

If the weapon is a knife or other pointed instrument, and there is an actual or perceived threat to others, then the Police must be called using local arrangements (9-999). If the knife is discovered in the person's property, every effort should be made to relocate it safely and the Police called.

A full description of any threat should be given to the Police including a description of the person, any threatening behaviour they may have exhibited, and a description of the weapon.

Possession of a firearm or replica firearm is a serious criminal offence and poses significant personal risk to staff. In the community, certain patients and their families may have firearms, which should have a firearms licence, and should be securely stored for when community staff visit. Staff must not make judgements on whether a weapon is real or replica.

If a firearm is discovered in the Trust, the Police must be contacted immediately. They should be given as much relevant information about the situation as possible, for example:

- The nature of the firearm.
- Who has possession.
- Description and, where known, the name of the armed person.
- The state of the person, e.g. calm, confused, injured etc.
- What are they wearing.
- Where they are located.
- Whether any shots have been fired.
- Any persons injured.
- Any patients in a critical situation in the area e.g. unconscious patient.

If it is safe or necessary to do so, move other staff, patients, and visitors away from the area, seeking local support where practical. Alternatively it may be practical under some circumstances to isolate the offender.

Under no circumstances should staff attempt to unload or otherwise neutralise the firearm, whether they are qualified to do so or not.

Ensure the Police are met and taken directly to the weapon first and then the offender if that is possible.

Follow Police instructions until they say it is safe to return to normal routine.

If a firearm is discovered in the Community, staff must consider the following:

- It is not unusual for community staff to see some type of weapon in patients' homes, such as firearms, large knives or replica displays.
- Staff have the right to leave the property if noticing a firearm (live or replica) or large knives (e.g. machetes or display swords) are not safely secured. Staff can also ask the person to ensure these items are locked away prior to and any during visits.
- The senior clinician and manager must be informed, and information shared with BHT community teams. The GP should also be informed about the incident.
- If patients refuse to lock weapons away, the senior clinician and manager must be informed immediately. The senior clinician, manager and LSMS will agree the next

steps to be taken to address the risk i.e. risk assessment, discussion with patient, formal letter, rearrange treatment.

- Staff must leave the premises immediately if threatened with a weapon. If unable to leave, they should dial 999 and activate their lone worker device for emergency help.
- The Trust's electronic incident report must be submitted following an incident.
- A debrief is to be completed by the manager, if required with support of the LSMS, to help staff learn from the incident and update local operating procedures.

9. Self-defence

There may be occasions when security staff are not present and violence or the threat of violence is directed at a member of staff be it on a hospital site or in the patient's home. In these circumstances any member of staff has the right to protect themselves. Every other option and means of preventing, controlling and defusing a situation should be attempted (for example, talking to the aggressor to defuse the situation, raising the alarm or leaving the area) before there is any physical interaction with a violent person. Even then physical intervention should concentrate on breakaway techniques (as taught in the Trust's Conflict Resolution Training), or restraint techniques (as set out in this policy), until trained assistance is available.

English law allows an individual to use reasonable force to protect themselves or others from personal attack.

The Criminal Law Act 1967 Section 3 (1) states that 'a person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large'.

In addition to preventing an assault from taking place, it also allows an individual to use reasonable force to prevent criminal damage to, and theft of, property.

A member of staff who finds that they have no option but to use force to physically defend themselves should bear in mind the following to ensure their actions remain lawful:

- The force used should be a minimum use of force. Only such force as is reasonable under the circumstances in order to prevent or repel the attack may be used.
- The force must be proportional to the threat. Any force used must be proportional to the force being applied against you and may only be used while the attack is ongoing.

10. Dealing with inappropriate telephone calls

If a member of staff experiences a phone call, in which inappropriate words are used or behaviour causing distress or harassment occurs, the staff member should:

Initially try to de-escalate the situation, by explaining that the behaviour is unacceptable and that the caller should refrain from continuing using the offensive language or demonstrating the offensive behaviour immediately.

If the caller continues, either pass the call onto their manager to deal with or in the most serious of situations, explain to the caller that they will not accept this behaviour and as a consequence they will terminate the conversation if it continues.

If it still continues, terminate the phone call after explaining to the individual that a letter will be sent to them in relation to their conduct.

After the call, complete the appropriate incident form and inform their Manager and the Security Department of the incident and the action that was taken.

11. Missing patients and those who refuse treatment

If a patient wishes to leave without accepting treatment, they should be encouraged to speak to a doctor and then sign a self-discharge form from care. If a patient refuses to discharge themselves and attempts to leave the premises, they should not be detained, but the situation should be reported immediately to the nurse in charge of the ward/area, if not already present, and steps taken to inform any close relatives.

Every effort should be made to ensure that a doctor is available to talk to the patient before they leave.

The patient should be advised to contact their GP and inform any relatives who may be concerned for their welfare.

In the case of a patient who is:

- Obviously very ill or confused and is likely to cause harm to themselves or others if allowed to leave alone or;
- Lacking the capacity to make decisions in relation to their care/treatment, admission or discharge; or
- Currently detained under the Mental Health Act 1983; or
- A child or young person under the age of 18 years,

For patients under a DOLS, the procedure in the BHT policy should be followed.

Security should use every effort to persuade the patient to return to the ward voluntarily, but if they refuse, the Security Officer(s) should return the person to the appropriate ward, using minimal force, but only where absolutely necessary.

Security or staff must use the absolute minimum force and take full account of the condition of the patient, when returning the patient to the place of treatment and should note the following:

- Advice must be sought from the patient's Consultant if the patient is thought to have a life-threatening condition.
- In the case of an adult a specialist assessment under the Mental Health Act will be carried out by the appropriate medical officer.
- Those under 16 years of age are unable to discharge themselves and would require their parent or guardian's authority to do so.

12. Procedures to be followed after an incident has taken place

12.1. Patient records

Following an episode of aggression, abuse or violence, a marker should be put on the front of the patient's notes and the reason for this documented and dated inside the notes. This is already an acceptable method of communication, for example if a patient has an allergy. Where possible, a flag should also be recorded on the patient's electronic record. The information will lapse after one year. The patient must be informed of this.

The patient's notes should contain a risk assessment of the patient with a detailed history of known violence and aggression. A system for flagging the medical records has been agreed whereby individuals known to have exhibited violent behaviour will have this noted in the 'comments' field as a warning to staff.

If the patient requires follow up care, this information should be communicated to the relevant agency GP or community staff. On discharge or transfer, this information must be accurately communicated to others.

To improve the safety of staff in the future, Managers should ensure that following every incident:

- The risk assessment is updated with any additional strategy that could be adopted to ensure that similar situations do not occur.
- The safety measures are reviewed.
- Staff training is refreshed if necessary.

12.2. Incident reporting and investigation

All incidents must be reported on the Trust's Incident Reporting System.

All violent incidents must also be reported by staff to their Manager at the time they occur or as soon as is possible after the event. The Police and the LSMS should be contacted in every case of physical assault.

The presence of mental illness, for example, should not be used as a reason not to report the assault to the Police.

All incidents will automatically be forwarded to the LSMS for action in accordance with the directions for managing violence in the NHS. Incidents will be analysed to ensure that lessons are learnt to minimise the chances of recurrence.

Incident reporting must document the name and address of the aggressor and the victim and also any witnesses. Where an incident has received support from the Police, the name of the officer including collar number and the Police Incident Number, if given.

Staff will be encouraged to report all incidents of intentional violence to the Police. In cases where the patient/offender does not have mental capacity, as determined by the completion of a mental capacity assessment, the appropriate Manager/GP should review the risk to staff and put in place a 'procedure for care' plan to reduce the risk of further incidents.

Where the incident has involved a member of staff being violent or aggressive towards a patient, a full investigation under the Trust's Disciplinary Policy & Procedure will take place and the Police may need to be informed depending on the severity of the incident.

If an incident causes a member of staff or a visitor to suffer death, major injury or more than three consecutive days off work an accident report will be made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR).

12.3. Incident involving the Police

If there is an arrest by the Police for assault the following guidance should be used:

- Inform the LSMS if not involved already.
- Victim to complete an Incident Form with the help of their immediate line manager (or peer if the line manager is not available).
- Security officers to contact the Police to establish:
  - If the offender has been charged or not;
  - If the offender has been charged, whether they have been bailed or is in custody;
  - If the offender has been charged, when they are due to appear in court;

- If the offender has not been charged, to establish reason why and whether the offender received a caution.

- The Trust LSMS will then inform the Head of Department or Head of Nursing of the information received from the Police. They will then inform the victim of the facts.
- Where the offender is due in court, but the victim is not required to give evidence the Trust will give the victim the opportunity to attend the court if they wish and offer an appropriate manager to accompany them to court, if requested.
- The LSMS can arrange an advance visit to court, so that the victim is more familiar with that environment.

If no charges have been brought by the Police or the Crown Prosecution Service, the victim must be told the reason why. If the victim wishes to pursue the case, advice can be taken from the Trust's Legal team.

On the day of the offender's appearance in court (if no one from the Trust has attended the hearing) the LSMS will contact the Police to establish:

- Whether the case has been heard or adjourned or is not proceeding.
- When the next court appearance is, if adjourned.
- If adjourned, whether the offender is in remand or on bail.
- The result of the case and the sentence or fine imposed.

The LSMS will then inform the Head of Department or Head of Nursing of the information received from the Police. They will in turn inform the victim of these facts.

12.4. **Violent Patient Scheme**

The Trust supports its CCGs, NHS England and GP services with the Violent Patient Scheme by providing a safe environment for challenging patients to be treated by a specialist GP.

This scheme is commissioned in a General Practice environment that provides general medical services to patients who have a history of violence or potential violence to NHS Staff, whilst minimising the risk of actual and threatened violence to NHS staff working in healthcare premises.

When a practice requests the immediate removal of a patient because of an act or threat of violence, the Police and the Trust must be informed. The Police will issue an incident number and this will be recorded on the immediate removal pro-forma which should be sent to the Trust, and the Service Provider.

The practice removing a patient will notify the patient by letter enclosing a leaflet that gives instructions as to how they can assess their medical care, both routinely and in emergencies during the core working hours of the surgery. This should be done within 2 working days.

The patient will be seen by the service provider who will not only provide their medical care but will work with the patient on the best way to obtain good quality and continuing services so that they can be rehabilitated back into mainstream services after a minimum of twelve months.

The LSMS will liaise with external agencies within the community, such as the Police, to help facilitate the sharing of information on risks as well as the action to deal with those risks.

The LSMS will develop a system of alerts to staff to facilitate sharing of information on violent patients from the existing Violent Patient Marker Scheme to ensure the safety of all staff.

The LSMS will ensure that strong links are made within the Trust to enable the promotion of security management work and the reporting of best practice to GP practices.

Although there is no statutory requirement for GPs to report incidents of violence to the Trust it is desirable that clear reporting procedures will be in place in the event of physical or non-physical assault on a primary care practitioner or member of their staff has occurred through the delivery of NHS services.

The LSMS and the Trust will encourage the reporting of incidents as best practice so that they are in line with reporting requirements within the NHS and so that primary care practitioners can be offered the best advice and support to help protect them and their staff.

13. Support for staff affected by violence and aggression

Managers must ensure that appropriate follow-up action is taken following a violent incident, especially where any injuries have been sustained, medical help must be sought promptly.

As a minimum, Managers must arrange a debriefing with the staff involved in the incident.

Discussion will provide an opportunity:

- For those involved to express their feelings.
- To confirm future plans for the care of the individual and any implications for other people.
- To analyse incidents and develop action plans.
- To arrange counselling, if appropriate, through Occupational Health or any other agency e.g. victim support.
- Where appropriate, managers should also inform staff of the Criminal Injuries Compensation Scheme.

Going forward after an incident, line managers should ensure that their staff feel supported and confident enough to tell a patient that their behaviour is unacceptable, in future. Line managers should review their processes and take any necessary action to make sure that their staff do not feel threatened or intimidated.

13.1. Police and Human Resources Involvement

The Police are responsible for investigating crimes and will charge offenders when there is sufficient evidence to do so. Alternatively they may issue a warning, or formally caution an individual.

The Police record cautions and should the individual re-offend the initial report may determine further prosecution. A caution may also be used by the Court and could increase any subsequent sentence.

If the Police decide to charge someone, the case is passed to the Crown Prosecution Service (CPS). The CPS prosecutes criminal cases on the evidence provided for them. The evidence has to be proven beyond reasonable doubt. In assault cases it is necessary to prove that the offender either meant to harm someone or knew that their behaviour created a risk of harming someone.

Assaults against NHS Staff are regarded as serious matters in the same way as assaults against Police Officers or Prison Officers.

The Trust will support any member of staff who finds themselves in this position. Giving evidence in court can be stressful, so support will be available by the LSMS and Occupational Health team.

The Police, CPS and Court staff will provide as much information and help as possible and a senior officer of the Trust will accompany the staff member to Court. The relevant line manager and the LSMS will keep the member of staff informed regarding progress of the case. Assistance will also be provided for dealing with any press enquiries ensuring that the member of staff's privacy is maintained.

The Police are to treat all incidents of violence as a priority where appropriate. There is no case for declining to inform the Police of a suspected crime merely because disciplinary action is being taken against the offender. Equally there is no obligation upon the Trust to refrain from disciplinary action because the prosecution is pending.

13.2. **Options available to the victim after an assault has taken place**

The member of staff assaulted (the victim) must make a statement to the Police if they wish a prosecution to be pursued with any chance of success. When giving the statement the victim has two options on how they wish to be kept informed of subsequent proceedings.

- The victim can allow the normal course of events to be followed, in which case they would be kept informed of proceedings by the authorities. The Trust would not be involved, in any legal capacity, in pursuing the prosecution, nor would the Trust be allowed any access by the Police to information regarding the assault for fear of compromising the prosecution case. In effect, the victim is on their own.

- The victim can tell the Police officer taking the statement that they wish the Trust to act on their behalf. A nominated officer, the Trust LSMS would then maintain communications with the Police in order to be kept fully informed of developments regarding the assault.

14. Responsibilities

Chief Executive

The Chief Executive has responsibility for ensuring that effective violence and aggression management systems, which meet all relevant statutory requirements and guidance, are in place across the Trust.

Security Management Director (SMD)

The Trust is required to have a nominated Security Management Director who is responsible for the implementation and maintenance of security measures. The nominated Security Management Director (SMD) is the Commercial Director and is accountable to the Chief Executive.

The SMD, in collaboration with the Head of Security, will ensure the implementation of this Policy, in full, across the Trust.

Head of Security

The Trust's Head of Security is a qualified NHS Local Security Management Specialist (LSMS). The Head of Security is responsible for the security strategy and policies, professional security management and day-to-day implementation and maintenance of all security measures at the Trust.

The Head of Security will:

- Lead day-to-day work tackling violence and unacceptable behaviour against staff and professionals in accordance with statutory and industry guidance and best practice.
- Provide support to staff following a violent or abusive incident until investigations or other actions have been concluded and advise on the referral to counselling or occupational health services.
- Monitor investigation and prosecution of incidents, assisting the Police when necessary.
- Advise management on the application of a range of sanctions against those responsible for security incidents, working with the Trust's legal team to ensure appropriate cases are progressed and redress is sought from those who commit security incidents.
- Performance manage the security contract and officers.

Managers

Managers are responsible for ensuring the implementation of this Policy and local procedures and ensuring that all employees are aware of, and understand, the requirements within their own areas of responsibility. This includes:

- Ensuring other appropriate policies and procedures are adhered to for example risk assessments, incident reporting and incident investigation (see BHT Pol 049, Management of Incidents and Serious Incidents).
- Ensuring that general risk assessments are undertaken with regard to all activities within their areas of responsibility. In addition, risk assessments will need to be undertaken on an individual basis where specific patients have been previously abusive, for example, being physically or verbally abusive, showing signs of sexual behaviour, harassing or intimidating staff or displaying anti-social behaviour. Managers should fully consult all staff that will be significantly affected by risk assessments.
- Identifying and implementing any action or control required following the risk assessment, using any violence and aggression protocols developed by individual services.
- Ensuring that staff are given the necessary information, instruction and training to enable them to manage issues associated with violence and aggression and to comply with this policy, including the need for reporting incidents under the Trust incident reporting procedure.
- Providing initial support after a violent incident and referring staff to appropriate sources of help.
- Ensuring incident forms are completed and that the victim of the violence is given the opportunity to report the incident to the Police.

Employees

All employees must:

- Be aware of their own behaviour in dealing with violence and should interact with patients in a manner which minimises the likelihood of an aggressive incident occurring.
- Report all incidents of violence using the Trust's Incident Reporting System.
- Be responsible for adhering to and co-operating with this procedure and address any issues of violence and aggression within the workplace.
- Be responsible for using any personal protective equipment allocated by the Trust and take responsibility for operating and using this equipment with training given.
- Complete Conflict Resolution Training annually and face-to-face refresher training on the 3rd year. The face-to-face training is predominately for patient facing staff.

15. Monitoring compliance of this Policy

The Health and Safety Committee, Head of Security and Senior Managers will monitor this policy and its effectiveness to decide whether the policy needs to be informally reviewed and updated, in the light of local or national developments. This will be achieved by monitoring the reports of all security related incidents recorded on the Trust's reporting system, which includes incidents of violence and aggression.

This policy will be formally reviewed once every three years.

Compliance will be reported thorough the Health and Safety Committee to ensure that the advice and guidance provided is appropriately assessed and adequately controlled.

Additional auditing and review work may be carried out by the Head of Security.

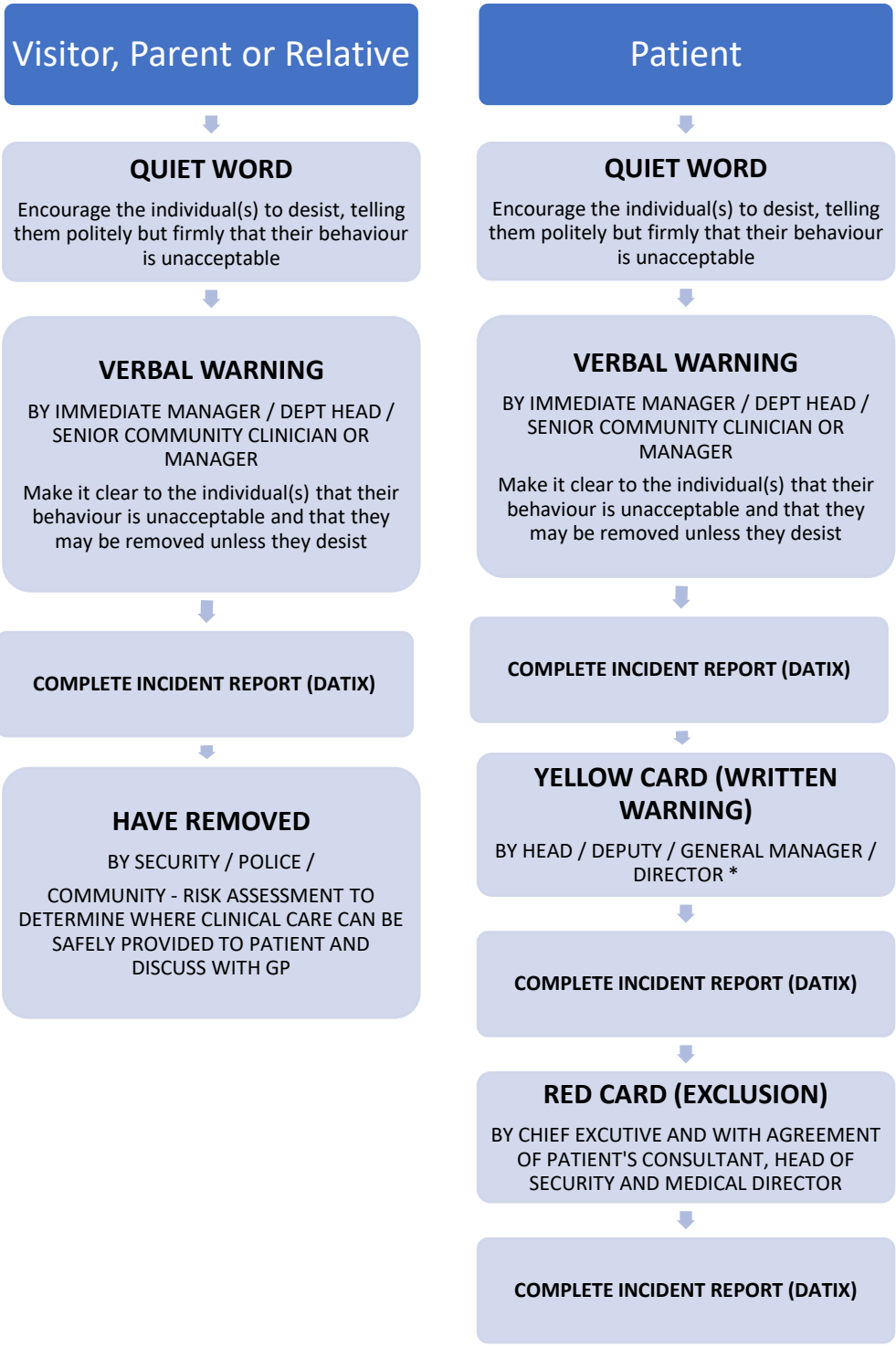
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Policy	Head of Security	Review	Annually	Health & Safety Committee, Trust wide Policy Sub Group, Executive Management Committee
Policy	Health & Safety Committee	Review	3 yearly	Trust wide Policy Sub Group, Executive Management Committee

Appendix 1

VIOLENCE OR ABUSE FROM PATIENTS OR VISITORS: what to do

IF YOU ARE IN FEAR DO NOT HESITATE TO CALL 2222 OR 9-999 or 999 FOR COMMUNITY STAFF / ACITIVATE LONE WORKER DEVICE

WHAT TO DO



*** Note:**

- If the situation warrants immediate exclusion, you do not have to follow this flowchart
- Other staff able to initiate the procedure are detailed in Appendices 2 of this Procedure

Appendix 2

PROCEDURE CHECKLIST FOR INITIATING A YELLOW OR RED CARD PROCEDURE

1. In the event of unacceptable behaviour by a patient:

- and after careful review by the individual's clinical team (or the on-call team out of hours),
- and after a verbal warning has been ineffective or is inappropriate, the Procedure can be instigated by any one of the following staff:

- Director/ Associate Director
- Department Head
- Locality Manager
- Senior Nurse
- Senior Clinician (Registrar or above)
- Out of Hours - Duty Manager
- Local Security Management Specialist (LSMS)

Who will:

- Take full details of the incident and the staff member's concerns and document them.
- Complete a Trust Incident Report, if not already completed.
- Wherever possible, get witnesses to the event to sign the record of the incident as true and accurate.
- Determine if this procedure should be used.

2. If the Yellow Card procedure (Procedure of Care) is to be initiated the instigating person of the procedure above will:

- Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary, about whether there is any medical cause for the patient's aggression.

- Inform the patient of the staff's concerns and fully explain the procedure ensuring there is no confusion about the standard of behaviour required or the possible consequences of failure to comply.

- Complete all patient details on the confirmation sheet (**Appendix 2A**) and ask the patient to sign it. If the patient refuses to sign, this should be documented and the patient should be advised that the document will be valid with or without the patient's agreement.

- Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation to the patient and signs the confirmation sheet.

- Give the patient a copy of the confirmation sheet and description of unreasonable behaviour (**Appendix 3**, and a copy of this Policy (as per this document)).

- Inform the patient that:
  - A copy of the confirmation sheet and any letters will be kept in the patient's health record in accordance with Data Protection legislation.
  - Trust security staff will be informed.
  - A copy of the Procedure for Care documentation will be retained in the Trust offices.

- Complete a Trust Incident report.

3. Senior Clinical Manager or Director will:

- Write to the patient's GP (**Appendix 3A**). A copy of the Trust's Policy will be attached. This letter will be signed by a Trust Director.

- Write to the patient (**Appendix 3B**), confirming the actions taken. This letter will be signed by a Trust Director.

- Send copies of these letters to the ward/ clinic for their reference to file in the patient's health record. (CRS 'flagging" system will be used.) Responsibility for filing this record in the notes rests with the wards/ clinics.

- Monitor that the full process is recorded in the patient's health record.

- Write to adjacent acute healthcare Trusts as appropriate.

4. Exclusion/ Procedure: in case of immediate escalation or further events

The decision to exclude can only be taken by the Chief Executive with the agreement of the patient's consultant, Head of Security and the Medical Director, and only when alternative care arrangements have been made with another Trust. (Note: This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.)

- Notify the Security Department by telephone and complete Trust Incident forms.

- The Service Director, Head of Security and Chief Executive will review the case and if exclusion is agreed, they will:
  - With the patient's consultant, arrange alternative care arrangements with another Trust.
  - Write to the patient's GP (**Appendix 4A**). A copy of the Trust's Policy will be attached. This letter should be signed by the Chief Executive.
  - Write to the patient (**Appendix 4B**). This letter should be signed by the Chief Executive.
  - Send copies of these letters to the ward/ clinic for their reference and for keeping in the patient's health record.
  - Ensure that a detailed record of the rationale for exclusion and the alternative arrangements for care are maintained.
  - Notify security staff and site managers.
  - Write to adjacent acute healthcare Trusts as appropriate.

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

Appendix 2A

PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE
CONFIRMATION FORM

Ward/Clinic:

Patient's Family Name

Patients Forename(s):

Hospital Number(s):

Home Address:

Telephone Number:

Contact Name of Next of Kin:

Their Address:

Telephone Number:

GP's Name:

GP's Address:

Telephone Number:

The consequences of a failure to comply with this procedure have been fully explained. I understand that my GP will be informed.

*I agree to comply with the expected behaviours, as set out in the policy, under which care will be provided at Buckinghamshire Healthcare NHS Trust.

Signed: Date:

*Delete if refused

Name:		Name:	
Designation:		Designation:	
Signed:		Signed:	
Date:		Date:	
(INITIATOR OF PROCEDURE FOR TRUST)		(WITNESS FOR THE TRUST)	

Examples of appropriate members of staff able to initiate the Procedure for Care:

Locality Manager	Medical Director	Associate Director
Nurse Director / Deputy	Senior Nurse	Senior Clinician (Registrar or above)
Out-of-Hours Duty Manager	Director	

A completed copy of this document is to be given to the patient.
A copy must be filed in the health record and a further copy sent to Head of Security LSMS

Appendix 3

YELLOW CARD: INFORMATION TO GIVE TO PATIENTS/ VISITORS

At Verbal warning stage
At Written warning stage

The Trust expects visitors and patients to behave in an acceptable manner while on its premises or being seen by staff in their home environments or clinics.

The following are examples of unacceptable behaviour:

- Refusing to reduce/ stop excessive noise, e.g. loud or intrusive conversation or shouting.
- Using threatening or abusive language involving excessive swearing or offensive remarks.
- Making derogatory racial or sexual remarks.
- Making malicious public allegations relating to members of staff, other patients or visitors.
- Displaying offensive sexual gestures or behaviour.
- Smoking on Trust premises.
- Abusing alcohol or drugs in hospital. (However, all patients being treated for medically identified substance abuse problems are outside the scope of this procedure).
- Drug dealing.
- Wilfully damaging Trust property.
- Theft.
- Violence.
- Refusing to correctly secure firearms / dangerous weapons.
- Concealing a weapon that could harm a person.
- Refusal to put pets away when community staff visit.
- Purposeful non-compliance with clinical care or disruption towards staff delivering clinical care.

You have been spoken to by a member of Trust staff and advised that your behaviour is unacceptable. If this continues, the Trust **may exclude you and not provide you with healthcare** at these premises or staff will not attend your home to deliver care.

Appendix 3A
YELLOW CARD: LETTER TO GP

Insert Trust logo

Letter to be completed by senior manager

Insert GP's Name & Address:

Date:

Dear Doctor,

Re: Patient's Name: DoB:
Patient's Address:

Patient's Hospital Health Records Number/ NHS number:….

The above individual is currently an inpatient on …….. Ward / attended A&E / Outpatients clinic at Buckinghamshire Healthcare NHS Trust

The above individual is currently under the care of the …….. community team in Buckinghamshire Healthcare NHS Trust

In order to protect the ward/ clinic staff / community staff and for other patients, it has been necessary to instigate the "Procedure for Care of Individuals who are Violent or Abusive" for the above person. If you have any questions regarding this matter, please contact:

(name and tel. no. of patient's consultant)

or

(name and tel. no. of Associate Director / Deputy)

Yours sincerely,

Trust Director

Enclosure: Copy of Trust Policy Appendix covering the care of individuals who are violent or abusive.

Copies to be sent to:

Patient's consultant
Service Director
Locality Manager(s)
Head of Security / LSMS

Appendix 3B

YELLOW CARD: LETTER TO PATIENT

Insert Trust Logo

Letter to be completed by senior manager

Patient's Name
Patient's Address

Ref: Hospital No:

Date

Dear

Re: Unacceptable behaviour

This is to formally confirm that due to your unacceptable behaviour on ……., at ……..…….,/ with ,,,,,,, community service, you are now subject to the Trust's procedure for the care of individuals who are violent or abusive or displaying unacceptable behaviour towards our staff.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour as explained to you by ……., you will become subject to the final stage of the procedure. This may involve your immediate exclusion from the Trust premises by our security staff / police for a period of up to one year / exclusion from being visited by ……. community service for a period of up to one year .

Any exclusion from this Trust's premises/ community services means that arrangements would be made for you to receive care from neighbouring Trusts / GP surgery. You will need to travel to receive that care.

Yours sincerely,

Trust Director

Enclosure: Copy of Trust's procedure for the care of individuals who are violent or abusive. This includes details of expected standard of behaviour.

Copies to be sent to:

Patient's consultant,
Service Director,
Locality Manager(s)
Head of Security / LSMS

[NOTE: PAGE TO BE ON YELLOW PAPER TO STAND OUT IN PATIENT'S NOTES (YELLOW CARD AND DELETE THIS NOTE)]

Appendix 4A

RED CARD: LETTER TO GP AT EXCLUSION STAGE

Insert Trust Logo

Letter to be completed by senior manager

GP's Name & Address

Date:

Dear Doctor,

Re: Patient's Name: DoB:
Patient's Address:

Patient's Hospital Health Records Number:

The above individual is currently an inpatient on …….. Ward / attended A&E / Outpatients clinic at Buckinghamshire Healthcare NHS Trust.

The above individual is currently under the care of the ……. community team in Buckinghamshire Healthcare NHS Trust

I regret to advise you that, in order to protect the ward/ clinic staff / community staff and other patients, it has been necessary to exclude this person from Trust premises and so from treatment here. This exclusion will continue until …….…. Arrangements have been made for treatment at the ……..…….

If you have any questions regarding this matter, please contact:

(name and tel. no. of patient's consultant)

or

(name and tel. no. of Associate Director/Deputy)

Yours sincerely,

Chief Executive

Enclosure: Copy of Trust Policy Appendix covering the care of individuals who are violent or abusive

Copies to be sent to:

Patient's consultant,
Service Director,
Locality Manager(s)
Head of Security / LSMS

Appendix 4B

RED CARD: LETTER TO PATIENT AT EXCLUSION STAGE

Insert Trust Logo

Letter to be completed by senior manager

Patients Name
Patients Address

Ref: Hospital No:

Date

Dear

Re: Unacceptable behaviour

I have been informed that you have again behaved in a manner that is unacceptable to the Trust. This is despite my letter of ……..

You leave me no alternative but to confirm that the Trust cannot provide you with healthcare at its premises/ by its community staff. If you attend Trust premises, other than in a genuine emergency, you will be removed from the Trust premises by our security staff/ police. This situation will continue until …….. (period of up to one year). The Trust may also seek an Injunction from the Courts preventing you from entering the premises.

The Trust will however make arrangements for you to receive care from neighbouring Trusts / GP surgery if the need arises. You will need to travel to receive that care.

A copy of the Trust's procedure covering the care of individuals who are violent or abusive, and procedure regarding complaints is enclosed.

Yours sincerely,

Chief Executive

Enclosure: Copy of the Trust's complaint procedure and Procedure for Care of individuals who are violent or abusive.

Copies to be sent to:

Patient's consultant,
Service Director,
Locality Manager(s),
Head of Security / LSMS

NOTE: PAGE TO BE ON RED (PINK)PAPER TO STAND OUT IN PATIENTS NOTES (RED CARD AND DELETE THIS NOTE BEFORE SENDING

Appendix 4C
LETTER TO MEMBER OF PUBLIC – HOSPITAL SITES

Title, Firstname, Surname
Building No. and Road
Town
County
Postcode

(insert date)

Dear XX,

EXCLUSION FROM (XXXXXXX) HOSPITAL

It has been brought to my attention that on several recent occasions you have been visiting the (*insert Ward/Dept location and Hospital*
Reports allege that whilst at (XXXX) you have entered (*wards*) without permission, remained on the (*wards*) when asked to leave and that your behaviour towards staff has been un-cooperative and abusive, resulting in Police attendance to ask you to leave. In addition, reports indicate that you have made threats of physical violence and have been abusive towards Security Staff. As a result of those threats and the disruption caused throughout the Centre, on the XX, (in the presence of a Police Officer), you were advised by a Trust Security Officer that you were not to re-enter the (*insert Ward/Dept*) until further notice. You have failed to heed the advice given that day and have re-entered the (XXX) on a number of occasions whereby you have been asked to leave by both Security Officers and Police.

You have no licence to walk around the hospital without good reason for being there and any implied licence which you consider you may have is hereby withdrawn.

In the circumstances and for the avoidance of doubt therefore, this letter is notice to you that **unless you are seeking emergency medical treatment** (in which case you must go straight to the Accident & Emergency Department and make yourself known to a member of staff) you have **no authority to come onto the hospital property for any purpose whatsoever**.

If you are found on the hospital premises except under the condition stated above, you will be regarded as a trespasser and ejected. The Police will be notified and a record of the incident will be kept. This could result in you becoming the subject of an Anti Social Behaviour Order.

Yours faithfully,

XX
Chief Executive

Title, Firstname, Surname
Building No. and Road
Town
County
Postcode

(insert date)

Dear XX,

EXCLUSION FROM (XXXX) HOSPITAL

It has been brought to my attention that on recent occasions you have been visiting (XXX)l Hospital for other than medical treatment, and have caused disruption within the working environment on Ward XX and the YY Unit.

You have ceased to be a (Patient / Visitor/ employee of the Trust) and therefore you have no licence to walk around the hospital without good reason for being there and any implied licence which you consider you may have is hereby withdrawn.

In the circumstances and for the avoidance of doubt therefore, this letter is notice to you that **unless you are seeking emergency medical treatment** (in which case you must go straight to the Accident & Emergency Department and make yourself known to a member of staff) you have **no authority to come onto the hospital property for any purpose whatsoever**.

If you are found on the hospital premises except under the condition stated above, you will be regarded as a trespasser and ejected. The Police will be notified and a record of the incident will be kept.

Yours faithfully,

XX
Chief Executive

Appendix 4D

LETTER TO MEMBER OF PUBLIC – HOME SITES

Title, Firstname, Surname
Building No. and Road
Town
County
Postcode

(insert date)

Dear XX,

It has been brought to my attention that on several recent occasions you have been present at patient…….. when community staff visit to deliver clinical care.

It has been reported that your behaviour towards staff has been un-cooperative /threatening/ abusive, resulting in the Manager asking you to be in another room during treatment or not to be present at the patient's house during the clinical visit. You have failed to heed the advice given and have been present during clinical care visits on a number of occasions and staff have continued to feel threatened.

This letter is giving you notice that should you continue to be present when clinical staff visit, the community team will withdraw proving treatment to the …….

Yours faithfully,

XX
Chief Executive

Appendix 5

EXAMPLE ACCEPTABLE BEHAVIOUR AGREEMENT LETTER AND AGREEMENT

Dear

Unacceptable behaviour – proposed Acceptable Behaviour Agreement

I am [insert name] and I am [insert role/position] for Buckinghamshire Healthcare NHS Trust.

I have received a report (a number of reports) where it is alleged that on [insert date (s) of incident (s) and a brief description of behaviour]

As you are aware [insert details of any previous action taken if appropriate]

Behaviour such as this is unacceptable and will not be tolerated.

Buckinghamshire Healthcare NHS Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. Such behaviour also [insert details of impact behaviour e.g. deprives health bodies of staff time/ resources/ makes other patients wait longer/deprives the community of life saving ambulance services etc.].

Just as the NHS has a responsibility to you, so you have a responsibility to use its resources and treat its staff in an appropriate way.

We would urge you to consider your behaviour when attending NHS premises in the future and to accept the following conditions: [enter appropriate]

- You will ….
- You will ….
- You will not ….
- You will not ….

Enclosed are two copies of an Acceptable Behaviour Agreement for your attention. I would be grateful if you could sign both of these and return one in the envelope provided. In the event that no reply is received within the next 14 days, consideration will be given to taking further action against you.

If after signing and returning the agreement, you decide not to abide by the conditions or should there be any further incidents of unacceptable behaviour; consideration will be given to taking further action against you. Such action may include the following:

- Excluding you from the Trust premises
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue.
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.
- Seeking a court order to restrict your behaviour.

[Amend as appropriate]
If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

Should you sign the agreement a copy will be sent to [say who will be informed or copied in]

Even if you refuse to sign the agreement a copy of this letter may be sent to [say who will be informed or copied in]

A copy will also be placed on your records/ A note of this incident will be placed on your records/ a marker will be placed on your records. [Amend as required].

IF you sign this agreement it will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please [provide information on how decision may be challenged and details of complaint process].

Yours etc.

Appendix 6

[Delete and Ensure that the Agreement is on a separate sheet of paper]

ACCEPTABLE BEHAVIOUR AGREEMENT

This agreement is between Buckinghamshire Healthcare NHS Trust
and
[Insert Name and date of birth or other unique identifying details]

I agree to the following in respect of my future behaviour – [insert appropriate conditions, those below are examples which may be appropriate in many cases]

- I will
- I will not use violence, or foul or abusive language or threatening behaviour towards any person on |NHS premises.
- I will treat all people with courtesy and respect while on NHS premises or when contacting NHS premises by phone
- I will not
- I will
- I will not

Declaration

I, [insert name], confirm that I have read and understood the attached letter and this agreement and that I accept the conditions set out above and agree to abide by them.

Signed:

Dated:

Buckinghamshire Healthcare NHS Trust

Signed: Print Name:

Position:

Dated:

Appendix 8

TRUST VIOLENCE & AGGRESSION POSTER

Appendix 9

Flowchart for Community Staff