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PROTECTING STAFF AGAINST VIOLENCE, AGGRESSION, DISCRIMINATION AND HARASSMENT

NGH-PO-046

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POLICY

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Version Control Summary

Version	Date	Author	Status	Comment
5	July 2015	Deputy Hotel Services Manager	Ratified	

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SUMMARY

This policy is aimed at identifying key areas staff may want to initially reference a section without having to read the complete policy. However all staff should be encouraged to read this policy in full as soon as possible.

You will find the Trusts policy statement on protecting staff, which is supported by NHS PROTECT strategy ([page 4](#)).

Definitions of physical assaults, non-physical assaults, direct/indirect discrimination and harassment are Included ([page 5](#)) to help staff categorise an incident when reporting and this is supported by Appendix 1. This will help produce accurate data when collating these types of incidents for the Trust and NHSSMS.

This Policy includes the strategic aims of the Trust on dealing with the health, safety and welfare of staff and can be found on ([page 6](#)). A legal action poster endorsed by the Chief Executive, [Appendix 2](#), supports this.

You will find an explanation on what and who is responsible for carrying out risk assessment) this is supported by [Appendix 3](#).

Following an incident, this policy gives advice on how and whom to report an incident too ([page 8](#)). This is supported by a flow chart, [Appendix 4](#).

This Policy includes advice on what actions can be taken by the Trust against aggressors which include sending formal letters advising an aggressor of their behaviour and possible sanctions involved ([page 8](#)). Example letters to be sent to an aggressor following an incident, [Appendices 5, 6, 7, and 8](#) supports this section.

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1. INTRODUCTION

The Counter Fraud and Security Management Service (CFSMS) was launched on 1st April 2003 with a remit encompassing policy and operational responsibility for the management of security in the NHS. In December 2003 the Secretary of State launched a strategic document 'A professional Approach to Managing Security in the NHS' <http://www.nhsprotect.nhs.uk/>. In 2008 the Security Management service moved across to the NHS Business Service Authority from CFSMS and rebranded as NHS PROTECT. The aim of this strategy **is the delivery of an environment for those who use or work in the NHS that is properly secure, so that the highest possible standard of clinical care can be made available to patients.**

The Trust aims to minimise the incidence of violence but recognises that because of the unpredictable nature of violence it cannot be totally eliminated.

2. PURPOSE

Northampton General Hospital NHS Trust (the Trust) believes that all staff has the right to work in an environment free from violence, aggression, discrimination and harassment and where appropriate to take and support action to protect staff.

The purpose of this policy is to provide managers and staff with a clear process for the prevention and management of violent aggressive, discrimination and harassing incidents towards staff by patients and members of the public.

3. SCOPE

This policy applies to all staff employed by the Trust including voluntary workers, students, locum and agency staff.

4. COMPLIANCE STATEMENTS

Equality & Diversity

This policy has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with equality legislation and to uphold the implementation of Equality and Human Rights in practice.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the

Principles and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

5. DEFINITIONS	
NHS PROTECT	NHS PROTECT has introduced common definitions for physical and non-physical assaults, which is to be used by all Trusts. This will help identify the level of physical and non-physical assaults that are being carried out on staff through a consistent approach to reporting, based on the following definitions:
Violence and aggression	Defined as any incident in which a person working within the healthcare sector is verbally or physically abused, threatened or assaulted by a patient or member of the public in circumstances related to his/her work, involving implicit or explicit challenge to their safety, wellbeing, and/or health.
Physical assaults	"The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort"
Non-physical assaults	"The use of inappropriate words or behaviour causing distress and/or constituting harassment"
Direct Discrimination	It's unlawful to discriminate against people who have 'protected characteristics' - treating someone less favourably because of certain attributes of who they are. This is known as direct discrimination.
Indirect Discrimination	Indirect discrimination occurs when an organisation's practices, policies or procedures have the effect of disadvantaging people who share certain protected characteristics.
Protected Characteristics	These are defined in the Equality Act 2010 as: <ul style="list-style-type: none"> • Age • Disability • Gender Reassignment • Marriage and Civil Partnership • Pregnancy and Maternity • Race • Religion or Belief • Sex • Sex Orientation
Harassment	Is defined, for the purpose of this policy, as the impact, not the intention of the behaviour and may take many forms, being directed at an individual or a group from members of the public. This is: "Any action, behaviour comment or physical contact which can reasonably be deemed to be offensive to the person involved and which causes that person to feel threatened, humiliated or embarrassed".

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6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Are responsible for ensuring there is a policy in place.
Director of Facilities	The director with responsibility for security will report to the Board on progress for security arrangements within the Trust.
Security Management Director (SMD)	Director of Facilities and Capital Development will assume this role and be responsible for the strategic development and the operational provision of Security Services.
Local Security Management Specialist (LSMS) – supported by the Trusts Security Manager	<p>The Trust's Deputy Hotel Services Manager assumes this role. This role has been developed in line with the NHSSMS, now known as NHS Protect. The LSMS will report directly to the SMD. This role will include:</p> <ul style="list-style-type: none"> • To support on day-to-day work within the Trust to tackle violence against staff and professionals in accordance with the SMS national framework and guidance. • To ensure that appropriate steps are taken to create a pro-security culture within the Trust so that staff and patients accept responsibility for the issue and ensure that where security incidents/breaches occur that they are detected and reported. • To work towards applying a range of sanctions against those responsible for security incidents or breaches. • This work is supported by the Trusts Security Manager.
Health & Safety Committee	Are responsible for having an organisational overview of violent and aggressive incidents.
Ward / Department Manager	Each Head of Department and ward shares in the responsibility for ensuring that staff within their environment adheres to the Policy. It is essential that managers allow staff the time to read through this policy and be given the opportunity to discuss the policy either with their Line manager or any member of the Security Team. It is the Ward/Department Managers responsibility to undertake an annual risk assessment (Use the trust risk template in conjunction with the guidance in appendix 3) in relation to violence and aggression and submit this to the directorate health and safety group. They are also responsible for ensuring that staff receive appropriate training in line with the

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	trusts mandatory training needs analysis
Employees- Report violent and aggressive incidents	H&S Group - Monitor that Divisions complete an annual risk assessment associated with the prevention and management of violence and aggression; They will monitor actions in place to mitigate risks and escalate risk that are moderate or high and cannot be mitigated to the Trust H&S Committee and enter onto the Divisional risk register
All Trust Employees	Have a responsibility to: <ul style="list-style-type: none"> • Support the Trust to achieve its Vision • Act at all times in accordance with the Trust values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

7. SUBSTANTIVE CONTENT

7.1. Strategic Aims

The Trust has a responsibility for the health, safety and welfare of staff (including agency and locums) and believes that violence, aggression and harassment towards staff is unacceptable. The Trust will take all reasonable steps to protect and support its staff, and this policy is designed as an important step to improve the management of incidents involving violence, aggression, discrimination and harassment.

The Trust will:

- Clearly inform staff of the Trust's position on violence aggression, discrimination and harassment
- Work with the NHS PROTECT in providing a working environment with systems and operational procedures to deal with incidents of violence, aggression, discrimination and harassment.
- Ensure that the risks associated with the likelihood of violence, aggression, discrimination and harassing incidents are identified and appropriate action taken to manage the risks.
- Clearly define the responsibilities of management and staff in implementing this policy and associated operational procedures.
- Provide focused training programmes to support staff.
- Actively inform patients and service users of the unacceptability of all forms of violence, aggression, discrimination and harassment toward Trust staff.
- Produce a statement that will be clearly displayed in prominent areas throughout the Trust premises (*see Appendix 2*).
- Support action against patients or members of the public where behaviour, comment, or physical contact is reasonably deemed to be offensive to the staff member involved.
- Support staff that have been involved in or witness a violent, aggressive incident or the effects of discrimination and harassment.

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- Support staff where the views or religious or non-religious convictions of patients should not be allowed to adversely affect NHS staff carrying out their duties. An example of this would be a patient refusing to be treated by someone from a different religious persuasion, or by a lesbian, gay, bisexual or trans person (see Appendix 9).
- Ensure that pre-admission literature sent to all non-emergency admissions will include a clear statement of the Trust's policy and procedures for dealing with incidents of violence, aggression and harassment. This statement is included within the "A guide for patients and visitors to NGH NHS Trust."
- Undertake an annual audit of the implementation of the operational procedures, reporting processes and actions taken.

7.1.1. Assessment of Risk

The Trust has a duty to assess all risks to the health and safety of its employees including incidents involving violent and aggressive behaviour. It is therefore necessary for each department to think carefully about the evidence that it can collect in relation to work place violence, to allow reliable identification of hazardous situations and to make assessments. This will include a reactive and proactive risk assessment approach and action plan taking into account environmental, organisational factors as well as individual patient circumstances.

7.1.2. Process for minimising risks associated with the prevention and management of violence and aggression in a department

- An annual risk assessment should be carried out (or reviewed on an annual basis). (Use the trust risk template in conjunction with the guidance in appendix 3)
- This should be reviewed sooner if there has been an incident rated moderate or high.
- A copy must be sent to the Divisional Governance Group for review and they will seek support and advice from the Trusts LSMS and or Security Manager.
- The Divisional Governance Group will escalate areas of concern or moderate or high risk that cannot be mitigated locally to the Trust H&S Committee and onto the Directorate risk register.

Divisional Managers must ensure Risk Assessments are carried out using the Trusts Hazard Identification and Risk Assessment Documentation should be maintained within their risk register and/or acted upon. To assist with the risk assessment, guidance is provided (See Appendix 3). The Health and Safety Committee will discuss quarterly incidents of physical assaults, verbal and threatening behaviour.

7.1.3. Process for minimising risks associated with the prevention and management of violence and aggression relating to a patient

The process for minimising risks associated with the prevention and management of violence and aggression relating to a patient can be found in the Safe and Supportive Observation of Adult Patients (Enhanced Observation) NGH-PO-415. (which can be found on the intranet). The enhanced observation policy has been written to ensure that all clinical staff follows good practice when carrying out enhanced levels of observation or specialising of an adult patient who due to a physical injury or mental illness and following a risk assessment, has been identified as requiring enhanced observation. Enhanced observation must be undertaken in a safe, patient focused care environment, which sensitively takes into account issues of privacy, dignity and respect. This policy will outline

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the need for enhanced observation and its place in the care of the patient. It is in line with recommendations from the Essence of Care Benchmark for Safety, and based on the guidance from the National Service Frameworks for Mental Health.

7.2. Dealing with Potentially Violent and Harassing Incidents

The Trust requires all staff to recognise that their own safety must be a priority and that they should withdraw from any situation in which they do not feel safe. However, in certain circumstances it may be appropriate for the member of staff to deal with the situation by using skills and techniques acquired through Conflict Resolution Training CRT and any other approved training provided.

7.2.1. Summoning Assistance

Prior to or during a violent incident staff must summon immediate assistance, using a variety of approaches as appropriate, Calling for help, and contacting security via the main switchboard on an internal phone dialling 2222 and state where you are.

Other methods may include;

- Use of emergency bells
- Set off panic alarms
- Set off personal alarms
- Consider the involvement of the police

7.2.2. Self-Defence

The staff member has the right of self-defence and can use proportionate force to defend themselves/others against the aggression. Any force used should be as much as necessary to protect self/others against the potential harm that is threatened.

7.2.3. Points for Consideration

Provide immediate first aid/medical treatment for those involved as required which may involve psychological support.
Make safe the environment.

7.3. Actions following any Incident / Situation

- Report to the manager in charge of the clinical/service area or if out of hours clinical site manager and agree next stage of action.
- Consider the involvement of the police.
- Complete a Datix incident report form
- All managers must treat the member(s) of staff involved in the incident and those that may have witnessed incident in a confidential and empathetic manner, refer to the Staff Support policy
- Managers must consider the need for debriefing and counselling.
- In situations of unacceptable behaviour, discrimination or harassment, managers should not automatically assume that a solution is to move the member of staff. It should however be recognised that there will be occasions where with agreement of the member of staff concerned this might be the appropriate solution (or as above, exceptionally in certain serious clinical situations where the duty of care must override other considerations). However, if the member of staff asks to be moved, this should be granted if at all possible. Managers will be expected to explore all

options in this regard. Members of staff should feel able to contact Human Resources, their recognised Trade Union or Staff Organisation representative if they remain concerned about the solution proposed.

- The LSMS on a yearly basis collates all physical assault reports. An annual physical assault report form is submitted to NHS Protect. NHS Protect will audit all returns from Trusts and publish yearly total assaults committed on staff by the public.

7.4. Action against Aggressor / Harasser

There are a number of aspects to taking action against violent and abusive patients and members of the public. The actions range from informal approaches to withdrawal of services or prosecution. These courses of action are set out below and may be instigated individually, simultaneously or consecutively dependent on circumstances.

Staff who are subject of violence, aggression, discrimination or harassment should discuss the most appropriate course of action with the manager responsible for the department/clinical area, or senior nurse on call out of hours. Any member of staff who witnesses an incident may be required to make a statement there are a number of actions, which may be, considered appropriate dependent on the nature of the incident.

When considering this course of action you may need to undertake a "Mental Capacity Assessment" Two Stage test to decide if the individual concerned lacks capacity (see NGH-PO-303 Mental Capacity Act including Deprivation of Liberty).

7.4.1. Informal action against patients, other members of the public

- An informal approach may be considered in the first instance to inform the aggressor that their remarks, actions or behaviour is unacceptable and ask them not to repeat it. Staff may be accompanied by their manager, staff representative, or colleague if they wish.
- If the incident occurs over the telephone, the member of staff will inform the caller/aggressor that their manner is unacceptable and unless this stops immediately the call will be terminated.
- Discussions between the line manager and the member(s) of staff involved in the incident will include proper consideration being given to any request from the staff to withdraw from the care of the alleged aggressor.
- If the aggressor is a carer, relative or another member of the public, then they should be approached informally, privately and at a time when all parties involved are composed. The consequences of any further incidents must be made clear to them and that they may receive a verbal warning.
- The aim of the verbal warning process is twofold:
 - To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of them reoccurring; and
 - To ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.
- If appropriate a meeting should be arranged and conducted in a fair and objective manner. A formal record should be made of the incident and maintained using the Trusts Datix reporting process.
- Verbal warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary).

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- Where the process has no effect and unacceptable behaviour continues, alternative action must be considered as indicated below.

7.4.2. Acceptable Behaviour Agreement (ABA) and/or withdrawal of treatment guidance

Where incidents continue after an informal approach then a formal approach can be considered. ABA is an option that can be considered for individuals, such as patients, relatives or visitors to address unacceptable behaviour where verbal a warning have failed, or as an immediate intervention depending on the circumstances. An ABA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious behaviour which may include withdrawal of treatment and services.

It may be necessary to take into account:

- The degree to which the incident undermines personal dignity, relationships with patients or service users and the working climate.
- Any previous incidents, their nature and degree of severity.
- The effectiveness of formal action in preventing repetition of the behaviour i.e. the health problem of the patient or service user will need to be taken into account. (E.g. mentally ill / confused).
- The aggressor will be either invited to a meeting or sent a letter directly to their home address explaining why the Trust finds their behaviour unacceptable and will include conditions that they have to comply with in the future (see Appendix 5). Do not invite an aggressor to a meeting if it is felt that it will only escalate the situation.
- If a further incident occurs, a warning letter should be issued to the aggressor from the Head of Department manager after discussion with the consultant/head of service in charge of the patient's medical care. It will make clear that their behaviour is unacceptable and that the Trust reserves the right to take further formal action. This will also include the option of withdrawal of services to the patient concerned.
- After the warning letter has been sent and if the aggressor is still acting inappropriately/not adhering to the conditions set previously, then the next course of action is to formally withdraw services. This letter can only be sent from the Trust's Divisional Manager or Clinical Director, after consultation with the hospital Solicitor (letters will be specific to each individual case). Any decision to withdraw services must involve the patient's senior medical staff and their General Practitioner. However, where the service does not have any consultant involvement the relevant professional/service head can send this final letter. (See Appendix 7)
- There maybe occasions where unacceptable behaviour will lead to restrictions on attending the Trust. This will be outlined in a formal letter explaining why and the restrictions imposed. (See Appendix 8)

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- All letters relating to the incident by the aggressor are to be held within the patient's health records. If the aggressor is not a patient, copies of letters are to be sent to the Legal Affairs department for reference.
- All letters relating to any type of incident must be copied to the Trusts LSMS. This information is vital for the LSMS in keeping abreast of situations that may have possible legal implications and can be reported back to the NHS PROTECT.
- The Trust, through the relevant clinical management team, will decide whether patients or service users who refuse services on racial grounds may also be effectively refusing all services.

The process for formal withdrawal of services is shown in a flowchart (see Appendix 4).

Consideration will be given to make a formal complaint to the police following specific incidents.

NHS PROTECT LPU are able to act on behalf of the Trust in taking possible action against individuals that threaten, harm or harass staff if the police are unwilling to pursue an incident.

Lone Working- Brief guidance below - Refer to the lone working policy located on the intranet, NGH – PO - 236.

Some staff by the necessity and nature of their employment may have to work in situations within the Trusts property i.e. Departments, Offices in or out of normal working hours alone.

Whenever possible staff should utilise the official Department /Offices opening hours where other staff are likely to be present. When this is not feasible and arrangements or situations require you to work alone in or out of hours certain steps must be taken to ensure your personal safety for example:

- Main doors should be locked or if fitted with a key/proximity reader this should be used.
Do not open doors to anyone unless identity has been established.
- Seek advice from Security, Risk Management or/and Trusts LSMS.
- Risk assessments should be undertaken within the work place and include the type of work undertaken.

All staff has a responsibility to advice colleagues within their Departments / Offices if they are the last member of staff within the Area.

It is the responsibility of individual staff who work alone to assess the risks involved and take appropriate steps to minimise compromising their safety. It is the responsibility of the last member of staff to leave the Department/office to ensure that Safety checks and locking up procedures are carried out a local level and within Departmental guidelines.

For staff who work in a community setting refer to appendix 2 of the Trusts Lone Worker Policy.

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8. IMPLEMENTATION & TRAINING

Conflict Resolution Training (CRT) - Refer to mandatory training policy which will provide guidance on who needs to attend CRT

NHS PROTECT in line with the Secretary of States direction requires that all front line hospital staff receive CRT. Using the Trusts risk assessment process a training needs analysis must be identified to ensure staff are receiving this type of training.

The Training Department and LSMS will identify an approved trainer provider that has satisfied the requirements of the NHS PROTECT.

The purpose of the course is to ensure that staff will be able to:

- Describe common causes of conflict
- Describe two forms of communication, i.e. verbal and non-verbal
- Give examples of communication breakdown
- Explain three examples of communication models that can assist in conflict resolution
- Describe patterns of behaviours they may encounter during different interactions
- Explain the different warning and danger signs
- Give examples of impact factors
- Describe the use of distance when dealing with conflict
- Explain the use of "reasonable force" as it applies to conflict resolution
- Describe different methods for dealing with possible conflict situations

Additional enhanced training is available to provide breakaway, and restrictive physical intervention techniques. These are 1 day, 2 day, and 4 day courses. The Trusts Restrictive Physical Intervention Policy, training needs analysis indicates which staff group should attend the relevant course.

Please refer to the intranet for available training courses.

9. MONITORING & REVIEW

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Duties are monitored via monitoring compliance of all requirements listed below						
How the organization carries out risk assessments for the prevention and management of violence and aggression	Each department undertakes annual risk assessment regarding safety of its staff.	Divisional Manager; Directorate Group H&S	Annual	Divisional Group Health & Safety	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager
Timescales for review of risk assessments	When an incident occurs or working environment changes	Divisional Manager	Annual unless required to be sooner	Divisional Group Health & Safety	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager
How actions plans are developed as a result of risk assessments	Divisions develop their own action plans	Divisional Manager	Annual unless required to be sooner	Divisional Group Health & Safety	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager
How action plans are followed up	Discussed at Divisional H&S Group	Divisional Manager Health & Safety	On Agenda for Directorate H&S Group	Divisional Group Divisional Manager Health & Safety	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager

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Arrangements for making sure lone workers are safe	Each department undertakes annual risk assessment regarding safety of its staff	Divisional Manager	Annual	Divisional Group Divisional Manager Health & Safety	Governance Risk Management	Trust Health and Safety Group
How the organization trains staff, in line with the training needs analysis	Report submitted monthly by Training Department to CQEG	Training Department	Monthly	Divisional Group Divisional Manager Health & Safety	Directorate Manager; Directorate & Health & Safety Group	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager; CQEG
How the organization monitors compliance with all of the above	Security Annual Report Training Annual Report	Deputy Hotel Services and LSMS Manager; Director of Facilities; Training Department	Annual	Trust Board	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager; CQEG	Trust Health and Safety Group; Deputy Director of Patient and Nursing Services; Deputy Hotel Services and LSMS Manager; CQEG

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10. REFERENCES & ASSOCIATED DOCUMENTATION

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APPENDICES

Appendix 1 Clarification on Definitions used in the Policy

Violence is a complex issue. There are many possible reasons, which may be caused by

- Fear
- Confusion
- Boredom
- Alcohol/drugs
- Lack of communication/information
- Frustration
- Pain
- Hunger
- Sleep deprivation
- Environmental changes
- Staff responses
- Being kept waiting

This may be demonstrated by:

- Excessive noise e.g. loud or intrusive conversation or shouting
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors
- Offensive sexual gestures or behaviours
- Wilful damage to Trust property
- Threats or threatening behaviour
- Physical violence

Types of possible non-physical or harassing situations

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe
- Loud and intrusive conversation
- 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
- Bullying, victimisation or intimidation
- Stalking
- Spitting
- Alcohol or drug fuelled abuse

Unreasonable behaviour and non-co-operation such as repeated disregard of hospital visiting hours Or Any of the above linked to destruction of or damage to property.

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SECURITY MESSAGE

HOSPITAL STAFF ARE HERE TO HELP PATIENTS

**THIS TRUST IS COMMITTED TO PROTECTING ITS MEMBERS OF
STAFF AGAINST PHYSICAL ASSAULT, VERBAL ABUSE, DISCRIMINATION
OR INTIMIDATION DURING THE COURSE OF THEIR WORK**

**SUCH BEHAVIOUR IS CONSIDERED BY THE TRUST
TO BE UNACCEPTABLE**

THIS TRUST'S POLICY IS TO INITIATE

LEGAL ACTION

**AGAINST ANY PERSON WHO ASSAULTS A MEMBER OF STAFF
OR CAUSES AN AFFRAY WHILST ON TRUST PREMISES**

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Appendix 3 Security Risk Assessment Consider the Following**PHYSICAL MEASURES/DETERRENTS THAT SHOULD BE CONSIDERED**

- CCTV
- Personal panic attack alarms
- Panic attack alarm systems to cover dept areas
- Reception counters with protective screening
- Digital coded doors
- Swipe access door controls
- Combination CCTV, swipe and intercom system

ARE STAFF BEING TRAINED?

- Are staff trained? If so to what level?
- Is it appropriate training to the task they do? Are staff confident in its use?
- Are staff aware of the legal aspects?
- Do staff know how to summon assistance?
- Are staff aware of policies and procedures?
- Do staff know how to report an incident?
- Do they know about counselling sessions?

IS THE ENVIRONMENT ACCEPTABLE TO VISITORS, PATIENTS AND STAFF?

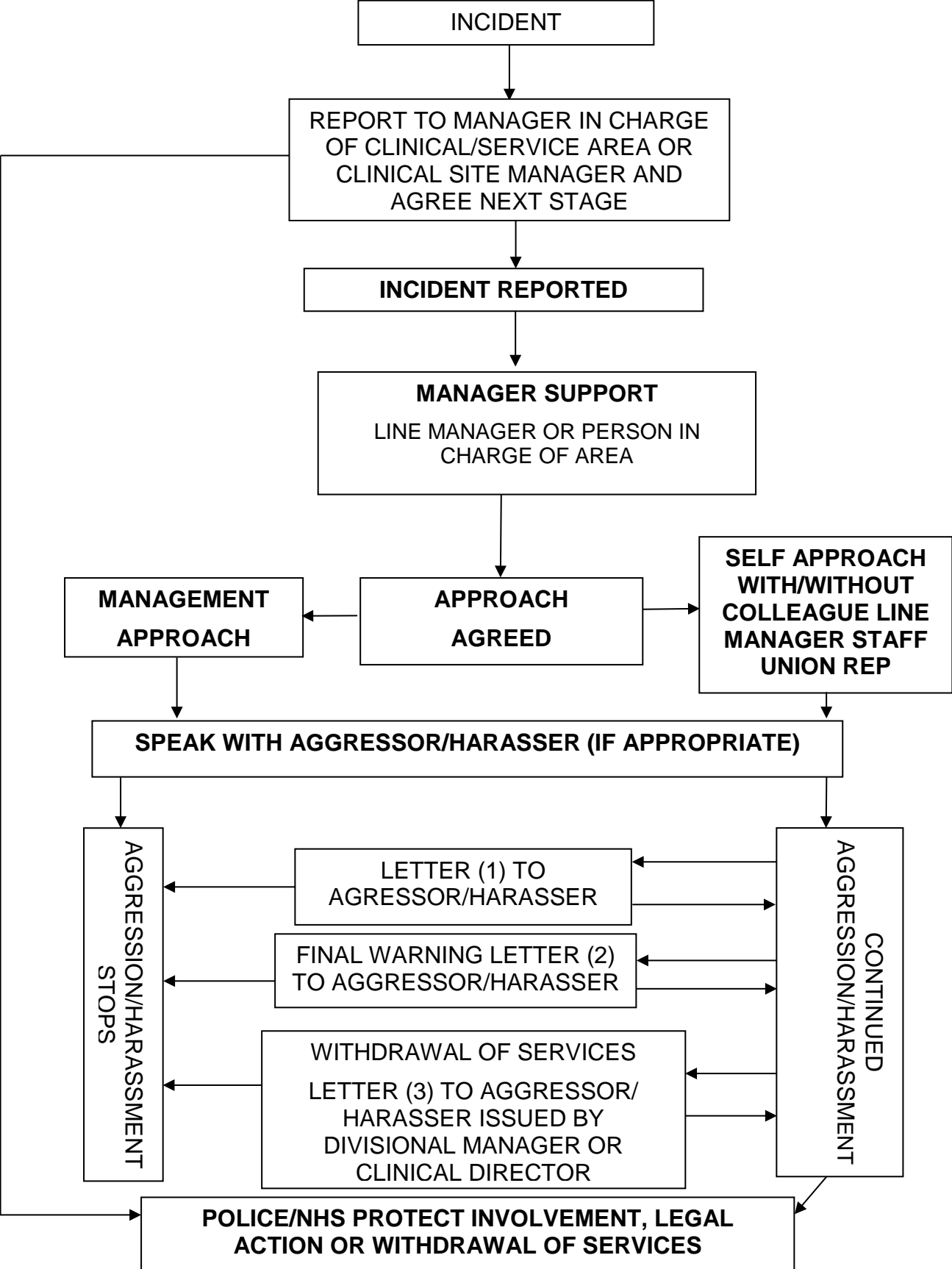
- Lighting - is it too bright or too dark?
- Décor - is it unpleasant to the eye?
- Noise - could it be excessive to certain individuals?
- Potential weapons of opportunity - items that can be picked up and thrown or used as a weapon
- Facilities - drinks machines, public phones etc
- Signage - can patients/visitors understand them?
- Regular Information for visitors/patients - waiting time updates etc
- Notices - stating unacceptable behaviour will not be tolerated
- Seating - is it suitable? Is there enough?

TYPE OF PATIENT/VISITOR TO CONSIDER WHO MAY ENTER OR BE TREATED IN YOUR DEPT/WARD

- Mental health issue
- Alcoholic use
- Substance misuse
- Head injury victim
- Aggressive, as opposed to agitation/distress
- Intimidating
- Frustrated
- Suffering confusion

POLICY

Appendix 4 Process Flow Chart



POLICY

Appendix 5 Unacceptable Behaviour – Proposed Acceptable behaviour Agreement

I am [insert your name] and I am the [insert role/responsibility in organisation] for Northampton General Hospital NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

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.

Northampton General Hospital 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 and abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff/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 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.

- 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 Northampton General Hospital NHS Trust
- Seeking an Acceptable Behaviour Agreement
- 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].

POLICY

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

A copy will also be placed on your medical records.

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 will be removed from your records.

Yours Sincerely,

Signed by Head of Department

Date

C.C. Trust Local Security Management Specialist

Appendix 6 Warning Letter – Unacceptable behaviour

Dear [insert name]

I am [insert your name] and I am the [insert role/responsibility in organisation] for Northampton General Hospital NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

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.

Northampton General Hospital 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 and abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff/resources/makes other patients wait longer/deprives the community of life saving ambulance services etc].

Should there be any repetition of this behaviour; consideration will be given to taking action against you.

Such action may include the following:

- Excluding you from Northampton General Hospital NHS Trust
- Seeking an Acceptable Behaviour Agreement
- 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
- [amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter has been sent to you/given directly if inpatient [amend as appropriate] and [say who will be informed or copied in].

A copy will also be placed on your medical records.

This warning 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 will be removed from your records.

Yours Sincerely,

Signed by Head of Department

Date

C.C. Trust Local Security Management Specialist

POLICY

Appendix 7 Unacceptable behaviour – Change of location for receiving NHS services/change of NHS Services provider

Dear [insert name]

I am [insert your name] and I am the [insert role/responsibility in organisation] for Northampton General Hospital NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

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.

Northampton General Hospital 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 and abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff/resources/makes other patients wait longer/deprives the community of life saving ambulance services etc].

It has been decided that [insert details of services] will no longer be provided to you at Northampton General Hospital NHS Trust.

From [insert date] you will receive [insert details of services] [insert new location or service provider].

If there are 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 Northampton General Hospital NHS Trust
- Seeking an Acceptable Behaviour Agreement
- 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
- **[amend as appropriate]**

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be placed on your medical records.

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 will be removed from your records.

Yours Sincerely,

Signed by Head of Department

Date

C.C. Trust Local Security Management Specialist

POLICY

Appendix 8 Unacceptable Behaviour – Restriction on Attending the Trust

Dear [insert name]

I am [insert your name] and I am the [insert role/responsibility in organisation] for Northampton General Hospital NHS Trust. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

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.

Northampton General Hospital 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 and abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff/resources/makes other patients wait longer/deprives the community of life saving ambulance services etc].

It has been decided that you will no longer be permitted to attend Northampton General Hospital NHS Trust/department except in accordance with the following conditions [insert appropriate conditions, those below are examples, in exceptional cases all further attendances can be prohibited].

- Where you (or a member of your immediate family) require urgent or emergency treatment.
- To attend, (or to accompany a member of your immediate family), at a pre-arranged appointment.
- To attend as an in-patient (or to visit a member of your immediate family who is an in-patient).
- To attend for non-medical purposes any meeting previously arranged in writing.
[amend as appropriate]

If you attend at any other time without good cause, you will be asked to leave the premises immediately. If you refuse to leave security or the police will be called to remove you.

If there are any unauthorised attendances or any further incidents of unacceptable behaviour, consideration will be given to taking further action against you.

Such action may include the following:

- Completely excluding you from Northampton General Hospital NHS Trust
- Seeking an Acceptable Behaviour Agreement
- 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
[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter has been sent to you/given directly if inpatient [amend as appropriate] and [say who will be informed or copied in].

POLICY

A copy will also be placed on your medical records.

This decision 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 will be removed from your records.

Yours Sincerely,

Signed by Head of Department

Date

C.C. Trust Local Security Management Specialist

Appendix 9 Equality & Diversity

Patient's/ Visitors Guidelines of their Responsibilities

- To treat all our staff with dignity, courtesy and respect at all times.
- To behave in an acceptable and reasonable manner.
- To inform the hospital of any special requirements you may have e.g. interpreter, transport etc
- To confirm that you understand the treatment being provided and course of action.
- To follow treatment plans recommended and to recognise/ to take consequences of refusing treatment or not following professional advice.
- To be considerate to other patients by assisting in the control of noise, smoking and by restricting the number of visitors.
- To notify the hospital if you cannot make an appointment – alternative arrangements can be made, benefiting others.
- To behave in a courteous and polite manner, violent behaviour, verbal abuse, discrimination or harassment will not be tolerated and the Hospital will report anyone whose behaviour is unacceptable to Head of Ward/Dept and/or Hospital Security as outlined in the Trust's Protecting Staff against Violence, Aggression, Discrimination and Harassing situations from patients and members of the public *policy*.

FORM 1 & 2 - To be completed by document lead

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD

Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.

DOCUMENT DETAILS

Document Name:	Protecting Staff
Is the document new?	No
If yes a new number will be allocated by Governance	N/A
If No - quote old Document Reference Number	NGH-PO-046
This Version Number:	Version: 5
Date originally ratified:	2003
Date reviewed:	October 2015
Date of next review: a 3 year date will be given unless you specify different	October 2018 (3 year)
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Yes

DETAILS OF NOMINATED LEAD

Full Name:	Andy Watkins
Job Title:	Deputy Hotel Services Manager
Directorate:	Facilities
Email Address:	andrew.watkins@ngh.nhs.uk
Ext No:	5726

DOCUMENT IDENTIFICATION

Keywords: please give up to 10 – to assist a search on intranet	Protecting Staff, violence, harm, staff, aggression
--	---

GROUPS WHO THIS DOCUMENT WILL AFFECT?

(please highlight the Directorates below who will need to take note of this updated / new Document)

Anaesthetics & Critical Care	General Medicine & Emergency Care	Medical Physics
Child Health	Gynaecology	Nursing & Patient Services
Corporate Affairs	Haematology & Oncology	Obstetrics
Diagnostics	Head & Neck	Ophthalmology
Estates & Facilities	Human Resources	Planning & Development
Finance	Infection Control	Trauma & Orthopaedics
General Surgery	Information Governance	Trust Wide

TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm’s and CD’s .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:

Where	When	Who
Email	When ratified	

FORM 1 & 2 - To be completed by document lead

FORM 2 - RATIFICATION FORM to be completed by the document lead

Please Note: Document will not be uploaded onto the intranet without completion of this form

CONSULTATION PROCESS

NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify

Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Email 2 week consultation	04/06/2015	yes	Grammar changes
			Include Safeguarding extract
			Indicate where further lone worker information is available

Existing document only - FOR COMPLETION BY DOCUMENT LEAD

Have there been any significant changes to this document? <i>if no you do not need to complete a consultation process</i>	YES
Sections Amended:	Specific area amended within this section
Re-formatted into current Trust format	NO
Summary/ Introduction/Purpose	NO
Scope	NO
Definitions	YES Have included discrimination of staff by public. Discrimination is also in the title, previously it was not
Roles and responsibilities	NO
Substantive content	NO
Monitoring	NO
Refs & Assoc Docs	YES Refs updated as per library searches
Appendices	YES Rewording of warning letters as per NHS Protect guidance

Protecting Staff Against Violence, Aggression, Discrimination and Harrassing Situations from Patient

#NGH-PO-046

Area of Work

Facilities

Person Responsible

Clare Topping

Created

7th July, 2015

Last Review

7th July, 2015

Status

Complete

Next Review

7th July, 2016

Screening Data

What is the name, job title and department of the lead for this procedural document?

Andy Watkins
Deputy Hotel Services Manager
Local Security Management Specialist
Hotel Services Department

What are the main aims, objectives or purpose of this procedural document?

The purpose of this policy is to provide managers and staff with a clear process for the prevention and management of violent aggressive, discrimination and harassing incidents towards staff by patients and members of the public.

Who is intended to benefit from this procedural document?

All staff employed by the Trust including voluntary workers, students, locum and agency staff.

Is this a Trustwide, Directorate only or Department only procedural document?

Trustwide

Is there potential for, or evidence that, this procedural document will not promote equality of opportunity for all or promote good relations between different groups?

No

Is there potential for, or evidence that, this proposed procedural document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics - see below)?

Age

Disability

Gender Reassignment

Marriage & Civil Partnership

Pregnancy & Maternity

Race

Religion or Belief

Sex

Sexual Orientation

No

If the answer to one or both of the questions above is 'yes', the full Equality Analysis process must be undertaken.

If the answer to both of the questions above is 'no' then the full Equality Analysis process is not required and the Organisational Sign-Off can be now be completed.

Based on the answers given, to the questions above, is a full Equality Analysis required?

No

Recommend this EA for Full Analysis?

No

Rate this EA

Low

Organisation Sign-off Data

Do you have any recommended actions?

No

If you have made any recommended actions have you advised the procedural document lead of these?

N/A

Next Review Date

2016-07-07

Outstanding Actions

No outstanding actions

FORM 3- RATIFICATION FORM			
Read in conjunction with FORM 1+2			
Document Name:	Protecting Staff against Violence, Aggression, Discrimination & Harassment	Document No:	NGH-PO-046
Overall Comments from PDG			
	YES / NO / NA	Recommendations	Recommendations completed
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	YES		
Title -Is the title clear and unambiguous?	YES		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	YES		
Summary Is it brief and to the point?	YES		
Introduction Is it brief and to the point?	YES		
Purpose Is the purpose for the development of the document clearly stated?	YES		
Scope -Is the target audience clear and unambiguous?	YES		
Compliance statements – Is it the latest version?	YES		
Definitions –is it clear what definitions have been used in the	YES / NO / NA	Please see comment in document	NA superseded by NHS Protect
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	YES		
Substantive Content is the Information presented clear/concise and sufficient?	YES / NO / NA	Reference enhanced observations in section 7.1.3 Reference NGH-PO-303 in section 7.4	Completed
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	YES / NO / NA	Reference to intranet instead of training & development department	Completed
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	YES / NO / NA	Change H&S to Health and Safety	Completed
References & Associated Documentation / Appendices - are these up to date and in Harvard Format? Does the information provide provide a clear evidence base?	YES / NO / NA		
Are the keywords relevant	YES / NO / NA		
Name of Ratification Group:	Ratified Yes/No:		Date of Meeting:
Procedural Document Group	Ratified Subject to minor amendments and chair approval		30/7/2015 Chair approved on 29/10/2015