



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

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Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

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## 1 PURPOSE

Blackpool Teaching Hospitals NHS Foundation Trust have a duty to provide a safe and secure environment for staff, patients and visitors. Violent, aggressive, abusive or disruptive behaviour should not be tolerated and decisive action taken to protect staff, patients and visitors. Everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse in an environment that is properly safe and secure. This procedure has been issued to support the Trusts Health and Safety Policy (CORP/POL/069).

### 1.1 Definition of Violence

The term Violence covers a wide range of incidents, not all of which involve injury. An appropriate definition is that used by the Health and Safety Executive, namely:-

*“Any incident, in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient, a member of the public or a member of staff in the circumstances relating to his or her employment”.*

## 2 TARGET AUDIENCE

The Trust and its managers are committed to the health, safety and welfare of its staff and have a duty of care to provide a safe and secure working environment. The Government has set a target for reducing incidents of violence against NHS staff and to support it has launched a “Zero Tolerance Zone” campaign.

All members of Trust staff, including those on honorary contracts, working in the community, and those working primarily for other organisations, have a duty in the enactment of the procedure.

## 3 PROCEDURE

### 3.1 Duties

Most clinical staff are both contractually and professionally obliged to give support to victims of violence and abuse (i.e. domestic abuse/physical abuse) bearing in mind that the nature of assistance should be in accordance with an individual’s capabilities and training. If a staff member gets into a violent and aggressive incident de-escalation techniques should always be used in any attempt to defuse a situation and assistance immediately summoned when aware of a potential or actual violent incident. Assistance within Blackpool Victoria hospital would normally include calling the Hospital Safety Team (HST) by dialling 53063 or bleeping 728 / 729 if there is immediate danger both the HST and the Police can be contacted by dialling 55555 on an internal telephone. Otherwise call the Police on (9)999 or use a lone workers device if appropriate to summon help. Many incidents could be dealt with by the HST without calling the Police if staff contact them in the early stages. Police should only be called in an extreme emergency.

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### 3.1.1 The Chief Executive (CEO);

Has ultimate responsibility with regards to the maintenance of a secure environment for staff, patients and all others with legitimate cause to be on all Trust premises.

It is the responsibility of the Chief Executive to appoint a Director at Board level with responsibility for all security issues. The appointed Director as, so far as is reasonably practicable, will ensure that there are adequate resources to fund the security requirements of the trust.

### 3.1.2 The Nominated Board Member: Security Management Director (SMD);

The Executive Director of Nursing and Quality has been assigned the role of the designated Security Management Director (SMD) who as a member of the Board voting rights.

The SMD has overall responsibility for security / violence and aggression matters within the Trust, ensuring that all Statutory Regulations and NHS Codes of Practice and guidance are implemented.

The SMD will ensure, with the CEO, that a programme for investment in security including the development of high quality Close Circuit Television (CCTV) and access control systems, and the management of violence and aggression is properly funded in the Trust's Annual Capital Programme and Financial Plan.

The SMD will ensure that the CEO is provided with advice and guidance needed to allow him to fulfil his responsibilities.

### 3.1.3 The Trust Local Security Management Specialist

- Be an active member of the Trust's Risk Management Process.
- Investigate incidents of violence and aggression and assist the Police with any prosecution evidence see (Appendix 1)
- Produce violence and aggression reports and information to the Health, Safety, Security and Environmental Governance Committee Meeting for management through the Corporate Governance structure.
- Ensure risk assessment principles are used to assess all Violence and Aggression risks.
- Liaise with outside agencies – the Police, Crime Prevention and Crown Prosecution Service to further the interests of the Trust.
- Develop and provide security training programmes which are relevant to all staff groups.
- In conjunction with ATLAS Capital Development team, provide security advice and assistance in building design and operation.
- Devise a strategy for increasing security awareness amongst staff and visitors.
- Monitor and manage the effectiveness of the Trust's CCTV.

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### 3.1.4 Executive Directors / Associate Directors of Operations / Divisional General Management

Be responsible for monitoring security / violence and aggression issues and arrangements in areas under their management.

Be responsible for ensuring that any security / violence and aggression incident is fully investigated, reports are completed in full with any actions required to help stop a recurrence.

Liaise with the Trust Local Security Management Specialist (LSMS) to ensure that Security Procedures are in place in all areas under their control and that all staff are aware of the contents.

Ensure all staff are released for the Conflict Resolution Mandatory Training in line with their needs.

### 3.1.5 The Department / Ward / Community Managers

Will ensure that all necessary arrangements are made for all staff to undertake mandatory Conflict Resolution / Breakaway training in line with their training needs and that all training is recorded and available.

Will make sure risk assessments on all security/violence and aggression issues are carried out and updated accordingly and take into account the risk of violence to staff ensuring that appropriate systems are in place to protect the safety of individuals.

When present at a potentially violent incident, work positively as per training to prevent it.

Complete a untoward incident report form following such an event, including verbal abuse falling short of physical assault.

Ensure any staff member issued and using a Lone working device is monitored for usage, and any training issues raised are acted upon.

It is the responsibility of the manager to ensure any staff member involved in any violent and aggressive incident that they debrief with the staff member/s involved in the incident and ensures the appropriate support is put in place.

### 3.1.6 Individual Members of Staff

- Attend mandatory Conflict Resolution Training, (Conflict Resolution and Breakaway training for community staff).
- Work positively as per training to diffuse potentially violent situations.

Employees are responsible for reporting any incidents of violence or aggression to their management and also complete the Trust Untoward incident report form.

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It is the responsibility of every member of staff issued with a Lone working device to ensure the device is fully charged and in working order on a daily basis whilst conducting duties of the Trust and the device is used as per training instruction. It is the responsibility of the individual Member of staff to make line Managers aware of any extra refresher training requirement.

All Trust employees (including those on honorary contracts and those working primarily for other organisations but on Trust premises / community services areas) have a duty in the enactment of this procedure.

### 3.1.7 Health, Safety, Security and Environmental Governance Committee Meeting

The Health, Safety, Security and Environmental Governance Committee Meeting will meet on a bi-monthly basis under the Chairmanship of the Medical Director. The Group will consider all aspects of security / violence and aggression matters.

### 3.1.8 Reporting Committees

An Annual Report will be prepared for the Board reporting on the work undertaken by the LSMS.

Reports will be provided at least biannually to the Health, Safety, Security and Environmental Governance Committee Meeting.

## 3.2 Expected Standards of Behaviour

All patients and visitors are expected to behave in a manner, which is courteous and acceptable to the staff caring for them.

The following are examples of behaviours which are not acceptable on the Trust premises or within the community services or whilst being cared for by a Trust employee. The list is illustrative and not exhaustive.

- Threats or threatening behaviour inclusive of domestic animals
- Violence
- Aggressive behaviour
- Threatening or abusive language involving 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
- Abusing alcohol or drugs in hospital, (however, all medically identified substance abuse problems will be treated appropriately).
- Drug dealing
- Wilful damage to Trust property
- Theft

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- Intimidation
- Spitting
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours.
- Failure to obey smoking ban on Trust premises
- Any of the above linked to destruction of or damage to property

The behaviours mentioned above can be delivered either in person, by telephone, letter, e-mail or any other form of communication such as graffiti on NHS Trust property / Community Health Services. If staff are having to listen to any threatening or abusive language involving swearing or offensive remarks the Trust verbal abuse line is available to transfer the call 01253 9566666 or ext. 66666.

### 3.3 Actions and Local Arrangements for Preventing and Managing Violence and Aggression

A range of measures provided by the Trust can be taken depending on the severity of the incident. These measures will help to assist in the prevention and management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour. These measures include:-

- Zero tolerance promoted by various zero tolerance posters, notices and Road shows
- Support from the Hospital Safety Team where applicable, to de-escalate violence and aggression;
- Risk Assessments;
- Verbal warnings;
- The Procedure for Care of Individuals who are Violent or Abusive (Community Health Services)
- Acknowledgement of Responsibilities Agreements (ARA);
- Final Written Warnings;
- Withholding of Treatment;
- Documentation and Completion of Significant Events Form;
- Investigation of Violent and Aggressive Incidents
- Supporting staff Involved in a Violent and Aggressive Untoward Incident
- Reporting of Assaults and Analysis of Incidents
- Conflict Resolution / breakaway training for all front line staff
- The use of secure environments and transfer to a Cluster Violent Patient Scheme
- Civil injunctions and Anti-Social Behaviour Orders (ASBOs)
- Criminal prosecution

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- Criminal Justice Immigration Act 2008 (CJIA)

**Depending on the individual circumstances and seriousness of each case, the outlined options can be taken in conjunction with one another or in isolation.**

### **Criminal Justice and Immigration Act (CJIA) (2008)**

The CJIA created a new offence of causing a nuisance and disturbance on NHS premises and introduced new powers of removal for Authorised NHS staff. Section 119 sets out the offence, which occurs if a person, without reasonable excuse causes a nuisance or disturbance to an NHS member of staff on NHS hospital premises. Section 120 provides authorised members of staff with the power to remove the person who they suspect is committing the offence.

The law relating to civil trespass is difficult to apply in NHS hospital premises. For example, Accident and Emergency (A&E) departments are, by their very nature, open to the public on a permanent basis. This Legislation, therefore, aims at empowering NHS staff to take immediate action to deal with a specific problem before it escalates into something more serious.

#### **3.3.1 Actions to be taken where there is a Potential for Violent / Aggressive Behaviour / Domestic Abuse**

If the Trust is in receipt of information from multi agency professionals in relation to a potential violent individual who may come into contact with health services, consideration should be given to completing a risk assessment in line with CORP/POL/547 (see section 7).

If a staff member discloses or is known to be a victim of domestic abuse, the person to whom this information has been disclosed will:

- Contact Health Independent Domestic Violence Advisors (IDVA) for risk assessment, safety planning and further guidance Named Nurse for Safeguarding / Occupational Health for further guidance.

#### **3.3.2 Arrangements for Ensuring the Safety of Lone Workers**

Arrangements for ensuring the safety of lone workers are outlined in the Lone Working Policy (CORP/POL/232, see section 7).

#### **3.3.3 How the Organisation Carries Out Risk Assessments for the Prevention and Management of Violence and Aggression**

Ward, Community and Departmental managers will be required to complete risk assessments on an annual basis or in the event of any significant change for the Prevention and Management of Violence and Aggression in their area of responsibility using the standardised Trust risk assessment form. Please refer to Risk Management Policy (CORP/POL/547, see section 7).

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### 3.3.4 Timescales for Review of Risk Assessments

Risk assessments for the prevention and management of violence and aggression will be reviewed as outlined in Risk Management Policy (CORP/POL/547, see section 7).

### 3.3.5 How Actions Plans are developed as a Result of Risk Assessments

Please refer to the process outlined in Risk Management Policy (CORP/POL/547) for developing an action plan in order to reduce or mitigate the risks identified. This will take into account the ward / department environment, security arrangements in that area etc.

### 3.3.6 Arrangements for Ensuring that Action is taken and Action Plans followed up as a Result of Risk Assessments

Please refer to the process outlined in Risk Management Policy (CORP/POL/547, see section 7) for ensuring that action is taken and action plans are followed up for all levels of risk.

### 3.3.7 Arrangements for the Organisational Overview of Risk Assessment Regarding the prevention and management of Violence and Aggression

The LSMS is the lead person for the arrangements for the organisational overview of risk assessments.

Following annual review and analysis of the risk assessments, the LSMS will identify any risk problem areas, trends and themes and incorporate these into the Local Security Management Specialist annual work plan

The LSMS will develop an organisational 6 monthly report identifying the organisational overview of risk assessments and provide an update on progress to reduce the risks associated with prevention and management of violence and aggression Risk Assessments as identified in the LSMS annual workplan

The LSMS will develop an organisational annual report identifying the organisational overview of risk assessments and will provide an update on progress to reduce the risks associated with prevention and management of violence and aggression risk assessments as identified in the LSMS annual workplan this will then be presented to the Health, Safety, Security and Environmental Governance Committee Meeting where it will be formerly minuted.

The relevant Senior Manager / Person in charge of the ward / department / community will be required to give the verbal warning to the appropriate individual(s). A formal record should be made and maintained, using the Untoward Incident Report Form and if it is a patient this must be documented in the patient's health records. This verbal warning must only be conducted where it is safe to do so with relevant and appropriate staff present. If required the Trust's LSMS can be present when the verbal warning is given to the individual(s). If the Senior Manager / Person in charge views the incident to be serious then the police can be called (telephone number 101), see appendix 1 on guidance relating to police involvement.

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### 3.3.7.1 ASB and Verbal Warnings

Ward / community and departmental managers will be the lead for the decision to the issuing of any Anti-Social Behaviour letter, advice will be sought from the LSMS who will collate the evidence. The LSMS will submit the evidence and take the letter to the Chief Executive for authorisation and signature. A copy of the letter will be kept by the LSMS once signed by the Chief Executive in an A4 binder within the LSMS Office for future reference. See Appendix 2.

### 3.3.8 Acknowledgement of Responsibilities Agreement (ARA)

(Appendix 3)

ARA's are an option that can be considered for individuals, either patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. ARA is a written agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious behaviour.

All key stakeholders and relevant personnel, including the staff union or professional representatives, must organise and attend a pre-meeting to discuss conditions. Where it is considered safe to do so, the perpetrator will then be invited to attend a meeting where the agreement is made. Appropriate persons should attend, but careful consideration should be given to the number of staff attending as the situation could be perceived as intimidating and threatening to the perpetrator if too many are present.

Involving the perpetrator in the process is important as it may encourage them to recognise the impact of their behaviour, take responsibility for their actions and improve their behaviour.

When this meeting has been arranged the Matron or Department Head from the area will inform the LSMS of the meeting to ensure relevant personnel are informed of the situation and discussion can occur to ensure cultural and ethnic sensitivities are taken into account and as this is not a criminal proceeding it is important that the meeting is not misinterpreted as such.

The agreement will specify a list of acts or behaviours which an individual (either patient, relative or visitor) has been involved in with a view to get agreement and cooperation from them no to continue their behaviour.

ARA's will last at least for a period of six months, however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ARA will be outlined formally in a written document for the perpetrator. A template for such a letter can be found under Appendix 3, a copy of which they must be asked to sign. The terms of the agreement must be written in a manner, which can be easily understood by the individual concerned.

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The meeting should be planned and organised appropriately in order to avoid intimidation. Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the onset. ARA's are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure the meeting is not misinterpreted as such. If a risk of violence is identified, consideration must be given to conducting this interview within a safe environment. A Risk Assessment will be conducted before the interview takes place to identify all hazards for both staff and the perpetrator and that suitable control measures are put in place.

In the rare circumstances where a person who has not yet reached the age of 16 is interviewed, they must be accompanied by their parent, guardian, or appropriate adult to whom all correspondence must be issued.

Appropriate senior personnel representing the Trust should ahead of any ARA meeting consider:

- The desired outcome; and
- Appropriate conditions of the behavioural agreement.

During the meeting the following issues should be covered:

- Reason for agreement;
- Explanation as to why the identified behaviour is unacceptable;
- Clear explanation that such behaviour must stop;
- Consequences of continued unacceptable behaviour; and
- Details of the mechanism for seeking a review e.g. via local complaints procedure

Where a patient, relative or visitor fails to attend the meeting without good reason or notification, reasonable attempts to contact them should be made. If it is a patient with a mental disorder, the clinical team should be contacted as it may be prudent to ensure this is included in the Care Programme Approach.

If it is clear that they will not attend, or a pattern of non-attendance becomes evident and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance will be issued (See Appendix 3).

- The use of ARA's would not be appropriate in the following circumstances:
  - Where the patient's General Practitioner (GP) or Trust Security Management Director have consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced, such as a mental disorder, and where an ARA could adversely affect the patient's well-being or recovery, for example. However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded using the Trust Untoward Incident Reporting procedure.

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- Other than in exceptional circumstances, for anyone under the age of 16 (an ARA with the child's parent(s) or guardian(s) may however be appropriate.

Monitoring is essential if the ARA is to be effective. Roles and responsibilities in respect of monitoring must be clearly outlined so that any further unacceptable behaviour is recorded and appropriate action can be escalated should that become necessary. To ensure the Trust complies with this requirement, a copy of the ARA must be sent to the LSMS who will keep this on file. Any further incidents with regards security and unacceptable behaviour are normally sent to the LSMS. The LSMS will then monitor to see if the perpetrator commits any further offences against the Trust and its staff and will alert the relevant personnel.

Where a patient, relative or visitor fails to comply with the terms outlined on the ARA, consideration should be given to alternative procedural, civil or criminal action.

If it is clear that they will not attend the meeting, or a pattern of non-attendance becomes evident and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance must be issued. A template for such a letter can be found as **Appendix 4**.

### 3.3.9 Final Written Warning

(Appendix 5)

A final written warning advises the individual that their behaviour is unacceptable and that they used / threatening unlawful violence/acted in an anti-social manner to a member of NHS staff / whilst on NHS premises and this behaviour will not be tolerated. The letter advises the individual of the action the Trust will take if their behaviour continues or deteriorates further.

A copy of the letter given to the individual will be sent, if a patient, to their GP outlining their behaviour and the consequences the Trust may put in to place.

The Chief Executive's office will be responsible for issuing the letter to the individual concerned and will ensure a copy of the letter is kept, if a patient or relative, in their health records. The LSMS will be informed that this course of action has been taken and approve the final wording of letter before issue. If a final warning letter is sent to a patient / visitor of the Trust then a copy of the letter must be sent to the LSMS for reference. See Appendix 4 for a template of the Final Warning Letter.

### 3.3.10 Withholding of Treatment

A Copy with an explanatory letter explaining the patient's treatment has been withdrawn.

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

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advice. Withholding treatment may not be possible or appropriate for mental health and learning disability patients. A more robust risk assessment may be prudent to ensure measures are put in place to prevent the patient from harming themselves and protecting the staff.

The Trust must ensure that all avenues have been tried before treatment is withheld, such as a verbal warning, medication and an ARA or The Procedure for Care of Individuals who are Violent or Abusive has been issued or a formal written warning has been given. Before withholding treatment is instigated, a final written warning must be issued to the patient by either the Chief Executive or other Executive Director and a copy of the letter sent to the patient's Consultant and General Practitioner. A copy of the letter and other relevant documentation should also be placed in the patient's health records (Appendix 7). The period of exclusion will not normally exceed 12 months. The LSMS will be informed that this course of action has been taken and approve the final wording of the letter before issue. If a withdrawal of treatment is actioned to a patient of the Trust then a copy of the letter must be sent to the LSMS for reference.

Where the nature of the assault is so serious then a team will be established in line with the Untoward Incident and Serious Incident Procedure (CORP/PROC/101) with relevant personnel (Security Management Director (SMD) /, Director of Nursing, Departmental Manager, Claims Manager and LSMS), having obtained legal advice, to make the decision to withhold treatment immediately. A written explanation for the immediate exclusion will be provided advising the patient why treatment is being withheld, including dates and times of incidents. The exclusion period normally will not exceed 12 months and information will be provided as to the details for seeking a review of a decision to withhold treatment – via the patient's complaints system already established within the Trust.

Each case is judged on its own merit to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals. The Consultant and General Practitioner responsible for the patient's care will be notified in writing of the decision and a copy of the Procedure for Care of Individuals who are Violent or Abusive will be attached. A copy of this letter and the Procedure for Care of Individuals who are Violent or Abusive is found in (Appendix 7).

### 3.3.11 Documentation

To ensure a full picture of the situation can be reviewed before any warnings are issued to an individual, the staff must complete the Chronology of Significant Events Form for Violent / Abusive Incidents (Appendix 6). Once a decision has been made that the behaviour pattern of the individual is unacceptable and further action is required a copy of this form will be sent to the Trust's LSMS and a copy to the Senior Manager / Senior Nurse. The Untoward Incident and Serious Incident Procedure (CORP/PROC/101) must still be followed for each of the individual incidents and the incident report form forwarded to the Trust Local Security Management Specialist.

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

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

### 3.3.12 Investigation

The LSMS will complete investigations of physical and non-physical assaults on NHS staff in accordance with the Secretary of State Directions to ensure that effective arrangements are put into place, contributing factors are identified ensuring that lessons are learned and that vital information is utilised for risk assessment purposes and preventative action. Evidence gathering will also ensure that appropriate sanctions are sought. The LSMS will be working with the Police to ensure that consistent action is taken against those who assault NHS staff or professionals.

### 3.3.13 Arrangements for supporting staff involved in or Affected by Violence and Aggression

Debriefing will take place for any staff involved in a violent or potentially violent situation. This should be carried out at the earliest opportunity. Should the member of staff request counselling this will be provided by Occupational Health or an accredited counsellor.

This can either be by self-referral or management referral. The member of staff being counselled must give written consent if they wish for any information to be released to the Trust or any outside agency.

The Employee Assistance Programme (EAP) is an independent confidential service available to all staff and family members living within the same household. They provide advice and services such as, counselling, legal, financial, etc.

Telephone 0800 030 5182

The Trust will endeavour jointly with the member of staff to change duties/location, or redeploy a person who is unable to undertake their former duties as a result of experiencing violence and aggression.

### 3.3.14 Injuries to Staff

When injury is sustained by a member of staff, the following is relevant to the Industrial Injuries Scheme:-

Industrial Injury benefit claim is made (similar to sickness benefit) by completion of the appropriate medical certificate (if this is a course of action staff want to take a form BI95 must be obtained from Job Centre Plus) and forward it to the local Benefits Agency (Social Security Office) as soon as possible.

### 3.3.15 Injuries to patients / Clients / Other Persons

They must be given appropriate support at the time of the incident including involvement of the police when relevant.

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### 3.3.16 Legal Action Following a Violent Incident

When subjected to violence, patients or staff have the right to contact the police with full details of the incident.

A threat or offer to use force is termed 'an assault' whilst actual violence is referred to as 'Battery'. The criminal offence of 'Common Assault' covers both actions.

Staff have the right as members of the public themselves, to press charges following an assault.

In this situation the Trust will offer full support to members of staff and similarly positive support should be offered by managers and colleagues following an aggressive incident.

It is the individual's decision whether or not to take formal action when they have been assaulted.

### 3.3.17 Criminal Injuries Compensation Board

To qualify under the Criminal Injuries Compensation Scheme, injured staff must report full details of the incident to the Police. The staff member will be issued with a log number from the Police. Failure to do so could result in refusal of the claim. This must be done at the time of the incident in order for the Police to visit and take relevant action. See the guidance provided in Appendix 1 in the event of assault.

The following information will be required by the Criminal Injuries Board:

- a) The time and place of the incident
- b) A brief factual account of the incident
- c) An account of action taken after the incident
- d) Clear factual details of any injuries
- e) The police log or "Crime" number

### 3.3.18 Reporting of Assaults

Where an assault on a member of staff has taken place a record of each incident will be kept on the Trust Safeguarding electronic recording system and monitored through the Health, Safety, Security and Environmental Governance Committee Meeting which meets bi-monthly.

If an assault on a patient has taken place involving a staff member guidance is given in (Appendix 9) of this procedure

Whilst a verbal warning would precede an Acknowledgement of Responsibilities Agreement and this would precede the Withholding of Treatment, there is no requirement to escalate the response in any particular order if the situation warrants immediate action.

When an individual is violent or abusive to any members of staff or to others within the hospital / community environment an Untoward Incident Form must be completed. The LSMS will review the incident and a decision will be made with relevant personnel

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(dependant on the offender) what course of action to take. If the assailant is an identified Schedule One Offender then the Named Nurse Child Protection (Safeguarding) must be informed and lead in any decisions made. Contemporaneous notes for each case will be filed and kept by the Named Nurse Child Protection.

### 3.3.19 Training of Staff in Line with the Training Needs Analysis

It is a Trust requirement that all frontline staff groups attend mandatory Risk Management training, which includes Conflict Resolution / Breakaway Training as outlined in the Training Needs Analysis. Conflict Resolution training is also provided at Corporate Induction and Conflict Resolution and Breakaway training is provided to Community staff at Mandatory Risk Management Training, in line with the Mandatory Risk Management Training Policy (CORP/POL/354).

Training is a vital means by which staff can be equipped to deal with the particular problems which they may encounter. All staff must be made aware of the contents of this policy and should receive appropriate training for the level of risk, which they are likely to encounter in the course of their work.

As part of their induction training, new staff must be informed of the potential risks and the local arrangements, including the use of any systems.

It is the responsibility of Ward / Department / Community managers to ensure all staff receive relevant training.

Breakaway techniques concentrate on the skills and techniques required to break-away from violent situations. To be effective these techniques rely on correct execution so there is a commitment to regular practice if they are to be relied upon.

### 3.3.20 Physical Restraint

Physical restraint must only be used as a very last resort. No persons should use restraint unless trained with the skills to carry this out both effectively and safety. For guidance on the use of physical restraint please refer to Management of Physical Restraint (CORP/PROC/422).

4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Guidance Relating To Any Offence With Police Involvement
Appendix 2	Anti-Social Behaviour Letter
Appendix 3	Acknowledgement of Responsibilities Agreements (ARA)
Appendix 4	ARA Agreement where Offender does not attend meeting
Appendix 5	Final Warning Letter Template
Appendix 6	Letter Advising Withholding Treatment
Appendix 7	Letter to GP
Appendix 8	Chronology of Significant Events Form for Violent/Abusive Incidents
Appendix 9	Guidance for alleged physical assault on patient by a staff member
Appendix 10	Equality Impact Assessment Tool

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<b>5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)</b>
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

<b>6 LOCATIONS THIS DOCUMENT ISSUED TO</b>		
<b>Copy No</b>	<b>Location</b>	<b>Date Issued</b>
1	Intranet	
2	Wards, Departments and Services	

<b>7 OTHER RELEVANT / ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and <span style="color: red;">web links from the document library</span></b>
CORP/POL/069	Health and Safety Policy <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-069.pdf">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-069.pdf</a>
CORP/POL/232	Lone Worker Policy <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-232.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-232.docx</a>
CORP/POL/354	Mandatory Risk Management Training <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-354.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-354.docx</a>
CORP/POL/547	Risk Management Policy <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-547.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-547.docx</a>
CORP/PROC/002	Photography and Video Recordings of Patients: Confidentiality and Consent, Storage and Copyright <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-002.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-002.docx</a>
CORP/PROC/073	Domestic Violence and Abuse Guidance and Procedures (Incorporating: Forced Marriage, Honour Based Violence, Female Genital Mutilation and Multi Agency Risk Assessment Conference (MARAC)) <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-073.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-073.docx</a>
CORP/PROC/101	Untoward Incident and Serious Incident Reporting Procedure <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-101.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-101.docx</a>
CORP/PROC/130	The Management in Hospital of known or Suspected Individuals who may pose a Risk to Children and Adults <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-130.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-130.docx</a>
CORP/PROC/422	Advice and Guidance in Relation to the use of Control and Restraint within the Trust <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-422.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-422.docx</a>
CORP/PROC/578	Safe and Lawful use of Approved Faststrap Velcro Restraints <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-422.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-422.docx</a>

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<b>7 OTHER RELEVANT / ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and <b>web links from the document library</b></b>
CORP/PROC/666	Safeguarding Adults Guidance and Procedures (Including Adults who find themselves in situations that make them vulnerable and in need of safeguarding and protection) <a href="http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-666.docx">http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-666.docx</a>

<b>8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS</b>	
<b>References In Full</b>	
Crown. (1998). Crime and Disorder Act 1998. Available: <a href="https://www.legislation.gov.uk/ukpga/1998/37/contents">https://www.legislation.gov.uk/ukpga/1998/37/contents</a> . Last accessed 11/01/2018.	
Crown. (2008). <i>Criminal Justice and Immigration Act 2008</i> . Available: <a href="http://www.legislation.gov.uk/ukpga/2008/4/contents">http://www.legislation.gov.uk/ukpga/2008/4/contents</a> . Last accessed 11/01/2018.	
Crown Prosecution Service. The Code for Crown Prosecutors. Available: <a href="https://www.cps.gov.uk/publication/code-crown-prosecutors">https://www.cps.gov.uk/publication/code-crown-prosecutors</a> . Last accessed 11/01/2018.	

<b>9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC</b>		
<b>Name</b>	<b>Designation</b>	<b>Date Response Received</b>
Hazel Gregory	Head Of Safeguarding, Children, Young People and Adults. Acute and Community	01/02/18
Emma OKane	Adult Safeguarding Practitioner, General Acute	01/02/18
Lisa Farrell	Named Nurse for Safeguarding	19/02/2018
Colin Norris	Health and Safety officer	January 2018

<b>10 DEFINITIONS / GLOSSARY OF TERMS</b>	
A&E	Accident and Emergency
ARA	Acknowledgement of Responsibilities Agreements
ASBOs	Anti Social Behaviour Orders
CAADA/DASH	Co-ordinated Action Against Domestic Abuse / Stalking and Honour-Based Violence
CCTV	Close Circuit Television
CEO	Chief Executive
CJIA	Criminal Justice Immigration Act 2008
CPS	Crown Prosecution Service
EAP	Employee Assistance Programme
GP	General Practitioner
HST	Hospital Safety Team
IDVA	Independent Domestic Violence Advisors
LSMS	Local Security Services Management
PNC	Police National Computer
SMD	Security Management Director

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<b>11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL</b>			
<b>Issued By</b>	Karen Sanderson	<b>Checked By</b>	
<b>Job Title</b>	Local Security Management Specialist	<b>Job Title</b>	Health and Safety Meeting
<b>Date</b>	April 2018	<b>Date</b>	June 2018

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## **APPENDIX 1: GUIDANCE RELATING TO ANY OFFENCE WITH POLICE INVOLVEMENT**

The Crime and Disorder Act 1998: local authorities and police in co-operation with other bodies including the NHS are legally required to formulate and implement crime and disorder strategies - violence against staff is a crime where the Trust will use every opportunity to work with the police to prevent it.

**The police are responsible for investigating crimes, and will charge offenders when there is sufficient evidence to do so.**

Alternatively, the police may decide to issue a warning, or to formally caution an individual. A caution is sometimes given by the police where an offence has been committed but they decide not to take the person to court because that person has admitted the offence and agreed to be cautioned.

Whether a caution is an appropriate response will depend upon the seriousness of the offence and whether the offender has agreed to be cautioned.

Whether a caution is an appropriate response will depend upon the seriousness of the offence and will involve consideration of such factors as the offender's previous record and his/her attitude to the offence.

A police caution is not an easy option when dealing with an offender but is a serious form of disposal and will affect how that person is dealt with in future.

Records of all cautions for reportable offences are entered on to the database of the Police National Computer (PNC). Should the person re-offend, the fact that he or she has a previous caution will be a factor in the police decision whether or not to prosecute. In addition, a previous caution may be cited in court and could, therefore, increase any sentence received for the new offence.

If the police decide to charge someone, the case is passed to the Crown Prosecution Service (CPS). The CPS is a national service, which prosecutes criminal cases in England, and Wales referred to them by the police. CPS lawyers are governed by the Code for Crown Prosecutors. All cases have to be reviewed to make sure that they pass the two tests set out in the Code.

The first test is the evidential test - there has to be sufficient evidence for there to be a realistic prospect of a conviction. Criminal cases have to be proved beyond reasonable doubt, so there must be clear and reliable evidence that the offence was committed. In assault cases it is necessary to prove that the offender either meant to harm someone, or knew that his/her behaviour created a risk of harming someone, but still carried on.

It is only if the papers pass the evidential test that the second test is applied. This is the public interest test. The Code says "although there may be public interest factors against prosecution in a particular case, often the prosecution should go ahead". The Code sets out public interest factors in favour of prosecution. It states that "a prosecution is likely to be needed if ..... the offence was committed against a person serving the public (for example, a police or prison officer or a nurse)".

**Assaults against staff working in the NHS are therefore regarded as serious matters, worthy of prosecution.**

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**APPENDIX 2: LETTER REFERRING TO ANTI-SOCIAL BEHAVIOUR (ASB)**



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

**Our Ref:**

**Date < insert date>**

**<Insert Name>  
< insert address>**

**Dear < insert name>**

I regret that I find it necessary to write to you concerning an incident that occurred within the **< insert .Department >** belonging to Blackpool Teaching Hospital NHS Foundation Trust on the **< insert Date>**, when your manner had become aggressive and abusive towards members of staff. This incident caused distress to the staff and you should be aware that both nursing staff and other patients do not wish to witness the behaviour you exhibited. They do not want their treatment to be interrupted or wish their own physical health and safety to be compromised.

The professional staff on duty formed the clinical judgment that your behaviour did not result from impairment due to physical injury or treatable illness. We assume it was out of keeping with your character.

Please remember the nursing staff are there to help you when others cannot. The Trust takes an extremely serious view of any adverse behaviour towards staff which prevents them providing safe and effective care to patients.

This incident has been recorded and the Trust, working in partnership with Lancashire Constabulary, will take whatever steps it deems necessary to protect the interest of its patients, staff and visitors and will not tolerate this type of behaviour. We would like to be reassured that there will be no similar incidents in the future should you find it necessary to visit the NHS premises for any reason.

Therefore under the circumstances you may consider it appropriate to write a letter of apology which I can pass on to the members of staff concerned.

Yours sincerely

**Wendy Swift**  
Chief Executive

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**APPENDIX 3: ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT (ARA)**



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

Dear

Date

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

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

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

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

<list of conditions>

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

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

The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

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

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

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**APPENDIX 3: ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT (ARA)**

conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement

Yours faithfully,

Signed by senior staff member

Date

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

Signed

Date

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**APPENDIX 4: ARA AGREEMENT WHERE OFFENDER DOES NOT ATTEND MEETING**



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

Date>

Dear

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

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

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

Such behavior is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

This was made clear to you in my previous correspondence of <insert date> to you. We have attempted to contact you <insert details> to invite you to a meeting to discuss the matter and agree on acceptable conduct when attending these premises. However, we have not had a response from you.

I would urge you to consider your behavior when attending <location> in the future and to comply with the following conditions:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action <to be adjusted as appropriate>:

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

I regret having to bring this matter to your attention, but consider it essential in order that we can ensure effective provision of healthcare at all times.

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**APPENDIX 4: ARA AGREEMENT WHERE OFFENDER DOES NOT ATTEND MEETING**

I enclose two copies of this letter for your attention. I would be grateful if you would sign one copy, acknowledging your agreement with these conditions, and return it to us in the envelope provided.

If we receive no reply within 14 days, it will be assumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details of your alleged behavior that are contained in this letter, or if you feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure>, who will review the decision in light of your account of the incident(s).

Yours sincerely,

<Signed by senior staff member>

<Date>

I, <insert name>, accept the conditions listed and agree to abide by them accordingly.

Signed

Date

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## APPENDIX 5: FINAL WARNING LETTER TEMPLATE



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

Dear

<Date>

### FINAL WARNING

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

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

Such behavior is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you

<insert details of previous correspondence/meetings>.

A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

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

<to be adjusted as appropriate>

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

In considering withholding treatment, this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide healthcare to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and your <title, i.e. clinician> would make alternative arrangements for you to receive treatment elsewhere.

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## APPENDIX 5: FINAL WARNING LETTER TEMPLATE

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

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Signed by Chief Executive

<Date>

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## APPENDIX 6: LETTER ADVISING WITHHOLDING OF TREATMENT



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

Dear

Date

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

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

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

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

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

- in a medical emergency; or
- where you are invited to attend as a pre-arranged appointment.

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

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

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

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**APPENDIX 6: LETTER ADVISING WITHHOLDING OF TREATMENT**

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

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

A copy of this letter has been issued to your GP and consultant

Yours faithfully,

Signed by Chief Executive

Date

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**APPENDIX 7: LETTER TO GP**



**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

GP's name and address

Date

Dear

Re: Patient's name  
Patient's address  
Patient's dates address  
Patient's date of birth  
Patient's hospital health records number

The above individual is currently a patient: .....Hospital / Clinic / HC / Practice

In order to protect the clinical environment for other patients and members of staff, it has been necessary to instigate the Procedure for Individuals who are Violent or Abusive for the above-named patient. (Please see attached)

If you have any queries, please do not hesitate to contact:

..... (Name and tel.no. of patients Consultant), or

.....(Name and tel.no. of Ward / Department / Community Manager or Head of Service

Yours sincerely

Signature  
Name

**NOTE: A COPY OF THE PROCEDURE FOR INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE MUST BE ATTACHED TO THIS LETTER**

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**APPENDIX 7: LETTER TO GP**

**PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE**

Patient's name: .....

Patient's address: .....

.....

.....

.....

Hospital Number: .....

Date:

Dear: .....

This is to formally confirm that due to your unacceptable behaviour on .....at ..... You are now subject to the conditions outlined in the Procedure for Care of Individuals who are Violent or Abusive.

The first stage of the Procedure for Care has been applied to you and you should have received an explanation as to why you are subject to this procedure. You should also have a copy of the Procedure for Care to read.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by ..... and outlined in the Procedure for Care, you will become subject to the next stage of the Procedure which may involve your immediate exclusion from the Trust premises by police. Such an exclusion from Trust premises would not mean that you would not receive care, as your responsible clinician would make alternative arrangement for you to receive treatment.

Yours sincerely

Signature  
Name

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## APPENDIX 7: LETTER TO GP

### PLEASE NOTE:

### EXCLUSION-PROCEDURE CHECKLIST

- The decision to exclude can only be taken by both the relevant Ward / Department / Community Manager and the Clinical Director (or in their absence their nominated deputies), once alternate care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires care in the normal manner.
- The responsible consultant must be informed and write to the patient's GP detailing exclusion and the reasons for it.
- The patient must be informed that they may challenge an exclusion via the Trusts complaints procedure.
- The Complaints and Claims Department must be informed and they will facilitate the dispatch of a written confirmation from the Chief Executive to the patient's home.
- The Trust Secretary and the LSMS must also be informed.
- A detailed record of the rationale for exclusion and of the alternate arrangements for care should be kept in the patient's medical and nursing documentation.
- If an excluded individual returns in any circumstances other than a medical emergency, police should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

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**APPENDIX 9: FLOWCHART; PROCESS TO FOLLOW IN THE EVENT OF AN ALLEGED PHYSICAL ASSAULT ON PATIENT BY A STAFF MEMBER**

Refer to the flow chart in ([CORP/PROC/666](#), Appendix 3)

<b>APPENDIX 10: EQUALITY IMPACT ASSESSMENT FORM</b>					
Department	Risk	Service or Policy	CORP/PROC/123	Date Completed:	April 2018
<b>GROUPS TO BE CONSIDERED</b>					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
<b>EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED</b>					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	See procedure				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	No				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				
Does the policy/development promote access to services and facilities for any group in particular?	No				
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No				

<b>APPENDIX 10: EQUALITY IMPACT ASSESSMENT FORM</b>			
<b>ACTION:</b>			
Please identify if you are now required to carry out a Full Equality Analysis	<b>Yes</b>	<b>No</b>	(Please delete as appropriate)
Name of Author: Signature of Author:	Karen Sanderson	Date Signed:	April 2018
Name of Lead Person: Signature of Lead Person:		Date Signed:	
Name of Manager: Signature of Manager		Date Signed:	

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