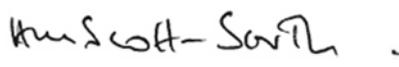


## CONFLICT RESOLUTION POLICY

Approved by:	<b>Trust Executive Committee</b>
On:	<b>January 2018</b>
Review Date:	<b>December 2020</b>
Corporate / Directorate	<b>Corporate</b>
Clinical / Non Clinical	<b>Non Clinical</b>
Department Responsible for Review:	<b>Governance</b>
Distribution:	
• Essential Reading for:	<b>All Appropriate Front Line Staff, Managers of Appropriate Front Line Staff</b>
• Information for:	<b>All Staff</b>
Policy Number:	<b>42</b>
Version Number:	<b>12</b>
Signature:	 <b>Chief Executive</b>
Date:	<b>30 January 2018</b>

# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

<b>Title:</b>	<b>Conflict Resolution Policy</b>
<b>Original Issue Date:</b>	<b>March 2006</b>
<b>Date of last review:</b>	<b>January 2018</b>
<b>Reason for amendment:</b>	<b>Routine Review</b>
<b>Responsibility:</b>	<b>Head of Health &amp; Safety/ Local Security Management Specialist</b>
<b>Stored:</b>	<b>Trust Intranet</b>
<b>Linked Trust Policies:</b>	<b>Health &amp; Safety Policy Risk Management Strategy Incident and Serious Incident Management Policy and Procedure Safe and Secure Environment Policy Lone Worker Policy Learning and Development Policy</b>
<b>E &amp; D Impact assessed</b>	<b>EIA 011</b>
<b>Responsible Committee / Group</b>	<b>Health &amp; Safety Group</b>
<b>Consulted</b>	<b>Health &amp; Safety Group Staff Side All Senior Managers Learning and Development</b>

## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
10	NHSLA Standards	12.04.2012	Change to the monitoring standards
11	Review	16.12.2014	Routine review and update
12	Review	07.12.2017	Routine Review and update following dissolution of NHS Protect 1 April 2017

# CONFLICT RESOLUTION POLICY

## CONTENTS

<b>Paragraph Number</b>	<b>Subject</b>	<b>Page Number</b>
1	Introduction	1
2	Policy Statement	1
3	Scope of the Policy	1
4	Definitions	1
5	Legislation	2-3
6	Duties	3-6
7	Risk Assessment	6
8	Training	6-7
9	Reporting and Recording of Incidents	7-9
10	Guidance on Withdrawal of Treatment	9-10
11	Clinical Hold	10
12	Effective Monitoring	11
13	Equality and Diversity	11
14	Staff Support	11
Appendix 1	How to Prevent Violent Situations	12
Appendix 2	How to Protect Yourself	13
Appendix 3	Procedure for the Care of Individuals Who Are Violent or Abusive – Implementation Checklist	14-15
Appendix 3a	Checklist and form,	16-17
Appendix 3b	Letter to GP	18
Appendix 3c	Letter to patient)	19
Appendix 4	“Red Card” / Exclusion	20
Appendix 4a	Checklist	21-22
Appendix 4b	Letter to Individual	23
Appendix 5	Monitoring Matrix	24-25

# Burton Hospitals NHS Foundation Trust

## CONFLICT RESOLUTION POLICY

### 1. INTRODUCTION

The purpose of this Policy is to ensure that Burton Hospitals NHS Foundation Trusts approach to violent or potentially violent incidents is clearly laid out and that all staff know the procedures and/or actions to take in order to deal with a potential or actual situation on site, or out in the community.

### 2. POLICY STATEMENT

The Trust has a duty under the Health and Safety at Work etc. Act 1974 to provide a safe and secure environment for its staff, service users and others. The Trust attaches great importance to the personal safety and security of employees, service users and other persons undertaking authorised tasks for, or on behalf of, the Trust staff and patients, and accepts its legal and moral responsibility to reduce or eradicate risks wherever reasonably practicable.

**Violent or abusive behaviour will not be tolerated** and the Trust will take the appropriate action in order to protect staff, patients and visitors.

### 3. SCOPE OF THE POLICY

The Trust recognises that employees are its most valuable asset and therefore will ensure, so far as is reasonably practicable, that acts of violence and aggression towards employees, volunteers and contractors are prevented through written procedures and specialised training designed to reduce or remove the risk of assault.

This Policy sets out the Trust's approach to the control of violent and potentially violent incidents across the organisation and applies to all staff, service users and others. It provides clear guidance to managers of their responsibilities in managing violence at work. Managers are advised to read this Policy in conjunction with the Lone Worker Policy.

### 4. DEFINITIONS

For the purpose of this Policy, the following definition of "**violence**" is used:

Any incident, in which a member of staff, service user or other is verbally abused, threatened or assaulted by another person. This may involve:

- A physical assault that may, or may not, require medical attention.
- A threat by word (both verbal and written), weapon or action that suggests a possible assault or harassment.

### **Types of Violence**

Violence includes not only physical attack, but also threatening behaviour, verbal abuse, harassment on the grounds of race, sex, age, disability, bullying and behaviour calculated to cause hurt or distress.

**Physical Assault** - The intentional application of force from one person to another, without lawful justification, this may result in physical injury or personal discomfort. There are two types of physical assault:

- **Clinical** – An assault caused by the condition of the patient and the patient not having capacity for his/her action. This decision is made by a Clinician.
- **Non Clinical** – An assault where the person committing the assault has full capacity for his/her actions and the assault is not due to any medical condition.

**Non-Physical Assault** - The use of inappropriate words, or behaviour causing distress and/or constituting harassment.

**The Law of Self Defence (Sec 3 Criminal Law Act 1967)** - A person may use such force as is reasonable in the circumstances, in the prevention of crime, or effecting or assisting in the lawful arrest of offenders, or suspected offenders, or persons unlawfully at large.

**Reasonable Force (Sec 3 (1) Criminal Law Act 1967)** - The force must be necessary and it must be proportionate to the harm being avoided.

## **5. LEGISLATION**

There are four main pieces of Health and Safety/Criminal Law which are relevant to violence at work:

- **The Health and Safety at Work Act 1974**  
Employers have a legal duty under this Act to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.
- **The Management of Health and Safety at Work Regulations 1999**  
Employers must assess the risks to employees and make arrangements for their health and safety by effective:
  - Planning
  - Organisation
  - Control
  - Monitoring and Review

The risks covered should, where appropriate, include the need to protect employees from exposure to reasonably foreseeable violence.

- **Criminal Justice and Immigration Act 2008 (part 8)**  
Part 8 creates new offences of causing a nuisance or disturbance on NHS premises under Section 119, power to remove person causing nuisance or disturbance, Section 120 and guidance on the power to remove under Section 121 of the Act.
- **Protection from Harassment Act 1997**  
The Act came into force in June 1997 and behaviour after that date can provide the basis for a criminal prosecution, a claim for damages, or a civil injunction. Injunctions made under the Act are unique because breach of them is a criminal offence punishable with up to 5 years imprisonment (sections 3(6) and 3(9)). Also unique is section 5 of the Act which allows criminal courts to impose restraining orders on defendants who have been convicted of criminal harassment offences. Breach of a restraining order is itself a criminal offence punishable with up to 5 years imprisonment.

## 6. DUTIES

The Trust's overall responsibility is to provide a safe working environment for all its employees, and ensure they are appropriately and adequately trained. The Board of Directors recognise their responsibility for the safety of their employees and the importance of compliance with the arrangements in place to minimise the risk of violence at work including:

- Documented risk assessments identifying risk and the appropriate control measures to reduce the likelihood of violence at work.
- Training and development of staff in dealing with violence and aggression, challenging behaviour and personal safety.
- Health and Safety training for Managers/ Supervisors/ Risk Assessors to ensure risk assessments are conducted.
- Auditing of the system to ensure that violent incidents are recorded and investigated appropriately.
- Access to support services i.e. counselling for staff involved in, or have witnessed, violence.

### 6.1 The Trust:

- Undertakes to advise and support its staff in the event of legal proceedings by, or against, a patient, their family, or other members of the public, where the action by the member of staff concerned was reasonable under the circumstances and is consistent with agreed policies and procedures.
- Will advise and support its staff in the event of criticism, where the action by the member of staff concerned was reasonable under the circumstances and is consistent with agreed policies and procedures.

## 6.2 **Security Management Director (SMD)**

The Director of Governance is the nominated Security Management Director (SMD) and is responsible for the implementation of this Policy and for ensuring that:

- Arrangements exist for the identification, evaluation and management of risk associated with violence and aggression at work.
- Arrangements exist for the monitoring of incidents of violence and aggression and for the periodical review of the effectiveness of this Policy.
- Full co-operation is given to the Head of Health & Safety/ Local Security Management Specialist (LSMS), and police, including access to personnel, premises and records (electronic or otherwise) considered relevant to security matters.
- Details of incidents are recorded on the Trust's incident reporting system to comply with Health and Safety legislation.
- Managers review any significantly violent incident and that this is used to evaluate policy guidelines and skills to avoid further incidents.

## 6.3 **Head of Estates**

The Head of Estates has responsibility for matters relating to the security of Trust property and premises and for the CCTV arrangements.

## 6.4 **Head of Health and Safety / Local Security Management Specialist (LSMS)**

The Head of Health & Safety/ LSMS has specific responsibility for promoting staff security within the Trust under the Secretary of State's Directions and will:

- Provide advice to Managers at all levels on security measures, dealing with violence, aggression, nuisance or disturbing behaviour, including new legislation and government initiatives relating to security.
- Act as the Trust's lead with external bodies such as the local police, crime prevention officers, crime and disorder partnership scheme and the community safety partnership scheme.
- Liaise with the police, regional security forums and their Legal Protection Unit in prosecuting offenders to ensure that, where appropriate, redress is sought from those who commit security incidents.
- Investigate instances of crime and security breaches, interview and record statements and provide assistance to managers, implementing risk reduction measures and post-incident management.

- Facilitate the provision of appropriate training in conjunction with the Learning and Development Department by assisting Managers to identify training needs and provide/make available appropriate courses.
- Report to the SMD on key security management issues. Analyse security incidents and report them to the Trust Board and other appropriate bodies.
- Monitor the effectiveness of implementing this Policy by means of the Incident and Serious Incident management Policy and Procedure and associated audits.
- Collate and report incidents and actions to the Health And Safety Group and Quality Committee.
- Collate and report incidents and actions to the Health and Safety Executive when required.

## 6.5 **Directors, Associate Directors, Heads of Department (Managers)**

Managers are responsible for:

- Ensuring that Risk Assessments are carried out for all areas under their control by trained risk assessors and are periodically reviewed.
- Ensuring that staff at risk are identified and have attended appropriate training sessions.
- Implementing procedures/safe systems of work designed to eliminate or reduce the likelihood of violence and aggression.
- Ensuring that all staff are aware of the process to be followed when an incident occurs. This includes understanding the contents of this Policy.
- Ensuring that each incident is promptly and properly investigated and the findings recorded and analysed in accordance with the Trust's Incident Reporting System.
- Supporting staff that have been subject to an incident, both in the short and longer term. This may include referral to Occupational Health for further support.
- Ensuring that staff are fully informed and involved through discussion at the risk assessment stage and consult Risk Assessors and Health and Safety representatives.
- Ensuring that all swipe cards are handed in and de-activated promptly when a member of staff leaves employment of the Trust.
- Ensuring appropriate communications have taken place between departments when internally transferring potential aggressive patients, in order to ensure the receiving ward/department is aware of any potential aggressive incidents.

## 6.6 **All Staff**

All employees are expected to take reasonable care to ensure the safety of themselves, their colleagues, patients and the public at all times.

- It is every member of staff's duty to co-operate with the Trust by contributing to risk assessments, attending training and awareness workshops, maintaining a safe workplace and adhering to safe systems of work.
- Staff must follow the guidance in Appendix 2 and Appendix 3 of this Policy, detailing how to prevent violent situations and facilitate personal protection.
- Staff must promptly report any incident of threat, physical or verbal abuse or any incident of property damage, using the Trust's reporting mechanism.
- Staff must co-operate fully with any subsequent investigation.
- Staff must assist in any investigations into violent assault incidents.
- Staff must treat patients and visitors in a courteous and polite manner at all times.
- Staff must take personal responsibility for ensuring that they have a clear understanding of the processes to be followed at all times.
- Staff must ensure they read, understand the contents of all risk assessments and sign the appropriate signature record sheets.
- Staff must ensure they also read any local policy, guidance or protocols developed for their departments on lone working.
- All relevant staff must complete the Conflict Resolution training.

## 7. RISK ASSESSMENT

7.1 The Trust requires suitable assessment to be made of the risk to employee's health and safety whilst at work. Local arrangements include the risk assessment process that must be undertaken in working areas, including the conflict resolution risk assessment, where violence and aggression poses a significant risk to employees. Managers must ensure that workplace risk assessments are reviewed. A review must take place immediately after an adverse incident has occurred, if there are any changes to the working environment and any changes in service provision.

**Risk assessments must only be conducted by trained Risk Assessors with the help of those that are carrying out the tasks.**

### 7.2 Reviews

Managers should review the risk assessments/procedures and focus on:

- **Environment** – The layout of the building and rooms, reception areas, access arrangements, identifying potential weapons.
- **Working Practice** – Lone working (refer to Lone Worker Policy), delay in service etc., support services, administration, agency nurses.
- **Individual Employee** – does the employee have relevant experience and training to cope with potential situations?

7.3 Any action plans arising from the risk assessment process will be managed by the department until all actions have been completed.

## 8. TRAINING

Training will be provided by the Learning and Development Department who are Counter Fraud Security Management Service trained trainers on conflict resolution; i.e. violence and aggression awareness training to all staff.

Appropriate training will be provided by the Trust to provide staff with the skills to avoid/ manage violent or aggressive situations.

All appropriate employees **MUST** read all Health and Safety related policies and the appropriate Health and Safety risk assessments applicable to an individual's role

In House Risk Assessor training is provided by the Head of Health & Safety.

Risk Assessors are provided with refresher training every 3 years.

### 8.1 Mandatory Training

Conflict Resolution training is a local arrangement and a mandatory requirement for all appropriate front line staff. All appropriate front line staff must be given priority. All appropriate front line staff must attend the refresher training every 3 years.

Each departmental managerial team is responsible for ensuring the uptake of mandatory training. This will be monitored by quarterly reports to the Risk and Compliance Group, where the levels of attendance will be monitored.

### 8.2 Courses

Conflict Resolution training courses will be provided by the Trust (formerly Violence and Aggression).

Details of training courses are provided and controlled by the Learning and Development Department.

## 9. REPORTING AND RECORDING OF INCIDENTS

9.1 Staff should report all incidents of violence and aggression to their Line Manager at the earliest opportunity.

Assaults fall into two categories:

- Physical (Clinical or non clinical)
- Non-Physical (verbal)

### Physical Assault (Non Clinical)

***“The intentional application of force from one person to another, without lawful justification, may result in physical injury or personal discomfort”***

All incidents of **PHYSICAL** (non clinical) assault must be reported to the police in the first instance and the Head of Health & Safety/ LSMS using the process set out in section 9.2 below.

## **Physical Assault (Clinical)**

***“The unintentional application of force from one person to another, resulting in physical injury or personal discomfort”***

All incidents of **PHYSICAL** (clinical) assault must be reported to the Head of Health & Safety/ LSMS in the first instance, using the process set out in section 9.2 below.

## **Non-Physical Assault**

***“The use of inappropriate words or behaviour causing distress and/or constituting harassment”***

All incidents, whether physical or non-physical, should be reported to the Line Manager and an Incident Report on Datix completed immediately. .

## **Reporting of Diseases, Dangerous Occurrences Regulations 2013 (RIDDOR)**

Where an injury is sustained, however small, this must be reported by the Trust to the Health and Safety Executive (HSE) immediately and followed up in writing within 10 days (RIDDOR 2013). Advice on how this process should operate and reporting of the incident to the HSE can be obtained from the Head of Health and Safety.

## **9.2 ACTIONS TO BE TAKEN WHEN A NON CLINICAL PHYSICAL ASSAULT OCCURS**

### **9.2.1 Police**

The police are to be contacted immediately by the person assaulted, Manager or relevant colleague.

### **9.2.2 Head of Health & Safety/ LSMS**

The Head of Health & Safety/ LSMS is to be contacted as soon as practicable, by the Manager of the person who was assaulted or relevant colleague.

#### **The LSMS will:**

- Ensure that full co-operation is given to a police investigation and any subsequent action into a case of physical assault, including access to personnel, premises and records (electronic or otherwise) considered relevant to the investigation.
- Ensure that details of the incident are recorded on the Trust’s appropriate incident reporting system to comply with Health and Safety legislation.
- Ensure that acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or Occupational Health, are offered. The acknowledgement will confirm that the matter will be dealt with, that the appropriate action

will be taken and that the particular member of staff will be updated with progress and outcome.

- Ensure that all possible preventative action is taken to minimise the risk of a similar incident re-occurring.

### 9.2.3 The Head of Health & Safety /LSMS will:

- Determine whether the police are going to lead any subsequent investigation to handle the case.
- Keep all parties informed of progress.
- Complete the information on the central Datix system.

**NOTE: IF ANY MEMBER OF STAFF FEELS THREATENED BY PHYSICAL ASSAULT, THEY MUST PHONE FOR POLICE ASSISTANCE BY OBTAINING AN OUTSIDE LINE AND DIALING 999 OR CALL SECURITY ON 5678 IN THE FIRST INSTANCE.**

## 9.3 ACTIONS TO BE TAKEN FOR NON PHYSICAL ASSAULT

### 9.3.1 Non-Physical

In the event of non-physical assault the Manager/Director will consider the seriousness of the incident with the victim before involving the police. For example, someone swearing at a member of staff could be dealt with internally through warning letters about their behaviour/conduct, but **where the verbal abuse involves threats or the use of weapons the police must be notified immediately** and the incident reporting procedure followed.

9.3.2 All staff-on-staff incidents will be investigated by the Trust's Human Resources department.

9.3.3 An Aggressive Behaviour Marker (details in the Safe and Secure Environment Policy) provides all staff with a prior indication that a patient or relative/guardian may have a history of aggressive behaviour prior to any further appointments

## 10. GUIDANCE ON THE WITHDRAWAL OF TREATMENT

10.1 Withdrawal of treatment can be applied in extreme circumstances where violent or abusive behaviour is likely to:

- Prejudice any benefit the patient might receive from the care or treatment: or
- Prejudice the safety of those involved in giving the care or treatment: or
- Lead the member of staff offering care to believe he/she is no longer able to undertake his/her duties properly. This might include incidents of racial or sexual abuse: or

- Result in damage to property inflicted by the patient or as a result of containing him, or prejudice the safety of other patients present at that time.

## 10.2 Withholding Treatment

There are, however, circumstances where withholding treatment is inappropriate:

- Patients who, in the expert judgment of a relevant Clinician, are not competent to take responsibility for their action e.g. an individual who becomes violent and aggressive as a result of an illness or injury:
- Patients who are mentally ill and may be under the influence of drugs and/or alcohol:
- Patients who, in the expert judgment of a relevant Clinician, require urgent emergency treatment and:
- Other than in exceptional circumstances, any patient under the age of 16.

## 10.3 Actions to be taken:

- Following any incident the immediate Manager or Departmental Head (or their deputy) should explain to the patient that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future.
- If the behaviour continues, the responsible Manager or Clinician will give an informal warning about the possible consequences of any further repetition.
- Failure to subsequently desist will result in the issue of a formal warning (Yellow Card) supported by the application of the Procedure for Care of individuals who are violent or abusive (please see Appendix 4).
- Failure to comply with the Procedure for ongoing Care will, at the request of the relevant Business Unit General Manager and the Clinical Director (or their nominated deputies) result in exclusion from the Trust (Red Card – please see Appendix 4). Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigor by the relevant Clinician. In the event of an excluded individual presenting themselves at the Trust's Emergency Department for treatment, that individual will be treated and stabilised with, if necessary, additional staff in attendance. Where possible they will then be transferred immediately.

## 11. CLINICAL HOLD

- 11.1 There may be occasions when persons will be required to be restrained during an act of violence and aggression. Only appropriately trained personnel in control and restraint are permitted to use the techniques required at the time of any incident when asked by the clinician in charge.

11.2 Any patient or person with mental health or learning difficulties may still be restrained if required but the person's clinical condition **MUST** be monitored by clinical staff during the period of restraint. Further information is obtained in the Clinical Hold Policy.

## **12. EFFECTIVE MONITORING**

12.1 The table at Appendix 5 highlights the minimum requirement as evidence of compliance for the NHSLA Standards

## **13. EQUALITY AND DIVERSITY**

There will be no discrimination against any member of staff.

## **14. STAFF SUPPORT**

Staff who feel traumatised by an act of violence or aggression inflicted on them may obtain victim support from:

- Their Line Manager
- The Occupational Health Department
- A Counsellor (arranged by the Occupational Health Department)
- NHS Legal Protection Unit (LPU)

## HOW TO PREVENT VIOLENT SITUATIONS

### 1. HOW TO DEAL WITH DIFFICULT SITUATIONS:

- Always remain calm and polite.
- Aim to sit down when speaking if there are suitable chairs available.
- Acknowledge the individual's distress or anxiety without seeming to patronise.
- Listen (and be seen to be listening) and offer assistance, possibly from a Senior Nurse, Manager or Clinician.
- Try to explain reasons for delays or inability to meet their requests and offer guidance on what is being done.
- Ask the person politely to stop being abusive.
- Point out that verbal abuse is not helpful for patients, their visitors or staff.
- If they continue to be abusive, explain that you are not prepared to accept their behaviour and that you are going to walk away and return in five minutes to continue the conversation.
- Consider summoning assistance from a colleague/Line Manager as this may diffuse the situation.
- Offer the services of the Patient's Advice Liaison Service (PALS) during office hours on weekdays.
- Where possible, preserve the individual's personal body space.
- Ensure your empathy is shown by word, action and behaviour.

### 2. LOOK AT BODY LANGUAGE AND WATCH OUT FOR SIGNS OF STRESS AND ANGER

- Person avoiding eye contact or glaring at you.
- Signs of physical tension e.g. tensing muscles, fingers or eyelids twitching, sweating, increase in rate of breathing, crying, nervousness, fidgeting.
- Change of pitch or tone of voice.
- Use of insults, threats or obscenities.
- Adopting a hostile or aggressive stance, movement towards an object that could be used as a weapon.

## HOW TO PROTECT YOURSELF

### 1. **Staff are not expected to tackle violent individuals or to place themselves at risk.**

In the event of an individual becoming violent against people or property, take the following immediate action:

- Call for help from other members of staff, call security on **5678** or the police on **999** if practicable (activate personal alarm if held).
- Attempt to disengage from the aggressor and keep your distance from them.
- Clear the immediate area.
- Try to remain calm and use de-escalation techniques to calm the aggressor if possible, without endangering yourself.

### 2. **Where it is clear that a member of staff is getting into difficulty, other members of staff must call the police to summon their assistance immediately.**

Violence against property:

- If the object of violence is property rather than people, the aggressor should not be approached until their behaviour changes and they have calmed down, or it is clear that they are going to become violent towards people.
- If, in the course of damaging property the aggressor is placing their own health at risk, then staff should try to stop them either by distracting them, or by physical intervention if this can be done without risk of injury to staff.

### 3. **Action to be taken if a member of public is brandishing a weapon e.g. a gun, knife, screwdriver, razor blades etc:**

- Phone the police immediately on **999**, call Trust Security if appropriate on **5678** and inform the Head of Health & Safety/LSMS as soon as practical.
- Clear the immediate area discreetly of other members of the public and staff.
- Do not approach the individual concerned and do not antagonise them.
- When police/LSMS arrive brief them on the situation.

**ON NO ACCOUNT SHOULD A MEMBER OF STAFF  
TRY TO DISARM A PERSON WHO IS ARMED.**

## PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE - IMPLEMENTATION CHECKLIST

1. In the event of inappropriate behaviour by a patient and following careful review by the individuals clinical team (or the on call team out of hours), the Procedure for Care of Individuals who are Violent or Abusive (hereafter referred to as the Procedure for Care) can be instigated.
2. In the event of the senior nurse on duty on the relevant ward feeling that a Procedure for Care may be appropriate, he/she should contact a suitable member of staff e.g. the Business Unit General Manager/ Divisional Nurse Director /Senior Nurse/Ward/ Department Manager.
3. It will be the responsibility of the suitable person to undertake the following:
  - Take full details of the incident and the staff member's concerns, document them and decide whether a Procedure for Care is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.
4. **If a Procedure for Care is required:**
  - Inform and seek advice from the patient's Consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
  - Inform the patient of the ward staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
  - Complete all patient details on the Confirmation of Procedure for Care of Individuals who are Violent or Abusive (Appendix 3a).
  - Ask the patient to sign the Confirmation of Procedure for Care of Individuals who are Violent or Abusive (hereafter referred to as the Confirmation of Procedure for Care). If the patient refuses to sign, this should be documented but explained to the patient that the document will be valid with or without the patient's agreement.
  - Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation to the patient and signs the Confirmation of Procedure for Care.
  - Give the patient a copy of the Confirmation of Procedure for Care and of the Policy itself.
  - Prepare a copy of the standard letter (Appendix 3b), for issue to the patient's GP. This letter should be signed and sent by the Business Unit General Manager. A copy of the Policy should be attached.
  - Prepare a copy of the standard letter (Appendix 3c (yellow card), for issue to the patient. This letter should be given to the Business Unit, General Manager with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately and for onward submission to the CEO's Office for signature (via the Head of Health & Safety/ LSMS).

- A copy of the Procedure for Care must be kept in the patient's notes and also input to appropriate Information systems recording the **Yellow Card** status.
- The full process must be recorded in the patient's medical and nursing documentation.

## PROCEDURE FOR CARE OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE IMPLEMENTATION CHECKLIST YELLOW CARD WARNING

### 1. If a Procedure for Care is required for an inpatient or outpatient:

- Inform and seek advice from the patient's Consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
- Ensure that the incident which triggered the procedure is documented in full, and signed by the member of staff and any witnesses.
- Inform the patient of the ward staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
- Complete all patient details on the Confirmation of Procedure for Care of Individuals who are Violent or Abusive – form overleaf.
- Ask the patient to sign the Confirmation of Procedure for Care. If the patient refuses to sign, this should be documented but explained to the patient that the document will be valid with or without the patient's agreement.
- Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation to the patient and signs the Confirmation of Procedure for Care.
- Give the patient a copy of the Confirmation of Procedure for Care and of the Policy itself.
- Prepare (type) a copy of the standard letter (Appendix 3b amend as necessary), for issue to the patient's GP. This letter should be signed and sent by the Business Unit, General Manager. A copy of the Policy should be attached.
- Prepare (type) a copy of the standard letter (Appendix 3c), for issue to the patient. This letter to be given to the Business Unit General Manager with the letter to the GP for checking both the letter and that the procedure for care has been applied appropriately and for onward submission.
- The incident/behaviour must be documented in the patient's medical and nursing notes. 
  - Business Unit General Manager to: 
    - check the procedure has been applied correctly;
    - issue the letter to the GP;
    - forward the letter to the patient to the Head of Health & Safety/ LSMS who will forward to CEO for signature and to issue;
  - CEO'S Office to issue signed letter and copy procedure of care.

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

<b>WARD</b>	<b>HOSPITAL -</b>
<b>PATIENT'S FAMILY NAME</b>	
<b>PATIENT'S FORENAMES</b>	
<b>HOSPITAL NUMBER(S)</b>	
<b>HOME ADDRESS</b>	
<b>HOME PHONE NUMBER</b>	
<b>CONTACT NAME OF NEXT OF KIN</b>	
<b>NEXT OF KIN ADDRESS</b>	
<b>GP'S NAME</b>	
<b>GP'S ADDRESS</b>	
<b>GP'S PHONE NUMBER</b>	

The consequences of a failure to comply with the Procedure for Care have been fully explained. I understand my GP will be informed.

**\*I agree to comply with the expected behaviour set out in the Policy, under which care will be provided at Burton Hospitals NHS Foundation Trust.**

**Signed .....** **Date.....**

**\* Delete if refused**

**WITNESSES FOR THE TRUST**

<b>(Initiator of Procedure)</b>	<b>Witness</b>
<b>Name</b>	<b>Name</b>
<b>Designation</b>	<b>Designation</b>
<b>Signed</b>	<b>Signed</b>
<b>Date</b>	<b>Date</b>

Examples of appropriate members of staff able to initiate the Procedure:  
Clinical Director, Associate Director, Executive Directors, Business Unit General Manager or deputy, Senior Clinician, Security Management Director and the Head of Health & Safety/LSMS.

GP's name and address

Date

Dear

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

The above individual is currently an \*inpatient/out patient on \*ward/clinic at Burton Hospitals NHS Foundation Trust. \*Or has attended the Emergency Department at Hospitals NHS Foundation Trust and exhibited violent and aggressive behavior (*\*give details of inappropriate/aggressive behaviour:*

In order to protect the ward environment for other patients and members of staff, it has been necessary to instigate a Procedure for Care of Individuals who are Violent or Abusive for the above-named patient (a **Yellow Card warning**, see enclosed).

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

..... (Name and tel. no. of patient's consultant), or

..... (Name and tel. no. of Associate Director or Business Unit General Manager or Divisional Nurse Director)

Yours sincerely

Signature  
Name  
**Director**

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

**\* = Delete what is not applicable**

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

**LETTER TO PATIENT**

Patient's name.....

Patient's address.....

.....  
.....  
.....  
.....

Hospital Number:.....

Date:

Dear

This is to formally confirm that due to your unacceptable behaviour on..... 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.

You are warned that your future behaviour will be monitored and should you fail to comply with the expected standards of behaviour that has been explained to you by.....and outlined in the Procedure for Care, you will become subject to the next stage.

The next stage will mean you will be immediately excluded from the Trust premises. In this instance your responsible Clinician will make alternative arrangements for you to receive treatment.

Yours sincerely,

**Helen Scott-South  
Chief Executive**

## **“RED CARD”/ EXCLUSION - PROCEDURE CHECKLIST (PATIENTS)**

1. The decision to exclude can only be taken by both relevant Associate Director, Business Unit General Manager and the Clinical Director (or in their absence their nominated deputies), once alternative care arrangements have been made. This does not preclude the relevant Clinician discharging a patient who no longer requires in-patient care in the normal manner.
2. The responsible Consultant must be informed and write to the patient's GP detailing the exclusion and the reasons for it.
3. The patient must be informed of the decision and that they may challenge exclusion via the established complaints procedure.
4. A detailed record of the rationale for exclusion and of the alternative arrangements for care should be kept in the patient's medical and nursing documentation.
5. Advice of the issue of the Red Card should be entered on all appropriate systems to ensure the individual is apprehended if he/she attempts to return to the Trust in any circumstance other than an emergency.
6. If an excluded individual returns in any circumstances other than a medical emergency a senior manager must be contacted immediately to facilitate their removal from the premises and, if necessary, the police should be requested to attend. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.

## **“RED CARD”/EXCLUSION - PROCEDURE CHECKLIST (NON PATIENTS)**

1. A member of the public becomes verbally aggressive when one or more of the following examples are experienced:

- Using foul language and verbal abuse
- Using intimidating gestures towards NHS staff, patients or visitors
- Creating excessive noise in waiting areas, wards and other areas of the NHS premises
- Generally preventing or impeding staff from carrying out their duties
- Failing to comply with any reasonable request to stop a particular activity which may be endangering other persons or property
- Obstructing thoroughfares
- Smoking
- Disregard for visiting hours

2. Consideration should be given to a person who may have a legitimate reason for committing a nuisance or disturbance on Trust premises.

An example of a reasonable excuse could be that a person had earlier received distressing news about a friend or relative whom they had accompanied to hospital and might therefore find it difficult to control their behaviour. An outburst under such circumstances would be understandable.

3. It is also possible that a person's behaviour is the result of a mental health condition or learning disability (herein referred to as a mental impairment) and may be beyond their control.

For example, behaviour associated with an Autism Spectrum Disorder (ASD) can include stereotyped movements, poor awareness of personal space, repetition of strange sounds and words, lack of flexibility of thought or becoming increasingly upset or angry because of changes in routine. Symptoms of dementia can include aggression, anxiety and hallucinations. These symptoms can be exacerbated when a person is in an unfamiliar environment. Other mental health conditions that may affect a person's behaviour include Tourette's syndrome, acute mania, psychosis, and auditory and visual hallucinations, delusions and personality disorders.

It should be stressed that the mere existence of a mental health or learning disability is not in itself a 'reasonable excuse'. The condition must be responsible for the individual's behaviour.

#### **4. Reasonable excuse for refusing to leave the premises**

4.1 A reasonable excuse for refusing to leave the premises can be different from a reasonable excuse for committing a nuisance or disturbance. A person may have a reasonable excuse for not leaving if:

- they are accompanying a child or dependent to the hospital and leaving the premises would leave that child or dependent alone.
- a person may be a carer for a patient in the hospital and leaving the premises would leave that patient alone or vulnerable. The carer would not be exempt from removal however, if the Trust puts in place appropriate arrangements to care for the interest of the dependent.

#### **5. Decision**

5.1 The decision to exclude a member of the public will come from the senior staff member present at the time of the incident who will issue an exclusion letter (Appendix 4b) to the perpetrator.

5.2 All incidents must be reported to the Head of Health & Safety/LSMS at the earliest opportunity.

**EXCLUSION LETTER TO INDIVIDUALS WHO  
ARE VIOLENT AND ABUSIVE**

Individuals name (if known).....

Individuals address (if known).....

.....  
.....  
.....  
.....

Date:

Dear

This is to formally confirm that due to your unacceptable behavior on \*(date, time and location, details of the inappropriate/ aggressive behaviour) you are now formally requested to leave the Trust premises with immediate effect.

If you fail to comply with this instruction, the police will be called.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour, your responsible Clinician will make alternative arrangements for you or your dependent to receive treatment elsewhere. Such an exclusion from Trust premises will not mean that you will not receive care in an emergency situation.

Yours sincerely,

**Helen Scott-South  
Chief Executive**

## APPENDIX 5

### Monitoring Matrix

Minimum policy requirements to be monitored	Process for monitoring e.g. audit	Responsible Individual/ Committee/Group	Frequency	Responsible Individual/ Committee/Group for review of results	Responsible Individual/ Committee/Group for development of the action plan	Responsible Individual/ Committee/Group for monitoring of the action plan
How the Trust carries out risk assessments for the prevention and management of violence and aggression	Every department completes a conflict resolution risk assessments H&S Self Assessment Process with policy and risk assessment compliance procedure	Department Risk Assessors/ Managers Head of H&S/LSMS	Initial compliance audit followed by a 6 month review then annual reviews. HSG quarterly	Health and Safety Group (HSG)	Department Managers	Department Managers

<p>What are the arrangements for making sure lone workers are safe</p>	<p>Lone worker devices are issued to all staff identified as lone worker following a lone worker risk assessment and profile procedure by department managers Reliance Group monthly usage reports and incident reports</p>	<p>Reliance Group and Head of H&amp;S /LSMS Department Managers</p>	<p>Reliance Group monthly (QC) quarterly</p>	<p>Quality Committee</p>	<p>Department Managers</p>	<p>Department Managers</p>
--	---	---	--	--------------------------	----------------------------	----------------------------