Derby Teaching Hospitals NHS
NHS Foundation Trust

TRUST POLICY AND PROCEDURES FOR MAINTAINING A SAFE ENVIRONMENT (INCORPORATING THE MANAGEMENT OF THREATENING BEHAVIOURS IN THE WORKPLACE)

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Version / Amendment History	Version	Date	Author	Reason
	1	Dec 2007	Risk Manager	Original Policy
	2	Oct 2008	Pam Twine	To meet NHSLA standards
	2.1	Nov 2008	Karen Howarth	Amendments following review
	2.2	May 2009	Gill Ogden	Amendments following development of Trust guidelines for managing suicide risk.
	2.3	Sept 2010	Gill Ogden	Monitoring section updated
	2.4	Dec 2010	Gill Ogden	Update of generic assessments & hot spots
	2.5	Jan 2012	Karen Howarth	Review due
	2.6	Feb 2014	Karen Howarth	Update relating to revision of Suicide Guidelines
	2.7	November 2016	Ethel Oldfield	Updated with Patient Safety alert on restraint

Intended Recipients: All Trust Staff

Training and Dissemination: Via Induction, Conflict Resolution and Risk Assessor Training. Dissemination via the Intranet

To be read in conjunction with: Mental Capacity Act Policy CL-LP/2007/013, Policy and Procedure for Dealing with In-patients Detained under Section 5(2) of the Mental Health Act 1983 CL- OP/2006/008, Trust Bomb Policy (R&HS-B1) Risk

Manual, Policy and Procedure on, Dignity at Work, Trust Policy for Supporting Staff Involved in Traumatic Situations and Incidents, Policy and Procedures for Ensuring Safety of Lone Workers, Trust Policy for Maintaining the Security of Trust Staff, Patients, Visitors and Trust Premises. **Trust's Managing Self Harm and Suicide Risk Guidelines CG-T/2014/106**, H&S Policy	
In consultation with and Date: Violence and Aggression Working Group, Health and Safety Committee, Trust Joint Council, Risk Committee, Medical Advisory Committee, Joint Professionals Advisory Group, Heads Of Nursing, Clinical Ethics Committee. Health & Safety Committee (April&Dec 2012) Heads of Nursing Risk Committee (Jan 13)	
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Contact for Review	Clinical Lead Risk & Governance
Executive Lead Signature	Director of Patient Experience and Chief Nurse
Approving Executive Signature	Chief Executive

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TRUST POLICY AND PROCEDURES FOR MAINTAINING A SAFE ENVIRONMENT (INCORPORATING THE MANAGEMENT OF THREATENING BEHAVIOURS IN THE WORKPLACE)

1 Introduction

The purpose of this policy is to provide direction for staff in relation to dealing with aggression, violence or potential violence from patients, relatives or others.

The personal safety of staff, service users, carers and other persons carrying out authorised tasks on behalf of the Trust is of paramount importance to this Trust.

The Trust recognises that our staff, patients and visitors have a right to attend any of our premises without fear of experiencing or witnessing violence, abuse or harassment of any kind. We will, through the implementation of appropriate policies, guidance and training seek to provide the most appropriate level of support. The Trust promotes a proactive approach as recommended by the Health and Safety Executive and this is through risk assessment.

The policy has been developed to ensure that the Trust:

- Complies with all appropriate legislation (see References).
- Provides a safe and secure working environment for staff.
- Incorporates the NHS Zero Tolerance Initiative.
- Follows best practice.
- Supports staff – recognising that unacceptable behaviour is determined by the receiver.

2 Purpose and Outcomes

This policy describes the process for managing the risks associated with the physical security of staff inclusive of all age groups and applies to all patients, carers, visitors and staff.

The Trust process for managing the risks associated with the prevention and management of violence and aggression will ensure that:

- There are local arrangements for preventing and managing violence and aggression.
- Staff training is available for all staff identified in the Training Needs Analysis or where it is agreed by the Risk and Security Teams that training is necessary (See Appendix 5 page 30).
- That there are arrangements for the support of staff and others involved in or affected by violence and aggression.
- Patients are supported when involved in or affected by violence and aggression from other patients
- There is a process for monitoring compliance with all of the above.

Outcomes

- The level of risks associated with violence and aggression and its subsequent effects will be minimised as a result of staff awareness and training.
- Potential incidents in the workplace may be defused and the level of aggression and violence will be reduced.

Staff within the organisation bears individual and collective responsibility for ensuring that effective risk management procedures are expedited in order to minimise the incidence of violence and aggression. The safety of colleagues is everyone's responsibility.

Prevention of aggression is preferable to intervention at a later stage.
Personal safety takes priority over damage to property.

3 Definitions Used

Unacceptable Behaviour

Any incident or behaviour where staff, patients or visitors are verbally abused, harassed, threatened or assaulted in circumstances related to Trust activity or on Trust premises, involving an explicit or implicit challenge to their safety, well being or health.

Examples of Unacceptable Behaviours

- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Threatening or abusive language involving excessive swearing or offensive remarks.
- Derogatory racial or sexual remarks.
- Malicious allegations relating to members of staff, patients or visitors.
- Offensive sexual gestures or behaviours.
- Abusing alcohol or drugs on Trust premises.
- Drug dealing.
- Wilful damage to Trust property.
- Theft.
- Any behaviour deemed by the receiver as inappropriate or threatening.
- Violence.
- Stalking

Stalking "a constellation of behaviours in which one individual inflicts on another repeated unwanted intrusions and communications" which may arouse concern and fear and compromise safety

4 Key Responsibilities/Duties

4.1 Chief Executive

The Chief Executive is ultimately responsible for the safety of all staff on Trust premises. There will be clearly defined Board level responsibility for security, with clear lines of accountability for security matters throughout the Trust.

4.2 Director of Patient Experience and Chief Nurse

The Director of Patient Experience and Chief Nurse is the Trust Lead for Risk Management and is accountable for Security Services within the Trust and has responsibility for communicating Security matters to the Trust Board.

4.3 Head of Risk and Clinical Governance

The Head of Risk and Clinical Governance in conjunction with the Head of Security and Emergency Planning is responsible for liaison with Divisional Directors and other Senior Managers to ensure that safe systems are in place and ensuring that all physical assaults are reported appropriately and feedback systems are developed.

4.4 Head of Facilities Management

The Head of Facilities Management is responsible for overseeing the management of Security Services. Responsibility within the Trust will be delegated to the Head of Security and Emergency Planning on a day-to-day basis who will report to the Head of Facilities Management.

4.5 Head of Security and Emergency Planning (Local Security Management Specialist)

The Head of Security and Emergency Planning is responsible for maintaining a safe and secure environment within the Trust, and will provide advice and guidance on all issues relating to safety including risk assessments. The Head of Security and Emergency Planning is responsible for the organisation and delivery of Conflict resolution training for those staff assessed as relevant. The Head of Security and Emergency Planning is also responsible for overseeing arrangements to ensure the safety of lone workers.

4.6 Divisional Directors and Other Senior Managers

In consultation with staff will:

- Ensure a safe system of working environment for their staff.
- Ensure an assessment of training needs is carried out.
- Ensure provision of training for staff (See Appendix 5 page 30).

- Ensure that staff receive support following violent incidents.
- Ensure systems are in place to address:
    - Prevention of violence.
    - Consequences of violence.
    - Reporting incidents.
    - Investigating incidents.
    - Monitoring.
    - Support for victims.
    - The management of violent incidents.
    - Feedback to staff following violent incidents.

4.7 Line Managers

Have responsibility for:

- Ensuring staff know what is expected of them with regard to handling incidents of violence – knowledge of the policy.
- Carrying out risk assessments to minimise the risk of incidents occurring by identifying "HOT SPOTS" or high risk areas and utilising control measures to minimise the risk which may include:
    - Reviewing staffing levels.
    - Panic buttons, alarms or mobile phones.
    - Restricting access.
    - Direct links to the police for high-risk areas.
- Ensuring that all activities are designed to maximise the security of staff, patients and visitors. (Guidance and assistance is available from the Trust Head of Security and Emergency Planning).
- Monitoring training records of staff through LMS
- Monitoring reported incidents and providing feedback to staff following violent incidents.
- Supporting staff involved in incidents of violence or aggression, including psychological support with the assistance of Human Resources.

4.8 Employees

Will:

- Familiarise themselves with and follow this policy.
- Take responsibility for their own safety and that of their colleagues as part of their duty of care and bring to their Manager's attention any concerns relating to their personal safety.
- Attend training (see Appendix 5 page 30).
- Report all incidents of verbal or physical violence using the Trust incident reporting procedure.

4.9 Legal Services

The Trusts Legal Services have a responsibility to implement, in conjunction with the relevant senior manager from the Division, the warning and exclusion procedures as detailed in Appendix 6 (page 31).

4.10 Health and Safety Committee

The Trust Health and Safety Committee has responsibility for receiving reports on a six monthly basis covering the following:

- Overall trends of incidents relating to violence and aggression.
- Detailed breakdown of incidents of physical assault.
- Compliance with Conflict resolution training.
- Identified high risk/hot spot areas.
- Review of risk assessments relating to violence and aggression.
- Issues related to the safety of lone workers.

The Committee will consider the report and escalate to the Risk Committee any unresolved issues relating to prevention and management of violence and aggression.

5 The Process for Managing the Risks Associated with the Prevention and Management of Violence and Aggression

5.1 Preventing Violence and Aggression

The Trust is committed to the prevention of violence and aggression wherever possible through:

- Risk assessment and implementation of control measures.
- Assessment and Management Procedure for patients at risk of harming themselves or others as detailed in Appendix 3 (page 25).
- Use of Warning or Exclusion Procedures which is implemented in conjunction with our Legal Services as detailed in Appendix 6 (pg 31).
- Conflict resolution training for all staff identified as in a “front line” or “hot spot” area to ensure early recognition of potentially threatening situations and thereby assist prevention of aggression or violence.

Where violence and aggression cannot be prevented a skilled and calm approach is essential.

There are 4 stages in the response to threatening behaviours:

- Immediate actions.
- Dealing with verbal aggression.
- Dealing with physical violence.
- Reporting, monitoring and follow up actions.

(**See the flow chart in Appendix 1 page 18**)

5.2 Immediate Actions in a Threatening Situation

The emphasis is on the early involvement of Security Services, increased reporting of incidents and appropriate follow up.

It is recognised that staff need to manage a range of behaviours from verbal aggression to physical violence. Often the situation is short lived and dealt with quickly and efficiently by staff, however it can disrupt activity and may be very distressing for everyone.

IT IS IMPORTANT THAT STAFF CONTACT SECURITY AT ANY TIME IF THEY FEEL UNSAFE FOR ANY REASON.

FOR EMERGENCY RESPONSE FROM SECURITY DIAL 3333

It is essential that staff stay on the line to give switchboard details of where they are and what the problem is. A rapid response from Switchboard will ensure that staff feel supported and that they have help to manage the situation appropriately.

5.3 Dealing with Verbal Aggression

Verbal aggression can come from patients, visitors and also from other staff. When this aggression is face to face, it is important that staff:

- Try to stay calm.
- Be aware of your body language.
- Alert colleagues where possible.
- Maintain a safe distance from the aggressor.

Try to address the issue, which may end the aggression. If not you will need to assess the risk and take appropriate action.

The Senior Nurse/Manager on duty for your area and the doctor, if a patient is involved, must be informed at this stage. Where possible get a colleague to do this. The Head of Nursing or nominated deputy must inform the Director of Patient Experience and Chief Nurse if there is a major incident/significant incident. Out of hours the Senior Manager on call must be informed. The Clinical Quality Co-ordinator will also provide support as required.

ANTICIPATE THAT THE AGGRESSION MAY ESCALATE AND REMEMBER THAT SECURITY CAN BE CONTACTED AT ANY TIME AND WILL ADVISE AND DEVELOP A SECURITY PLAN.

5.4 Abusive Telephone Calls

Verbally abusive calls are most likely to come from patients themselves, relatives and carers. This could be because they are anxious, frustrated,

distressed or angry. The Trust is committed to ensuring that staff do not have to tolerate verbal abuse or harassment.

When a telephone call becomes abusive the receiver should:

- Remain polite and professional.
- Not argue or shout at the caller.
- Ask the caller not to shout or use abusive or insulting terms.
- Warn the caller that they will discontinue the call if the abuse continues.
- Terminate the call if the abuse continues.
- Complete an electronic Incident Form (IR1) and report the call to your Manager.

The Manager must investigate the incident where necessary as:

- It may indicate a trend in similar calls from particular individuals.
- Staff need to be supported by their manager and by Human Resources if the incident is very serious or persistent.
- It may be necessary to try to trace calls using police technology - Switchboard should be contacted for advice.
- Where contact details are known it must be made clear that their behaviour is unacceptable and will not be tolerated - Advice from Legal Services may be necessary.
- It may be necessary to refer to the warning and exclusion procedure – see Appendix 6 page 31
- Where the caller is a member of staff, their line manager must be informed and action taken in accordance with the appropriate Trust Human Resources Policy.

WHERE THE CALL IS A BOMB THREAT STAFF MUST TAKE THE APPROPRIATE ACTION AS OUTLINED IN THE TRUST BOMB POLICY WHICH IS PART OF THE TRUST FIRE POLICY

5.5 Stalking

Stalking is described as a situation where one individual inflicts on another repeated unwanted intrusions and communications which may arouse concern and fear and compromise safety. The following are examples of stalking behaviours

- Watching/maintaining surveillance/following someone
- Standing/staring at or loitering near victim
- Driving by person's home/workplace
- Telephoning/mailing/e-mailing/leaving graffiti
- Taking photographs without permission
- Giving unwanted gifts
- Sending bizarre or sinister items to the victim's location
- Sending any items to a private address
- Inappropriate researching a member of staff's private history via internet, organisations
- Inappropriate comments with or without sexual overtones

For the purpose of this policy and its related procedures, the term stalking involves more than one incident directed towards a victim. This low numerical threshold allows stalking to be addressed quickly, which may help prevent escalation of the behaviours. Where there is a single serious incident a decision may be taken to invoke this Policy and Procedure without waiting for a second incident to occur. Stalking can escalate to include a range of associated offences including

- Death threats/suicide threats
- Criminal damage/vandalism
- Refusing to accept professional relationship is over
- Confining a person against their will
- Verbal threats/gesturing or acts of symbolic violence
- Sexually unwanted behaviours
- Sexual and/or violent assault

If a member of staff feels they are being stalked they will

- inform their line manager
- complete an IR1
- refer to the Privacy and Dignity at Work Policy & Safeguarding for Adults Policy

5.6 Prisoners – persons attending hospital who are in custody

- clinically should be treated as any other patient
- prior to the appointment/attendance the prison will have made contact and arrangements may be made to carry out a pre-appointment visit or request a floor plan of the department
- timing of visit/attendance should be by mutual agreement to minimise risk
- staff should refer to the risk assessment/management plan completed by the prison service
- staff will expect the patient to be escorted appropriately

5.7 Local Arrangements for Preventing and Managing Violence and Aggression.

A PHYSICALLY VIOLENT PATIENT, VISITOR OR STAFF MEMBER MUST BE REPORTED TO SECURITY IMMEDIATELY

Colleagues must be informed of any potential threat, where possible, to enable them to protect themselves and other patients and visitors. Staff must continuously assess the risks to themselves and others and not put themselves in danger if it can be avoided.

Where possible staff should:

- Maintain a way out of the danger area for themselves or others**.**
- Remember that it is not worth being attacked to protect property.
- Be aware that fight/flight may be the only options available, however they must be aware of their limitations.

THE SECURITY TEAM WILL REPORT ANY INCIDENT THAT INVOLVES A WEAPON TO THE POLICE IMMEDIATELY

Security will do a risk assessment when it is safe to do so. This will involve the Senior Nurse/Manager and doctor where the aggressor is a patient.

A security plan will then be developed. It may be necessary to move other patients or staff to a safe area and the Senior Nurse/Manager will coordinate this.

Where the aggressor is a visitor they may be escorted from the premises by Security who will involve the Police.

5.8 Restraint

In an emergency situation it is acknowledged that restraint may be necessary to protect the aggressor or others from harm. This must be proportionate to the incident and for the shortest possible time until security staff arrive. Security is then responsible for the management of restraint if it is necessary to protect the patient or others (See Restraint Procedures, Appendix 2 page 19).

5.9 Patients at Risk of Harming Themselves and others Assessment Tool

All patients must have an initial assessment as to whether the behaviour resulting from their clinical condition puts them at risk of harming themselves or others. This should be documented in the patient care record. Confusion alone would not prompt a trigger but if a patient is confused and increasingly agitated then this could present a risk. For patients indicated at risk, either on initial assessment or subsequently following a change of behaviour a full assessment is then required (See Procedure in Appendix 3 page 25).

This procedure is aimed at patients who are likely to be aggressive and not those who are displaying symptoms of suicidal risk. If you are concerned in relation to a person's risk of potential suicide you must refer to and follow the Trust's Managing Self Harm and Suicide Risk Guidelines. (CG-T/2014/106)

Consideration must also be given to hazards in the ward environment, for example a piece of equipment that could be used as a potential ligature point. For further information please refer to the Trust Suicide Guidelines.

5.10 Mental Capacity Assessment

Incidences of violence and aggression towards staff may be impacted upon in situations where an individual lacks capacity. This may be due to confusion, disorientation or a reduced level of consciousness. It is important to remember that the Mental Capacity Act (2005) states everyone must be assumed to have capacity unless it is determined otherwise. If the aggressor is a patient, and a lack of capacity is evident, a

Mental Capacity Act 2-stage test assessment should be undertaken. Any registered practitioner can undertake this assessment as and when appropriate. Please refer to the Mental Capacity Flo Page for assessments and documentation.
http://flo/depts/nonclinical/mental-capacity/

IN AN EMERGENCY SITUATION WHERE MENTAL CAPACITY HAS NOT BEEN DETERMINED CLINICIANS SHOULD ACT IN THE BEST INTERESTS OF THE PATIENT

If the aggressor is a patient the doctor may need to carry out a Mental Capacity Assessment.

In relation to children who are patients the principles of the Mental Capacity Act should apply taking into account their cognitive development age.

Detention under the Mental Health Act (1983)

If it is determined that a patient may require detention under the Mental Health Act (1983) it is essential that the Consultant or their nominated deputy is contacted immediately. This will ensure that the appropriate assessment and documentation is completed correctly and that the patient and nearest relative are aware of their rights. This could also apply to a visitor or a member of staff.

Please refer to the Policy and Procedure for Dealing with In-patients Detained under Section 5(2) of the Mental Health Act 1983. http://flo/EasysiteWeb/getresource.axd?AssetID=4429&filename=/section_5_2_MHA_final.pdf

5.11 Follow Up Actions

Reporting

Following all incidents an IR1 form must be completed electronically and details must be recorded in the patient health records where relevant. Completion of an IR1 form is a responsibility under Health and Safety legislation.

Individual managers are responsible for ensuring that they meet with staff following an incident and offer appropriate support.

Managers shall also ensure that the member(s) of staff are given the option of taking the matter further via the Police or NHS Protect Legal Protection Unit and indicating the option on the IR1 form in the analysis section under Violence and Abuse.

All those who work hard to deliver quality patient care and services have the right to do so without fear of violence. Violent or abusive behaviour will not be tolerated and the Trust will not hesitate to seek prosecutions or civil actions where appropriate. This may include support for the issue of an

Anti-Social Behaviour Order (ASBO) and/or a fixed penalty fine by the police where appropriate.

Criminal Injuries Compensation Scheme

Staff/Volunteers or service users who have sustained injury as a result of criminal assault may be entitled to compensation under the Criminal Injuries Compensation Scheme and will be supported by the Trust. Staff are encouraged to refer to Human Resources or their Trade Union Representative for detailed and specific guidance.

5.12 Support for Staff and Others Involved in or Affected by Violence and Aggression

Involvement in any aggressive incident can be very distressing for staff and may influence their attendance and feelings of security at work afterwards.

A brief meeting for all staff involved with the manager should be held immediately or before the end of the shift and can address issues including:

- Arrange for first aid or further medical treatment to be given if the employee is injured.
- Depending on the seriousness of the incident and how the employee feels, arranging for them to be sent home.
- Contacting partners or relatives.
- Offering support or referral to Occupational Health.
- Follow up by the manager will depend on how the employee is feeling following the incident.
- Support should also be offered through the Trade Union representatives.
- The Trust will support staff who use restraint/self defence in an emergency situation to protect patients or themselves.

For a local incident the manager will discuss the incident with Human Resources and arrange support if required. Staff may need additional support on their return to work.

Following a major incident Human Resources will coordinate support procedures.

See Trust Policy and Procedures for Supporting Staff Involved in Traumatic Situations and Incidents.

5.13 Risk Assessment

The Security Department will be responsible for undertaking risk assessments of communal areas such as internal corridors and external areas. In addition a risk assessment will be carried out for

wards/departments. These will be referred to as generic risk assessments. A ward or department will only require a specific risk assessment if they are identified as a high risk area or "hot spot".

Managers will carry out the specific risk assessments with the help and support of the Trust Head of Security and Emergency Planning and his team on identification of an area as a "hot spot". The Security Team will also provide advice and guidance on effective control measures in relation to aggression and violence visiting an area as required.

Staff that are identified as Lone Workers will refer to the Policy and Procedures for Safety of Lone Workers and seek guidance from their line manager in relation to risk assessment.

Warning/Exclusion Procedures

There may be occasions where a decision is made to warn or exclude patients or relatives/visitors from the Trust. Only Heads of Nursing or their nominated deputy may be required to use these procedures. See Warning/Exclusion Procedures Appendix 6 (page 31) for guidelines and specific templates to use.

6 Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement :	• To undertake appropriate risk assessments for the prevention and management of violence and aggression • Arrangements for ensuring the safety of lone workers • Violence and aggression incident trends including identification of issues relating to patients clinical condition • Conflict resolution training compliance • Application of warnings and exclusions • Summary of prosecutions resulting in violence and aggression
Monitoring Method:	• Review of compliance with undertaking risk assessments in "hot spot" areas • Review of control measures within the risk assessments of areas with high incidences of violence and aggression • Review of compliance with completion of individual risk assessments during a violent or abusive incident which involves security services • Review of health records audit data in relation to completion of the trigger assessment for patients at risk of harming themselves or others • Incident analysis – data relating to violent or

	aggressive episodes • Incident analysis – data relating to episodes involving a lone worker • Review of the risk assessments of lone workers where incidents have occurred and their related control measures • Review of legal services data in relation to implementation of warnings and or exclusions • Review of Trust related CPS data where possible • Compliance against conflict resolution training in particular in those areas identified as "hot spots" for incidents
Report Prepared by:	Head of Security and Emergency Planning
Monitoring Report presented to:	Health and Safety Committee
Frequency of Report	Six Monthly

7 References

HSC (1999)/226 Campaign to stop violence against staff working in the NHS: NHS zero tolerance zone

HSC (1999)/229 Working together, securing a quality workforce for the NHS: managing violence, accidents and sickness absence in the NHS

HSC (2001)/18 Withholding treatment from violent and abusive patients in NHS trusts
HC 527 session (2002-2003) A safer place to work: protecting NHS hospital and ambulance staff from violence and aggression Report by the controller and auditor general

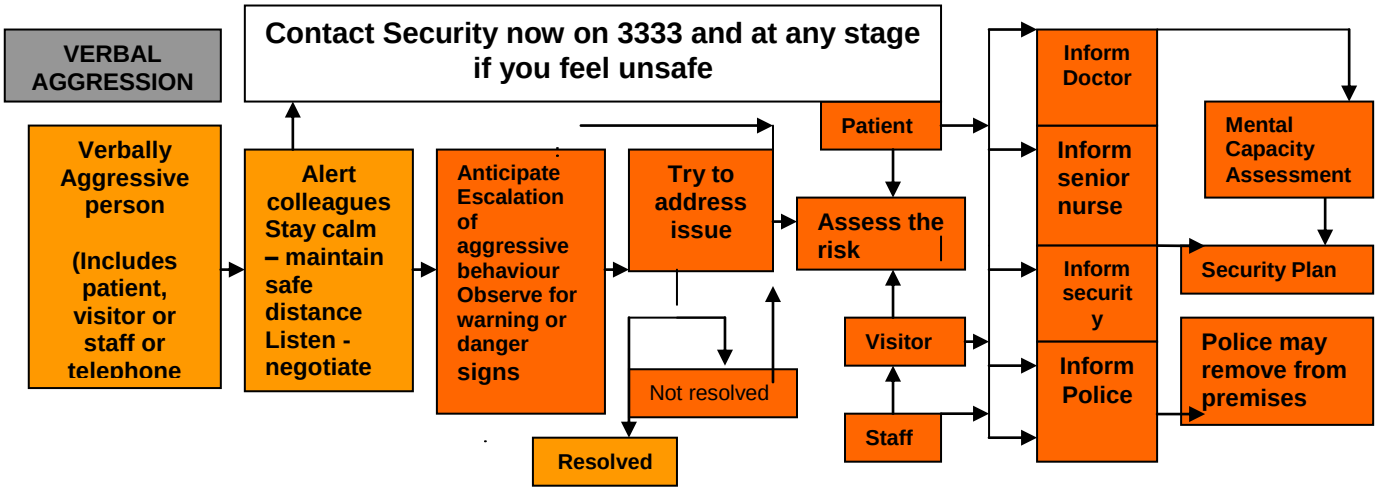
HC 641 session (2002-2003) PAC report *A safer place to work: protecting NHS hospital and ambulance staff from violence and aggression*

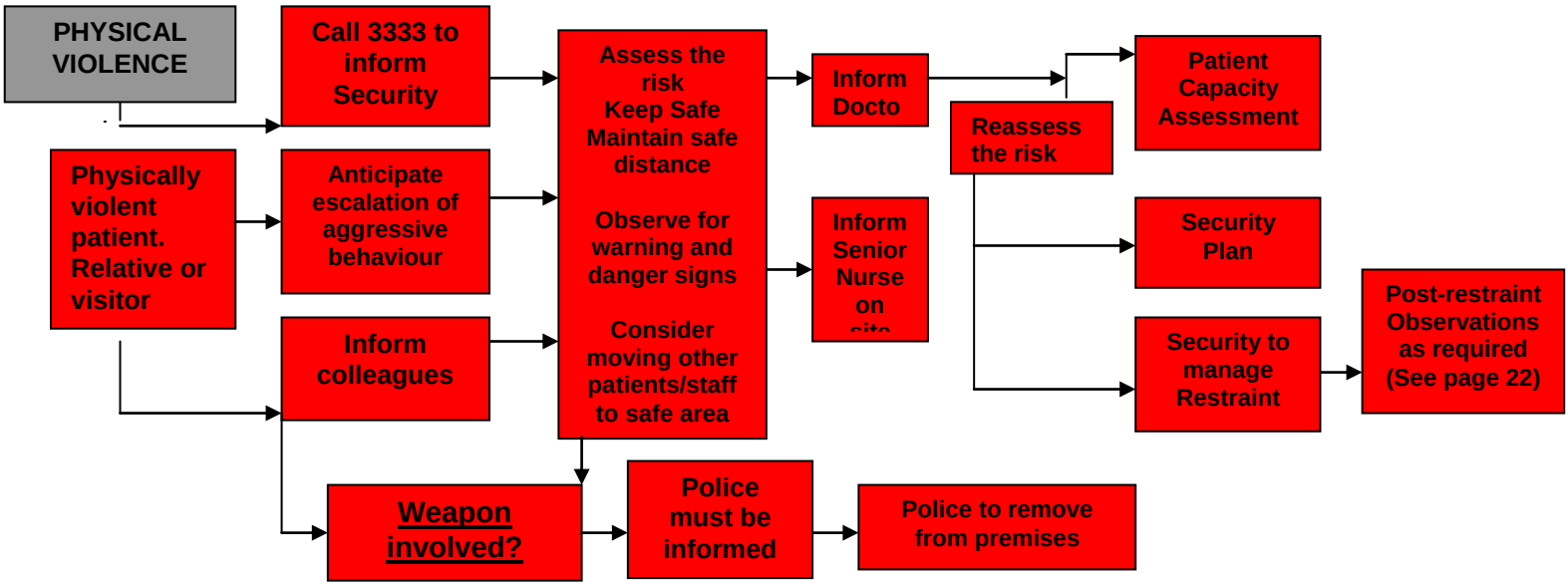
NHS Protect (2004) **Secretary of state directions** on work to tackle violence against staff and professionals who work or provide services to the NHS *Directions to NHS bodies on security management measures*

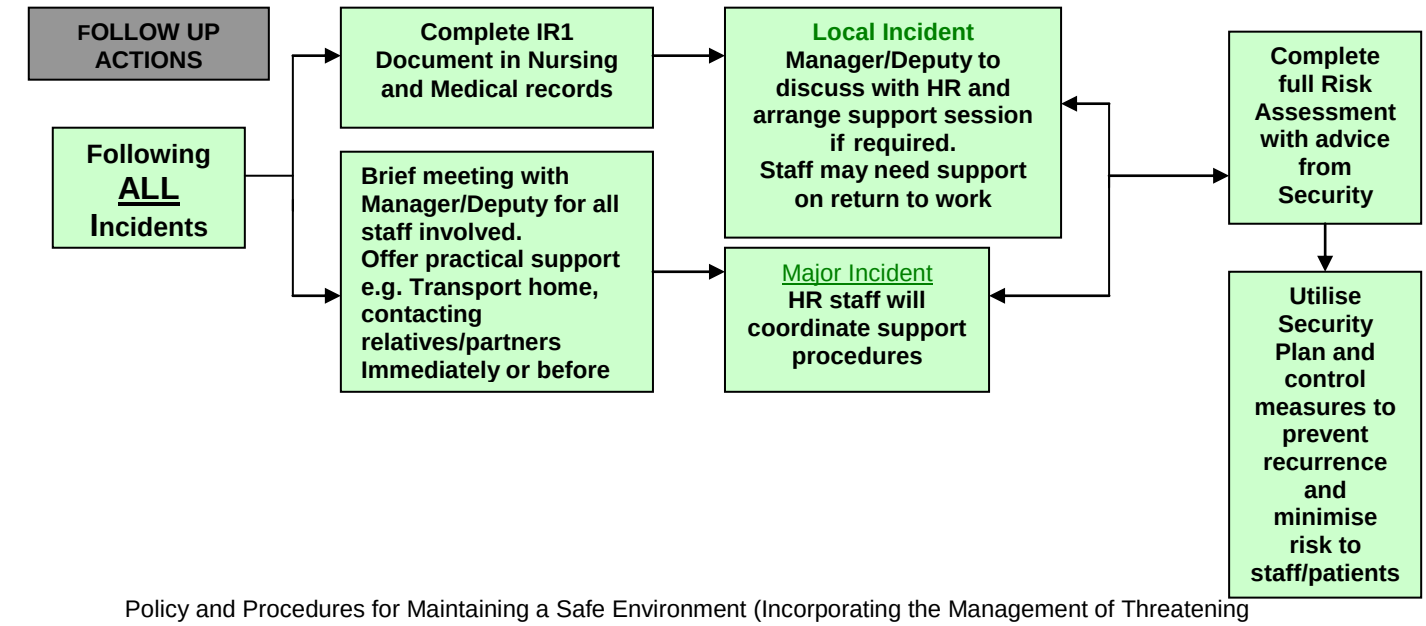
HMP Dovegate / Derby Hospital NHS Foundation Trust Draft Protocol July 2001 Guidance for Doctors Providing Medical Care and Treatment to those detained in Prison. Prison service order 1000/NSF

Appendix 1

MAINTAINING A SAFE ENVIRONMENT-RESPONSE TO THREATENING BEHAVIOURS







Appendix 2

RESTRAINT PROCEDURE

Purpose

To ensure a consistent approach is taken by staff dealing with patients who have aggressive or challenging behaviour or self-harm tendencies, which present as a threat to themselves or others.

Aim and Scope

To ensure that patients' rights to dignity, privacy self-determination and safe treatment are not compromised and that any actions taken to restrain patients do not breach the law.

The policy applies to all staff within the Trust. The only exception is within Children's Services, where a minimum amount of physical restraint may be required as a last resort, to carry out procedures.

The Trust does not support the use of seclusion for managing violent/aggressive or challenging behaviours.

Definitions Used

Restraint: Any action, (physical, verbal, environmental or medicinal), which prevents a patient from doing what they want, against their will, or without their permission.

Implementing the Policy

The successful implementation of the Guidance relies on a pro-active Conflict Resolution training programme, which includes recognising acceptable methods of control and the benefits of having parents/significant others in attendance whilst procedures are carried out.

Every effort will be made to manage behaviours effectively to prevent or reduce the chances of injury to the patient, other patients and staff and the need for physical restraint. Measures will include persuasion, distraction therapy, reasoning and the use of empathy.

Other patients and/or staff may need to be asked to leave the immediate area in order to afford privacy in handling the situation. Any restraint used will be consistent with the legal obligations and responsibilities of the Trust and its staff, and the rights and protection afforded to patients under law. (Further information is available in The Law-Legal Obligations).

Guiding Principles

Resuscitation equipment should be available and during and following restraint physiological observations must be carried to ensure patient safety once every 30-60 minutes. When deciding on levels of observation take into account:

- The service user's current mental state
- Any prescribed and non-prescribed medications and their effects
- The current assessment of risk
- The views of the service user, as far as possible.

- Where non-physical methods of restraint fail or the incident is of such significance to warrant other action, **one** member of staff must take control of the incident.

- In an emergency managers and/or staff are authorised to take whatever restraint action is necessary to prevent actual harm to a patient or others. Individuals will be protected in law if they can demonstrate: -
  - There was real danger to the patient or others, and
  - The minimum force necessary for safety was used, and that they acted in good faith.

- Staff should not put themselves at risk of physical injury and must seek support from Security Services.

- The support of Security Services and the use of physical restraint may be necessary. Physical restraint when used should be with minimum reasonable force for the minimum amount of time.

- The control of behaviours by medication will only be used after careful consideration by medical staff and if absolutely necessary. The aim of medicinal intervention is to reduce excitement and activity in order to facilitate other interventions. The medication must be prescribed but may be given without the patients consent if the patient lacks capacity, or the situation is urgent, and this is considered to be in the best interests of the patient. See NICE Clinical Guidelines 136 Dec 11 Service User Experience in adult mental health – improving the experience of care for people using adult NHS Mental Health – Section 1.8 Assessment and treatment under the Mental Health Act.

  Observations post sedation will me medication specific, however should be a minimum of:

  - Every 30mins for 2 hours.
  - Every 60mins until 4 hours post restraint
  - Continue as medically required

  If observations are abnormal or deteriorate, a senior medical review will be required

- The use of isolation should be minimal and only be provided in rooms designated as patient bed areas. Doors must not be locked in any circumstances and staff must ensure that windows have restricted

openings. Continual observation of the patient must be maintained whilst recognising the patient's right to privacy and dignity.

- Where physical restraint is used this should be accurately documented in the patient's Health Record and an IR1 form completed. Documentation should include; antecedents to the event, the type and duration of restraint, who was involved, who witnessed the event and how it was resolved

- Staff will ensure that initial and subsequent reviews contain a risk assessment and details of any restraint procedure agreed. Security Services will assist and develop a Security Plan for future management. The Head of Security and Emergency Planning will also determine if police support is necessary, particularly following a violent incident. **Security Services will be responsible for carrying out any planned restraint. Clinical staff are not trained in these procedures and should contact Security Services where necessary.**

- Any Care Plan, which includes a restraint procedure, shall be formally reviewed at least every 48 hours. A restraint agreement should be time limited to the minimum necessary period. All restraint agreements shall be recorded as part of the Care Plan and the relevant Manager informed.

- Staff will make use of specialist assessment and management advice from other appropriate professionals.

- Guiding principles and the Trust Complaints procedure will be available and accessible to patients and /or their representatives.

Staff will not practice:

- Restraint through medication, e.g. sedatives, without considering alternatives and without the approval of a doctor.
- Restraint through verbal threats, by sleep, food or money deprivation, by removal of aids to daily living, denial or privacy and dignity.
- Restraint through slapping, kicking, punching. The use of neck holds and excessive weight being put on a patient is also unacceptable.

When the situation arises when restraint is **unavoidable**, staff may need to:

- Remove furniture to reduce the risk of harm to all involved.
- Lock exit doors from the inside. All fire doors must be maintained and readily operable without a key at all times for all patients on the premises. Security from the outside can be maintained by the use of digital locks.

- Use medication, e.g. sedatives, with the approval of a doctor but should consider alternative solutions.
- Utilise physical restraint in an emergency but should not include pushing.

When restraint is **unavoidable,** staff must

- Act in a calm and measured way
- Withdraw where appropriate if this calms the situation
- Always respect the dignity of the patient
- Use restraint techniques that do not cause pain
- Use restraint techniques that cannot be viewed as sexual

Post Restraint care

If a patient requires restrictive interventions or manual restraint, appropriate observations should be taken, recorded and responded to, to ensure the patient is safe.

Patients should have their vital signs recorded as soon as it is safe to do so following restrained followed by:

- Every **30mins for 2 hours**.
- Every **60mins until 4 hours** post restraint
- Continue as medically required
- If observations are abnormal or deteriorate, a senior medical review will be required

Where medication has been used, vital signs and observations should be undertaken in accordance with the recommendations of the medication used, however as a minimum, they should be recorded as above.

Click here to see the National Patient Safety Alert - The importance of checking vital signs during and after restrictive interventions/manual restraint

THE LAW-LEGAL OBLIGATIONS IN RELATION TO RESTRAINT

Duty of Care

In law a "Duty of Care" exists when duties and responsibilities are imposed upon professional or paid carers. In general terms, this means taking reasonable care to avoid acts or omissions, which are likely to cause harm to another person.

Failure to exercise our duty of care to maintain or secure a person's safety and well-being to a reasonable standard can lead to a complaint, or legal action, from a patient or carer for negligence.

In this case, the standard of care, which may be considered reasonable, would be judged against professional care standards.

It should be borne in mind that in situations of urgency physical restraint may be necessary in order to fulfil the Trust's and the individual staff member's duty of care towards the patient

A key area for consideration in exercising duty of care is the patient's ability to understand the consequences of their own behaviour and the rights of vulnerable adults to take risks.

If there is any doubt about the patients capacity to understand the level of risk they are placing themselves in, professionals should seek medical and, if appropriate, legal opinion. The Safeguarding Adults Team can also be used as a point of reference.

Common Law – Intervention

Under Common Law, professionals may intervene for the purpose of saving life or preventing serious physical harm without criminal liability. This type of intervention is generally restricted to urgent situations where immediate action is needed to prevent patients from getting hurt using the minimum amount of force for the minimum amount of time. The use of excessive physical force may be regarded as an assault against the patient.

New Statutory Law - Interventions

Mental Capacity Act (2005)

If there is any Conflict (which is unlikely) between the common law and this new statutory law, then statutory law takes precedence

Any act of restraint or deprivation of liberty carried out on a person who lacks capacity to consent to that act may lead to a complaint or legal action unless certain conditions are met, or there are exceptional circumstances.

One of the key principles of the Mental Capacity Act (2005) is that care should be in the best interests of the person who lacks capacity. The use of any sort of force or restriction of liberty is generally not permitted.

There are however, 2 strict conditions in which restraint may be used:

(a) Any intervention must be necessary, in the person's best interests, and be proportionate to both the behaviour to be controlled and the nature of the harm that might be caused. The person who lacks capacity must have their dignity maintained.

(b) The least restrictive option on a person's liberty must be used, with the minimum of force for the shortest period of time**.**

In an emergency situation where mental capacity has not been determined clinicians should act in the best interests of the patient. (Please see Mental Capacity Flo page for assessments and documentation http://flo/depts/nonclinical/mental-capacity/)

The restraint must only be used to prevent harm and not to enable carers to do something more easily or quickly.

Article 5 of the Human Rights Act 1998 concerns each person's right to liberty and personal freedom, and Article 6 concerns the right not to be subjected to inhuman or degrading treatment. These rights are protected by criminal and civil law unless certain situations arise. Deprivation of liberty is unlawful unless it is determined to be necessary under the Mental Health Act 1983 (Interim Bournewood Guidance) or by a court.

Criminal Law

'Unreasonable' restraint constitutes a criminal offence. There are three possible offences for which criminal charges could be bought, for example:

False Imprisonment:	confinement to a room; tying to a chair; preventing a person leaving a room or building.
Assault:	shaking a fist; throwing an object; giving an injection without informed consent; use of threats.
Battery:	hitting, pushing someone.

These are balanced, under Criminal Law, which recognises that a person may use such force as is reasonable under the circumstances, in the prevention of crime.

This means that a member of staff could restrain a patient physically if it is a genuine attempt to prevent themselves or other people being injured or prevent damage to property.

Minimum force should be used for the minimum amount of time to achieve the immediate objective – prevent injury to another, self or property.

Health and Safety at Work etc Act 1974

Under the Act, employers must ensure the health, safety and welfare of their employees, so far, as is reasonably practicable.

The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risks an employee may be exposed to whilst at work and to identify the measures that should be taken to remove or reduce the risk.

Disciplinary

Allegations of unreasonable restraint could be regarded as mistreatment and will be investigated within disciplinary procedures. This must also be reported to Safeguarding Adults team.

References

Mental Capacity Act (2005) Code of Practice
Consent and Mental Capacity Act Policy
Policy and Guidance for consent to Examination, Treatment or Diagnostic Procedure
Whaley, L.F., Wong, D.L. (1989) – Essentials of Paediatric Nursing, The C.V. Mosby Company, Toronto

Appendix 3

ASSESSMENT AND MANAGEMENT PROCEDURE FOR PATIENTS AT RISK OF HARMING THEMSELVES OR OTHERS

Purpose

This procedure is to be implemented in all areas where adult and paediatric patients are cared for / treated. It ensures a proactive, individualised approach when behaviour resulting from a patient's clinical condition puts them at risk of harming themselves or others. It is aimed at those patients displaying an aggressive type of behaviour. It also enables the appropriate documentation of risks and subsequent management,

Step One – The Trigger Assessment

All patients must have an initial assessment of their risk of harming themselves or others. This relates to the behaviour resulting from their clinical condition and should be documented in the patient care record.

The trigger assessment will consider previous behaviour and current behaviour exhibited.

A history of previous mental illness does not automatically mean that a patient is identified as a risk. Current behaviour and behaviour patterns exhibited are of paramount importance in assessing the potential risk.

Confusion alone would not prompt a trigger as patients can be pleasantly confused but if a patient is confused and increasingly agitated then this could present a risk.

The trigger assessment will be reapplied in the event of the patients' behaviour changing and / or new information regarding previous behaviour coming to light.

Only if a patient is identified as at risk of harming themselves or others is Step Two implemented

Step Two – Risk Assessment and Management Tool (see Page 31)

The tool acts as a method of reminding professionals of areas of potential management and provides a focus within the health record for communication.

The ward / department initiating the assessment and management tool will be responsible for informing other support departments and associated staff involved in the patients care of the risk and control measures implemented.

If staff have concerns in relation to a patient contemplating potential suicide the Trust's Managing Self Harm and Suicide Risk Guidelines (CG-T/2014/106) must be followed and appropriate levels of observation put in place.

Consideration of hazards in the ward environment is essential to minimise risk to patients. A piece of equipment that could be utilised, when tied to an object as a

tie or a noose could act as a ligature point for the purposes of self-harm. Please refer to the Suicide Guidelines for more detailed information.

Where the abused fits the description of a vulnerable adult within the Safeguarding Adults Policy, a report card must be completed and forwarded to the Trust lead for Adult Protection.

Where the abused is a child, child protection procedures must be instigated.
Risk assessment and management represents an ongoing process, therefore the tool may be implemented or discontinued at any point of the patient's episode of care as appropriate.

On discontinuation of the Risk Management Tool and / or the end of the patient episode, the professional responsible for discontinuation / discharge will make an assessment as to whether the episode is likely to constitute a future risk. If assessed to be a future risk this will be communicated to staff / agencies within primary care and to the Independent Sector. The risk will be documented on the alert sheet at the front of the health record and within all communication to primary care staff / agencies i.e. District Nurse Referral.

References:

Derby Teaching Hospitals Trust Policy for Safeguarding Children:
CL-CH PROT 2010 031
Derby Teaching Hospitals NHS Foundation Trust Safeguarding Adults Policy
CL-LP/2004/001

DERBY HOSPITALS NHS FOUNDATION TRUST

RISK ASSESSMENT AND MANAGEMENT TOOL FOR PATIENTS IDENTIFIED AS AT RISK OF HARMING THEMSELVES AND OTHERS

To be implemented as a result of a trigger assessment which identifies the patient as at risk of harming themselves and others ***Please Note – Not to be used for patients at risk of potential suicide – please refer to the Trust's Managing Self Harm and Suicide Risk Guidelines (CG-T/2014/106) for required levels of observation***

Date of trigger assessment:

Patient's Name:	Ward/Department:
Hospital No/A&E No/NHS No	Initial Assessment Date:
DOB	Assessed by: Print Name

Behaviour Assessment to be completed on identification of a positive trigger assessment and subsequently as the patient's behaviour changes which may lead to increased management action or discontinuation of the tool.

	Date					
	Time					
Behaviour		**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Does the person appear agitated or display physical signs of aggression (eg clenched fists)						
Is the person speaking in a raised voice						
Does the person appear rude, abusive or threatening						
Is the person invading your personal space						
Is the person causing damage or distress to property, equipment, self or others (staff / other patients / visitors)						
Is the person carrying a potentially harmful object or weapon						
Underlying Factors						
Does the person have a complaint or grievance						
Is the person under the influence of alcohol						
Is the person under the influence of any drugs						
Is there evidence of previous aggressive behaviour						
Is there evidence of Head Injury / systemic infection / hypoxia/ other pathology						
Is there evidence of confusion with agitation?						
Other…..						

Risk to : **Please circle**	***Self***	***Staff***	***Other Patients***	***Visitors***

To be reviewed at least twice in each 24 hour period during the acute phase and subsequently as required.

Consider the following control measures and implement those judged to be appropriate to minimise harm.

Control Measures Date							
Time							
Awareness of own behaviour – calming, diffusing approach							
Communicate with appropriate staff ie senior nurse/doctor/line manager							
Relatives sitting with patients							
Utilise available staff / environment to maintain observation							
Requires one to one support							
➢ During the day							
➢ During the night							
➢ 24 hours							
Needs to be isolated from other patients (eg. Cared for in a side room / cubicle)							
Ensure person is not alone with staff or others							
Review clinical priority in light of risk assessment							
Inform security /needs security advice (including consideration of police involvement)							
Requires security presence							
• During the day							
• During the night							
• 24 hours							
Other:							
Next review date and time							
Signature and designation							

In the event of an adverse incident an IR1 form must be completed and sent to your line manager.

APPENDIX 4

TRAINING

Training related to the management of potential aggression and violence

1 Induction

All staff new to the Trust will receive an awareness session on Conflict Resolution, which will be delivered by Security and will include:

- Commitment from the Trust that aggression or violence to staff is unacceptable
- The policy and related procedures
- The importance of reporting incidents via an electronic IR1 form
- Information about Conflict Resolution training
- Insight into the role of Security in the Trust
- Information on support available from line manager, trade union, HR and occupational health

2 Conflict Resolution Training

This half-day training is mandatory for all groups of staff deemed to be at the "front line" or in a high-risk area. This should be determined by a risk assessment by the manager of the area/department.
Conflict Resolution Training can be booked through the Head of Security and Emergency Planning's Dept

3 Risk Assessors Training

This is available for all line managers who will be responsible for carrying out risk assessments and includes potential aggression or violence in the workplace and assessing the needs of the "Lone Worker" (Lone Worker Policy R&HS-L2)

4 Monitoring

All Conflict Resolution Training will be monitored by the Health & Safety Committee who will discuss reports from the LMS Training Database. Following incidents staff in the affected areas may be offered this training even though they are not classed as a hot spot.
Non attendance is monitored by the Health & Safety Committee and Divisions receive reports highlighting areas of non compliance. Where there are issues these will be discussed at the Health and Safety Committee who will provide relevant support to improve compliance or escalate relevant issues to the Risk Committee.

Reference

Lone Worker Policy Risk and Health and Safety Policy R&HS-L2

Appendix 5

WARNING OR EXCLUSION PROCEDURES

1. Purpose

There has been a dramatic increase, in recent years, in the level of violence and abuse faced by staff, visitors and patients within this Trust. There is a widespread recognition among staff and Managers of an outstanding need to tackle such behaviour effectively. The Trust has a statutory obligation to provide a safe and secure environment for its staff and others as well as a moral duty to take all reasonable steps to protect and support its staff.

2. Aim and Scope

The aim of the procedure is to detail the types of behaviour, which are unacceptable, and the sanctions available. This includes a mechanism whereby patients who are extreme or persistent in their unacceptable behaviour can be excluded from the Trust. It must be applied effectively in all appropriate situations and always be through contacting the Trust Legal Services. This procedure applies to all Trust Staff and extends to all patients, relatives and visitors

Note: Whilst the same principles will apply to relatives and visitors a separate behavioural agreement and warning letter template will be used – see Appendix 6g (page 45)

3. Definitions used

Yellow Card	The issue of a written warning pursuant to this procedure.
ARA	Acknowledgement of Responsibilities Agreement
Red Card	Exclusion from the Trust for all purposes except emergency treatment.
Physical Assault	The intentional and unlawful application of force to another person resulting in injury or discomfort to the other person.
Abusive Incident	The use of inappropriate words or behaviour causing distress and/or constituting harassment.

4. Implementing the Procedure

Any member of staff who considers that there is a requirement to implement this procedure should contact the Senior Clinical Person for their area or Head of Department who in turn shall involve the relevant Head of Nursing or their nominated deputy who will be able to contact Legal Services at any time over 24 hours. The appropriate and proportionate response to be made to all incidents will

depend upon the individual circumstances of each incident. For serious incidents there is no need to follow every stage of the procedure. In a serious incident the incident should be reported to the Head of Nursing and Quality Improvement Lead for the Division.

The following circumstances are types of behaviour that are not acceptable:

- Physical assault
- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe
- Loud and intrusive conversation
- Unwanted or abusive remarks
- Negative, malicious, discriminatory or stereotypical comments
- Invasion of personal space
- Brandishing of objects or weapons
- Attempted physical assault
- Offensive gestures
- Threats or risk of serious injury
- Bullying, victimisation or intimidation
- Stalking
- Spitting
- Alcohol or drug fuelled abuse
- Unreasonable behaviour and non-cooperation such as repeated disregard for hospital visiting hours
- Any of the above linked to destruction or damage to property
- Drug dealing
- Theft.

5. Restrictions on Implementation and Role of Key People

- Prior to the application of this policy the Head of Nursing or their nominated deputy must ensure that the patient has had an appropriate assessment to ensure that patients with mental health/leaning disability, traumatic/brain injury or who lack capacity are not inappropriately subject to this procedure.
- The Head of Nursing may issue a Yellow Card or ARA but not a Red Card. The Director of Patient Experience and Chief Nurse or her nominated Deputy may issue a Red Card.

5.1. When to implement the Procedure

The Head of Nursing or their nominated deputy shall take action whenever unacceptable behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that s/he is no longer able to undertake his/her duties properly as a result of fearing for their safety;
- Prejudice any benefit the patient might receive from the care or treatment
- Prejudice the safety of other patients
- Result in damage to property inflicted by the patient or staff member, or as a result of containing them.

6. Range of Measures

The Head of Nursing or their nominated deputy, depending on the severity of the incident, can take a range of measures. These may include:

- Verbal warnings (Informal)
- Acknowledgement of Responsibilities Agreement (ARA)
- Written Warnings (Yellow Card)
- Civil Injunctions and Anti Social Behaviour Orders
- Supporting Criminal Prosecutions.

In addition to these measures, and where appropriate, the Director of Patient Experience and Chief Nurse can consider the following:

- Exclusion from the Trust (Red Card)

Whilst a verbal warning may well precede a Written Warning or ARA and each of these may well precede Exclusion from the Trust there is no requirement, depending on the severity of the incident, to escalate the response in any particular order if the situation merits immediate action. In serious cases it may be appropriate to issue a Red Card without any previous warnings having been given.

7. Yellow Card (or ARA) – Effect and Consequences

- The patient, relative or visitor is given a Final Warning about their behaviour and that any repetition of unacceptable behaviour is likely to result in their Exclusion from Trust premises and, where appropriate the withdrawal of all non-emergency treatment
- A Record will be held centrally within Legal Services.
- The Trust will fully investigate all valid concerns raised by the patient, visitor or relative.
- In relation to patients, whilst the patient is subject to a Yellow Card (or ARA) the patient can expect the following:
  - That their clinical care will not be affected in any way;
  - That where substance abuse has been identified, appropriate assistance will be provided.
  - That a copy of the Warning /Exclusion from the Trust Procedure will be filed in their notes
  - A letter will be sent to their GP

8. Responsibilities of the Head of Nursing or nominated deputy

It is the responsibility of the Head of Nursing to ensure that the following steps have been taken following an Incident:

Where the incident does not merit more serious action than that the immediate manager or department 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. **(An Informal Warning).** Documentation in the

patient's records is essential, of the incident, and any subsequent and ongoing issues relating to behaviour and interventions.

- That following an alleged physical assault on a member of staff, the Trust Head of Security and Emergency Planning and the police should be contacted immediately by the person assaulted, or their manager or relevant colleague, **except** in cases where the relevant staff having obtained clinical advice, have concluded that the assault was not intentional and that the person did not know what he was doing, or did not know that what he was doing was wrong due to the nature of a medical illness, mental ill health or severe learning disability or the medication administered to treat such a condition. The view of the person assaulted should also be sought in each incident.

- That all cases of physical assault must be reported to the Head of Security and Emergency Planning so that he may ensure that the incident is reported to the NHS Security Management Services

- That all cases of physical assault and abusive incidents must result in the completion of an electronic Incident Report Form (IR1).

- That Legal Services are informed of all persons who have had been subjected to this Procedure.

- That the person assaulted or abused shall be kept informed, at the earliest opportunity, of the progress and outcome of the case, and shall be offered appropriate support such as counselling.

- That where it is appropriate to deliver an ARA or a written warning of the consequences of such behaviours ("**Yellow Card**"). The Yellow Card or ARA will normally last for a minimum of one year. (See proforma Yellow Card Letter) In the event that the Head of Nursing considers that the incident merits a Red Card either because the patient is subject to a Yellow Card previously issued or because the incident is sufficiently serious then s/he must advise the Director of Patient Experience and Chief Nurse or her nominated deputy as soon as reasonably practicable.

9. Red Card – Effect and Consequences

When a **Red Card** is issued the patient, visitor or relative will be excluded from Trust premises and non-emergency treatment will be withheld. Such exclusion will ordinarily last for a minimum of one year, subject to alternative care arrangements being made. The provision of such arrangements will be pursued with vigour by the relevant clinician. In the event of an excluded individual presenting at the Trust's Emergency Department for emergency treatment, that individual will be treated and stabilised. The level of threatening behaviour or violence displayed by the patient will determine the need for the presence of security staff. A joint decision will be made between security and the senior clinical person to contact the police and ask for assistance.

- In consultation with Legal Services the Head of Nursing shall ensure that the following people are informed: All Consultants with clinical responsibility for the

person, the person's GP, The Head of any Service for which the person has outstanding appointments (eg physiotherapy), the Manager of the GUM Service, the Trust Head of Security and Emergency Planning, the Assistant Head of Facilities Management (Operational) and Risk Services.

- The Trust Head of Security and Emergency Planning shall ensure that any patient behaving unlawfully will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will assist in the prosecution of all perpetrators of crime on or against Trust staff, property, and assets.

References

Tackling Violence against Staff – Explanatory notes for reporting procedures introduced by Secretary of State Directions in November 2003 : NHS Security Management Services

Non physical Assault Explanatory Notes – A framework for reporting and dealing with non-physical assaults against NHS staff and professionals : NHS Security Management Services

Derby Hospitals NHS Foundation Trust – Policy on Bullying and Harassment 2000 Ref: P-H1

Appendix a

IMPLEMENTING THE WARNING/EXCLUSION PROCEDURE

1. In the event of inappropriate behaviour by a patient or visitor and following careful review by the individual's clinical team in the case of a patient, the Warning/Exclusion Procedure can be instigated.

2. In the event of the senior person on duty on the relevant ward/department feeling that the Warning/Exclusion from the Trust Procedure may be appropriate, he/she should contact the Head of Nursing from the treating Division or in their absence the nominated deputy.

3. It is the responsibility of the Head of Nursing to undertake the following: Take full details of the incident and the staff member's concerns document them and decide whether implementation of the Warning/Exclusion from the Trust Procedure is required.

If it is appropriate to implement this Procedure then

- Inform and seek advice from the patient's consultant or senior member of the medical team, or GP if necessary.

-Decide on the appropriate level of action to be taken.

-If the person has displayed violent or aggressive behaviour security should be informed.

-Where it is safe and possible to do so, inform the patient or visitor of the ward/department staff's concerns and fully explain the effects of this Procedure ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply. Complete all patient or visitor details on the Confirmation of Warning/Exclusion from the Trust Procedure (appendix 6e page 43) and ask the patient to sign. If, when asked, the person refuses to sign, this should be documented, but explain to the person that the documentation will be valid with or without the person's agreement. Ensure that a suitable member of staff (any doctor or registered practitioner) is present to witness this.

-Give the patient a copy of the Confirmation of Warning/Exclusion from the Trust Form and of the procedure itself.

-Where the patient or visitor has left the ward/area and the Head of Nursing considers that it would be worthwhile to invite the patient or visitor to a meeting with a view to informing the patient or visitor of the ward/department staff's concerns and fully explain the effects of this Procedure ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply then s/he may do so – see Discussion Meeting Letter (appendix 6c-page 40). In appropriate cases there is no requirement to do this if it is sufficiently clear that a Yellow Card is merited.

- Prepare a copy of the standard letter (Appendix 6f page 44) for issue to the patient's GP. A copy of the procedure should be attached.

- Prepare a copy of the relevant standard letter for issue to the patient. Appendix 6d page 41 is to be used for ARA's and Appendix 6e page 43 for Yellow Card Letters.

- Where the Head of Nursing considers that a **RED CARD** is merited then s/he must make contact with the Director of Patient Experience and Chief Nurse or nominated deputy who shall act in accordance with the red Card Exclusion Checklist (appendix 6h-Page 46). The full process must be recorded in the patient's medical and nursing documentation.

- An electronic IR1 Form must be completed and sent to Risk Services together with a written statement from the person abused.

- Legal Services must be notified of the Yellow Card/ARA.

- Ensure relevant staff are aware of action taken.

- Ensure abused staff are appropriately supported.

- Complete the Yellow Card Checklist (appendix 6b Page 38).

Appendix 6b

WARNING LETTER CHECKLIST

1 If this Procedure Is Required

- INFORM AND SEEK ADVICE FROM THE PATIENT'S CONSULTANT OR SENIOR MEMBER OF THE MEDICAL TEAM (ON CALL 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. Obtain Written Statement for the person abused or assaulted. ☐
- COMPLETE IR1 AND SEND TO RISK SERVICES. ☐
- Inform, if safe to do so, the patient or visitor of the ward staff's concerns and fully explain the Procedure for implementing the Withholding Treatment from Violent and Abusive Persons, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply. ☐
- If the person displays violent or aggressive behaviour security should be informed. ☐
- Complete all patient or visitor details on the Confirmation of Procedure for the Warning /Exclusion From the Trust (appendix 6e Page 43). ☐
- Ask the patient or visitor to sign the Confirmation of Procedure for Warning/Exclusion from the Trust. If they refuse to sign, this should be documented, but explained that the document will be valid with or without their agreement. ☐
- Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation to the patient or visitor and signs the Confirmation of Procedure for the Withholding Treatment from Violent and Abusive Persons. ☐
- Inform the Head nurse and general manager ☐
- Give the patient or visitor a copy of the Confirmation of Procedure for the Withholding Treatment from Violent and Abusive Persons. ☐
- Prepare a copy of the standard letter (Appendix 6f-Page 44) for issue to the patient's GP. This letter should be signed and sent by the General Manager, Head Nurse or Service Director. ☐
- Prepare a copy of the standard letter (Appendix 6e –page 43), for issue to the patient or visitor. ☐
- In the case of a patient, the incident/behaviour must be documented in the patient's medical and nursing notes. Where do we document for visitors? ☐

- Inform legal services ☐
- Issue Documentation ☐
    - Check the procedure has been applied correctly; ☐
    - Issue the letter to the GP; ☐
    - Issue the Letter to the Patient or Visitor who is subject to the Policy ☐
    - Copy Confirmation of Procedure and letter to Divisional Director. ☐

Appendix 6c

DISCUSSION MEETING LETTER

Our Ref :
Your Ref :

Date :

Tel: 01332
Fax: :01332
E-mail address:
@derbyhospitals.nhs.uk

Dear

RE:Your Behaviour

I am writing to invite you to a meeting to discuss an incident that occurred on…… at ……..

It is alleged that you…… Behaviour such as this is unacceptable and will not be tolerated.

As you are now no longer in the ward/department I consider that it would be worthwhile to invite you to a meeting with a view to informing you of the ward/department staff's concerns and fully explain the effects of your behaviour ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.

The meeting will take place at some point within the next 28 days. Please contact …….., immediately upon receipt of this letter, to suggest dates and times when you would be available. If you are unable to attend the meeting then we will make our decision on the basis of the information that we currently hold. Whilst we cannot compel you to attend the meeting it will clearly be in your interests to do so.

Yours sincerely

Appendix 6d

ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT(patients)

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 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. 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 an acceptable conduct when attending these premises. However, we have not had a response from you.

I would urge you to consider your behaviour when attending the <location> in the future and 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.

- The matter will be reported to the NHS Protect 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.

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

envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or 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 faithfully.

Signed by:……..

Date:……

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

Signed:……

Dated:……

Appendix 6e

CONFIRMATION OF WARNING /EXCLUSION FROM THE TRUST

WARD …….HOSPITAL …….

Please use Patient Identification Label

HOME PHONE NUMBER.

CONTACT NAME FOR NEXT OF KIN/SIGNIFICANT OTHER
……

NEXT OF KIN/SIGNIFICANT OTHER
ADDRESS……
……..

GPs NAME ……..

GPs ADDRESS …….
……

GPs TEL NO …….

The consequences of a failure to comply with the Warning/Exclusion from the Trust Procedure have been fully explained. I understand my GP will be informed.

*I agree to refrain from the unacceptable behaviour as, set out in the Warning/Exclusion Procedure for under which care will be provided at Derby Hospitals NHS Foundation Trust.

Signed ……..Date ……..
*delete if refused

(INITIATOR OF PROCEDURE) WITNESS FOR THE TRUST

NAME ……NAME ……

DESIGNATION …….. DESIGNATION
……

Signed …….. Date ……Signed ……. Date ……..

Members of staff able to initiate the procedure:
The Head of Nursing.

Appendix 6f

GP. LETTER

GPs name and address

Date

Dear

Please use Patient Identification Label

Re:Patient's name
Patient's address
Patient's Date of Birth
Patient's hospital health records number

The above individual is/was currently an inpatient/outpatient on ……. Ward at Derby Hospitals NHS Foundation Trust

In order to protect the ward environment for other patients and members of staff, it has been necessary to instigate the Trust Warning/Exclusion Procedure, for the above named person (a **YELLOW CARD**, see enclosed).

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

…… (Name and tel no of patient's Consultant)

…… (Name and tel no of Operational Manager, Head Nurse, Senior Nurse or Service Director)

Yours sincerely

Signature
Name
Designation

Note: **A COPY OF THE TRUST WARNING/EXCLUSION PROCEDURE SHOULD BE ATTACHED TO THIS LETTER**

*** Delete as necessary**

Appendix 6g

LETTER TO PATIENT FINAL WARNING

Dear
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 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. This has been made clear to you in <*insert details of previous correspondence/meetings*>. A copy of this health body's Warning/Exclusion from the Trust Procedure is enclosed for your attention.

If you act in accordance with what this Trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one-year from the date of issue, and will be taken into consideration with one or more of the following actions: *(to be adjusted as appropriate)*

- Exclusion from the Trust, 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.
- 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.

In considering Exclusion procedure this Trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. Exclusion from Trust premises would mean that you would not receive care at this Trust and (*title, i.e. clinician)* would make alternative arrangements for you to receive treatment elsewhere.

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 senior staff member:……..

Date:……

Appendix 6h

EXCLUSION LETTER CHECKLIST

1. The decision to exclude can only be taken by the Director of Patient Experience and Chief Nurse or in her absence her 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. All responsible consultants must be informed, one of whom must write to the patient's GP detailing the exclusion and the reason for it.

3. All future non-emergency appointments for the person, including those not initiated by Trust staff, (eg physiotherapy) must be identified and cancelled.

4. The patient or visitor must be informed that they may challenge exclusion via the established complaints procedure.

5. An IR1 must be completed and together with relevant staff statements forwarded to Risk Services.

6. The Legal Department must be informed.

7. The Trust Assistant Head of Facilities Management (Operational), Security, A&E, GUM, MAU and SAU must also be informed.

8. 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.

9. The use of the RED CARD must be entered on PAS, ED and GUM databases

10. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called who in turn would contact the police and ask for assistance. The Trust will subsequently seek legal redress to prevent the individual for returning to Trust property. Whenever appropriate the Trust will apply to the Court for an Injunction.

Appendix 6i

EXCLUSION FROM THE TRUST LETTER

Dear

Warning/Exclusion from the Trust

I am writing to you concerning an incident that occurred on

It is alleged that you acted in an anti-social manner to a member of the NHS staff whilst on our NHS premises. In particular …. .

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.

Following previous warnings of ……and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from Trust premises. The period of this exclusion is **12 months** and comes into effect from the date of this letter.

As part of this exclusion notice you are not to attend Trust premises at any time except in a medical emergency. If you have a medical emergency then you should attend the emergency department at the Derbyshire Royal Infirmary.

However, for the avoidance of doubt, you should not attend the appointment previously made for you to see ……..in …, as this appointment will be cancelled.

Contravention of this notice will result in one or more of the following actions being taken :

- 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.

- 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.

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 me in writing within the next 7 days and I will review this decision in the light of your account of the incident.

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

Yours faithfully

Director of Patient Experience and Chief Nurse

Appendix 6j

Behavioural Agreement for Relatives/Visitors

Example letters, agreement template and Instructions on Accessing NHS Services

Warning letter

Dear

WARNING LETTER

I am the Local Security Management Specialist for the insert name of trust I have overall responsibility for security issues and part of my role is to deal with incidents of violent, threatening or abusive behaviour directed at trust staff and patients.
It has come to my attention that…
Insert summary of behaviour complained of

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.
Such behaviour also
Insert details of effect of behaviour on patient…
If applicable, insert details of possible criminal offences/harassment warning

You are warned that your future conduct will be monitored and if there is a repetition of your unacceptable behaviour, consideration will be given to taking one or more of the following actions:
(to be adjusted as appropriate)

- Asking you to sign an agreement regulating your behaviour.
- Placing restrictions on your attendance at attend our premises as a visitor
- Excluding you from insert name of premises
- 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.

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 and
Advise who has been notified (trust staff/G.P./Consultant/police) and whether records have been marked and if so when this will be reviewed.

Yours faithfully,

Appendix 6k

Warning letter for Relatives/Visitors

Dear [ ]

Within the NHS, we appreciate that the health and care of a close relative will cause anxiety. However it is alleged that there has been a number of occasions whereby your behaviour in connection with your …….. care has been perceived to be [abusive and challenging towards staff at the practice] / [affecting the care and/ or treatment of the patient]

Please be aware that as an employer, the NHS (Trust) has a legal requirement to provide a safe and secure working environment for its staff and to those who provide NHS services. Within the NHS, we are committed to delivering high standards of are and will treat all patients and relatives with dignity and respect. We also firmly believe that our staff should be able to work without fear of abuse, intimidation or aggression.

Our Nursing Teams strive to provide the highest standard of care to their patients and to be supportive of relatives and friends of their patients. To ensure that there is no misunderstanding over expectations, I would like to draw your attention to the expectations we have of our patients, their relatives and friends and what they, in turn, may expect to receive from our team.

Patient and relative expectation

Staff working for the NHS (Trust) will treat all patients, relatives and family with respect and dignity at all times. Staff will provide assistance and support as detailed in a patient's personalised care plan and help them to achieve their goals. These goals will be agreed between our patient and staff.

There may be times when our patient's wishes are in conflict with those of their relatives or friends. Our patient's can be reassured that their best interests will be paramount; we will listen to their concerns and respect their wishes.

Our staff will be honest and open and will endeavour to answer questions or queries that are raised over a patient's care. We hope that patients and relatives will feel free to raise concerns with them.

Staff expectations

Patients, their relatives and friends have a responsibility to use NHS services in a fair and appropriate way that does not cause [harassment, alarm or distress to staff that are providing services].

[Patients, their relatives and friends will treat all staff working for NHS (Trust) with dignity and respect. Expressions of aggression, violence, abuse or abusive language; intimidation or speaking to staff in raised tones will not be tolerated]

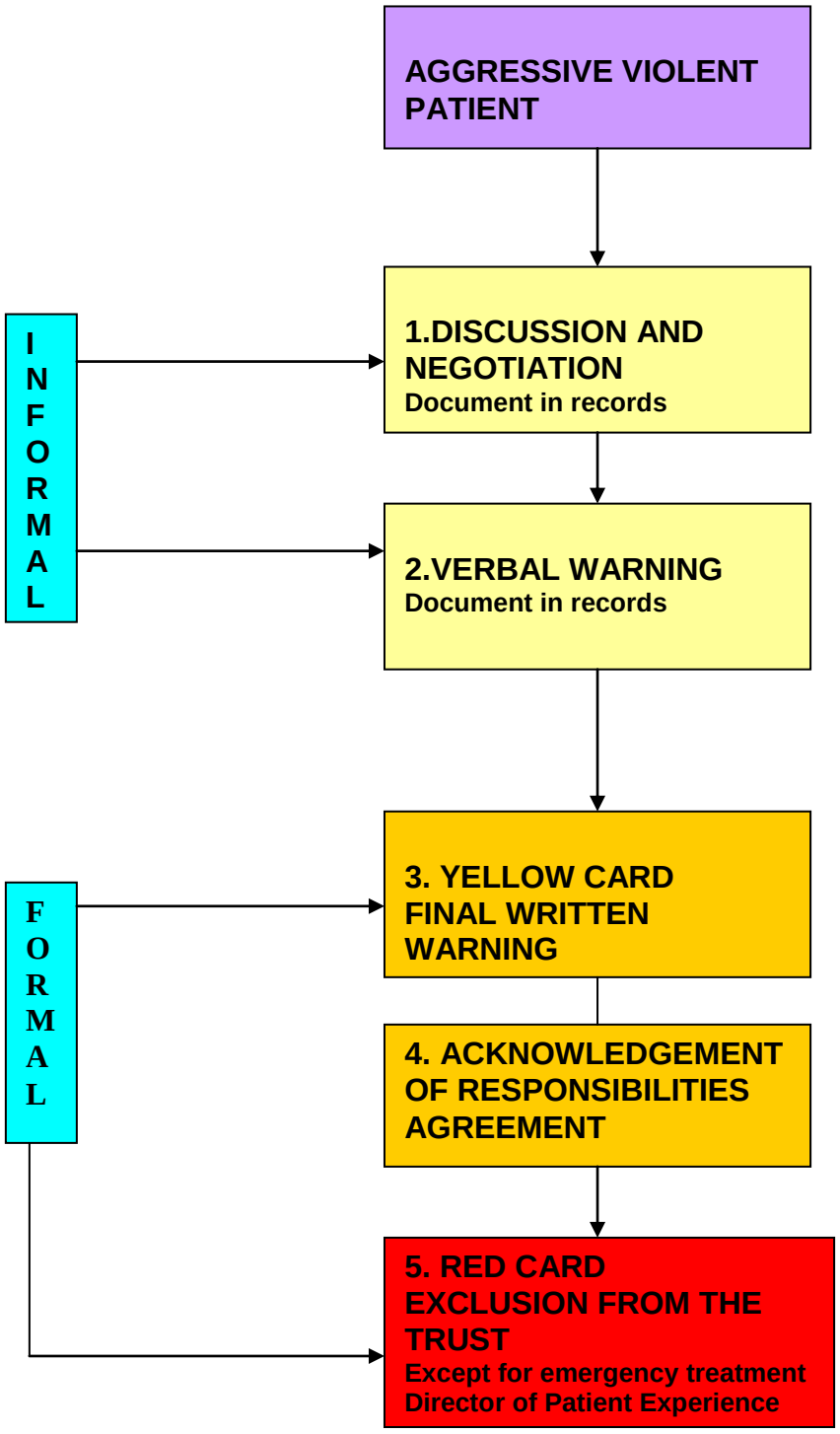
Non Compliance

[The terms addressed above are aimed at enabling our staff to deliver high standards of care to our patients without fear of harassment, violence, aggression or abuse.]

Your failure to adhere to the terms will mean that we will have to re-consider terms under which you will be allowed to visit. If you fail to act in accordance then we will have no choice but to take the matter further and inform the police/ and or the NHS Security Management Services Legal Protection Unit.
Yours sincerely,

Appendix 6L

WARNING/EXCLUSION FLOWCHART



YOU DO NOT HAVE TO FOLLOW ALL STAGES OF THIS FLOWCHART IF THE SITUATION MERITS IMMEDIATE ACTION