

Management of Violence, Aggression and Disruptive Behaviour Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Minor changes to wording for grammar and clarity reasons. Amended to new document format and to take account of organisational name and title changes.

KEY WORDS

VIOLENCE, AGGRESSION, ABUSE, ABUSIVE, THREATS, THREATENING, ANGER, DISRUPTIVE, NUISANCE, ASSAULT, RESTRAINT, HOLDING

SUMMARY

The Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations and Secretary of State Directions for the management of violence against NHS staff, place duties on employers and employees. This document sets out the University Hospitals of Leicester (UHL) NHS Trust Policy and Procedures for the management of risks from violence aggression and disruptive behaviour.

1 INTRODUCTION AND OVERVIEW

- 1.1 The purpose of this policy is to provide managers and staff with procedural guidance and advice on the arrangements necessary to reduce the risks associated with violence, aggression and disruptive behaviours towards staff and others.
- 1.2 The Trust affirms that both verbal and physical abuse of hospital staff and patients is totally unacceptable, and will support any reasonable action taken at the time by a member of staff to prevent or contain a violent incident.
- 1.3 Similarly, the Trust will support positive action, including legal action if necessary, against members of the public or others who are verbally and physically abusive to its employees.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

The aim of this policy is to provide managers and staff with procedural guidance and advice on the arrangements necessary to reduce the risks associated with violence, aggression and disruptive behaviour towards staff and others.

To achieve this aim the Trust will ensure that effective arrangements exist which minimises the risk of violence to staff.

The Trust will:-

2.1.1 Assess the risks of violence and take action to reduce the likelihood of violence.

2.1.2 Provide a working environment with systems, procedures, information, training and supervision to deal with the problems of violence, aggression and disruptive behaviour.

2.1.3 Provide support and counselling to staff.

2.1.4 Provide an incident reporting system

2.2 This policy applies to all staff including temporary, agency, contractor and volunteer staff and sets out the roles, responsibilities and arrangements for the management of risks associated with violence, aggression and disruptive behaviour.

2.3 The purpose of this Policy is to provide guidance to managers and staff on the management of violence. This policy relates to acts of verbal or physical abuse between the public and Trust staff and violence, aggression and disruptive behaviour involving patients or visitors. It does not cover violence between members of staff. Incidents between staff are dealt with in the Trust's Disciplinary policies. Refer to Section 9 for details.

3 DEFINITIONS AND ABBREVIATIONS

DEFINITIONS

Violence	Violence is not restricted to acts of aggression that may result in physical harm, but incorporates behaviour, including the use of gestures and language that may cause the subject to become afraid or feel threatened or abused.
Physical Assault	The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
Non-Physical Assault	The use of inappropriate words or behaviour causing distress and/or constituting harassment
Front Line Staff	Each member of staff who has contact with patients and the public as part of their duties.
Local Security Management Specialist (LSMS)	The person appointed to undertake the duties of an accredited Local Security Management Specialist in accordance with Secretary of State Directions to health bodies, on measures to tackle violence and general security management measures and any subsequent advice or guidance issued by the NHSEI/LSMS

4 ROLES – WHO DOES WHAT

The UHL Health & Safety Policy sets out the roles and responsibilities for all staff. Additional responsibilities to enable the effective management of Violence, Aggression and Disruptive Behaviour are detailed below:

4.1 Responsibilities of the Chief Executive and Medical Director

- 4.1.1 The Chief Executive has nominated the Medical Director to take responsibility for security management matters, including in particular, responsibility for measures to deal with violence against staff.

4.2 The Security Management Director Michael Simpson (Director of Estates, Facilities and sustainability) is responsible for:-

- 4.2.1 Ensuring the Security Management needs of the trust are communicated and promoted at Executive Board level
- 4.2.2 The nomination and appointment of Local Security Management Specialist(s) (LSMS)
- 4.2.3 Ensuring the appointed LSMS has the necessary resources and support to carry out their role effectively
- 4.2.4 Oversight of all security management work undertaken by the LSMS
- 4.2.5 Approval and sign off the Security Management Annual work-plan and annual report

4.3 Responsibilities of Senior Managers, including CMG and Corporate Directorate Managers

- 4.3.1 Senior managers must, in consultation with staff and their representatives, ensure that an assessment of the risk within the working environment is carried out, and is within the scope of their responsibilities. They have a duty to:-
- 4.3.2 Ensure that there is sufficient suitably trained staff on duty to cope with any foreseeable violence.
- 4.3.3 Establish a safe system of working conditions for their staff.
- 4.3.4 Ensure that a systematic assessment of training needs is carried out for staff within their area of responsibility.
- 4.3.5 Ensure that appropriate training is provided to staff which, as a minimum, will include personal safety awareness training for all front-line staff. (See section 6 Training and Education)
- 4.3.6 Ensure that staff receive appropriate support and counselling if needed following incidents of violence.
- 4.3.7 Ensure that all incidents of violence/verbal abuse are reported in accordance with the Trust's Incident Reporting Procedure (Datix).
- 4.3.8 Ensure that all incidents of violence are investigated, and that all facts, including any injuries and damage to NHS and/or private property, is recorded via Datix.

4.4 Responsibilities of Head of Security

- 4.4.1 Oversee all security related matters, including Violence and Aggression
- 4.4.2 Ensuring the security Management needs of the trust are communicated and promoted to the Security Management Director

4.4.3 Oversight of all security management work undertaken by the LSMS

4.5 Responsibilities of Line Managers

All line managers have a duty and responsibility to:-

- 4.5.1 Ensure that where risk assessment has identified areas of risk, or where it is felt that staff could be placed in serious and imminent danger, that appropriate action is taken to remove or minimise the risk.
- 4.5.2 Ensure that staff understand what is expected of them, with regard to handling incidents of violence.
- 4.5.3 Ensure that relevant staff attend DMI De-escalation Management Interventions training appropriate to their area, as identified through the Training needs analysis process and ensure all front-line staff complete mandatory conflict resolution training via HELM. (See section 6 Training and Education)
- 4.5.4 Maintain records of risk assessments.
- 4.5.5 Share relevant information regarding violent or potentially violent patients/clients/relatives with other specialties, on a strict need to know basis.
- 4.5.6 Provide incident review sessions and monitor reported incidents.
- 4.5.7 Provide debriefing and encourage staff counselling.
- 4.5.8 Provide local working procedures, which represent current best practice in consultation with staff, which may include issues such as:-
 - 4.5.8.1 Setting limits on patients and visitor's behaviour.
 - 4.5.8.2 Exercising physical controls.
 - 4.5.8.3 Interpersonal skills.
 - 4.5.8.4 Clinical risk issues – unpredictable behaviour.
- 4.5.9 In consultation with the LSMS, consider issuing warnings or taking action under the procedures for the management of individuals who are violent or abusive (Appendices 5A to 5E).
- 4.5.10 Ensure that all incidents of violence/verbal abuse are reported in accordance with the Trust's Datix reporting system.
- 4.5.11 Report any serious incidents to the LSMS via email (LSMS@uhl-tr.nhs.uk)

4.6 Responsibilities of LSMS

- 4.6.1 Primarily responsible for taking the lead in local security management work, and in particular the tackling of violence. The LSMS will assume responsibility for co-ordinating any investigation in assault cases.
- 4.6.2 Following a **physical** assault, the LSMS is to:-
 - 4.6.2.1 Liaise with the police.
 - 4.6.2.2 Notify the Director of Safety and Risk with details of the injured party.
 - 4.6.2.5 Ensure that any necessary support arrangements such as Occupational Health where appropriate.
 - 4.6.2.3 All violence, aggression and disruptive behaviour incidents to be reviewed by the Trust LSMS

- 4.6.2.4 Ensure that an acknowledgement of the report is sent to Health referral or counselling via AMICA, have been offered.
- 4.6.2.6 Monitor the progress of any police investigation.
- 4.6.2.7 Progress the investigation of any incident where police are not involved
- 4.6.2.8 Report any appropriate incident to the Trust's legal service
- 4.6.2.9 Update the person affected by the physical assault on progress and outcomes
- 4.6.2.10 Ensure that all possible preventative action in conjunction with the Line Manager has been actioned, to minimise the risk of a similar incident reoccurring.

4.6.3 Following an incident of **non-physical** assault, the LSMS will ensure that:-

- 4.6.3.1 If appropriate, and dependent on the seriousness of the incident, the police are contacted.
- 4.6.3.2 The Director of Safety and Risk is notified of the details of the incident, where appropriate.
- 4.6.3.3 The progress of any police investigation is monitored.
- 4.6.3.4 Consideration is given as to whether the Trust should initiate private prosecution and/or civil proceedings, where appropriate, or the application of other sanctions such as exclusion or the issue of a warning letter.
- 4.6.3.5 An acknowledgement of the report is sent to the injured party.
- 4.6.3.6 Any necessary support arrangements such as Occupational Health referral or counselling via AMICA, have been offered.
- 4.6.3.7 The individual subjected to the non-physical assault is kept apprised of the outcome of any action taken.

4.7 Responsibilities of All Staff

- 4.7.1 Staff will be aware that patients and their relatives within the Trust and in the community may be under considerable stress. In these situations, people often react out of character or differently from usual. It is, therefore, each employee's responsibility to treat patients and relatives with sympathy and understanding and, most importantly, to use techniques to avoid escalation of a situation which could expose someone to acts of violence. Staff must report any incidents of Violence & Aggression to Security. A Datix must also be submitted and where appropriate reported to the Police. This is either via 101, online reporting system <https://www.leics.police.uk/reportcrime> or 999 in an emergency.
- 4.7.2 All staff have a duty to take reasonable care of their own health and safety and to inform their manager of any situation at work where there is a potential for violence, via the incident reporting system (Datix) or the risk assessment process.
- 4.7.3 It is the duty of each employee to operate within the parameters of this Policy; to accept such training as may be offered, to report all incidents and potential incidents, and to share information with other members of staff as appropriate.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 The documents listed in the appendices table on **Page 2** of this document must be used in conjunction with this policy.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 The Trust has a duty under the Health & Safety at Work, etc. Act to provide staff with information, instruction, supervision and training appropriate to their role. Line Managers must identify the training needs for their staff group. It is important that staff receive the correct type and amount of information, instruction and training to ensure competence for the duties undertaken. Information, instruction and training must be delivered in such a way that it is received and understood by the person receiving it.
- 6.2 Relevant staff groups will be trained commensurate with their role as defined within the UHL Statutory and Mandatory Training Policy and training needs analysis.
- 6.3 The Trust has established a conflict resolution training programme, which meets the needs of our staff and the requirements of the national syllabus previously set by NHS Protect and the NICE Guidelines 2015 NG10. This is structured to give three levels of training to staff based upon risk assessment:-
- 6.3.1 Level 1 – Mandatory conflict resolution training for all frontline staff.
- 6.3.2 Level 2 – DMI <https://dmi.mpft.nhs.uk/> Disengagement Skills; Prevention and management of violence, diffusion and Disengagement Skills..
- 6.3.3 Level 3 – Level 1 and Level 2 training with the addition of DMI <https://dmi.mpft.nhs.uk/> Safe Holding techniques.
- 6.4 As previously defined by NHS Protect NHSE/I, Level 1 training is mandatory for all front line staff, i.e. those staff coming into direct contact with the public during the course of their day to day activities.
- 6.5 Front line staff are required to receive Level 1 refresher training every three years. Staff trained to Levels 2-3 <https://dmi.mpft.nhs.uk/> should engage in locally arranged skills practice sessions at a frequency commensurate with their routine use of the activity (i.e. if their role leads to little use of the skills in their day to day activities, more frequent practice will be required). Formal training in Levels 2 and 3 should be refreshed at a maximum interval of one year.
- 6.6 All courses can be accessed/booked using 'HELM'. Certain clinical areas, such as Emergency Department, book through your training and development team or by emailing Conflict Management Training Mailbox conflictmanagementtr@uhl-tr.nhs.uk
- 6.7 In order to achieve consistency, the Trust courses will be the only ones approved for UHL staff. Any variation to this training programme must be agreed beforehand with the LSMS.
- 6.8 The type and level of information, instruction and training will be identified on the completion of the DMI Training needs Analysis, completed by the manager or nominated person. Additional guidance can be provided by the Conflict Management Trainer upon requests

7 PROCESS FOR MONITORING COMPLIANCE

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/observe/asses/inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report go to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared.
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Number of reported incidents occurring from violence aggression and abuse	LSMS	Analysis of data from Datix Analysis of security data from Estates & Facilities.	Monitored quarterly and report completed	Security Working Group checked for compliance against policy with specialist advice from LSMS	Health and Safety Services Team	Outcomes will be shared UHL wide by Safety Matters publication or individually with CMG / Department managers as necessary.
Completion of DMI Training needs Analysis	Conflict Management Trainer	Sample Audit of CMGs using Policy standards	Annually	Security Working Group Checked for compliance against policy with specialist advice from LSMS	Health and Safety Services Team	As above

Policy and Procedure compliance by Estates & Facilities and other external contractors	Facilities Managers	Active monitoring of activities using Policy, contract specification document and KPI's	Frequency to be decided by facilities managers' dependent on nature and frequency of 'activity. To be reported quarterly to committee	Security Management and Police Liaison Group Checked for compliance against policy with specialist advice from Facilities and LSMS	Estates and Facilities Management	Outcomes shared with CMG's / Facilities Management and Contractors as appropriate
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8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

This section contains the details of reference material considered in the development of this policy. It also includes links to documents you may wish to refer to when developing and managing systems of work for work at height activities.

Reference materials:

- a) The Health & Safety at Work etc. Act 1974
- b) Violence prevention and reduction standards 12/2020
- c) Management of Health & Safety at Work Regulations
- d) Provision and Use of Work Equipment Regulations
- e) The Workplace (Health Safety and Welfare) Regulations
- f) Health and Safety Policy – A17/2002
- g) Risk Management Policy – A12/2002
- h) Lone Working policy – B27/2008
- i) Security Policy – A14/2002
- j) The Deprivation of Liberty Safeguards Policy and Procedures– B15/2009
- k) Policy for the assessment and management of patients with altered behaviours B30/2017
- l) Incident and Accident Reporting Policy – A10/2002
- m) Digital Recording Policy – B44/2005
- n) Nice Guidelines 2015 - Managing violence and aggression in emergency departments
- o) DOH Positive and Proactive Care: reducing the need for restrictive interventions.
- p) [RRN covers artwork FINAL.indd \(bild.org.uk\)](#)
- q) Equality Diversity and Inclusion Policy B61/2011
- r) Physical and Non-physical restrictive practice policy
- s) Disciplinary UHL policy – A6/2004

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 10.2 This policy and associated documentation will be reviewed every 3 years or sooner if required due to changes in: legislation, local practice, responsibilities or arrangements.
- 10.3 The policy will be reviewed by the Health & Safety Services Team. Previous version will be archived on SharePoint as part of this process. When new versions become available this will be communicated by the Health & Safety Services Team to Clinical Management Group and Corporate Managers.

Managing Violence and Aggression Incidents

Procedural Guidance

University Hospitals of Leicester 
 Health & Safety Services - Corporate Medical

March 2022

1 Management of Individuals

- 1.1 This procedure applies to any patient or visitor whose behaviour is regarded as Unacceptable. However, care must be taken when considering applying warnings, sanctions or other deterrents as they may be neither appropriate nor effective for patients whose violence, aggression or disruptive behaviour arises from their clinical condition and/or who lack the capacity to control their behaviour. Such factors should be given consideration before applying any behaviour management measures.
- 1.2 Appendix 2 provides a flow chart to assist staff in identifying the actions, to be taken, when dealing with an incident of violent, aggressive or disruptive behaviour.
- 1.3 Patients and visitors who exhibit violent, aggressive, unacceptable or disruptive behaviour shall be managed in accordance with the Procedures laid down in Appendix 3. Consultant and senior nursing staff input must be obtained, in order to ascertain that the person's behaviour is not as a result of their underlying condition.
- 1.4 The procedures laid down in Appendix 3 allude to an escalating range of sanctions, however, in serious cases it may be that the first response, is a high level sanction, such as referring patients elsewhere for treatment.
- 1.5 Also contained in Appendix 3 are standard formats for letters and Yellow and Red cards, which may be used in appropriate circumstances.
- 1.6 Powers under Sections 119 and 120 of the Criminal Justice and Immigration Act 2008 may be used in connection with non-patient's exhibiting low level anti-social behaviour where no other criminal offence has occurred. The use of this Act will require authorisation from a Duty Manager, Security Supervisor or any other person authorised under the Act.

2. Physical Restraint

- 2.1 Physical restraint should only be carried out as a last resort and by Individuals who are DMI <https://dmi.mpft.nhs.uk/> appropriately trained. Guidance relating to physical restraint of both adults and children are detailed in Appendix 6.

2.2 Response Teams

All Security Department staff, Duty Managers, Nurses and Medics, who are designated as back-up to Security Department staff and operational staff identified by risk assessment, will be trained in the full range of conflict management and physical intervention techniques. These staff will be available to offer help, advice and support when required throughout the Trust. Response teams will include the Duty Manager.

2.3 Risk Assessment

- 2.3.1 Risk assessments (including the development and review of action plans to mitigate risks) and the management of risk shall be in line with the Trust's Risk Management Policy.

- 2.3.2 In accordance with the Management of Health and Safety at Work Regulations 1999, and the Trust's Health and Safety Policy, all managers are responsible for undertaking the assessment of risks to members of staff, including the management of the risks from work-related violence.
- 2.3.3 Managers are responsible for developing local risk control strategies, which will include, where appropriate, process review, precautions needed and training and development, which should concentrate not just on the individual, but on the work group and on the process by which patient care is provided. The implementation of this risk control strategy will ensure that any identified risks are appropriately managed.
- 2.3.4 To assist managers in the process, a Risk Assessment Tool is available from the Local Security Management Specialist team. (Appendix 13 – **DMI Training Needs Analysis**)
- 2.3.5 Clinical risk assessments for patients should be developed through the documented patient care plan. It may initially be brief, but it provides a written guide to staff on how to approach and care for the patient, and should help to prevent staff approaching a patient in ways that are known to provoke. Behaviour Management plans must always reflect the agreed team management of each individual patient. See Proforma Appendix 10.
- 2.3.6 For ease of reference, a flow chart explaining the actions to be taken in the event of a violent or aggressive incident is included in Appendix 2.

2.4 **Out of Hours Incidents**

When an incident occurs out of hours, management support can be obtained by contacting the Duty Manager. Security should be contacted in the normal way. (LRI Ext: 16767, LGH Ext: 14292, GH Ext:1 2999).

2.5 **Lone Working**

Staff working on their own, either within the Trust buildings or in the community, may be particularly vulnerable with respect to violence and aggression. The risk factors should therefore be taken into account when developing lone working procedures. Reference should be made to the Trust's Lone Worker Policy B27/2008.

2.6 **Injury or Damage**

- 2.6.1 Following a violent incident where people have been injured, however slight, they should receive appropriate medical attention as follows:-
- 2.6.2 Ward patient to be seen by the Doctor on call.
- 2.6.3 Staff and visitors may be dealt with by a First Aider. If the need arises, staff or visitors should be referred to the Emergency Department at the Leicester Royal Infirmary and/or their own GP. Staff may also be referred to the Occupational Health Department.
- 2.6.4 Local management should take appropriate action to report damage to the fabric of the building or damage to equipment to the relevant department.

2.7 Incident Reporting

- 2.7.1 Serious incidents resulting in physical harm or damage to property or all those incidents requiring immediate input to prevent a re-occurrence should be reported on 13386/13769 or by way of an email to the healthandsafetyteam@uhl-tr.nhs.uk .
- 2.7.2 Datix on-line reports should be completed for all physical and verbal abuse, and processed in accordance with the Incident and Accident Reporting Policy.
- 2.7.3 Procedures are established to ensure compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which requires a report to the Health and Safety Executive (HSE) for all cases in which members of staff have suffered death, major injury or have been off work for more than seven days, following an assault which has resulted in physical injury.

2.8 Debriefing

- 2.8.1 People may be traumatised by a violent incident, and it is important that any debriefing does not focus solely on how they performed, but considers the effects on them as individuals. This is in line with the CQC requirements after a Violent & Aggressive incident.
- 2.8.2 After a significant incident, the Service Manager or Department Head should arrange a meeting of all those involved, together with representatives of groups such as Nursing, Medical, Security and Human Resources. The purpose of this meeting will be:-
 - 2.8.2.i To provide an opportunity for all those involved to express their feelings and concerns relating to the incident.
 - 2.8.2.ii To identify any follow up support or action, e.g. confidential counselling from Amica, legal action, the need for application for any compensation.
 - 2.8.2.iii To ascertain the review to treatment or future care of the patient.
 - 2.8.2.iv To identify any lessons learnt to the management of the incident and actions required to prevent recurrence.
 - 2.8.2.v To review the risk assessment documentation and whether amendment is necessary.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Incident Management Flowchart

University Hospitals of Leicester **NHS**
 NHS Trust
 Health & Safety Team - Corporate Medical
 November 2022

**Management of violent and / or aggressive or disruptive behaviour.
 Consider physical and Non-Physical practice policy**

Unacceptable Violent, aggressive or Disruptive Behaviour from patient or visitor

Ask them to stop behaviour and explain actions:
 Try and diffuse situation, establish facts, address any relevant factors and offer reassurance as appropriate. Consider calling for Security assistance and Duty Manager. GH ext. 2999 / LRI ext. 6767 / LGH ext. 4292

Inform patient or visitor that behaviour is unacceptable and call senior staff member for support
 Seek advice of the Local Security Management Specialist (LSMS). Senior member of staff will give an informal verbal warning, and document in case notes.

**Call CMG Manager / CMG Director for support
 Seek advice from the LSMS**
 LSMS to Issue formal verbal warning and document in case notes. Failure to comply will lead to a formal written warning – the Yellow card. This will include a formal warning letter. Failure to comply will lead to a Red card and the possible removal from Trust premises on behalf of CMG Manager and CMG Director and/or police). Document all actions.

Patient

Visitor

Can be excluded
 Clinical decision to be undertaken by medical staff.

Cannot be excluded / emergency care
 Care provided in presence of escort / Security Staff.

Exclude visitor from Trust premises
 Remove from Trust premises immediately. . Consider use of Sections 119 and 120 of Criminal Justice and Immigration Act.

Severity of incident may warrant immediate intervention-

Complete Datix entry for all episodes of violent and/or aggressive behaviour

1 INTRODUCTION

Some of the perpetrators of violence and abuse are well known to staff and have persisted in these behaviours during repeated visits to our hospitals. There is a widespread recognition among staff and management of an outstanding need to tackle such behaviour effectively and a belief that the fear of violence can affect morale and our ability to deliver healthcare. 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 AIMS / STATEMENT OF INTENT

The aim of this procedure is to provide managers and staff, with a process to allow the management of individuals who are violent, aggressive, disruptive or abusive. These procedures are designed as an important step in improving the Trust's ability to tackle incidents involving violence and abuse. The aim of the procedures is to detail the behaviours which are unacceptable and the sanctions available in the face of such behaviour, including a mechanism whereby patients who are extreme or persistent in their unacceptable behaviour can, as a last resort, be referred elsewhere for treatment. Although this procedure indicates an escalating scale of sanctions, serious incidents may warrant the earlier application of a higher level sanction.

3 SCOPE

This procedure applies to all UHL staff including bank, agency staff and contractors employed by the Trust and extends to all contacts with patients and the public.

This procedure is not applicable to situations involving violence, aggression and disruptive behaviour to staff by staff.

4 DEFINITIONS

4.1 UNACCEPTABLE STANDARDS OF BEHAVIOUR

The following are examples of behaviours, which are not acceptable on Trust premises:

- 4.1.1 Excessive noise, e.g. loud or intrusive conversation or shouting.
- 4.1.2 Threatening or abusive language involving excessive swearing or offensive remarks.
- 4.1.3 Derogatory racial or sexual remarks including age, Disability, Gender reassignment, Race, Religion or belief, Sexual orientation.
- 4.1.4 Malicious allegations relating to members of staff, other patients or visitors.
- 4.1.5 Offensive sexual gestures or behaviours.
- 4.1.6 Abusing alcohol or drugs in hospital. (However, all medically identified substance abuse problems will be treated appropriately.)
- 4.1.7 Drug dealing.
- 4.1.8 Wilful damage to Trust property.
- 4.1.9 Theft.
- 4.1.10 Threats or threatening behaviour.
- 4.1.11 Violence.

- 4.1.12 Disruptive or anti-social behaviour including phone calls emails and abuse via social media

5.1 MANAGEMENT OF VISITORS, OUTPATIENTS AND DAY CASE PATIENTS WHO ARE VIOLENT OR ABUSIVE

- 5.1.1 Visitors, Outpatients and Day Case patients who display any violent and abusive behaviour will be asked to desist and offered the opportunity to explain their actions.
- 5.1.2 Continued failure to comply with the required standard of behaviour will result in security staff and the Duty Manager being contacted for the removal of the offending individual from Trust property. The excluded individual may request an immediate review of the exclusion by the Duty Manager and should be informed of this. Where such failure to comply involves an Outpatient or Day Case patient, it shall be determined by the patient's responsible healthcare team whether such exclusion will be detrimental to the patient's immediate healthcare needs. If it is determined that it will be detrimental then the provisions of clause 5.2 below shall apply.
- 5.1.3 When considering the need to exclude a visitor, Outpatient or Day Case patient, advice may be sought from the Local Security Management Specialist (LSMS).
- 5.1.4 In the event of inappropriate behaviour, whether or not the visitor, Outpatient or Day Case patient has been excluded, consideration shall be given to the issue of a formal written notice. Such written notice shall reflect the individual circumstances of each case and shall be from the LSMS who shall seek further external legal advice whenever deemed appropriate.
- 5.1.5 In the event of a visitor, Outpatient or Day Case patient behaving in an unlawful manner, the Trust will report the circumstances to the Police and work with them to ensure appropriate sanctions are applied. In the event of any damage, criminal or otherwise, to Trust property and assets the Trust will pursue any actions available in law wherever it is appropriate to do so.
- 5.1.6 The Trust LSMS will assist, provide advice and give all necessary support to any member of staff who has been the victim of violence and abuse in pursuing action against the perpetrator providing it is appropriate to do so.
- 5.1.7 The relevant CMG Manager/Head of Nursing in conjunction with the Local Security Management Specialist (LSMS) may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff.

5.2 PROCEDURES FOR THE MANAGEMENT OF INPATIENTS WHO ARE VIOLENT OR AGGRESSIVE ABUSIVE OR DISRUPTIVE

- 5.2.1 Following any incident the immediate manager or CMG head (or their deputy) will explain to the patient that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future.
- 5.2.2 If the behaviour continues, the responsible manager or clinician will give an informal verbal warning about the possible consequences of any further repetition.
- 5.2.3 Failure to subsequently desist will result in the application of a formal verbal warning by the Trust LSMS in conjunction with the Senior Nurse, Manager or Consultant. Failure to comply with this will lead to the application of the Yellow and Red card system being applied.

- 5.2.4 If a patient complies with the terms of the verbal warning and/or the Yellow and Red card system he/she can expect the following:
- 5.2.4.1 That their clinical care will not be affected in any way.
 - 5.2.4.2 That, where substance abuse has been identified, appropriate assistance will be provided.
 - 5.2.4.3 That a copy of the Confirmation of the Yellow and Red card will be filed with the Local Security Management Specialist and a copy will also be kept in the patient's notes. A flag may be placed on the Patient Centre system. Until a formal policy for the flagging of patient records is adopted, the LSMS will be responsible for gaining agreement to place flags on patient records. These flags will be reviewed within a period not exceeding 12 months.
 - 5.2.4.4 That the Trust Security Manager, Director of Safety & Risk and the site managers will be informed.
 - 5.2.4.5 That the University Hospitals of Leicester NHS Trust will fully investigate all valid concerns raised by the patient.
 - 5.2.4.6 That the yellow card will lapse after one year.
- 5.2.5 Failure to comply with the Yellow and Red card system may, at the request of the relevant CMG Manager and the CMG Director (or their nominated deputies) results in the patient being referred outside the Trust for further treatment. Henceforth referred to as 'exclusion'.
- 5.2.6 Any decision to refer a patient must be taken in conjunction with the CMG Manager, the patient's Consultant and the LSMS.
- 5.2.7 The process of applying an exclusion is described in the checklist; Appendix 5D.
- 5.2.8 Such an exclusion will last 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 with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. The need for security attendance will be determined by an appropriate member of staff, i.e. Duty Manager or Head of Nursing.
- 5.2.9 In the event of a patient behaving in an unlawful manner the Trust will report the circumstances to the Police and work with them to ensure appropriate penalties are applied. In the event of any damage, criminal or otherwise, to Trust property and assets the Trust will pursue any actions available in law wherever it is appropriate to do so.
- 5.2.10 The Trust will assist, provide advice and give all necessary support to any member of staff who has been the victim of violence and abuse in pursuing action against the perpetrator providing it is appropriate to do so.

5.3 FURTHER ADVICE

Further advice may be sought from:-

- 5.3.1 Local Security Management Specialist (LSMS) Mobile 07961294301 / 07946328148.
- 5.3.2 Director of Patient Safety and Risk on Extension 2740.
- 5.3.3 Head of Safeguarding Ext 15446.

Yellow and Red card system Implementation Checklist For Violent or Abusive Individuals

- 1 In the event of inappropriate behaviour by a patient and following careful review by the individual's clinical team (or the on call team out of hours), the Yellow and Red card system can be instigated.
- 2 In the event of the nurse in charge on the relevant ward feeling that a Yellow and Red card system may be appropriate, he/she should contact a suitable member of staff e.g. the CMG Manager/Head of Nursing/Matron/Duty Manager.
- 3 It is the responsibility of that suitable person to undertake the following:
 - 3.1 Take full details of the incident and the staff member's concerns, document them and decide whether a Yellow and Red card system is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.

Liaise with the Local Security Management Specialist (LSMS) and Director of Safety and Risk as to whether the situation merits a Yellow or Red card. Out of hours, staff should liaise with the Duty Manager.
 - 3.2 If a Yellow and Red card is required:
 - 3.2.1 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.
 - 3.2.2 Inform the patient of the ward staff's concerns and fully explain the Yellow and Red card system, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
 - 3.2.3 Complete all necessary details on the Yellow and Red card system (Appendix 5A).
 - 3.2.4 Ask the patient to sign the Yellow or Red card documentation. 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.
 - 3.2.5 Ensure that an appropriate member of staff (any doctor, registered nurse or other health care professional) witness the explanation to the patient.
 - 3.2.6 Give the patient a copy of the Yellow and Red card and of the policy itself.
 - 3.2.7 Prepare a copy of the standard letter (Appendix 5B), for issue to the patient's GP. This letter should be signed and sent by the CBU Manager. A copy of the Policy should be attached.

3.2.8 Prepare a copy of the standard letter (Appendix 5C), for issue to the patient. This letter should be given to the CMG Manager with the letter to the GP for checking both the letter and that the Yellow and Red card system has been applied appropriately.

3.2.9 The full process must be recorded in the patient's case notes.

3.2.10 A copy must be kept in the patient's notes and a flag placed on the Patient Centre system.

4 Actions for CMG Manager's Office

4.1 Once the CMG Manager has signed the patient letter, the following actions should be taken:-

4.1.1 Return the original signed letter to the originator for forwarding to the patient and filing a copy in the patient's notes.

4.1.2 Send a copy to the Security Management Director (Estates, Facilities, and Sustainability director).

4.1.3 Send a copy to the Director of Safety and Risk.

4.1.4 Send a copy to the CMG Manager for ED for inputting on the ED System.

Yellow Card

This yellow card letter is made on this day of / /20 by University Hospitals of Leicester NHS Trust ('The Trust') in respect of: [INSERT NAME] of [INSERT ADDRESS]

INTRODUCTION

1. University Hospitals of Leicester NHS Trust ('The Trust') has a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.
2. Those patients who, in the expert judgement of the relevant clinician are not competent to take responsibility for their actions will not be subject to this agreement e.g. an individual who becomes abusive as a result of an illness or injury.

APPLICATION

3. All members of Trust staff, including those on honorary contracts, and those working primarily for other organisations but on Trust premises have a duty in the enactment of this procedure.
4. The use of this Understanding will only apply to patients.

THE UNDERSTANDING

5. The following are examples of behaviours which are not acceptable on Trust premises or to Trust staff acting in the course of their employment:
 - 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 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.

SANCTIONS

6. It is the case that if the Patient complies with the terms of the Procedure he/she 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 this Agreement will be filed in the Trust Office and a copy will also be kept in the Patient’s notes. The existence of this Agreement will be highlighted on HISS and equivalent systems.
- That the Trust Security Manager and the site managers will be informed.
- That the Trust will fully investigate all valid concerns raised by the Patient.
- That this Agreement will lapse after one year.

7. Failure to comply with terms of this Agreement will, at the request of the relevant CMG Director and the Director of Legal and Corporate Affairs (or their nominated deputies) result in referral to another Trust for treatment.

- Such a referral will last 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 with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. The need for security attendance will be determined by an appropriate member of staff.
- If the Patient behaves unlawfully then he/she will be reported to the police and The Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets, and staff.

The consequences of a failure to comply the terms of this Agreement have been fully explained to me. I understand my GP will be informed.

The Patient agrees to comply with the expected behaviour, set out in the document, under which care will be provided at University Hospitals of Leicester NHS Trust

Patient’s Name.....

Signed.....

Date.....

Signatory for the Trust

NAME.....

Signature.....

Designation.....

Date:.....

Template GP Letter

GP's name and address

Date

Dear

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

The above individual is currently an inpatient on ward at the University Hospital of Leicester NHS Trust.

In order to protect the ward environment for other patients and members of staff, it has been necessary to instigate the Yellow and Red card system with individuals who are violent or abusive for the above-named patient.

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 CMG Manager or Head of Nursing)

Yours sincerely

Signature

Name

Title

NOTE: A COPY OF THE YELLOW AND RED CARD SHOULD BE ATTACHED TO THIS LETTER.

**** This letter is *only to be used* with patient's consent or as directed by the LSMS.**

Date:

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred earlier this month at

It is alleged that you

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.

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

- The withdrawal of NHS Care and Treatment, 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 Trusts Legal team where necessary for further legal advice.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and your consultant (insert name) would make alternative arrangements for you to receive treatment elsewhere.

To assist you I enclose examples of what we consider to be examples of unacceptable behaviour and our sanctions should there be a repetition of unacceptable behaviour.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing the Local Security Management Specialist (insert details) who 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 consultant.

Yours faithfully

1. The following circumstances are not exhaustive but 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 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.

SANCTIONS


2. It is the case that if the Patient complies with the terms of the Procedure he/she 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 Final Warning Letter will be filed in the LSMS Office and a copy will also be kept in the Patient's notes. The existence of this Letter will be highlighted on HISS and equivalent systems.
 - That the Trust Security Manager and the site managers will be informed, where appropriate.
 - That the Trust will fully investigate all valid concerns raised by the Patient.
 - That this Final Warning will lapse after one year.
 - Failure to comply with terms of this Final Warning will, at the request of the relevant directorate General Manager and the Medical Director (or their nominated deputies) result in exclusion from the Trust .
 - Such an exclusion will last 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 with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. The need for security attendance will be determined by an appropriate member of staff.
 - If the Patient behaves unlawfully then he/she will be reported to the police and The Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets, and staff.

**Patient Exclusion/Withholding of
Treatment -
Procedure Checklist**

University Hospitals of Leicester 
Health & Safety Services - Corporate Medical
March 2022

1. The decision to exclude can only be taken by both the relevant CMG Manager and the CMG Director in conjunction with the LSMS (or in their absence their nominated deputies), once alternate care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires 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 that they may challenge an exclusion via the established complaints procedure.
4. The Local Security Management Specialist (LSMS) must be informed and they will facilitate the dispatch of a written confirmation from the Chief Executive or Security Management Director, to the patient's home.
5. The Director of Safety and Risk, CMG Director/Lead Nurse, Head of Facilities and the site managers must also be informed.
6. A detailed record of the rationale for exclusion and of the alternate arrangements for care should be kept in the patient's medical and nursing documentation.
7. The exclusion notice will be recorded (flagged) on Patient Centre.
8. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.
9. If an excluded individual attends site for emergency medical treatment, staff should consider requesting Security attendance, unless the medical emergency renders the individual incapable of being violent or abusive.
10. An example of a letter excluding a patient from treatment is provided in Appendix 5E below. Such letter must only be issued on the authority of the CMG Director/Lead nurse and LSMS.

**Template Letter
Patient Exclusion/Withholding of
Treatment**

University Hospitals of Leicester 
NHS Trust
Health & Safety Services Team - Corporate Medical
March 2022

LEGAL DEPARTMENT

Our Ref:
Your Ref:

Telephone:
Fax:

Date:

Dear

Withholding Treatment

I am writing to you concerning an incident that occurred on.....at

It is alleged that you

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 (insert dates) 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 (insert name of hospital).

However, for the avoidance of doubt, you should not attend the appointment previously made for you to see, 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.

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 seven 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

Chief Executive / Security Management Director
(delete as appropriate)

ABUSE & VIOLENCE
FROM PATIENTS OR VISITORS

IF YOU ARE IN FEAR DO NOT HESITATE TO CALL 2222

WHAT TO DO

VISITORS

PATIENTS

- | | |
|--|--|
| <p>1. Communicate with visitor
Immediate senior person
<input type="checkbox"/></p> <p>2. VERBAL WARNING
Immediate senior person
<input type="checkbox"/></p> <p>3. HAVE REMOVED
CALL 2222, Duty Manager AND
SECURITY. THEY WILL ARRANGE THE
REMOVAL OF THIS PERSON
(By the Police where necessary)
<input type="checkbox"/></p> <p>4. CRIMINAL / CIVIL ACTION
AND PERMANENT
EXCLUSION
(If necessary)</p> | <p>1. Communicate with Patients
Immediate senior person
<input type="checkbox"/></p> <p>2. VERBAL WARNING
Immediate senior person
<input type="checkbox"/></p> <p>3. WRITTEN WARNING
(YELLOW CARD)
By Local Security Management Specialist
<input type="checkbox"/></p> <p>4. CRIMINAL / CIVIL ACTION
(RED CARD)
Clinical director
Head of nursing / Consultant/LSMS
(MAY LEAD TO "EXCLUSION")</p> |
|--|--|

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

YOU DO HAVE TO FOLLOW THE POLICY CHECKLISTS

FOR FURTHER INFORMATION AND ADVICE CONTACT:

The Local Security Management Specialist
The Health & Safety Manager

Appendix 7 Guidelines for police liaison and assistance at University Hospitals of Leicester



GUIDELINES FOR POLICE LIAISON AND ASSISTANCE AT University Hospitals Of Leicester NHS Trust

1. Introduction

This guidance forms an appendix to the Trust Policy for the Management of Unacceptable Behaviour including Work Related Violence and Aggression and the aim of the guidance is to bring into operation the best practice as set out within the Memorandum of Understanding (MOU) agreed between the National Police Chiefs Council (NPCC). This document will, therefore, provide clarity and an agreement on the roles and responsibilities of individual members of staff who work for SFHFT and to ensure that there is an acceptable level of co-operation with other outside agencies which are summoned to help the role of the staff within their everyday work within the parameters of the hospital site. The guidance does not override the [service level agreement](#), which details the role of the police when escorting persons in custody for treatment at the Trust site/s. University Hospitals of Leicester has appointed an Executive Director (SMD) and an Local Security Management Specialist (LSMS) responsible for the management of security within the Trust. The first point of contact by the Police should be the LSMS and is available through the following telephone numbers, Simon Daley 07946328148. Vincent Smith 07961294201.

2. Liaison between the Police and the Trust

The Memorandum of Understanding (MOU) document records the shared understanding of the common interest between the Trust and the National Police Chiefs Council (NPCC) in prevention, detection and investigation work and application of sanctions in respect of security matters within the NHS. However, it is a high level agreement, which does not detail the course of action that staff should take, or their responsibilities in terms of which organisation is in overall charge of the patient's care.

Either way all organisations staff must not be judgemental or discriminatory in their approach to the situation but must in all counts try to prevent patients, staff and others from being harmed. The National Chief's Council (NPCC) ensure that all police forces in England designate a divisional/area single point of contact (SPOC) at strategic, divisional and operational level to facilitate good working relationships with NHS health bodies in their force area. At a strategic level, this would normally be the NPCC officer with responsibility for operational matters.

On a more local basis, the neighbourhood policing area commander (NPA) will be the point of contact with the individual health body. (This contact will be referred to throughout this document as the NPA commander.)

Part of the function and job role of the LSMS is to act as a police liaison and single point of contact, (SPOC.) to log all incidents of violence, abuse, assault and injury to staff whilst at work on behalf of the Trust. The Trust records all incidents on an electronic data base called "Datix". The Datix system will be used to record all details of the incident including times, dates, offenders, witnesses, evidence and police involvement. Previous incidents

involving the accused can be accessed. Each log entry is identified with unique numbers. Details recorded will be either evidence or unused material in any police prosecution.

Separate protocols are being written regarding the sharing of recorded information between University Hospitals of Leicester NHS Trust. (data.protection@leics.police.uk)

The LSMS will support the Police and assist wherever possible in the investigation process including:

- To follow up response to incidents.
- To decide which incidents are to be reported to the police?
- To assist police response by organising statements, (on occasion taking some statements).
- Contact with staff.
- Assist in viewing/seizing CCTV coverage.
- Making witness enquiries, contacting witnesses.
- To resolve incidents not dealt with by police, which may include civil prosecutions.
- Provide the interface in working with the security staff at University Hospitals Of Leicester NHS Trust.

3. Day to Day Operations

The LSMS will be the first liaison point and, in principle, the SPOC or lead at an operational police level in matters of security at a health body, both day-to-day and post-incident. An appropriate designated police officer should be invited to attend security meetings within the Trust.

The SMD or the designated LSMS will be the SPOC within the health body at a commander level, when dealing with security matters.

- Regular liaison through the nominated routes will:
 - provide a consistent approach
 - encourage liaison
 - maintain effective contact in specific cases
 - allow for advice or guidance to be given in relation to specific cases
 - enable discussions about the levels of involvement of the organisations involved
 - provide an avenue for the provision of mutual NHS and police expertise and access to appropriate channels of information
 - work towards a national standard approach
 - develop the concept of mutual support in tackling crime within the NHS

The LSMS primarily has a work pattern of normal office hours. At other times University Hospitals of Leicester NHS Trust SPOC for any police enquiries will be a member of staff who is predominantly clinically oriented, likely to be one of the Duty Management team.

The Duty Management team is contactable through the hospital internal system and is available at all times through the hospital switchboard by asking for the 'Duty manger'. The Trust also has an escalation policy with senior managers being on call out of hours including weekend and bank holidays.

Department of Health directions are that all assaults on staff by patients or public must be recorded and reported to the police.

NPCC/NHS negotiations have defined assault as:” *The intentional application of force against the person of another resulting in physical injury or personal discomfort.*”

The NHS is a crime recording agency in its own right and under the General Rules of the Home Office Counting Rules for Crime. These rules are current commencing April 2006. Therefore, incidents and crimes which need immediate police involvement, e.g. Golden hour investigations, and those with viable lines of enquiry should be reported to the police. If in any doubt the representative is to call 101 for clarification or liaise with the LRI Police team for advice.

Staff reporting incidents directly to the police should be directed to report firstly to their manager or duty nurse manager who will record and decide whether police involvement is needed. (Obviously, common sense applies to live and dangerous occurrences being reported directly to police via 999.)

If any member of staff feels that a police presence is required to investigate a criminal matter unrelated to an immediate threat to staff or patient safety, i.e. where an incident or investigation involving an accusation about a member of staff inflicting deliberate harm on a patient has taken place, the decision to involve the police should be made by the Security Management Director.

4. Reasons for requesting Police Involvement

There could be many reasons to call the police to a clinical area, but this guidance is primarily to support staff when dealing with a violent or aggressive patient or visitor, however, it must be remembered that the police follow their own procedures for incident grading and response and may have to take action, which may be in conflict with caring for the patient.

The police must be called if there is reason to believe that one or more patients or staff may be injured, if the clinical staff supported by the security services cannot control the situation. This must be carried out by dialling **9 999**.

In non-emergency matters the decision of whether to report to the police will be made bearing in mind the mental status of the patient; any management plan in place for the patient; how the Trust can deal with the incident in house; the severity of the incident; repeated incidents by the same patient within the hospital; own interventions exhausted and not working; what the police would be expected to do if called.

Reports to the police will all be to the Police Control Room where a unique incident number will identify the incident and can be quoted to the person reporting. That number should be quoted to police during any future enquiries about that incident.

5. Police Procedures

All initial reports of incidents or crimes requiring police action will be made to the Police Control Room and prioritised accordingly. An Incident number will be passed to the person reporting. Staff reporting incidents directly to the police should be directed to report firstly to

their manager or hospital site coordinator who will record and decide whether police involvement is needed. (Obviously, common sense applies to live and dangerous occurrences being reported directly to police via 9 999.)

If the crime is dealt within the hospital system and no police involvement is needed, the matter should be recorded on the hospital system via the incident report form and there is no requirement for the police to record a crime. However, if a victim contacts the police, a crime will be recorded regardless of whether the matter is ultimately dealt with at the hospital. If such a crime or several crimes are reported to the police solely for intelligence purposes then the police will not record the crimes and the reasons for the report to the police should be clearly stated at the time on a police Vision message.

Police **will always** be expected to record and investigate crime reports of assault on patients by staff.

Where it has been identified that an immediate response is not required, the control room will schedule or delay response in the normal way for officers to deal with matters as soon as practicable.

In regards to historic incidents/crimes, depending on the type of crimes and the circumstances, police can make enquires and conduct investigations. Further advice will be obtained by contacting Leicestershire police or the Local security management specialist (LSMS) for UHL.

6. Incidents Involving Violence

Violent incidents should be treated as a priority where appropriate. Offenders should not be considered eligible for a caution at the scene of the incident. Particular priority should be given to cases where an assailant has been detained.

Responsibilities under Section 136 of the Mental Health Act 1983 define and agree a place of safety for persons detained under this Act. The place of safety locally is at Bradgate Mental Health Unit. There is a legal requirement for the police to be involved in an order to execute a Section 135 warrant under the Mental Health Act 1983. The request for police assistance is the responsibility of the Approved Social Worker (ASW) and will be based on risk assessment.

Common sense and practical judgement applies in all cases of live and dangerous occurrences being reported directly to the police via 9 999 calls. Local policies must indicate the procedure for sharing risk-related information in order to obtain police assistance.

The police will progress all cases of violence against NHS staff and will not formally caution assailants without obtaining the views of the victim as laid down in the code for crown prosecutors and Home Office circular 16/2008.

Violence against NHS staff is unacceptable and when this occurs, whilst staff are undertaking their duties, it should be considered an aggravating factor to the offence as laid down by the code for crown prosecutors 2010 (Section 4.16 part D).

Aggravating factors include, for example, offences committed:

- on hospital/medical premises
- The assaults on emergency workers (offences) Act 2010. Section 1 of the Act provides for the offence of common assault or battery committed against an emergency worker acting in the exercise of functions as such a worker.

7. Expectations of the Police and their Role

Clinical staff often expect the police to take charge of the situation with little or no information as to what has recently/previously happened. The Police will be expected to seek information that may help them decide how to deal with a situation.

If there is a serious risk of harm to the patient or others, the disclosure of confidential patient information will be justified in the best interests of the patient and the public interest. Hospital staff should comply with such requests bearing in mind that disclosures should be proportionate and be limited to relevant details.

In some situations the presence of the police will have a calming effect on the person being aggressive or violent, however, it must be remembered that in some instances the reverse is true, particularly when the person is confused/disorientated, or under the influence of alcohol or illicit drugs. These patients may be more unpredictable and the presence of the police may inflame the situation rather than reduce the anxiety.

If the person is a visitor and in breach of the peace/committing a crime then the police can be requested to remove the person from the hospital site.

In all cases, the clinical needs of the service-user (patient) and others must be taken into account. Any forcible intervention must be considered absolutely necessary on the basis of risk assessment and must be proportionate to the perceived or actual harm likely to result if no such intervention is made.

The most senior clinician who is in overall charge of the patient should negotiate with the police as to what is the best course of action, and in particular how best to reduce the risk of injury to the patient, other patients and staff.

8. Expectations of Staff by the Police and their Role

When asking the police for assistance they will expect some background information about what has happened to the patient to get to a position where the police are necessary. This needs to be clear and concise and free of jargon with information about the salient points in order that the person taking the call, who may not be a police officer, can reach a decision about which officer/s to send to the hospital. . As set out above, if there is a serious risk of harm to the patient or others, the disclosure of confidential patient information will be justified in the best interests of the patient and the public interest. Disclosure of relevant information should be given but kept proportionate and be limited to relevant details.

The location of where the police are requested to attend must be clear and concise, as it is recognised that the attending police officers may not be familiar with the hospital site. It could be anywhere on site that the police are requested for and if possible it would be helpful to send a member of staff to meet them at the entrance and exchange information before arriving in the clinical area.

The police will only act if a crime is being committed or where it is necessary to prevent an imminent crime occurring, and will be present until or unless the person acting violently or aggressively starts to behave in an acceptable way. All members of staff present and the police will negotiate as to how long the presence of the police is needed, before the police leave – unless the police decide that there is no necessity to remain and that it is reasonable to leave. Following assessment of the risk, appropriate measures available to Trust staff may need to be put in place to reduce any further risk created by the police leaving e.g. security guards asked to be present or maintain regular contact.

9. Clinical Responsibilities and who is in Charge of the Incident

In all cases, the clinical needs of the service-user (patient) and others must be taken into account. Any forcible intervention must be considered absolutely necessary on the basis of risk assessment and must be proportionate to the perceived or actual harm, likely to result if no such intervention is made.

If the person is a patient, the most senior clinician present will be in charge overall of the patient and nothing will be done with, or to the patient, without their agreement and explicit consent.

This does not however supersede an officer's authority to make a dynamic risk assessment and take immediate action where a person(s), including a patient, are at risk of serious personal harm or injury. It should be noted that depending on the urgency of the situation, police officers may have to act immediately and without the opportunity to have proper consultation. This highlights the importance of giving as much information as is practicable to the attending officer(s) prior to their arrival at the relevant part of the site.

It is important that Trust staff ensure that the patient's clinical notes contain any relevant information including anything in the lead up to the incident, circumstances surrounding the incident and the decision making process requesting the presence of the police.

10. Information Sharing

In most cases it is not necessary to provide the Police with full details of the patient's medical history and diagnosis. However, some information concerning what has happened so far and the medical condition will be helpful. Such disclosure, where there is a risk of harm to the patient and/or others, will be justified, provided that it is proportionate and relevant to the incident. Where medical information is likely to have an impact on an officer's decision making it should be provided.

11. Partnership Working

Whilst it is the responsibility of the police to investigate criminal activity within the community, the role of the LSMS in addition to leading on and managing all security related work in their health body, will be to provide support as required to the police during investigations which involve crime in an NHS setting.

The LSMS is permitted to supply non-personal data and information to the police at the discretion of the Trust SMD.

As part of the partnership agreement crime statistics relating to the Trust premises will be made available by the police for review at liaison meetings, which will assist in the facilitation of discussions about local strategies for tackling crime.

The police officer in charge of the case involving UHL will notify the LSMS of the progress and outcome of will investigations involving NHS staff or property. This may include the Trust seeking information by letter.

12. Police Presence on Site

The Trust welcomes the presence of police officers on site and seeks to promote a partnership approach to crime prevention and police liaison. The Trust encourages police patrols of the site and the police office is located in the windsor building at the Leicester Royal Infirmary. Staff or the public would be invited to meet and discuss any issues they may feel relevant. The opportunity also exists for the setting up of display stands to promote safe working, crime reduction and communication with the police.

13. The Role of Police Officer attending Incidents

Report of Crime:

- Police Officers will contact the hospital and make initial contact with the staff to assess the aspects of the complaint. This will involve speaking to staff members as to the suitability of interviewing the offender and/or victim. (Are they fit to interview, when and where to conduct interview and whether it is necessary to interview.)
- The Officer will complete the initial crime report, where appropriate. Identify key witnesses, staff and patients for the purpose of future interviews or statements.
- If the decision is made that a Police investigation will continue the following processes should be followed.

Where the Offender is a Patient:

- The Officer must assess the necessity to arrest or whether it is more appropriate to arrange interviews for a future time and date at the hospital or elsewhere.

When making the decision the officer must bear in mind that there may be physical or mental health reasons to question the patient's fitness to be detained by police. If that is likely then a written statement from the patient's Consultant Psychiatrist or medical doctor of the patient's fitness to be detained by police, fitness to be interviewed and fitness to be charged should be gained before arrest, (unless danger means arrest is imperative anyway.)

- If a police officer does not arrest then an interview should be arranged to take place at the hospital or elsewhere at a mutually suitable time and date.
- The officers will obtain all necessary statements and gather all available evidence and have made all other enquiries before the interview.
- Remote interviews are done via body worn video and transcribed by the officer at the time or later.
- If the mental health condition of the patient is an issue, the hospital will provide written assessment by Consultant Psychiatrist of fitness for interview.
- The Trust will arrange a suitable room for the purpose.
- University Hospital of Leicester NHS Trust will arrange appropriate adult where necessary, (not staff when a staff member is an injured party (IP), consideration for the use of a social worker or family member.)
- The officer will report for summons at end of interview where appropriate.
- The officer will submit file to Sgt then to CPS for prosecution decisions.
- The officer will take fingerprints and photos where necessary after any caution or conviction at court.

Where the Victim is a Patient:

- Depending on the circumstances, patients could be considered vulnerable witnesses
- A decision to interview the victim on video or obtain a written statement will be subject to a risk assessment of the patient.
- The risk assessment and subsequent methods of interviewing will require consultation with the patient's Consultant Psychiatrist or medical doctor and a decision reached as to whether fit for interview and where it should take place.
- University Hospitals of Leicester NHS Trust will provide a room for use by the Police.

The Offender is Staff:

- To be treated as any other incident where an offence has occurred involving a member of the public.

- The decision/timing of any arrest will be based on the nature of the complaint, available evidence and the need to secure and preserve any evidence.
- Depending on the nature of the complaint, and the evidence available, not all incidents will necessitate an arrest of a member of staff. Consideration must be given for staff to be interviewed on tape under caution, but not under arrest.
- Routinely, staff may request to have a union representative and/or solicitor with them when interviewed. Depending on the circumstances, having a Union representative present may not be possible during a police interview.
- If a prosecution is being considered, normally the member of staff will be reported for summons (RFS).

14. Missing from Home/Absconding Patient Reports

The Police need to ascertain whether the person is missing or merely absconded/left the hospital. The Police will make checks on an absconder's whereabouts when safety of the patient is an issue for medical reasons. A missing person is someone whose direction/whereabouts cannot be easily ascertained. Then a Missing from Home, (MFH,) enquiry will be initiated by police.

Police to assess at time of report:-

- Voluntary or Sectioned and the powers to detain.
- Assessment of fears for safety of the patient or others.
- Whether or how often the patient is a repeat absconder.
- Any known addresses or haunts the patient may head for.
- Clothing and habits.

Police will then decide on any response or grade of response. Police have powers to detain and return any patient who is sectioned under any section.

Beat Manager will review reports of Misspers (missing persons) and absconders from a problem-solving perspective, (reporting procedures, door locks, tagging, staffing, security, cameras etc.) at regular review meetings with LSMS.

15. Police in Receipt of Telephone Calls from Patients in Hospital

- Upon receiving of a telephone call from a patient in hospital the police will check:
- VPIL/Highlight markers on polis,
- Contact University Hospitals of Leicester as deemed appropriate dependent upon nature of the call.
- Assess whether there is to be any response and graded as necessary.

Repetitions/frequent callers will be notified to the beat manager, after it has been dealt with, for future problem solving in conjunction with the SMS, (who can for example put the patient on observations, or deal with any ward related problems.)

16. Dealing with Violent Offender requiring the Person to be Subdued

In exceptional circumstances, the police may consider it necessary to totally subdue a person by the use of an Incapacitate spray or Conducted energy device (CED) otherwise known as tasers.

The decision to use such devices is at the discretion of the officer, but has to be based on risk assessment and must only be used as an absolute last resort following discussion with, and advice from, the senior clinician present wherever possible.

It is emphasised again that this does not remove an officer's authority to make a dynamic risk assessment and take immediate action where a person(s), including a patient, are at risk of serious personal harm or injury. It should be noted that depending on the urgency of the situation, police officers may have to act immediately and without the opportunity to have proper consultation. This highlights the importance of giving as much information as is practicable to the attending officer(s) prior to their arrival at the relevant part of the site.

The Trust does not expect that service users will ordinarily be exposed to CS gas or its effects. It is reasonable for the Trust to expect CS gas to be only used on Trust premises only under extreme and exceptional circumstances.

Where a patient is removed from the hospital, they become the responsibility of the police. An incident form should be completed as per the Trust incident reporting policy and if possible relatives should be informed at the earliest opportunity, by the health professional.

Use of Incapacitate Spray:

Police issued CS spray, so named because it was first synthesised by American Chemists Corson and Stoughton 1928, consists of 5% concentration of CS (Ortho-Chlorobenzylidene Malonitrile) in the solvent MIBK (Methyl Iso Butyl Ketone) with a Nitrogen Propellant. CS spray is carried in canisters by operational Police Officers in the United Kingdom who have been properly trained. It is used to provide officers with a tactical advantage in a violent situation. It can be used against an individual or to incapacitate several persons at the same time using the spray in a sweeping movement.

The canisters contain three ingredients:

- the active chemical CS (which is one of a group of chemical compounds called lachrymator or tear producing agent) Methyl Iso Butyl Ketone (MIBK), a liquid solvent to dissolve and carry it
- Nitrogen, an inert gas to act as a propellant for the spray

Where it is necessary to use incapacitate spray on NHS premises or, has been used and the affected person is being brought to NHS premises by the police or ambulance, the following action is required by the police.

The officer discharging CS should:

- Issue a clear verbal warning to persons in the vicinity to minimise the risk of contamination.
 - Ensure that guidance on decontamination is provided to all staff affected by and discharge of CS gas. The Trust guidance on CSA gas is attached as Appendix B Use of Incapacitate Sprays on Trust Premises.
 - Issue advanced warning of the situation to the receiving health body whenever possible.
 - Inform the ambulance staff and provide advice on decontamination procedures???
- PAVA/ Incapacitant

Use of Taser:

A Taser is an electroshock weapon that uses Electro-Muscular Disruption (EMD) technology to cause neuromuscular incapacitation (NMI) and strong muscle contractions through the involuntary stimulation of both the sensory nerves and the motor nerves. The Taser is not dependent on pain compliance making it highly effective on subjects with high pain tolerance.

Where an incident has called for the use of a Taser and the affected person is being brought to NHS premises by the police or ambulance, the following action is required by the police.

- Issue advanced warning of the situation to the receiving health body whenever possible.
- Inform the ambulance staff of the use of the weapon and provide advice where necessary.

Use of restraint devices:

In the event that the person in police custody is handcuffed for security or personal safety reasons, handcuffs should only be removed with mutual consent of clinical staff and the escorting officer, based on clinical need and risk assessment by the police in conjunction with the most senior clinical lead present.

When possible, notice should be given by the police that they are bringing an individual who is in police custody to an NHS health body for treatment. NHS staff should give consideration to the need for prompt treatment based on clinical need and risk assessment.

17. Deployment of Armed Police

Through the changes in policing the modern society, the use of armed response personnel and an open display of weapons by authorised firearm officers has become a more common practice. It is recognised that this may happen within an acute health care setting for a number of reasons and is more likely to be a more regular occurrence in the future.

It is accepted that where necessary police officers can bear arms overtly but there needs to be clear and precise communication with the most senior person on site. This is likely to be a senior on duty, or on-call manager, including the duty nurse manager.

The Trust will need to establish, for its own operational practices, the decision making and need to mobilise a firearms unit to health care premises and will include:

- The reason behind the presence of armed police officers.
- All areas they wish to gain access.
- Any future actions being considered to reduce the need for the presence of firearms.
- The expected length of time the presence will be on the premise.

Any level of assistance expected of the Trust.

The overall responsibility rests with the police; however the Trust requires to be informed of any incident in which a firearm has been discharged whether in anger, or the accidental discharge of a weapon, including the outcome of any subsequent investigation.

18. Incident Reporting

The Trust incident reporting procedures must be followed in all instances with the respective Director of Operations and the Trust LSMS being informed. This will ensure the correct recording, monitoring, response, reporting and auditing of all incidents.