

# Managing Unacceptable Behaviour, Abuse, Harassment and Discrimination from Patients and Public Policy

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<b>CQC Fundamental standards</b> Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper		

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## Key Messages

- This policy covers the processes involved when unacceptable behaviour, abuse, harassment or discrimination occurs within the Trust. This may be involving staff, patients or visitors.
- The Trust employs a qualified Local Security Management Specialist (LSMS) in order to provide guidance and support to these processes. This document is for guidance – further information can be provided by the LSMS.

## 1.0 Introduction

The problem of abuse harassment and discrimination undertaken by the public against NHS staff has become a matter of increasing concern to all those who work within the NHS. The issues involved can be very complex, and guidance is provided to support decision making for managing the diverse situations these present.

Situations may arise in which staff perceive that a combination of some or all of “unacceptable behaviour, abuse, harassment and discrimination” may be occurring. The member of staff’s perception is central to the use of this policy. If the member of staff considers that they are being abused, harassed or have suffered a discrimination through the actions of a member of the public, then this policy is appropriate.

It is helpful to provide some definitions and examples of the different terms, while noting that they are sometimes used interchangeably and that they may occur in circumstances related to their work (on or off duty). In addition, they may involve an explicit or implicit challenge to their personal safety, well-being or health that may or may not incur physical, emotional and or psychological harm as a consequence.

The following are examples of Unacceptable Behaviour, Abuse and Harassment which are not exhaustive:

### **“Unacceptable Behaviour”**

- Disruptive behaviour that prevents staff from carrying out their duties, this can be active or passive e.g. withdrawing co-operation and communication, (while acknowledging the patients’ right to withdraw consent). In extreme situations, unacceptable behaviour may be described as “violence” or may constitute a physical assault.
- Destructive behaviour toward Trust property including fire setting, willful damage and theft;
- Misuse / abuse of alcohol, drugs and or other substances on site;
- Drug dealing on site.

**“Abuse”** – may be acts of violence, or threats of violence against members of staff. It may also be the use of verbal abuse. Examples may be:

- Stalking;
- Attempted / actual physical assault;
- Aggravated physical violence
- Threats of violence involving a weapon and attempted / actual weapon assault.

**“Harassment”** - described by ACAS as follows:

*“Harassment, in general terms, is unwanted conduct affecting the dignity of employees in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.”*

The legal definition of harassment also requires the behaviour to have *“The purpose or effect of violating people’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.”*

Harassment can take many forms. It can be intentional or unintentional and it is for the person suffering the harassment to define when it has taken place. Where harassment occurs in relation to religion or belief, colour nationality, race ethnic origin, sex, sexual orientation, gender reassignment, marital or civil partnership status, pregnancy, age, disability, membership or non-membership of a trade union, it may create an illegal “discrimination”. Examples of “harassing” behaviour could be any of the above and:

- Verbally abusive and aggressive language including racial and sexual harassment
- Verbal and non-verbal threats of violence
- Emotional and or psychological intimidation
- Offensive sexual gestures, inappropriate touching, attempted rape and rape.

**“Discrimination”** - The Equality Act 2010 defines when a discrimination may have taken place and will essentially relate to a situation in which a member of staff has been treated less favorably than another (directly or indirectly) as a result of a protected characteristic, specifically; religion or belief, race, sex, sexual orientation, gender reassignment, marital or civil partnership status, pregnancy, age or disability. A patient may demonstrate or attempt to impose discriminatory behaviour against a member of staff for example by refusing to be treated by that member of staff on grounds of a protected characteristic.

Employees must have the confidence that should they experience unacceptable behaviour, abuse, harassment and/or discrimination from patients or the public, and report this, they will be supported by the Trust who will treat any such allegation seriously.

The Trust will act in accordance with guidance from the Security Management Service to reduce the level and frequency of violent/abusive/discriminatory incidents within the NHS.

Associated, relevant policies are:

- Dignity at Work Policy and Procedure
- Equality & Diversity Policy and Procedure
- Incident Reporting.
- Risk management Strategy
- Health and Safety Policy
- Consent to Treatment Policy
- Refusal of Treatment Policy
- Lone Working Policy

## **2.0 Policy Statement, Purpose and Aim**

The Trust recognises the risk of unacceptable behaviour, abuse, harassment and discrimination towards its staff and aims to ensure, through the provisions of this policy, that all staff are provided with a safe and secure working environment as far as is reasonably practicable.

The Trust asserts that acts of aggression, discrimination, harassment and violence against staff will not be tolerated. Any allegation of such behaviour towards staff by patients or visitors will be treated seriously and staff making such an allegation will be supported.

Staff will use their own judgement as to incidents that they perceive as unacceptable, abuse, discrimination or harassment, and will bear in mind the stress that patients/visitors experience by being in hospital. Staff should not feel however that this means that they should put up with behaviour that they find unacceptable, and should be encouraged to report the matter and seek support in accordance with this policy.

The Trust is committed to ensuring that all employees work in an environment in which the dignity of each individual is respected and where employees have the confidence to take action should they experience abuse/harassment discrimination from patients or the public.

The purpose of this policy is to ensure that the public treats staff with respect and dignity; to ensure their safety and confirm the support they will be given if faced with such difficulties.

The "Harassment, Bullying and /or Discrimination at Work policy deals with situations in which staff consider they have suffered these as a result of the actions of other staff.

## **3.0 Confidentiality**

It is recognised that staff may only feel that they can report concerns relating to unacceptable behaviour, abuse, discrimination, harassment where they are assured of the confidentiality of the process.

Staff will be given this assurance wherever possible. If the situation is such that no action can realistically be taken without the identity of the member of staff becoming known, then this will be discussed with member of staff before any action is taken.

## **4.0 Access to Advice**

The member of staff should always feel able to approach their line manager and/or Occupational Health. They should also be advised to approach their recognised union representative, or appropriate member of the Human Resources team for further support. P2P counsellors are also available to staff members to listen and lend support. Bullying and harassment advisors are also in place to provide employees with advice on how to deal with instances of bullying and harassment via formal and informal routes. Details of these advisors are on the Trust's intranet page.

## 5.0 Objectives

The objectives of this policy are to:

- Ensure that the public treats employees with respect and dignity and to confirm the support staff will be given if faced with such difficulties
- Provide assurance to staff that they can report concerns relating to abuse, discrimination, or harassment, in confidence if necessary.
- Provide clear guidance on the process for managing and escalating situations of actual or potential threat towards staff
- Ensure that the Trust carries out a thorough and timely investigation into the matter and make any recommendations or take any actions.

## 6.0 Scope

The policy is intended to support all staff, whatever their role. All staff are responsible for assisting in the implementation of this policy.

## 7.0 Roles and Responsibilities

### 7.1 Chief Executive

The **Chief Executive** is accountable to the Board for the setting up of, and compliance with, this Policy and will ensure:

- Management systems for compliance with managing violence, harassment and discrimination and associated legislation
- Effective communication systems at all levels internally and externally of the Trust with the relevant bodies such as the Equality and Human Rights Commission, where appropriate
- Adequate resources for managers to fulfill their duties including appropriate training to support them
- Procedures to monitor the effectiveness of violence, harassment and discrimination management

### 7.2 Executive Directors, Clinical Directors and General Managers

Executive Directors, Clinical Directors and General Managers are responsible to the Chief Executive for ensuring, within the areas of their control, compliance with measures set out this Policy and other related policies. This is achieved by:

- The inclusion of Risk Management matters in staff job descriptions and performance appraisals
- Monitoring incidents and near miss reports, to implement any action plans to minimize future recurrences
- Participation in the consultation and implementation of this policy and associated policies

- Identifying to the Trust the resources required for managing abuse, harassment and discrimination
- Allocating resources for managing the above
- Actively supporting conflict resolution training for managers and employees
- Communication and co-operation with the Board, line managers and other employees and outside organisations

### 7.3 Clinical Site Managers

**Clinical Site Managers** are accountable to their respective Directors/General Managers for implementing measures set out in this Policy and associated policies, guidance, and other documents. This is achieved by:

- Co-operating with the Board, Directors, and other relevant key personnel in drawing up safety policies, guidance and other documents for the assessment and control of abuse, harassment and discrimination.
- Taking the lead in the event of a Code Victor
- Supporting staff in dealing with unacceptable behaviour
- Ensuring that risk assessments are undertaken in consultation with staff and recognised union representatives within the working environment and within the scope of their responsibilities in accordance with the Trust's policy and procedures.
- Ensuring that incidents and near misses are reported and recorded
- Monitoring incidents.
- Investigating incidents and near misses.
- Implementing and monitoring the effectiveness of measures put in place to prevent recurrence

### 7.4 All other Employees

All **employees** are accountable to their line managers and assist towards making the Trust a safe environment.

- It is the responsibility of all employees to conduct themselves in a professional manner, which combines prompt and efficient service with a concern for the needs and feelings of others including colleagues, managers and patients and members of the public.
- All employees have a duty of care toward themselves and others. They should be aware of the risks present within the workplace and must, at all times, adhere to the Trust's safe systems of work thereby ensuring that they do not subject themselves or others to unnecessary or foreseeable risk(s).
- Employees should be aware at all times that their behaviour and interactions with others can either trigger or prevent violence and aggression.
- Exercise good quality observation and assessment skills and remain alert to the needs of patients.
- Deal with patient and visitor questions and anxieties as, or ideally before, they arise.
- Present a calm, controlled and professional manner at all times.
- Uphold their duty of care for patients and others whilst maintaining staff safety and security, including physical, emotional and psychological wellbeing.
- Attend the National Syllabus Conflict Resolution training in order to gain the necessary competencies associated with the professional management of the violent or potentially violent incident in accordance with Trust policy and other locally determined procedures.
- Identify potential / actual risks within their own work area and bring these to the attention of their designated manager at the earliest opportunity.



- Report all incidents / near misses of violence and aggression in accordance with Trust policy and procedures to their line manager and complete the Datix process at the earliest opportunity, whether directly or indirectly involved in an untoward incident or as a witness to a violent or potentially violent incident.
- Follow Trust policy and local procedures for safe working, including the Trust's Dignity at Work Policy & Procedure and Equality & Diversity Policy & Procedure . Summon assistance where necessary by contacting the Security team and or where appropriate the Police. A Code Victor can be called via the emergency extension number 2222.
- The Trust has adopted the Skyguard System for lone workers. Full details and an Operational guide for the use of this system is issued to individual staff members when given personal issue of the item. Training and further information will be provided by the Security & Car Parking Team.
- Report any injury or harm (physical, emotional, and psychological) sustained as a consequence of personal involvement at the incident level (directly or indirectly), however minor, to relevant managers or supervisors and seek medical attention and/or Occupational Health support as necessary and to contact their recognised union representatives for additional support
- Never exceed their capabilities or level of responsibility when dealing with any incident connected to this policy; staff should seek help and assistance immediately in accordance with Trust policy and procedures
- Members of staff can contact Human Resources or their Trade Union at any point of the processes.

## **7.5 The Health and Safety Manager**

The Health and Safety Manager is responsible for reporting all incidents of physical assaults and acts of abuse resulting in a RIDDOR incident to the HSE

## **7.6 Local Security Management Specialist (LSMS)**

The role of the Local Security Management Specialist employed by the Trust, was created by Secretary of State directions in 2003. Part of the LSMS' duties relate to dealing with incidents of abuse, harassment and discrimination committed by members of the public (patients and visitors) on hospital staff and contractors. To this end, the LSMS will:-

- Provide advice and, support in managing these situations.
- Monitor incidents and record physical assaults on the NHS Security Management Service database.
- Liaise with the police and victims in relation to prosecutions, where appropriate.
- Monitor the type and nature of incidents and take strategic action where necessary.
- Report to the Estates Governance committee and the Health and Safety Group in relation to such incidents.

## **8.0 Unacceptable Behaviour, Abuse, harassment and Discrimination Incidents**



In situations in which staff feel threatened/harassed or that they have suffered discrimination, they should undertake the following:

1. **Risk assessment of the situation.** This must include;
  - a) an assessment of their own safety and that of others
  - b) An assessment of the patient's clinical condition.
2. **An immediate escalation to a more senior member of staff** in order to provide additional support/senior consideration of the situation. Staff should not feel that they have to make a decision beyond their own training and competence and should not hesitate to call the senior clinical person in charge of the area to consult them about any decision. In serious situations there will be escalation to the Executive Directors including the on-call Director.
3. **Where the well-being of staff or others is perceived to be at risk**, the member of staff experiencing or witnessing the risk must **err on the side of safety, contact the Security department, (via Switchboard).** However, if immediate assistance is required use a Code Victor (call security) or call the Police. (See Appendix 3 for flowchart of process.)

When visitors/relatives continue to cause undue harassment after all reasonable measures have been taken to reason with them and to seek their co-operation, or where their behaviour causes an immediate risk to the safety and welfare of staff or patients, the entitlement to remove them from the premises may arise. In urgent situations, this decision will be taken by the Senior Manager responsible for the area at the time, in discussion with relevant interested and knowledgeable parties. This is likely to include the Trust LSMS, Security staff, the Police and Senior Medical staff in charge of the care of the relevant patient.

In situations of unacceptable behaviour, discrimination/harassment, managers should not automatically assume that a solution is to move the member of staff, since this could be seen to add to a discrimination started by the patient/member of the public. It should however be recognised that there will be occasions where with the agreement of the member of staff concerned this might be the appropriate solution (or as above, exceptionally in certain serious clinical situations where the duty of care must override other considerations). However, if the member of staff asks to be moved, this should be granted if at all possible. Managers will be expected to explore all options in this regard. Members of staff should feel able to contact Human Resources, their recognised Trade Union or Staff Organisation representative if they remain concerned about the solution proposed.

In less serious cases, it may be that the member of staff prefers for example, being assured of managerial support, to address the issue themselves informally with the patient or visitor concerned. Staff will use their own judgement to decide whether they feel able to deal with the situation themselves. Their manager will deal directly with the patient/visitor concerned if the member of staff does not feel sufficiently able to do so.

Any such situation that arises should be managed with care and sensitivity in the light of the circumstances that prevail.

Appendix 2 details the process in the form of a flowchart.

## 9.0 Recording of Incidents

It is important that, in addition to the appropriate escalation of an incident, accurate records are kept of how it arose, what happened and how it was managed are kept. If necessary, records can

be made after the event as clearly the priority at the time is likely to be dealing with the incident in practice. **Appendix 5** details what it may be important to record, depending on the situation.

The Datix incident reporting system should be used to record incidents. Where appropriate, witness statements should also be requested.

## 10.0 Potentially Discriminatory Incidents

The Trust has a responsibility to ensure that it supports its staff against unlawful or potentially unlawful discrimination whilst fulfilling its obligation with regard to care to patients. The Trust will do everything possible to confirm to the patient/public that the culture of the Trust is one that does not accept discriminatory behaviour or demands. This will include:

- a) Providing information to the public in a readily accessible way, such as posters, leaflets.
- b) Ensuring that clear communication is given to the offenders that discriminatory or potentially discriminatory behaviour/demands are acted upon in accordance with this policy.
- c) Training staff to ensure that the culture of non-acceptance of such behaviour is understood by all staff and that they feel able and supported in challenging such behaviour.

In situations of potentially discriminatory requests where staff are being asked to undertake or accommodate perceived acts of discrimination the Trust will be guided by legislation and guidance from professional bodies and where necessary, legal advice. Based on current advice, in the event that a patient imposes any discriminatory demands or act in respect of religion, belief, colour, nationality, race, ethnicity, sex, sexual orientation, gender, gender reassignment, marital or civil partnership status, pregnancy, age or disability against staff, the action to be taken is as follows;

### a. Staff must ensure that the Patient

- Understands that the Trust does not accept the demand/behaviour being made
- Is informed again of the Trust statement and policy in respect of the demand/behaviour being made
- Understands the potential consequences of their continuing with a potentially discriminatory demand ie that they are refusing treatment.
- Must be asked again if they wish to adhere to their potentially discriminatory decision/request.

### b. Where the patient persists in their behaviour or demands the patient will be informed that the consequences of their decision imply that;

- The patient accepts full responsibility for their decision in accordance with the Refusal of Treatment Procedure

### c. In a non-emergency situation

Having ascertained that the patient fully understands the situation and the consequences of their persistence with unacceptable and potentially discriminatory demands, the patient will

be informed that their request or behaviour is in breach of the Trust's policy and potentially of legislation. As such the Trust is unable to accommodate the request/behaviour and the patient will be given the option to refuse treatment, or to seek treatment elsewhere.

This should be documented and signed in the medical notes clearly stating that:

- The behaviour cannot be tolerated
- The patients has been informed of the Trust's policy relating to their behaviour and accepts their responsibility in accordance with the self discharge
- The patient fully understands the consequences of their continued behaviour in accordance with the Trust's policy.

However, if the patient does not have capacity or is a minor, the Trust must act in the best interest of the patient and therefore staff must reference the Trust's Consent Policy.

**d. In an emergency situation, defined as life threatening or considered to be life threatening**

In these situations, very difficult professional judgements have potentially to be made and it is essential that senior clinical staff are available to make these.

In a clinically life threatening situation, it is likely that the professional duty of care of clinical staff and their Codes of Practice make the duty of care of the patient a first concern and would take precedence over other considerations.

However, prior to such a decision being reached, all possible attempts must be made to seek the agreement of the patient/relative to cease their discriminatory requests/behaviour. Again, the patient/relative will be informed that their request/behaviour is in breach of the Trust's policy and potentially of legislation.

If however the patient/relative refuses to co-operate with these requests and there is a senior clinical decision that the situation is life-threatening for the patient, they may have to conclude that the duty of care to the patient and their care and safety is the overriding consideration.

In this situation, it must be clarified with the patient and documented in their notes that accommodating their wish is being done for their wellbeing or their baby/dependant in line with staff's professional duty of care and requirement of professional codes of practice that states the care of the patients as a first concern and that should take precedence over other considerations.

This should be documented and signed in the medical notes clearly stating that:

- The behaviour cannot be tolerated
- The patients has been informed of the Trust's policy relating to their behaviour
- The patient fully understands the consequences of their continued behaviour in accordance with the Trust's policy.

The rationale for which the decision making has taken place should be recorded in the patient's notes.

**e. If the patient does not have capacity or is a minor,**

In these circumstances, the Trust must act in the best interest of the patient and therefore staff must reference the Trust's Consent Policy. Consideration should be given to the parents' role and behaviours where minors are concerned.

Please refer flow chart in **Appendix 2** for actions in relation to patient care.

## 11.0 Staff Support

Staff witnessing incidents of potential harassment, discrimination or violence should, in addition to reporting the incident to their supervisor or manager, support colleagues suffering harassment, unacceptable behaviour or discrimination, provided it is safe for them to do so. This may include, if appropriate, challenging the harasser at the time of the incident.

Staff should also be encouraged to notify their Trade Union or Staff Organisation representative of such incidents.

Following an incident of abuse, harassment or discrimination appropriate care will be provided for the affected staff. This will include:

- For physical injuries - Immediate first aid / treatment will be provided.
- For psychological harm – appropriate advice / the member of staff's immediate line manager and/or other management representatives will offer support. Ongoing counselling support will be offered via the Trusts Occupational Health Department
- The Trust Local Security Liaison Officer will also offer support and advice. The Security Department will contact the Liaison Officer
- The offer of de-briefing of individual or groups of staff to ensure feedback and discussion with their manager.

### 11.1 Procedure to be followed if wishing to make a complaint to the police following an incident

The decision to charge someone will be dependent on the willingness of the victim to make a complaint.

The Police are responsible for investigating the incident and will charge the offender if there is sufficient evidence to do so.

Following an incident, support from the Trust will be made available to staff who wish to consider making a formal complaint.

The Trusts Local Security Management Specialist (LSMS) will provide advice and ongoing support to the member of staff throughout the whole process.

If a decision is made to continue with a formal complaint, the following procedure should be followed.

1. It is the responsibility of the head of department on duty at the time of the incident to make sure that the Security Department have been informed and have undertaken their initial investigation and report. This will involve identifying any witnesses who may be able to give a written statement.

2. The head of department will make sure that a Datix incident report has been completed and submitted in accordance with the Trust policy.
3. At the first opportunity, during office hours, contact the LSMS Bleep 1034. The LSMS will be responsible for:
  - Reviewing the incident with the individuals involved in order to understand the incident.
  - Provide information and advice about the process.
  - Liaise with the Police verbally and in writing
  - Determine if any further documentary information or evidence is required.
  - Ensure that all witness statements are completed.

In the event of the case proceeding to the courts, the LSMS will be required to ensure that ongoing support is provided. Examples of this will include.

- Ensuring time off for counselling and debriefing.
- Accompanied visits to the Police in order to complete statements.
- Facilitating the use of the hospital's solicitors in compiling statements if needed.
- Maintain regular liaison with the NHSSMS, in particular the Legal Protection Unit
- Pre-visits to the court to familiarise staff members if required.
- Information and explanation of possible charges and resulting sentences.
- Ensure time off to attend court and to support at court hearing.
- Other assistance as required.

The LSMS will be required to keep the head of department informed of progress and, along with the head of department, consider the need for ward/departmental briefing and/or specialist counselling. In the event that it is deemed that the incident is not suitable to press for prosecution, then the LSMS must provide information and rationale behind that decision. The LSMS will be a staff member who has received specific training in order

## 12.0 Physical Restraint

In the event of a potential physical restraint episode, the Security Team and Support Team Supervisor will attend and will act upon the instructions of the Duty Hospital Manager. The Security Team in attendance will take control of any physical disturbance and advise if further Support Team members are required.

Restraining is only to be used as a very last option and is only permitted if the person using it reasonably believes it is necessary to prevent harm to the person who lacks capacity and if the restraint used is a proportionate response to the likelihood and seriousness of harm.

In all circumstances where it is necessary to restrain an individual, only **reasonable force** may be used. The law does not justify any method of restraint, which involves force in excess of **reasonable force**

Only staff trained in the safe use of restraint should carry out control and restraint techniques. In the event of an episode where control and restraint techniques may be needed staff must contact the Duty Hospital Manager or LSMS and Security Team. The Duty Hospital Manager, Lead clinician or LSMS will authorise for any restraining techniques to be used and this will be carried out by the Security Team who have all been trained in the use of Control and Restraint. In the event of an emergency staff can be summoned using a Code Victor (ringing **2222**).

## 13.0 Post-Incident Actions

In serious cases, where there has been unacceptable behaviour, violence, harassment or discrimination by individuals or theft or malicious damage to people or property or illegal activity on Trust premises, the matter will be **reported to the Police** and a crime reference number obtained in accordance with the Policy for the Management of Patient and Staff Safety.

The collection of witness statements and evidence as appropriate, staff should ensure that potential physical evidence should not be tampered with unless absolutely necessary for safety reasons.

Critical incident de-briefing should occur as soon as is reasonable practicable given the condition of the member(s) of staff.

Risk assessment review. Action may include:

- Provision for ongoing support.
- Legal assistance – in some cases legal help may be appropriate. Each case will be judged on its own merit. In cases where the Police are not prepared to prosecute the Trust should consider assisting / taking civil action for or on the behalf of the staff concerned.
- Assistance in application for compensation through the Criminal Injuries Compensation Authority (CICA).
- Additional training and or re-training to ensure staff are equipped to deal with future incidents.

Where a potential situation of unacceptable behaviour, discrimination or harassment is brought to the attention of management, steps will be taken to inform the individual(s) that such behaviour is inappropriate. This may involve meeting with those individuals and/or writing to them to inform them that their behaviour will not be tolerated.

In serious cases, or where individual(s) is/are known to have harassed employees previously this information will as far as possible be communicated to such other staff as may be subject to risk of harassment from the individual. For example, consideration should be given to marking or recording in the patient's notes if appropriate.

Further to a serious incident that has been reported to police, management will follow up the matter with the police to find out whether or not a prosecution will follow.

The hospital owes a duty of care to treat all patients. However, where a patient does not co-operate in the administration of his/her treatment or acts unlawfully to the detriment of others, entitlement to discharge may arise. The consideration of legal proceedings and the issue of an injunction may also arise. The decision to pursue such an action will be subject to full discussions between senior medical and management staff, nursing staff and the Senior Manager who shall, wherever appropriate, seek further advice from the Local Security Management Specialist who has recourse to the NHS Security Management Service Legal Protection Unit of the Trust's own legal adviser.

Any correspondence or contact with the aggressors or their victims should be made via the LSMS or the Chief Operating Officer, who will use the agreed Trust templates which adhere to NHS Protect Guidelines and legal advice.



## 14.0 Training

The Trust LSMS will organise conflict resolution and Control & Restraint training sessions. These sessions will incorporate the NHS Security Management Service National Syllabus and will be delivered by NHS Security Management Service accredited specialists.

Training sessions will be delivered in ½ day and 1 day modules. Details and dates can be found in the Trust's training directory and Training Needs Analysis.

Specialised training on breakaway/intervention techniques will be provided to staff who may be expected to intervene in the event of a disturbance i.e. Security, Support team.

All staff will be advised of the key points of this policy during their induction. Managers, including on-call managers and Directors, and Senior clinical staff will be advised regarding the key action and legal points of this policy in order that they can make appropriate judgements and give advice in relevant situations.

## 15.0 Statement of Evidence/References

- The Health & Safety & Work Act 1974
- The Management of Health & Safety at Work Regulations 1999
- The Mental Capacity Act 2005 Section 5
- The Criminal Justice and Public Order Act 1994 (where the criminal offence of intentional harassment was created).
- The Human Rights Act 1998
- NHS Security Management Service National Syllabus
- NHS Protect Guidelines
- Equality Act 2010



## 16.0 Governance

### 16.1 Document review history

Version number	Review date	Reviewed by	Changes made
1	September 2010		To originate document – amalgamation with 'Managing Conflict' Policy
1.1	October 2011		Minor amendments in line with NHSLA requirements.
2.0	February 2014		To add clarity to sections regarding contacting aggressors and victims.

### 16.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Security	7/2010	7/2010		
HR	Human Resources	8/2010	8/2010		
	Chief Operating Officer	Jan 2014	Security Forum	Update procedure chart	
H&S and Security Gov Group	All areas represented	March 2014	March 2014	None received	
	Thames Valley Police	Feb 2014	Feb 2014	None	
	Thames Valley Police	March 2018	April 2018	Minor lateration regarding police input	Yes
	HR	April 2018	13/4/18	1. Various re-changes in legislation 2. Input on new Harassment Advisors	Yes
Estates Governance	Various	July 2018	July 2018 None		
	Head of Midwifery	Sept 2018	Sept 2018	Minor changes grammatically & layout	Yes
H&S Committee members	Various	Nov 2018	Nov 2018	None received	

### 16.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Monitoring of related incidents	Datix reports	Security Manager	Monthly with quarterly presentation to H&S group & Estates Governance Group	As determined by the H&S Working Group

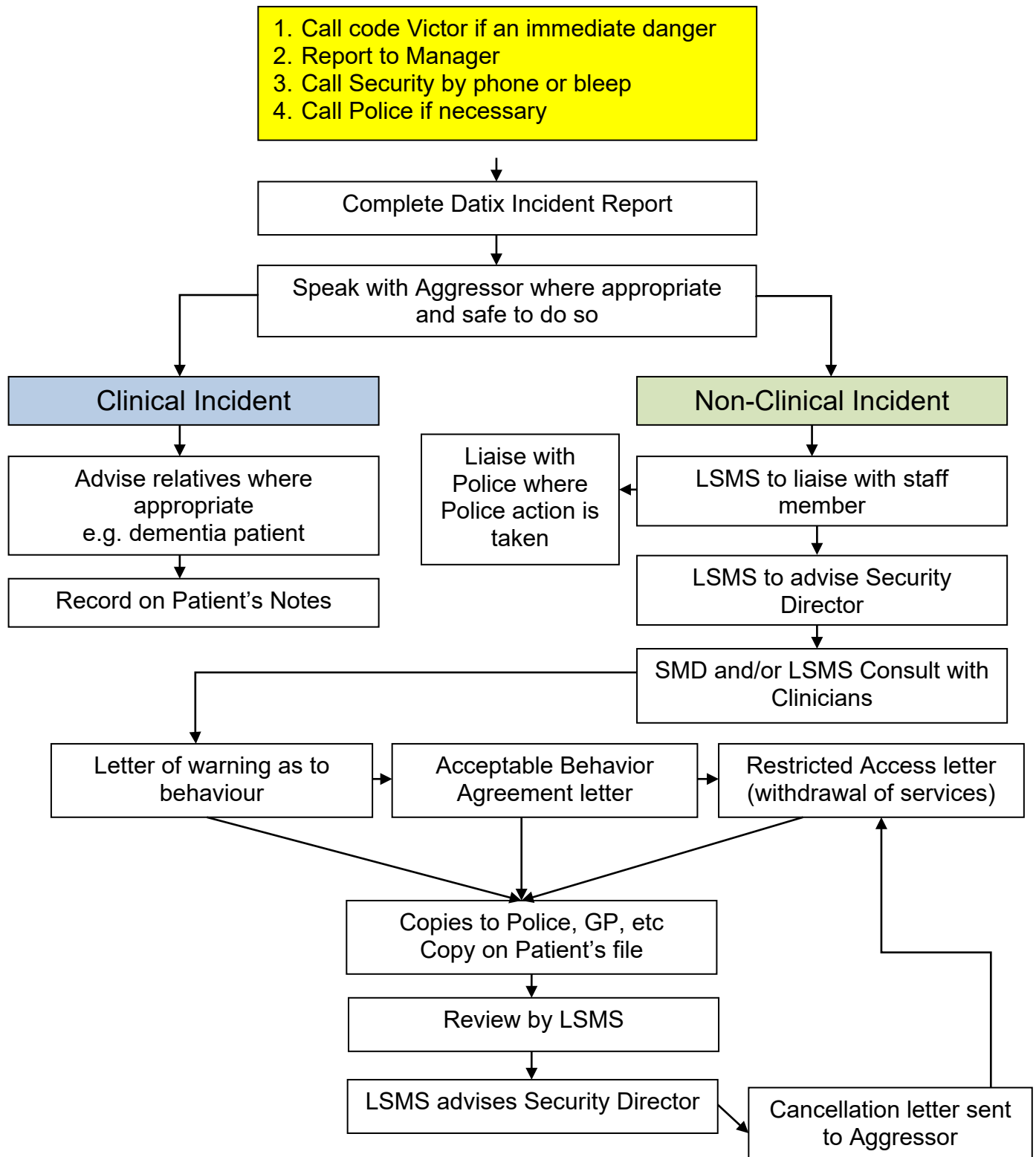
### 16.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

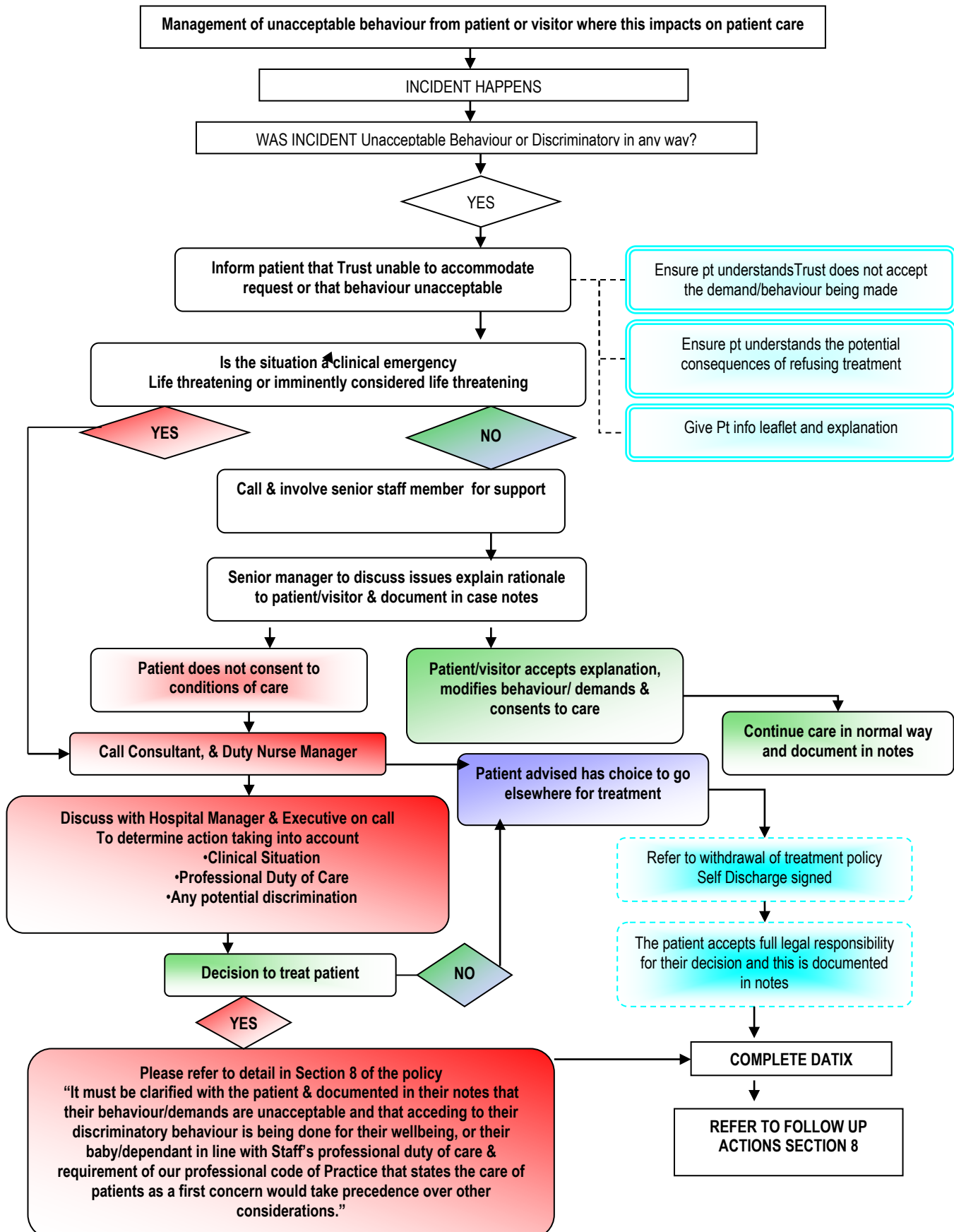
Equality Impact Assessment			
Division	Corporate	Department	Security & Car Parks
Person completing the EqlA		Contact No.	996120
Others involved:		Date of assessment:	19 March 2018
Existing policy/service		New policy/service	
Will patients, carers, the public or staff be affected by the policy/service?		Staff & Public	
If staff, how many/which groups will be effected?		All staff	
Protected characteristic	Any impact?	Comments	
Age	NO		
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		

Sexual orientation	NO	
What consultation method(s) have you carried out?		
How are the changes/amendments to the policies/services communicated?		

## Appendix 1: Process for calling for assistance and reporting the incident



## Appendix 2: Process for management of unacceptable behaviour from patient or visitor where this impacts on patient care



## **Appendix 3: Reporting of Incidents – Advice on what should be recorded**

If a member of staff who witnesses an incident of potential harassment, discrimination or violence should report it to their supervisor or manager.

Serious incidents should be reported as soon as possible by the manager of the relevant area to their senior manager During normal office hours, Mon-Fri, the Service Manager/General Manager/Clinical Director; outside office hours and at weekends, the Clinical Site Manager should be advised), and the on-call Director should also be notified.

### **Reporting and recording of incidents should include:**

- An overview of the incident
- The person's behaviour leading up to the incident.
- Any possible precipitating factors.
- The verbal and non-verbal behaviours of the person, the perceived seriousness of the incident and the level of threat(s) received.
- How you interacted with the person, the verbal and non-verbal actions undertaken by staff to de-escalate the situation.
- Detail of the responses received, if any statements of intent were directed toward you or others – verbally or non-verbally.

### **In the event of discriminatory incidents records should include:**

- Detail of perceived harassment and/or discrimination
- What was risk to self
- What actions were taken to redress the patients behaviour
- Type of clinical risk assessment
- What actions were required of individual staff members involved in incident
- How incident was managed
- Effect of incident on self
- Witness details
- Date, Time and signature

### **In the event of violence or aggression records should include;**

- Whether you were in fear of your own personal safety.
- If you had to take action to avoid personal physical assault(s).
- The type of assaults you encountered.
- How you managed the incident and what type of defensive strategy or breakaway technique you had to use.
- If physical intervention (restraint) was unavoidable:
- Why was restraint used?
- What techniques were deployed and for how long?
- How many staff were involved and what were their respective roles?

- How was the incident resolved?
- Details of any injuries sustained and how they occurred to staff, the violent person or others
- Any damage to property (personal or Trust).
- A record of the time medical staff and or porters / security / police / mental health services / other were called, the time at which they arrived and their name(s), position, and in the case of police officers their number.
- Any complaints received.
- Witness details.
- The outcome and resulting actions.
- Date, time, and signature.
- A record if whether you permit your personal details to be passed onto the Local Security Management Specialist.