



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Arrangements for The Provision of Care to Individuals who are Violent or Abusive (age 18 or over)

This procedural document supersedes: PAT/PA 6 v.2 – Arrangements for the Provision of Care to Individuals Who are Violent or Abusive (age 18 or over)



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Kerry Williams LSMS/ Contract Manager
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Approved by:	Health & Safety Committee/Policy Approval and Compliance Group
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	4 January 2018	Minor changes to titles, updated to new format and references to some documents changed or removed.	Kerry Williams
Version 2	November 2017	<ul style="list-style-type: none"> • Major changes throughout – please read in full. • Updated into new format • Duties and Responsibilities of staff • Template letters as appendices • Examples of assaults 	Kerry Williams
Version 1	November 2003	<ul style="list-style-type: none"> • New policy please read in full. 	Joe Brayford

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1. INTRODUCTION

1.1 The Trust will not tolerate any form of violence or aggression, including verbal abuse against its staff, visitors, or patients. In order to deal with the problem effectively, it is vital that all incidents are reported and formally recorded.

1.2 Any resulting action taken by the Trust will vary according to individual circumstances. This may range from immediate removal and arrest of offenders by the Police, to the issuing of informal or formal warnings, or in extreme cases may include the exclusion from treatment other than immediate emergency care. The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

1.3 The Trust recognises that the Management of Violence and aggression (V&A) by patients, particularly behaviour that is due the patient's clinical condition, should be managed following the advice of Senior Medical staff and Line Managers as appropriate.

1.4 This policy should be read in conjunction with the following:

- Security Policy
- Supporting Staff Involved with Incidents Policy
- Lone Worker Policy
- Use of Restrictive Physical Intervention Policy

2. PURPOSE

2.1 The purpose of this policy is to ensure that all staff are aware of the local requirements for managing and reporting violence and aggression.

2.2 The policy outlines procedures for dealing with physical and non-physical assaults and includes preventative measures for tackling Violence and Aggression.

2.3 The Policy details how the Trust will ensure that staff have the right to work, and patients the right to be treated, free from fear of assault and abuse in an environment that is safe and secure.

3. DUTIES AND RESPONSIBILITIES

Chief Executive

- The Chief Executive is responsible for the provision of appropriate policies and procedures for all aspects of health and safety at work, and the management of security rests initially with the Trust Board (Health & Safety at Work Act 1974), Secretary of State Directions (Statutory Instrument 3039/2002). For foundation trusts, these arrangements are replicated under schedule 13 of the standard NHS contract. Directions outline the responsibilities of NHS bodies to manage security and provide a safe and secure environment for staff, patients and visitors.
- Additionally, the Chief Executive will ensure through the line management structure that these policies and procedures are applied fully and consistently and that all employees are aware of the standards and behaviours required within them.
- The Chief Executive has overall responsibility for ensuring that adequate arrangements are in place for the management of Security and that a system is in place for monitoring, reviewing, and updating these arrangements.

Director of Estate & Facilities (SMD)

- The Director of Estate and Facilities is the Director nominated as the Security Management Director (SMD) with responsibility for Security Management.

Local Security Management Specialist (LSMS)

- The Local Security Management Specialist will:
- Ensure the provision of training, guidance, and support to Line Managers on the operation of this policy.
- Ensure that queries in relation to this policy are managed at a local level as required.
- Ensure that procedures are in place to accurately record all relevant information relating to incidents involving physical and non-physical assault.
- Ensure that full co-operation is given to the Police in respect of an investigation and any subsequent action, including ensuring access to personnel, premises and records whether electronic or otherwise which may be considered relevant to the investigation.

Managers

- Managers have a responsibility to support staff involved in incidents of violence and aggression.
- Managers will ensure that risk assessments take account of the risk of violence to staff and ensure that appropriate systems are in place to protect the safety of individuals.
- Managers will liaise with Risk management Department and Security Department as appropriate when a violent or aggressive incident occurs.
- Managers will ensure that all staff have access to appropriate training, and that the training is recorded on the Trust's OLM system.

Employees.

- All Trust employees must conform to this policy and report any incidents of violence or aggression to both the Security Department and via the Trust's Datix Management incident reporting system.

3.1 Policy Statement

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust will not tolerate any aggressive, abusive, or violent behaviour towards employees engaged in their lawful duties. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.

- The Trust is committed to providing a safe and secure environment and anti-social behaviour of any kind will not be tolerated.
- The Trust is committed to supporting criminal proceedings and redress, and where appropriate will apply sanctions to withdraw healthcare services to the perpetrator if employees, patients or visitors are subjected to unwarranted and unsolicited anti-social behaviour and/or abuse.

3.2 Definitions

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.

3.3 Requirement to Undertake a Risk Assessment

- Each Ward/Department is required to carry out their own risk assessment for the management of violence and aggression for their particular area based on the generic assessment tool. Risks must be added to the department/Care Group risk register and managed locally.
- As a result of the local violence and aggression risk assessment, appropriate risk action plans should be developed where appropriate.
- Lone Workers who may be exposed to violence or aggression must complete a lone worker risk assessment using the guidance provided in the Lone worker policy.

4. PROCEDURE

THE PROCEDURE FOR REPORTING PHYSICAL AND NON- PHYSICAL ASSAULTS

It is primarily the responsibility of the victim(s) involved in an incident to report the incident as soon as practicable to:

- The Security Team,
- Line Manager / team leader,
- Complete Trust Datix Incident Form,
- The Police, where it is deemed appropriate, after consultation with the Trust Local Security Management Specialist.

Exception - Some incidents do not necessarily have to be reported to the Police for example where the following applies:

In those cases where the “First On-Call”, having made the necessary enquiries, chooses not to report the matter to the Police.

This may include occasions when the assault was unintentional due to the patient’s clinical condition.

Such incidents should be recorded in the patient’s clinical notes to ensure staff are aware and must still be reported on the Trust’s Datix Incident Reporting System.

All sections of the Incident Report should be completed fully, accurately, and as close to the time of incident as possible by the victim(s).

Where necessary, additional records should be made and retained, and if possible any objects or equipment involved in the incident, taken out of use pending further investigation.

4.1 Response by Line Manager Following Assault on Staff Member

Remove victim from immediate vicinity of where the assault took place to gauge how they are feeling and offer support.

Identify whether victim requires medical treatment (i.e. referral to the Emergency Department or Occupational Health Department) and if they are fit to resume their duties, or need to be sent home.

Assist victim to complete Datix Incident Form, or complete form on their behalf if they are unable to do so.

Complete Post Incident Review form.

Prior to resuming duty conduct a "Return to Work" interview in order to ensure that the member of staff is sufficiently recovered from the incident to resume normal duties.

Ensure that member of staff has access to counselling if required.

Carefully consider the working conditions of the victim, and determine whether any changes are required, such as:

- Relocation of the individual,
- Restructuring of the individual's working day,
- Provision of support from colleagues.

4.2 Specific Actions Following an Assault

If Police attend an incident it is important to obtain the investigating officer's details, ascertain what action is to be taken against the assailant, and inform the Local Security Management Specialist.

If the matter has been considered under the exception above and is reported to the Police, the Police should be provided with information concerning the assailant's clinical condition by the Nurse in charge of the Patient's care, if this is regarded as a relevant factor.

Where the victim does not wish to pursue the matter, the Trust will consider whether it would be in the wider interest of the Trust to take action, as failure to do so could

compromise the safety of personnel, if there was a recurrence. The decision to take action without the support of the victim should only be taken after considering all available evidence.

Risk Assessments must be updated following any identified risks contributing to the cause of the incident.

4.3 Investigation

Following a physical or non-physical assault against a member of staff, the LSMS will:

- In all instances (whether a Police prosecution is in process or not), consider, in conjunction with the relevant staff and representatives, what preventative action, if any, should be taken to reduce further or related incidents.
- Keep the victim fully informed of the progress of any investigation or action taken and offer full support and counselling.

4.4 Actions to be Taken Following Report of Non- Physical Assault by a Visitor (I.E. Non-Patient or Non-Staff Member)

Visitors who use abuse or threatening behaviour will be asked to stop and offered the opportunity to explain their actions.

Continued failure to comply with the required standard of behaviour will result in Security staff being called to remove the offending individuals from Trust property.

Any persons behaving unlawfully will be reported to the Police.

4.5 Actions to be Taken Following Report of Non-Physical Assault by a Patient

A range of measures are available depending on the severity of the assault including:

- Verbal warnings,
- Written warnings,
- Withholding treatment,
- Civil injunctions and Criminal Behaviour Order (CBO),
- Restraining Orders,
- Criminal prosecution.

A verbal warning would precede a Written Warning, and this would precede withholding of treatment, although there is no requirement to escalate the response in any particular order if the situation warrants immediate action.

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

4.6 Verbal Warnings

Verbal warnings are often an effective method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions.

They will be given by the Ward Manager or member of staff responsible for the department. The warning should (where practicable) be in private and when all parties involved are composed.

The verbal warning should be recorded onto the Trust's Incident form, and all relevant staff should be made aware of the verbal warning issued.

The verbal warning should be entered onto Camis as an alert. The alert will remain on Camis for the duration of the verbal warning. A period of six months is considered by the Trust to be a reasonable period of time for the warning to remain active. Appropriate systems must be in place to flag up removal of the warning upon expiry.

The aim of the verbal warning process is twofold:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of recurrence.

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

It is important that patients, relatives, and visitors are dealt with in a demonstrably fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a potentially abusive situation. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour.

Verbal warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary).

Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

4.7 Written Warning

Written warnings should be considered to address unacceptable behaviour from patients, relatives or visitors either when verbal warnings have failed, or as an

immediate intervention depending on the circumstances. The written warning is an agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour.

The written warning will be issued by the Ward Manager or member of staff responsible for the department following consultation with all relevant parties the offender's General Practitioner (GP), Consultant, Matron, Director of Nursing, Midwifery and Quality, and LSMS.

The written warning should be recorded onto the Trust's Datix Incident system, and all relevant staff should be made aware of the written warning issued.

The written warning should be entered onto Camis as an alert and should state "written warning for V&A". The alert will remain on Camis for the duration of the written warning. A period of six months is considered by the Trust to be a reasonable period of time for the warning to remain active. Appropriate systems must be in place to flag up removal of the warning upon expiry.

The written warning should specify the reasons for issue with a view to obtaining an improvement in future behaviour

The terms of the written warning should be outlined formally in a letter to the offender, and a copy signed by the offender and retained by the Trust. If the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a further letter to the perpetrator, to encourage continued good behaviour.

For offenders under 16 years of age, other than in exceptional circumstances, a written warning to the child's parent(s) or guardian(s) may be appropriate.

4.8 Final Written Warning

It is recommended that a final written warning should be issued prior to withholding of treatment being instigated.

A final written warning will be signed by the Chief Executive only (or in the absence of the Chief Executive by the Director of Nursing, Midwifery and Quality) and must be copied to the patient's Consultant and GP.

The Chief Executive or Director of Nursing, Midwifery and Quality will only issue a final warning letter after taking the advice of the Medical Director. The written warning will:

- Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);
- Explain that the behaviour demonstrated is unacceptable;

- Explain the appropriate sanctions which apply to violent or abusive patients;
- Detail the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures;
- Be recorded onto the Trusts Datix Incident System, and all relevant staff made aware of the warning.
- Be entered onto Camis as an alert and should state “final written warning for V&A”. The alert will remain on Camis for the duration of the Warning;
- A period of six months is considered by the Trust to be a reasonable period of time for the warning to remain active. Appropriate systems must be in place to flag up removal of the warning upon expiry.

4.9 Withholding of Treatment

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

There may be instances of serious assault when the Trust, having obtained legal advice, can decide to withhold treatment immediately.

Where it has been decided that a patient is to be excluded from Trust premises and treatment withheld, a written explanation for the exclusion will be issued by the Chief Executive / Director of Nursing.

The letter will be signed by the Chief Executive, and copied to the Security Manager, the patient’s Consultant, and GP. A copy should also be retained on the patient’s medical records.

Once the patient has been advised that treatment is to be withheld they must be escorted from Trust premises by Security staff, and the patient’s next of kin advised.

Once the patient has been advised that treatment is to be withheld they must be escorted from Trust premises by Security staff, and the patient’s next of kin advised.

A detailed record of the rationale for exclusion and of alternative arrangements for care should be maintained in the patient’s medical notes.

The withholding of treatment should be recorded onto the Trust’s Datix Incident system, and all relevant staff informed.

The withholding of treatment should be entered onto Camis as an alert and should state “withholding treatment for V&A”. The alert will remain on Camis for the duration of the sanction.

Withholding treatment is time limited and must be for no more than two months, after which the situation will be reviewed. Appropriate systems must be in place to flag up removal upon expiry.

If an excluded patient requires emergency treatment, this will be given and, if necessary, security will be asked to attend.

The need for security presence should be decided in conjunction with the nurse or consultant in charge of the patient’s care and the LSMS.

4.10 Camis Alerts

Ensure that alerts are entered on to Camis in accordance with instructions detailed in points above.

Ensure alerts are recorded in the patient’s case notes.

4.11 Further Action Following a Physical Assault

The LSMS will arrange for an acknowledgement to be sent to the person assaulted to ensure that any necessary support (i.e. counselling) is offered.

The acknowledgement will state that appropriate action will be taken, that they will be kept informed of the progress and outcome of the investigation. It will also include details of how, when and where the LSMS can be contacted.

Once all actions, both criminal and/or civil have been completed, the LSMS will ensure that the Trust Datix Incident System is updated.

Any action taken and warning letters issued, including withholding treatment or removal from practitioners list will also be recorded.

If the patient is violent and aggressive due to a transient clinical condition the incident should not be recorded onto Camis, but should be included in the patient’s clinical notes to ensure that staff are made aware of the patient’s clinical condition.

4.12 Physical Intervention

The term physical intervention refers to control and restraint, safe holding, and breakaway.

Physical Interventions must only be used as a last resort and when all other measures (including de-escalation) have been unsuccessful, and the situation is deteriorating.

Consideration must be given to the overall context of care; therefore staff must take into account the detrimental effect the use of physical interventions may have to all involved individuals.

The decision to use a physical intervention must take into account the circumstances associated with the behaviour and be based upon an assessment of the risks associated with the intervention compared with the risks of not employing a physical intervention.

The clinical staff must take the lead and advise the security staff accordingly.

5. TRAINING/ SUPPORT

The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

The Trust provides conflict resolution training to ensure that staff are provided with the appropriate skills necessary for the management of violence and aggression, refer to TNA.

As a minimum requirement all staff must undertake conflict resolution Training. The course follows a national syllabus which will enable staff to recognise triggers and diffuse potentially violent/ aggressive situations.

General awareness of the policy is to be promoted to staff during Trust inductions and also during conflict resolution training sessions

This policy is implemented throughout the Trust and is available on the Trust intranet.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Verbal aggression towards staff	LSMS	Quarterly	Health & Safety Committee
Violence & Aggression towards staff	LSMS	Quarterly	Health & Safety Committee / Audit and Non Clinical Risk Committee (ANCR)
Warning letters sent to patients and visitors	LSMS	Quarterly	Health & Safety Committee

7. DEFINITIONS

Security Management Director (SMD)
 Local Security Management Specialist (LSMS)
 Criminal Behaviour Order (CBO)
 Audit and Non Clinical Risk Committee (ANCR)

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 6)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Security Policy – CORP/HSFS 15
 Aggressive and Violent Behaviour towards staff policy - CORP/HSFS 5
 Lone Worker Policy - CORP/HSFS 3
 Health & Safety Policy - CORP/HSFS 1
 Enhanced Patient Supervision and Engagement Policy – PAT/PS 20
 Restrictive Interventions: Principles and Guidance - PAT/PS 15
 Fair Treatment for All Policy – CORP/EMP 4
 Equality Analysis Policy – CORP/EMP 27
 Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19.

10. REFERENCES

☞ Non Physical Assault - Explanatory Notes -
www.cfsms.nhs.uk/doc/sms.general/non.physical.assault.notes.pdf

☞ Tackling Violence against staff -
www.cfsms.nhs.uk/doc/sms.general/Tackling_violence_against_staff_2007.pdf

Secretary of State Directions (Statutory Instrument 3039/2002).

APPENDIX 1 – WRITTEN WARNING



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

<Date>

Dear

The Trust has evidence which suggests on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

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.

I would urge you to consider your behaviour when attending the, <insert name of trust / location> in the future and comply with the following conditions:

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

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

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

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

action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review the decision in light of your account of the incident(s). A copy of this letter will be kept with your Medical Records.

Yours sincerely,

Signed by senior staff member

Date

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

Signed

Date

APPENDIX 2 – FINAL WRITTEN WARNING



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

<Date>

Dear

FINAL WRITTEN WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert location and Trust >.

The Trust has evidence which suggests that you <insert name> used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises (delete as applicable).

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

This has been made clear to you in <insert details of previous correspondence/ meetings>

A copy of this Trusts Tackling Violence & Aggression policy on the withholding of treatment from patients is enclosed for your attention.

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

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this Trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients.

An exclusion from NHS premises would mean that you would not receive care at this Trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

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

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

A copy of this letter will also be kept with your Medical Records.

Yours sincerely,

Chief Executive

Date

APPENDIX 3 – WITHHOLDING OF TREATMENT



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

<Date>

Dear

Withholding of Treatment

I am writing to you concerning an incident that occurred on <insert date> at <insert location and Trust >.

The Trust has evidence which suggests that you <insert name> used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises (delete as applicable).

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

A copy of this Trusts policy Tackling Violence & Aggression on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from the Trust premises.

The period of this exclusion is <insert number of weeks / months> and comes into effect from the date of this letter.

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

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

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

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service.
- During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.
- In considering withholding treatment this Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

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

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

A copy of this letter will also be kept with your Medical Records.

Yours sincerely,

Chief Executive

Date

APPENDIX 4 – REPORT OF A PHYSICAL ASSAULT



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

<Date>

Dear

Report of a Physical Assault

I understand that you were physically assaulted on [Enter Date] during the course of your duties. I am sorry to hear about this.

The Trust is determined to tackle all forms of anti-social behaviour and, in particular, where trust staff are abused and/or assaulted.

Doncaster and Bassetlaw Teaching NHS Foundation Trust will ensure that where a member of staff reports a physical assault:

- it is properly followed up by the police;
- where the police do not take action, the assault is investigated to see whether appropriate action can be taken against the offender;

The Trust is committed to ensuring that you receive any support and guidance that may be needed following this incident.

As the Local Security Management Specialist for this Trust, I will be monitoring any police action taken in your case. Where it is necessary, I shall explore with your consent and the support of Doncaster and Bassetlaw Teaching NHS Foundation Trust, what alternative or additional action can be taken.

Please do not hesitate to contact me should you have any questions or concerns.

Yours sincerely
Local Security Management Specialist

APPENDIX 5 - TYPES OF PHYSICAL AND NON PHYSICAL ASSAULTS

Background

Incidents of Physical and Non-Physical assault against NHS staff and professionals constitute the vast majority of violent incidents reported. This policy has been developed to enable the Trust to tackle assaults in a consistent yet flexible framework. The policy also provides guidance to assist the Trust in the development and implementation of procedures to effectively tackle assaults on staff by patients, relatives, and visitors in accordance with new requirements introduced by the Secretary of State Directions and existing obligations under Health and Safety legislation.

Types of Physical Assaults

These include any hurt or injury calculated to interfere with a person's health and comfort, such as:


- Slapping with open hand
- Punching
- Kicking
- Grabbing
- Spitting
- Pinching
- Pulling Hair

Types of Non-Physical Assaults

- Non-Physical Assaults include:
- offensive language, verbal abuse and swearing which prevents staff from carrying out their duties 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:
- near misses i.e. unsuccessful physical assaults:
- offensive gestures;
- threats or risk of serious injury to members of staff, other patients or visitors;
- bullying, victimisation or intimidation;
- stalking;
- spitting;
- alcohol or drug fuelled abuse;
- unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or
- Any of the above linked to destruction of or damage to property.
- It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other forms of communication such as graffiti on NHS property.
- The appropriate and proportionate response to incidents will depend on individual circumstances.

APPENDIX 6 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Management of Aggressive Patients	Security/Estates	Kerry Williams	Existing	31 st October 2017
1) Who is responsible for this policy? Name of Care Group/Directorate:				
2) Describe the purpose of the service / function / policy / project / strategy? Who is it intended to benefit? What are the intended outcomes? All Trust				
3) Are there any associated objectives? Legislation, targets national expectation, standards: No				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] –N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] – N/A				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1/✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27</i>				
Date for next review: October 2020				
Checked by: 		Date: 5th December 2017		