Plymouth Community Healthcare CIC

# Violence & Aggression Management Policy Incorporating the Red / Yellow Card – Unacceptable Behaviour Exclusion Protocol and Debriefing Staff Guidance

Version No: 2.1

**Notice to employee using a paper copy of this guidance**

**The policies and procedures page of Intranet holds the most recent version of this guidance. Employee must ensure they are using the most recent guidance.**

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| | healthcare<br>• Victim Support |
| **Associated documentation** | • Risk Management Strategy<br>• Health & Safety Policy<br>• Security Management Strategy<br>• Security Management Policy<br>• Incident Reporting & Investigation Policy and Procedure<br>• Serious Incident Requiring investigation (SIRI) Policy<br>• Lone Working Policy<br>• Stress Management Policy<br>• Disclosure of Health Records, Giving Statements, Reports and Court Proceedings Policy<br>• Equality & Diversity Policy<br>• Rapid Tranquilisation policies (CAMHS & Adults)<br>• Safeguarding policies and procedures (Children, Adults & Multi-Agency)<br>• Domestic Abuse/Violence policies and procedures (Employee, Patients & Multi-Agency) |
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| 2.1 | Review | 20/10/2015 | Corp Risk & Security Advisor | • General review<br>• Removal of Appendix I re Alert Stickers<br>• Expansion of staff wellbeing checks/group debriefing information |
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# Violence & Aggression Management Policy Incorporating the Red / Yellow Card – Unacceptable Behaviour Exclusion Protocol and Debriefing Staff Guidance

## 1 Introduction

1.1 This policy outlines Plymouth Community Healthcare CIC (hereafter referred to as "PCH") approach to the deterrence, prevention and management of violence and aggression against its employee, by patients, visitors, relatives and public in general.

1.2 PCH **will not tolerate** any form of violence or aggression, including verbal abuse against its employee. In order to deal with the problem effectively, it is vital that all incidents are reported and formally recorded, including near misses. Any resulting action taken by PCH will vary according to individual circumstances. This may range from immediate removal and arrest of offenders by the police, to the issuing of formal or informal warnings, or in extreme cases may include the exclusion from PCH occupied premises. PCH recognises that the training of employees 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 This policy requires managers to formally assess the safety needs of their employees and put in place local control strategies commensurate with the risk.

1.4 PCH acknowledges that there may be situations where employees are involved in stressful events, traumatic incidents, complaints or claims, and that this may adversely affect those individuals. It is recognised that immediate and on-going support may be required. This could be provided by line managers, Human Resources and Occupational Health & Wellbeing. Other third party support may also be required.

1.5 PCH recognises the right of any individual to take such legal action in the case of an act of violence at work.

## 2 Definitions

2.1 **Non-Physical Assault** – the use of inappropriate words or behaviour causing distress and/or constituting harassment. It is important to remember that such behaviour can either be in person, by telephone, letter, email or other form of communication such as graffiti on PCH occupied property; examples of the kind of behaviour which constitutes Non-Physical Assault include:

- Offensive language, verbal abuse and swearing which prevents employees 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

- Near misses (i.e. unsuccessful physical assaults)
- Offensive gestures
- Threats or risk of serious injury to an employee, fellow patients or visitors
- Bullying, victimisation or intimidation (note: employee-on-employee bullying does not fall into the remit of this policy; refer to the Equality & Diversity Policy)
- Stalking
- Spitting
- Alcohol or drug-fuelled abuse
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours
- Any of the above linked to destruction of or damage to property

2.2 **Physical Assault** – the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort. These definitions are to be used when applying this policy.

# 3 Responsibilities

## 3.1 PCH Board and Chief Executive

3.1.1 The **Chief Executive** has overall responsibility 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 **PCH Board** (Health and Safety at Work Act 1974 and the NHS Standard Contract, Service Condition 24).

3.1.2 PCH acknowledges its duty to tackle and reduce the level of violence faced by their employee, and will consider each report of abuse, threat or assault on an individual basis. PCH will take the action it considers necessary against the persons considered responsible, which may include notifying the police. In addition, where violent incidents are foreseeable but may not yet have occurred, PCH has a duty to identify and assess the nature and risk of potential incidents and to devise a safe system of work.

3.1.3 PCH will:

a) Co-operate with NHS Protect, and comply with its guidance.
b) Identify an Executive Director to act as a Security Management Director (SMD).
c) Designate a Non-Executive Director to promote security management work at Board level.
d) Employ an accredited Local Security Management Specialist (LSMS).

3.1.4 Additionally, the PCH Board will ensure, through the line management structure, that this policy is applied fully and consistently, and that all employee are aware of the standards and behaviours required of them.

3.2 The **Security Management Director (SMD)** is the nominated executive with the responsibility for security management and to specifically lead work to tackle violence against employee. The SMD for PCH is the Director of Professional Practice, Safety & Quality who will:

3.2.1 Be responsible for the introduction, operation, monitoring and evaluation of this policy to ensure comprehensive, fair and consistent application throughout PCH.

3.2.2 Facilitate the continual development of a pro-security culture among employee and NHS professionals.

3.2.3 Raise awareness of security issues, encourage employee and professionals to report all incidents, following the PCH Incident Reporting & Investigation Policy & Procedure.

3.2.4 Where an incident has taken place, ensure a thorough, fair and professional investigation is undertaken and that offenders are dealt with appropriately.

3.2.5 Ensure that employees feel confident and reassured that they will be supported throughout the reporting and investigation process.

3.2.6 Ensure that full co-operation is given to the LSMS, the Police, the Legal Protection Unit (LPU) and the Area Security Management Specialist (ASMS) in respect of an investigation and any subsequent action, including ensuring access to personnel, PCH occupied premises and records, whether electronic or otherwise, which are considered relevant to the investigation.

3.2.7 Ensure that any victims of violence and aggression are appropriately supported and kept informed of the progress and outcome of any cases and arrange for acknowledgement to be sent to them at the earliest opportunity. The acknowledgement should state what action is being taken and should offer appropriate support.

3.3 The **Local Security Management Specialist (LSMS)** will:

3.3.1 Act as the lead for all security matters and be a single point of contact as described in the Devon and Cornwall Partnership Information Exchange Protocol for Crime and Disorder.

3.3.2 Ensure that all incidents of violence and aggression are reported immediately to themselves, the police, the SMD and NHS Protect.

3.3.3 Develop in consultation with the SMD an annual written plan of work.

3.3.4 Regularly meet with the SMD to keep him informed of security management.

3.3.5 Prepare and make available to all employees information related to this policy.

3.3.6 Review and if necessary act upon all reported incidents of violence and all identified risks of violence.

3.3.7 Keep full and accurate records of any breaches, or suspected breaches of security.

3.3.8 Access NHS Protect's secure intranet site appropriately.

3.3.9 Report violent and aggressive assaults to NHS Protect using the SIRS (Serious Incident Reporting System).

3.3.10 Attend and report to the Health, Safety & Security Committee, the Audit Committee and annually to the PCH Board.

3.4 The **Health, Safety & Security Committee:**

3.4.1 Meets bi-monthly and its members represent all areas of the PCH's operations.

3.4.2 The Devon & Cornwall Constabulary also provide an officer to advise the group ensuring a closer working relationship in order to develop and implement local crime and disorder strategies.

3.4.3 The Committee monitors security incidents and ensures that appropriate measures are put in place to reduce risks.

3.4.4 It will also review the issue of any yellow or red cards in unity with this policy.

3.4.5 The Committee is chaired by the LSMS and, in her absence, the trade union health and safety lead, the Head of Facilities is a quorate member. The LSMS and Head of Facilities may be contacted by any employee with a security query or problem via Mount Gould Hospital switchboard.

3.5 **PCH Managers** are responsible for:

3.5.1 Ensuring that this policy is applied within their locality / service, and that their employees read, understand the requirements and comply with this policy in conjunction with the Health and Safety policy, the Lone Working Policy and any other relevant policies/protocols.

3.5.2 Devising and communicating local arrangements for the prevention and management of violence and for carrying out regular reviews (including security devices where necessary), whilst ensuring that the care needs of the patient / service user are met.

3.5.3 Setting staffing levels ensuring that there are always adequate numbers of appropriately trained employees to cope with the risk presented from violent or aggressive behaviour.

3.5.4 Ensuring that risk assessments take account of the risks to employees and ensure that appropriate action is taken, commensurate with the risk, to reduce the risk of violence or aggression.

3.5.5 Ensuring that they identify the training needs of employees and ensuring that this is provided, including refresher training.

3.5.6 Ensuring that incidents are reported in accordance with PCH's Incident Reporting Investigation or Serious Incidents Requiring Investigations (SIRI) policies, and act as necessary to reduce the risk of repetition of the same or similar incidents, including their own appropriate contribution into investigations.

3.5.7 Providing employees with any support they require following an actual or potential violent incident or ensuring that employees have access to such support.

3.6 **Employees** are responsible for:

3.6.1 Taking reasonable care of themselves and others who may be affected by their work, and for co-operating with PCH in meeting its legal obligations.

3.6.2 Reporting any incidents that may affect their safety in line with the Incident Reporting & Investigation or Serious Incidents Requiring Investigation (SIRI) policies, and Risk Management and Security Management strategies.

3.6.3 Complying with this policy and all other relevant policies/protocols.

3.6.4 Ensuring that they undertake all training provided for them by PCH in relation to the management of violence and aggression commensurate with their role(s), including refresher training.

3.6.5 Informing their manager where they are aware of a potential risk associated with a patient / service user, so that preventative action may be taken and information shared appropriately. This will include assessing risks and taking precautions where they believe that a situation could result in a violent or aggressive incident. Often this requires the proper recording of information about a patient/service user, including the use electronic patient record marking and briefing other employee as necessary.

3.6.6 Co-operating with management when violent incidents are being investigated.

3.7 Any **security personnel** that PCH contract to be present as a deterrent and to participate in incidents involving members of the public (i.e. Securi-Guard). They are not permitted to be involved in any clinical physical intervention exercise or to be given responsibility for patient safety.

# 4 Organisational Arrangements

4.1 **Staffing** - managers who are setting staffing levels need to ensure that there are always adequate numbers of appropriately trained employees to cope with the risk presented from violent or aggressive behaviour.

4.2 **Assessing Risk from Violence and Aggression** - the main factors that can create a risk are:

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| • Mental Health Disorders<br>• Impatience<br>• Frustration | • Anxiety<br>• Resentment<br>• Drink, drugs or inherent aggression |

4.3 Verbal abuse and threats are the most common types of incidents. The majority of activities which trigger violent episodes involve employee interacting with people from all sections of society, many of whom are needy and vulnerable. Complications can arise, some cases can be predictable, and others can not.

4.4 Managers must assess the risk of both Physical and Non-Physical Assault to their employees and take appropriate action to deal with it. See Appendix A for Workplace Violence Assessment Checklist to assist with the risk assessment.

These steps may include:

a) Providing suitable training and information.
b) Improving the design of the working environment (such as physical security measures).
c) Making changes to aspects of employees' roles.
d) Reporting all incidents of Physical and Non-Physical Assault so that preventative action can be taken to ensure it is not repeated. This will also help local managers and the LSMS to check for patterns and so help predict the types of incidents that could occur.

4.5 Findings from all risk assessments should be communicated to employees, and arrangements need to be put in place to monitor and review such assessments.

4.6 Every patient who has a history of aggression / violence will have a care plan which will identify the risks and state the actions to be taken to minimise the risks.

4.7 The Corporate Risk & Compliance Team are happy to facilitate any risk assessments and can be contacted on 01752 434777, however, information regarding the undertaking of risk assessments can be found in PCH's Risk Management Strategy and the Risk Register & Risk Assessment Procedure on Intranet.

## 5 Training

5.1 Managers are responsible for ensuring all their employees receive the type of training that is commensurate with their role(s) together with refresher training.

5.2 In accordance with the Appraisal & Management Supervision Policy, managers are required to forward a copy of the training needs analysis to the Professional Training & Development Department, Top Floor, Beauchamp Centre, Mount Gould Hospital site.

5.3 Training programmes are available and include:

(a) Conflict Resolution (theory) – mandatory - every three years for all employee.
(b) Breakaway Skills – essential for certain employee groups - completed yearly.
(c) Physical Intervention / Safe Holding - essential for certain employee groups - completed yearly.
(d) Stress Management Training – provided to enable staff and managers to recognise and manage stress related concerns.

5.4 In mental health and learning disability services, service users may exhibit more challenging behaviour directed at employee or other services users. Therefore, there may be a need for more specific / bespoke training, for these high risk areas (i.e. physical intervention training) which will enable employee to develop the skills they need to ensure the safety of themselves and service users. This includes the recognition of triggers; de-escalation techniques where situations do arise and the appropriate response to incidents of violence and aggression in the workplace.

# 6 Action to Be Taken If a Violent or Aggressive Incident Occurs

## 6.1 Immediate Safety

6.1.1 No employee should tolerate any level of physical or non-physical abuse.

6.1.2 Employees should always leave situations where they feel they are in danger of, or are being assaulted, threatened or intimated, this may include:

a) Discontinuing telephone calls;
b) Leaving any environment where they feel threatened;
c) Terminating appointments with patients/service users;
d) Leaving visits to patients/service users;
e) Leaving a neighbourhood or community.

6.1.3 If there is a risk of physical harm, get away and consider calling 999 for the police if appropriate.

## 6.2 Reporting of Incidents

### 6.2.1 Non-Physical Assault

a) Where appropriate, the police should be contacted, as soon as it is practicable, by the victim of the non-physical assault or their manager / colleague. The seriousness of the incident should be taken into account in deciding whether the police should be involved.

b) The LSMS should be contacted as soon as possible and it will be the responsibility of the LSMS to contact the SMD where appropriate.

c) An incident report should be completed in line with PCH's Incident Reporting & Investigation Policy and Procedure on Intranet. The following information must be included in the incident report:

i) Victim details – should include the name, date of birth, employee number (if known), job title and workplace and contact details.
ii) Incident Description – should include as much detail as possible about the location, time and severity of the incident, including any injuries received and current location of the victim.
iii) Police details – should include the time that the call was made to the police and by who, the name of the officer(s) attending the scene, their collar numbers, any log number / crime number given and contact details.
iv) Witness details – should include the name, address and contact numbers, and also whether they are employee members or members of the public.
v) Assailant details – if they are known the name, address and contact details. Where they may be unknown, as full a description of the assailant as possible is required.

### 6.2.2 Physical Assault

a) Following a physical assault, it may be appropriate for the victim or their manager / colleague to contact the police;
b) If the police are contacted, they should be given information about the assailant's clinical condition if known. It is important to remember that even where someone is suffering from a medical illness, mental ill health, a severe learning disability or as a result of treatment administered this may not necessarily preclude appropriate action being taken against them by the police;
c) The LSMS and SMD should be contacted as soon as possible;
d) An incident report should be completed in line with PCH's Incident Reporting & Investigation Policy and Procedure. The following information must be included in the incident report (see 6.2.1c above for details);
e) NHS Protect require PCH to upload all incidents with certain criteria to their Serious Incident Reporting System (SIRS), which is undertaken on a regular basis via the Corporate Risk & Compliance Team.

### 6.2.3 Deciding Not to Report to the Police

a) If the victim has stated that they do not wish for the incident to be either reported to, or pursued by the police, then the LSMS will advise the victim of how this decision may affect the possibility of obtaining compensation from the Criminal Injuries Compensation Authority (CICA). Whilst a conviction is not essential in order for the CICA to pay compensation, the victim assaulted should be encouraged to take appropriate action to assist the police.
b) The LSMS and PCH will also consider whether it is in the wider interest of both employee and the organization to take action against an offender, either by involving the police or acting independently. This would ensure that a strong deterrent message is communicated and demonstrate to employee that they will be protected. It will also be considered whether failing to take action against an assailant could render PCH vulnerable to allegations of failure to act to prevent an incident if there was a recurrence. The decision to take action without the support of the victim should be taken after considering available evidence and advice.

## 6.3 Investigation of Incidents

### 6.3.1 Non-Physical Assault

a) Where the incident has been reported to the police, they will be responsible for the subsequent investigation and full co-operation must be given to the police.
b) In all instances, regardless of whether or not the police decide to prosecute, an investigation must be carried out by the manager in conjunction with relevant employee and the LSMS, and an action plan developed detailing what preventative action, if any, should be taken to reduce further or related incidents.
c) The victim of the incident must be kept informed of the progress of any investigation or action taken and is offered full support by PCH and the option of counselling.

6.3.2 **Physical Assault**

a) Where the police attend an incident, every effort should be made to ascertain if the police intend to take action against the assailant. The details of all officers involved should be given to the LSMS as soon as possible, so that they can assist and monitor progress of the case and also assist in the investigation;
b) Where the police inform the victim that they are not pursuing action, full reasons should be obtained in writing from the police for their non-continuance by the LSMS;
c) It may be possible for the LSMS to pursue a prosecution through the Legal Protection Unit (LPU); this should be discussed in the event of police non-continuance of a case;
d) In the event of the LSMS carrying out investigations in order to pursue a prosecution, every effort should be made to assist the LSMS with these investigations;
e) In all instances, regardless of whether or not the police decide to prosecute, an investigation must be carried out by the Manager in conjunction with relevant employee members and the LSMS and an action plan developed detailing what preventative action, if any, should be taken to reduce further or related incidents.

6.4 **Maintaining Services to Patients**

6.4.1 If the perpetrator of a violent incident is a patient / service user requiring further treatment or care from PCH employees, arrangements must be made by the responsible Locality Manager to endeavour to provide this without any further risk to employees. This action will include:

a) Informing patient of PCH's policy regarding violence and aggression to employees;
b) Ensuring that all PCH employees, employees within stakeholder organisation who come into contact with the perpetrator of a violent incident are made aware of the possibility of further violence and of the steps being taken to prevent this, in line with the Data Sharing Agreement – Health & Social Care Organisations in Devon on Intranet.

6.4.2 Making arrangements for home visits and clinic appointments so that employees are protected; this may include visits being made by employees working in pairs, clinic appointments at specific times of the day, clinic appointments in the presence of a security officer or other such steps.

# 7 Employee Support

7.1 **Immediate support** for employees after an incident of violence or aggression has occurred is crucial, which shall be timely, appropriate in content and delivery and confidential. A manager will undertake this role and ensure that arrangements for any employees who may be injured are sent to an Accident & Emergency Department at the nearest hospital, or to their GP immediately following the incident. Occupational Health & Wellbeing should also be contacted as it can provide further support. In all situations, the employee should be given the opportunity to withdraw from the immediate area and/or take reasonable time out.

7.2 **Employee Wellbeing Assessment** – staff should be monitored following a traumatic incident and not exposed to further trauma for 72 hours wherever possible, however, managers shall carry out a wellbeing check within 24 hours post incident (please refer to the Immediate Wellbeing Assessment & Action Plan.

7.2.1 Conducting a wellbeing assessment at the end of a shift is considered good management practice or, at the very least, within 72 hours. It is an expression of interest in the wellbeing of those involved and an opportunity to give support and information. It is also an opportunity to check out welfare needs. Managers must ensure that checks take place shortly after a traumatic incident or before those involve go off-duty. The wellbeing meeting should provide the opportunity to discuss thoughts about the incident. It is not designed to look at the incident in depth and it must not become a discussion of the facts of the incident as this could escalate an individual's emotional state. It should give those involved an opportunity to express their views, without fear of censure.

7.2.3 Remember "**RSVP**":

**R**eassure individuals – take individuals to one side before the end of shift. Tell them you want to know how they are, so find a private place where this can take place uninterrupted; do not answer telephones.

**S**upport staff – acknowledge their involvement in the incident. Tell them clearly you want to support them, hence the meeting. Try, at this stage, not to discuss other events or pressures.

**V**entilation by staff – allow staff to offload and talk about what has happened. Do not ask them how they are feeling, as you are not trained to deal with their feelings. If you consider they have done well – offer praise. Do not criticise whilst undertaking this welfare task.

**P**lan for the future; explain how it is "normal" to have physical and emotional reactions, draw their attention to "**Coping after a traumatic experience**" factsheet on the Royal College of Psychiatrists website. Explain that memories take time to fade. Discussion on these reactions can be beneficial. Discuss what they are going to do following this process and how important it is to keep talking about what has happened, keeping a balance with normal life of work, home, etc. Ask individuals what further help they would like. Plan ahead if need be. Mention that a good support system of family, friends and colleagues is important and that they do access them. Consider offering the individual a lift home if thought appropriate and confirm whether or not they are going home to an empty house. If so, explore options to address this. A contact number shared at this point can be useful so that individuals feel supported and do not leave feeling isolated.

Note: a welfare check does not replace the debriefing exercise.

7.3 **Root Cause Analysis (RCA) Investigation** – when an RCA is being undertaken, managers should ensure that staff have access to appropriate support throughout the process, if the process itself causes additional concerns.

7.4 **Debriefing Employees** – a group debriefing is sometimes useful when a number of employees involved in an incident may value such discussion. Such a session should take place as soon as practically possible following a serious incident (or equally a complaint, a root cause analysis investigation, etc) but no later than seven days, the employees involved will meet together for a formal debrief; this includes all persons involved in **physical intervention** incidents and this **must** include any service user(s) involved (Duty of Candour), as appropriate (please refer to Appendix B - Debriefing Employees Checklist). It can be based around a presentation of the case and a re-appraisal of the options, judgements and decisions that were made, or could have been made. It must have, primarily, an educational focus. Group debriefings do not substitute for individual wellbeing checks for the employees involved.

7.4.1 Debriefing sessions should be an opportunity for employees – either as an individual or a collective - at that meeting to reflect upon thoughts and feelings evoked by the incident, the team's current working practice, and whether any changes are necessary in order to learn lessons and support employees and service users. It is envisaged that this meeting will take no longer that 60 minutes, any significant points raised can be documented and discussed with the relevant manager / advisor.

7.4.2 If possible someone that is not directly involved in the incident should facilitate the session and the Debriefing Employees Checklist should act as a prompt in order to ensure all the relevant information has been gathered and advice given. The checklist should be completed and retained by the manager until the matter is at an end, with a copy being placed on the personnel file.

7.4.3 This meeting will be conducted in a culture of non-blame and will be respectful of everyone's opinions and feelings.

7.5 Additionally, employee can access face-to-face counselling in confidence via the **Occupational Health & Wellbeing'**s Counselling Team at Kingstor House, Derriford Hospital by calling **0845 155 8200**, either by self-referral or referral by their manager. Due consideration to temporary adjustments to duties and/or responsibilities may be required.

7.6 Employees should also continue to access other support systems, such as line management supervision, clinical supervision and mentoring.

7.7 Support can also be requested from the Training and Development Advisors for Conflict Resolution based at Professional Training and Development, Top Floor, Beauchamp Centre, Mount Gould Hospital site.

## 8 Sanctions and Redress

8.1 It is recognised that taking action is appropriate where an assault has taken place that is likely to:

a) Prejudice the safety of the employee involved in providing care or treatment; or lead the employee providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety;
b) Prejudice any benefit the patient might receive from their care or treatment;

c) Prejudice the safety of other patients;
d) Result in damage to property inflicted by the patient, relative, visitor or as a result of containing them.

8.2 A range of measures can be taken by PCH depending on the severity of the assault which may assist in the management of unacceptable behaviour, including:

a) Criminal Prosecution - either by the police or by the LSMS on behalf of PCH;
b) Civil injunctions;
c) The use of secure environments;
d) Exclusion from PCH occupied premises (refer to section 10 below);
e) Warnings, both verbal and written (refer to section 10 below).
f) PCH retaining the right to recharge for the repair of any damage wilfully caused to PCH property or assets through acts of criminal damage whether or not police action has been sought.

## 9 Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol

9.1 Regretfully, from time to time PCH will encounter people whose behaviour will be deemed unacceptable. In instances where such behaviours are extreme or persistent PCH can, as a last resort, exclude the individual from its premises and/or services.

9.2 **Please note:** Red / Yellow Cards will not be issued to people who, following assessment by a clinician, are violent or have behaved in an unacceptable way because of a clinical condition.

9.3 A non-exhaustive list of examples of behaviour not acceptable on PCH occupied premises include:

- Excessive noise (i.e. loud or intrusive conversation or shouting)
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory, racial or sexual remarks
- Malicious allegations relating to members of employee, other patients or visitors
- Offensive sexual gestures or behaviours
- Abusing alcohol or drugs on PCH occupied premises (however, all medically identified substance abuse problems will be treated appropriately)
- Drug dealing
- Wilful damage to PCH occupied property or employee property
- Theft or criminal act
- Threats or threatening or intimidating behaviour
- Violence
- Any behaviour constituting harassment
- Persistent unexplained non-attendance at appointments

9.4 **Procedures to follow when faced with unacceptable behaviour**

9.4.1 If safe to do so, at the time of an incident a senior employee, if available, should verbally warn the individual that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future.

9.4.2 Following the incident, if appropriate, the offending individual can be given an informal warning in writing. A copy of this warning should be sent to the LSMS at Mount Gould Local Care Centre.

9.5 **CARA (Contract for Acknowledgement of Responsibilities Agreement**)

9.5.1 If deemed appropriate, a CARA can be drawn up with the individual. This may be appropriate where a patient, following assessment by a clinician, has behaved in an unacceptable way because of a clinical condition. Also, where a Yellow Card may be an inappropriate response following investigation into the incident (Appendix E).

9.6 **Yellow Card**

9.6.1 If deemed appropriate following an incident by the Locality Manager, LSMS or SMD, **or** following further unacceptable behaviour, a formal written warning (a "Yellow Card") can be applied; please refer to the LSMS regarding this process.

9.6.2 If the offender is a patient, the manager must satisfy themselves, through consultation with the relevant clinician, that the unacceptable behaviour was not as a direct consequence of their medical condition, such as in the case of someone coming round after anaesthetic, or certain mental illnesses. This is usually done in a formal setting such as a clinical risk management meeting and is, therefore, documented.

9.6.3 When someone is given a "Yellow Card" an alert should be put in his or her medical records; the LSMS will place an alert on SystmOne.

9.6.4 The offending individual should be given an explanatory leaflet (Appendix D).

9.6.5 The Chief Executive's office will send written confirmation of the Yellow Card to the offender's home and explain that they may challenge such exclusion through the PCH's complaints procedure (Appendix F).

9.6.6 A copy of the Yellow Card Confirmation Letter (Appendix F) should be sent to the patient's General Practitioner (GP).

9.6.7 A Yellow Card will remain in force one year from the date of the incident.

9.7 **Red Card (Exclusion)**

9.7.1 The second stage of the protocol shall be applied to exclude an individual from PCH occupied premises and services if either the individual has failed to comply with the "Yellow Card" **or**, if behaviour in an incident is deemed serious enough to warrant immediate exclusion by the Senior Manager, LSMS or SMD.

9.7.2 The decision to exclude can only be taken by the relevant Executive Director or in their absence their nominated deputies in consultation with the LSMS and/or SMD.

9.7.3 If the offender is a patient, the decision to exclude can only be taken once alternate care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient / out-patient care in the normal manner. The main consultant or clinician responsible for that individual's treatment must be informed about any pending exclusion and must concur with the decision for it to proceed.

9.7.4 If the offender is not a patient (i.e. a carer or visitor), a red card would exclude them from PCH occupied premises and/or services unless they have a pre-arranged appointment.

9.7.5 A Red Card will remain in force one year from the date of the incident.

9.7.6 The Chief Executive's office will send written confirmation of the Red Card to the offender's home and explain that they may challenge such exclusion through PCH's complaints procedure (Appendices G and H).

9.7.7 In cases where the offender is a patient a copy of the Red Card Confirmation Letter should be sent to the patient's GP.

9.7.8 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.

9.7.9 "Red Card" status must be entered on the patient's notes and on the iPM and SystmOne electronic patient information systems.

9.7.10 Responsibility of reviewing and removing the red/yellow card status after 12 months will fall to the LSMS for SystmOne.

### 9.8 Procedure for those under 18 years old

9.8.1 **Persons aged between 16 and 18** - if the individual who is violent or aggressive is between 16 and 18 years old then consideration should be given to contacting their parents or carers and discussing the offending behaviour with them. Respect and judgement will be necessary for those who are independent from their parents/carers. Generally the principles of this procedure should be applied and yellow or red cards issued.

9.8.2 **Persons aged under 16** - if the individual who is violent or aggressive is under 16 then contact should be made with their parents or carers and the offending behaviour discussed with them. This is best done through an appropriate nurse or key worker who knows the family. It is less likely that the Yellow / Red Card procedure will be appropriate.

### 9.9 Procedure for patients with Acquired Brain Injuries

9.9.1 Where a violent incident has taken place involving patients with acquired brain injuries, the antecedents to the incident must be investigated thoroughly and a

clinical risk management meeting organised in order to discuss the appropriate action to be taken.

9.9.2 This may involve implementing a CARA (see section 10.5 and Appendix E) or another similar behavioural agreement / contract if the unacceptable behaviour is deemed to have been due to the patient's clinical condition.

9.9.3 If the patient is assessed as having capacity to understand and appreciate the consequences to their unacceptable behaviour, then a Yellow / Red Card should be considered.

9.10 **Appeals against Red and Yellow Cards**

Appeals should be submitted in writing to the Chief Executive's Office via the established complaint's procedure; the "What do you think?" leaflet should be provided to the Appellant.

## 10 Support In Relation To Police Involvement and Civil Action

10.1 Where a violent incident has been reported to the police, or where an employee is instigating a civil action against the perpetrator of a violent act, PCH will provide support in a number of ways.

10.2 **Police Involvement** - PCH, through the manager and LSMS, will support the employee in their part in any police investigation or proceedings. This could be by providing copies of relevant documentation, such as incident report forms or witness statements, providing time off work with pay to attend court hearings or other proceedings, accompanying the employee to such hearings, maintaining regular contact with the police and keeping in regular contact with the employee.

10.3 **Civil Action** - if an employee is injured in a violent incident, they should be advised by their manager that they may have rights to compensation under the Criminal Injuries Compensation Scheme. Any claim for compensation from the CICA must be made within two years after the date of injury. Information is available from the Victim Support website.

## 11 Implementation

11.1 PCH will use all appropriate opportunities to inform the public and patients about its policy regarding violence and aggression to employees. The policy will be available to the public via the public website. Posters will be placed in public areas and notices will be placed in PCH publications.

11.2 The current version of the policy will be on the PCH on Intranet and it is expected that managers will ensure all employees within their services / teams will be made aware of the policy and the implications it has for their role(s).

11.3 A leaflet will be issued to employees advising of the policy and responsibilities under the policy (Appendix I).

11.4 Appropriate training will be available for employee and managers commensurate with their role(s) in relation to violence and aggression.

11.5 Local arrangements must be in place that provides guidance for employee on management violent or aggressive incidents. This should include details of emergency procedures. All employees must be familiar with these local procedures. In particular, employees must be aware of local procedures for raising the alarm and getting help if an incident occurs.

11.6 HSE Booklet INDG69 "Violence at Work – a guide for employers" offers practical guidance in relation to preventing and managing violence and aggression.

## 12 Monitoring and Review

12.1 PCH will monitor and review this policy in partnership to ensure that we are achieving the aims of the policy. We will do this with trade unions / professional organisations and safety representatives. The review processes will include:

12.1.1 Managers at all levels collecting and monitoring all reported incidents.

12.1.2 The Health, Safety and Security Committee conducting quarterly reviews of local incident statistics and safety improvement measures which have been introduced.

12.1.3 The Health, Safety and Security Committee reviewing PCH's incident statistics and Red / Yellow Card Issues every three months.

12.1.4 The Health, Safety & Security Committee reports to the Safety, Quality & Performance Committee quarterly on how the organisation is following the policy, the outcomes of risk assessment and details of training provided.

12.1.5 Annual reporting to PCH Board to highlight progress in reducing risk and incidents and making recommendations for the forthcoming year.

12.2 Local statistics and incident reports are regularly reviewed locally and by the Health, Safety and Security Committee with escalation of the more high risk incidents to the Safety, Quality & Performance Committee / PCH Board as appropriate. This ensures that there is appropriate monitoring of the effectiveness of this policy and associated local protocols.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Professional Practice Safety and Quality

Date: 21 May 2015

:

Appendix A

# Workplace Violence Assessment Checklist

## 1 Workplace

| Outside | Yes | No |
|---|---|---|
| Is there uncontrolled access to the site? | | |
| Is there uncontrolled access to buildings and work areas? | | |
| Are there bus stops and car parks close to the buildings? | | |
| Are there appropriate footpaths? | | |
| Are the areas well lit with good all-round visibility? | | |
| Are there areas where people can hide or move unnoticed (i.e. trees, shrubbery, waste and storage areas)? | | |
| Are signs clear, visible and appropriate? | | |
| Is there a security patrol? | | |

| Inside | Yes | No |
|---|---|---|
| Are there physical barriers to restricted areas? | | |
| Are these areas suitably signed? | | |
| Can employee make unobstructed “swift” exits if necessary? | | |
| Are signs clear, visible and appropriate? | | |
| Is the lighting sufficient or are there dark or shaded areas? | | |

| Interactive Areas – for example waiting areas? | Yes | No |
|---|---|---|
| Is there enough space to prevent overcrowding? | | |
| Are there private rooms available to deal with sensitive issues? | | |
| Are waiting areas separated from other activities? | | |
| Do employees have a good view across the area? | | |
| Is the layout confrontational? | | |
| Is there physical separation for employee – is this confrontational or intimidating? | | |
| Is seating comfortable and is there enough? | | |
| Is the area noisy (i.e. trolleys, banging doors)? | | |
| Are there systems to keep patients informed (i.e. delays)? | | |
| Are there ways to reduce anxiety or boredom? | | |

| Lighting, decoration and furnishings | Yes | No |
|---|---|---|
| Is the lighting harsh or glaring? | | |
| Are there any potential weapons or missiles (i.e. unsecured chairs, pictures, pot plants, crockery)? | | |

## 2 Workplace procedures and organisation

| Outside | Yes | No |
|---|---|---|
| Are there enough competent employees to deal with any possible violence? | | |
| Are there special arrangements for higher-risk employees? (i.e. young workers, pregnant workers, employee with any disability, new or inexperienced) | | |
| Are there procedures for bank employees? | | |
| Are there any lone workers? | | |
| Are there other precautions in place for lone workers? | | |
| Is appropriate information available to employees on potentially violent or aggressive patients or family? | | |
| Are emergency arrangements in place? | | |
| Do employees have to travel alone? | | |
| Do employees have a mobile workplace? | | |
| Do employees work in a community-based setting? | | |
| Do shift patterns involve working alone or in small numbers? | | |
| Do shift patterns involve working late at night or during the early hours of the morning? | | |
| Do employees work in a high-crime area? | | |
| Do employees handle valuable property or possessions? | | |
| Do employees handle materials, including drugs, which are often targets for theft? | | |
| Do employees handle complaints? | | |

| Communication | Yes | No |
|---|---|---|
| Can employees attract the attention of other employee if necessary? | | |
| Can employees get immediate support? | | |
| Can employees call for help is alone or working off site? | | |
| Are systems in place to pass on information on incidents and patients to other affected employees, departments and agencies? | | |

| Employee Training | Yes | No |
|---|---|---|
| Are employees trained and competent to deal with potential violent and aggressive situations? | | |
| Are employees facing unusual stress in their personal lives? | | |
| Are employees aware of incident forms and how to complete them? | | |
| Are employees so busy that it may be difficult to display a caring attitude? | | |
| Do employees have the opportunity to discuss concerns about violence and aggression? | | |

**3 Patients, Family, Friends & Animals**

| Patients, Family, Friends & Animals | Yes | No |
|---|---|---|
| Is there the possibility of alcohol or drugs abuse? | | |
| Are there rowdy or over-anxious groups of people accompanying patients? | | |
| Is there the possibility of situations which patients or relatives see as threatening? | | |
| Are people likely to be unstable or volatile? | | |
| Are people likely to be highly stressed or angry? | | |
| Are long waiting times involved (i.e. in receiving units or clinics)? | | |
| Is there a known problem with any animals in the house or on the property? | | |

The information above should be used by Managers to inform their local Violence and Aggression risk assessment.

Appendix B

**Violent & Aggression Management - Procedural Flow Chart**

All employees: Inform manager once an incident has occurred with a patient / service user.

NB 1: This includes any incident where any employee or client is abused, threatened or assaulted by a patient / service user, visitor or any other behaviour PCH deems unacceptable.
NB 2: If manager(s) unavailable, including by telephone, send email as a priority and / or notify On-Call Manager.

All employees: Complete an online incident report form (paper copy for Hotel Services employees only) or an Appendix A (SIRI Policy) and email completed Appendix A to Serious-Untoward-Incident **within 24 hours** of notification.
NB 1: An event which may later constitute a complaint should also be recorded on an online incident report form.

Manager: Provide timely and appropriate support; wellbeing checks and debriefing session (complete Appendix C in Violence & Aggression Management Policy). Complete Manager's Section on online incident form.

**Investigation**

Manager: If appointed as RCA Investigator, commence RCA investigation procedure noting deadlines; otherwise, commence local investigation (if not a SIRI) using RCA principles for all incidents / complaints that require such action.

NB 1: Interview (notes should be retained) relevant parties involved in incident / complaint / investigation, gathering appropriate information which could inform future actions.
NB 2: Review risk history care plans / historical incident data relating to patient / service user.
NB 3: Note good practice, as well as gaps in control and assurance within the investigation report against what was involved in the incident / complaint.
NB 4: Be SMART in any actions recorded to reduce likelihood of recurrence.
NB 5: Use incident / complaint to inform / update relevant risk assessments on Risk Register.

Team / Locality Manager: Discuss investigation outcome if appropriate with employees involved and relevant parties included (Duty of Candour). If incident / complaint requires further investigation - due severity or complexity of the incident / complaint – the Corporate Risk & Compliance Team will advise.

NB: Ensure any patient / service user actions are recorded on SystmOne, implemented and reviewed after a specified period.

**Review**

Managers: Report outcomes during team and operational meetings, ensuring learning outcomes and findings are documented in the meeting minutes and feedback to employees during a final debriefing session, and any partnership agencies (i.e. Plymouth Hospitals Trust / Police) as appropriate.

# Debriefing Staff Guidance –
# Employee Wellbeing Assessment & Action Plan

| | | | |
|---|---|---|---|
| Employee: | | Workplace: | |
| Date: | | Manager: | |

| | Immediate Assessment & Action | Y ✓ | N ✓ |
|---|---|---|---|
| 1 | Does the employee feel they have experienced an assault? | | |
| 2 | Does the perpetrator of the violence need to be removed from the environment? If answer is no, please give reasons why: | | |
| 3 | Is the employee fit to continue with their duties? | | |
| 4 | Do they need assistance with transport to get home (i.e. lift with other member of staff, public transport if unable to drive)? Manager to make telephone contact to ensure employee's safe arrival home. | | |
| 5 | If employee goes home are there implications for self-care and/or child-care, or care of dependant's relative? If yes, is referral to Social Services appropriate? Manager to refer as appropriate with employee's permission. | | |
| 6 | Do they need recovery time after the incident? If answer is no please give reasons why: | | |
| 7 | Does the employee need to attend A&E, see a GP or be referred to Occupational Health & Wellbeing? If answer is no, please give reasons why: | | |
| 8 | Does the employee wish for you to write to their GP informing them of the situation? | | |

Continue to Second Stage Action…

| | Second Stage Action | Y ✓ | N ✓ |
|---|---|---|---|
| 9 | Have reports been undertaken as applicable? If no, please give reasons:<br><br>• Incident Report Form<br>• Appendix A - Serious Incident Requiring Investigation (SIRI)<br>• Safeguarding alert<br>• Police<br>(the crime reference number to be noted on incident form or Appendix A) | | |
| 10 | Has the employee had the opportunity to discuss the incident and talk about how it was managed? If answer is no, please give reasons: | | |
| 11 | Do other employees within the team, or witnesses, who were affected by the incident, require support? If yes, undertake individual Employee Wellbeing Assessment & Action Plan for each member of staff. If answer is no, please give reasons: | | |
| 12 | Perpetrator – patient / service user (may also be an employee) - is further / specialist support or counselling required? If not, please give reasons: | | |
| 13 | Is the employee prepared to continue to provide a service / work with the perpetrator? If not, consider the following options:<br>a) perpetrator (if service user) being placed elsewhere for treatment;<br>b) employee working elsewhere within locality on a temporary basis whilst perpetrator (if service user) receives appropriate treatment | | |
| 14 | Is the employee considering formal action? If so, refer employee to union body or Victim Support | | |
| 15 | Have the implications for the future health and safety of employees and service users been considered? If answer is no, please give reasons: | | |

| | Second Stage Action/cont'd… | Y ✓ | N ✓ |
|---|---|---|---|
| 16 | Is a change of working practice or working environment required? If answer is no, please give reasons: | | |
| 17 | Does the service area require further education or training? Training available for employees / managers could include:<br>• Clinical supervision<br>• Risk management/risk assessor<br>• Conflict Resolution / breakaway / physical intervention | | |
| 18 | Does the employee require time off work for appointments to GP, Occupational Health & Wellbeing, counselling, etc (managers should encourage time off for these appointments)? | | |

## Debriefing Staff Guidance – Debriefing Employees Checklist

(to be used for incidents, complaints, RCA or as a witness)

| | |
|---|---|
| Facilitator details (name, title, base, contact number): | |
| Date & Time of Incident / Complaint / RCA: | |
| Date & Time of Debrief: | |
| Incident Report / STEIS No: | |
| People involved in the Incident / Complaint / RCA (including the patient / service user): | |
| People present at debrief (including the patient / service user): | |
| What happened during the Incident / Complaint / RCA? | |
| Were there any trigger factors? | |
| What was each person's role in the Incident / Complaint / RCA? | |
| How did the individuals feel at the time of the Incident / Complaint / RCA, how do they feel now and how do they think they will feel in the future? | |

| |
|---|
| ☺ Consider what went well? What worked well? What felt good? |
| 😐 Consider what needs consideration? What worked but could be better? |
| ☹ Consider what must be changed? What did not work? What felt poor? |
| Consider what did we learn? |
| Physical Intervention Incidents:<br><br>Did the team feel safe? **Yes / No**<br>If not, why not?<br><br>Did you feel confident and competent to safely manage the situation / incident? **Yes / No**<br>If not, why not? |

Any further comments or concerns?

| Actions: | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1st Action | Owner | Due Date | Date Comp | 2nd Action | Owner | Due Date | Date Comp |
| | | | | | | | |
| 3rd Action | Owner | Due Date | Date Comp | 4th Action | Owner | Due Date | Date Comp |
| | | | | | | | |

Further info on Intranet:

- Physical Intervention Policy
- Incident Reporting & Investigation Policy & Procedure
- Serious Incidents Requiring Investigation (SIRI) Policy
- Occupational Health & Wellbeing Management Referral Form
- Disclosure of Health Records, Giving Statements, Reports and Inquest and Court Proceedings Policy

Independent support:

- Victim Support
- Criminal Injuries Compensation Authority
- RCP's factsheet: Coping after a traumatic experience"
- HSE Booklet INDG69 "Violence at Work – a guide for employers"

A copy of this completed form is to be sent to the Corporate Risk & Complaint Team (either as an email or hard copy) for the purpose of corporate aggregated learning.

# Implementation Checklist
# for Individuals who are Violent or Aggressive

| | Patient ✓ | Visitor ✓ |
|---|---|---|
| **If safe to do so**, inform the individual of the unacceptable behaviour and explain the standards of behaviour expected of them in the future. Explain the Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol and give the individual a copy of the guidance leaflet (see Appendix D). | | |
| Ensure that the incident which triggered the procedure is documented in full, and signed by the employee and any witnesses.<br>Incident report no(s): | | |
| **Inform LSMS who will advise about the process** | | |
| Inform and seek advice from the individual's Consultant, Senior Clinician or their GP if necessary to determine whether incident was due to clinical condition. This can be done in a formal setting such as a clinical risk management meeting. | | N/A |
| Agree which stage of the process to be applied. | | |
| Inform individual in writing (through Chief Executive's office) | | |
| **The following to be completed by Chief Executive's office** | | |
| Check the above protocol has been applied correctly | | |
| Issue letter to all relevant agencies / clinicians | | |
| Issue letter to the individual enclosing a copy of the protocol and the leaflet | | |
| Advise SystmOne Manager | | N/A |

## Leaflet to be Given to Offending Individuals

(This leaflet may be revised for clarity without re-issue of the policy, though any revisions should not deviate from the contents of this policy)

# Leaflet for People Who Are Violent or Aggressive

This leaflet explains what happens in Plymouth Community Healthcare when people are violent or aggressive.

It is a summary of the Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol which you can get from Plymouth Community Healthcare or from its website.

### Policy Statement

The employee and patients in Plymouth Community Healthcare have the right to work and be cared for in a safe and supportive environment.

Violence against our employee is a crime and we may prosecute anyone who behaves in a violent or abusive way.

Plymouth Community Healthcare has a zero tolerance ethos in order to protect employee and other health service users from violence and aggression.

Anyone behaving in an unacceptable way (refer to list of unacceptable behaviours) can be given a **Yellow** card warning.

In extreme or repeated cases, a **Red** card will be given.

Please note cards are **not** given to people who, following assessment by a clinician, are violent because of a clinical condition.



### What happens if I get a Yellow card?

A Yellow card is a warning. We will record this in your hospital notes and advise related organisations.

It does not affect the health services we offer you, however, certain conditions may be applied to you in order for you to receive treatment.

The card will remain in force for the period of one year.

### What happens if I get a Red card?

If you have been given a Red card you are banned from all Plymouth Community Healthcare premises and services for one year.

This will be recorded in your notes and related organisations advised.

Any non-emergency treatment will be either deferred or arrangements made for this to be done by an alternative healthcare provider.

You will still be treated in a ‘blue light’ emergency.

**What if I do not agree?**
If you do not think the Yellow or Red card is justified, you may appeal against it via the established complaints procedure in writing to the Chief Executive's office at the address below.

**How do I find out more?**
You can get a copy of the full protocol either from Plymouth Community Healthcare website or from the Chief Executive's office at the address below

**Contact Information**

Chief Executive's Office
Plymouth Community Healthcare CIC
Mount Gould Local Care Centre
Mount Gould Road
Plymouth
Devon PL4 7PY
Tel 0845 155 8000

**Website**

www.plymouthcommunityhealthcare.co.uk/

**The following list gives examples of behaviour that is not acceptable on Plymouth Community Healthcare premises or towards Trust employee:**

- Violence
- Threats or threatening or intimidating behaviour
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of employee, other patients or visitors
- Offensive sexual gestures or behaviours
- Abusing alcohol or drugs on Plymouth Community Healthcare occupied premises
- Drug dealing
- Wilful damage to Plymouth Community Healthcare property or employee property
- Theft
- Excessive noise (i.e. loud or intrusive conversation or shouting)
- Any behaviour which constitutes harassment
- Persistent unexplained non-attendance at planned appointments

Example letter re

## Contract for Acknowledgement of Responsibilities Agreement (CARA)

**Note to PCH mangers** – this example is to be typed on colour PCH letterhead. Where there are […] or options indicated by "/" please ensure you tailor the letter to the individual indications of the case.

Insert Chief Executive's Office Address
Date: …

**Confidential**

Dear …

**Acknowledgement of Responsibilities Agreement between** [insert name of patient, visitor or member of the public] **and Plymouth Community Healthcare**

This agreement is concerning an incident that occurred on …[insert date] at …[location of incident].

It is alleged that you, …[insert name], used/threatened unlawful violence/acted in an anti-social manner towards a Plymouth Community Healthcare's employee/were verbally threatening/harassed employee/whilst on Plymouth Community Healthcare occupied premises.

Such behaviour is unacceptable and will not be tolerated. Plymouth Community Healthcare is firmly of the view that all those who work in or provide services to the Plymouth Community Healthcare have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour towards Plymouth Community Healthcare's employee(s) in the future and to comply with the following conditions:

[list of conditions]

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action [to be adjusted as appropriate]:

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.

- You will be issued with a Yellow Card, according to the Unacceptable Behaviour Protocol.

- The matter will be reported to NHS Protect's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it essential in order that we can ensure effective provision of healthcare at all times to both yourself and other patients.

If you agree to comply with the conditions set out above, you should sign both copies of the contract. One copy [should be returned to me at the address above and] will be retained in your medical notes and the other copy you can keep.

You have the right to appeal against this process through the Plymouth Community Healthcare's Complaints Procedure at the Chief Executive's Office (address at the top of this letter).

Yours sincerely

[Type name of senior management]
[Type title of senior management]

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

[Date]

I, … [insert name], accept the conditions listed and agree to abide by them accordingly.

Signed ……...

Date ……...

## Example Letter - Stage 1 (Yellow Card)

Insert Chief Executive's Office Address
Date: …

**Confidential**

Dear …

Patient / Visitor name: …
Patient / Visitor address: …
Patient's Hospital & NHS Number(s): …

I write to confirm that, due to your unacceptable behaviour on … at …, you are now subject to the conditions outlined in the Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol; a copy of the protocol guidance leaflet is enclosed.

The first stage of the Protocol has now been applied to you and you have been issued with a "Yellow Card". The reasons for this Yellow Card are:

[Incident numbers if known]
……..
This Yellow Card is a warning and does not affect your treatment in any way; however, certain conditions may be applied to you in order for you to receive treatment.

These conditions are set out below:

The Yellow Card will remain in force for a period of one year. You have the right to challenge this warning through the Chief Executive's Office via the established Complaints Procedure.

Should you, within the year this is in force, fail to comply with the expected standards of behaviour as described in the protocol, you will become subject to the next stage of the procedure which may involve your immediate exclusion from the PCH premises and/or services. Such an exclusion from Plymouth Community Healthcare occupied premises and/or services does not mean that you would not receive care, as your responsible clinician will make alternative arrangements for you to receive treatment.

Whilst Plymouth Community Healthcare has a duty of care to you, in turn you have to ensure that your behaviour towards our employee is appropriate so as not to cause distress. Therefore I ask that when you access our services and our employee in the future, you do so in a polite, courteous manner and refrain from any actions which could be interpreted as harassment, offensive, abusive or causing distress to others.

Yours sincerely

**Mr S Waite**
Chief Executive

Enc: **Red / Yellow Card - Unacceptable Behaviour Exclusion Guidance Leaflet**
CC: SystmOne Manager
GP
Consultant and/or Clinicians and Services providing treatment
Plymouth Community Healthcare Local Security Management Specialist

## Example Letter - Stage 2 (existing Yellow Card going to a Red Card)

Insert Chief Executive's Office Address
Date: …

**Confidential**

Dear …

Patient / Visitor name: …
Patient / Visitor address: …
Patient's Hospital & NHS Number(s): …

On … I wrote to advise that Stage 1 of the Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol was applied to you and at that time you received an explanation as to why this was done.

Due to your continued unacceptable behaviour, we now have to issue a Red Card. With immediate effect, you are excluded from PCH premises and/or services and are not allowed to return except in the circumstances laid down in the protocol. A copy of the protocol guidance leaflet is enclosed.

The reasons for this Red Card are:

(Incident Numbers if Known)
……..

The Clinician responsible for your care will make alternative arrangements for you to receive your treatment.

This exclusion will last for a period of one year from the date of this letter. You have the right to challenge this exclusion through the Chief Executive's Office via the established complaints procedure.

Yours sincerely

**Mr S Waite**
Chief Executive

Enc: **Red / Yellow Card - Unacceptable Behaviour Exclusion Guidance Leaflet**

CC: SystmOne Manager
GP
Consultant and/or Clinicians and Services providing treatment
Plymouth Community Healthcare Local Security Management Specialist

## Example Letter - Stage 2 (directly going to a red card)

Insert Chief Executive's Office Address
Date: …

**Confidential**

Dear …

Patient / Visitor name: …
Patient / Visitor address: …
Patient's Hospital & NHS Number(s): …

I write to confirm that due to your unacceptable behaviour on … at … you are now subject to the conditions outlined in the Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol; a copy of the protocol guidance leaflet is enclosed.

Due to the serious nature of your unacceptable behaviour we have to issue you with a Red Card.

This means that with immediate effect, you are excluded from Plymouth Community Healthcare occupied premises and/or services and are not allowed to return except in the circumstances laid down in the protocol.

The reasons for this Red Card are:

[Incident Numbers if Known]
.....
The Clinician responsible for your care will make alternative arrangements for you to receive your treatment.

This exclusion will last for a period of one year from the date of this letter. You have the right to challenge this exclusion through the Chief Executive's Office via the established complaints procedure.

Yours sincerely

**Mr S Waite**
Chief Executive

Enc: **Red / Yellow Card - Unacceptable Behaviour Exclusion Guidance Leaflet**

CC: SystmOne Manager
GP
Consultant and/or Clinicians and Services providing treatment
Plymouth Community Healthcare Local Security Management Specialist

### What would the investigation involve?

As well as completing the online incident report form, you may be required to speak to the police or the LSMS. If appropriate, you and any witnesses may be asked to make a formal statement, which simply means describing the circumstances surrounding the incident, which will be written down in a way which can be used in court. This evidence will be put together and sent to either the Crown Prosecution Service or NHS Protect's Legal Protection Unit for a decision on the best course of action.

### Will I have to go to court?

Not necessarily. Anyone who makes a statement may be required to go to court, but this is not always necessary.

Your LSMS will keep you up to date with what is happening.

### Who will support me?

If the incident is to be investigated, your LSMS will support you from the moment they learn about the incident until any investigation is complete.

They will tell you at every stage what is happening and ensure that you are consulted and kept informed during the investigation.

### Your Local Security Management Specialist:

Alison Wadley
Corporate Risk & Security Advisor
01752 434738
alisonwadley@nhs.net


# Protecting our Staff from Violence and Abuse at Work

Reporting, investigating and learning from incidents of aggression, violence and abuse

At Plymouth Community Healthcare (PCH) we strive to keep the environment in which our staff work - and service users are treated - as safe and secure as possible. We are working with the NHS Protect, which has an overall strategic aim of protecting PCH so it can better protect the public's health. The protection of our staff – people like you – is of key importance to us.

This leaflet explains what you can expect from PCH, and from NHS Protect, should you be unfortunate enough to be involved in a violent or abusive incident at work. We will guide you through the whole process, from reporting the incident, any investigation, to taking any further appropriate action, which may include seeking redress.

## Protecting our Staff from Violence & Abuse at Work

### What is the role of the NHS Protect?

In April 2003, NHS Protect was given policy and operational responsibility for the management of security in the NHS and, in particular, the management of violence and aggression. UK Legislation requires that every health body has access to a trained Local Security Management Specialist (LSMS), for which prevention and management of workplace violence and abuse is a priority. They receive professional training in the promotion of a secure and safe environment and trained in investigation, supported by NHS Protect.

### If I am assaulted or verbally abused, what do I need to do?

All you need to do at first is report the incident to your line manager and if appropriate to the LSMS and the police. Then complete PCH's online incident report form with as much detail as possible; sometimes, your line manager will complete this for you.

### What will Plymouth Community Healthcare do then?

Investigations of reported incidents of Violence or abuse from a patient or service user, will require a review of the persons treatment and care to see if we can learn from the incident. We will then report the incident to the appropriate authorities:

- the police (if you have to do this yourself, you will be supported by the LSMS)
- the LSMS – to begin the process of supporting you and investigating the incident
- the Health and Safety Executive – if required by law
- NHS Protect – any incident involving violence and aggression is required to be reported to them

The LSMS will acknowledge that further action has been taken and will keep you informed of any progress made.

Some incidences of violence or abuse may be as a consequence of the service user's illness. On these occasions legal action may not be the right course of action. Instead we will look at what measures need to be taken to protect our employee from future incidents.

### Who will investigate the incident?

The investigation of violent incidents falls primarily to the police. If however, the police don't take action, or the PCH is not satisfied with the outcome of police enquiries, the LSMS will undertake an investigation. Verbal abuse will be investigated by the LSMS, unless racially or religiously motivated, when it will be investigated by the police.

### What will happen to the person who assaulted/abused me?

If the incident was because of their illness, the case will be reviewed by the clinicians involved in their care. If there are any lessons to learn, they will be incorporated into their treatment plan to help ensure it doesn't happen again.

If the incident is being investigated, there are a number of sanctions available to the police and the PCH. The level of sanction that will be appropriate will depend on the individual case, but may include criminal prosecution (fines, imprisonment, etc.), civil action (Asbo, damages, etc.) or procedural action (warning letters, restricted access to the PCH, withdrawal of treatment etc.).

**Our aim is to ensure that our employees can work and patients and service users can experience care and treatment in an environment that is safe and secure.**

**You can help by reporting all security incidents so that lessons can be learned and, if appropriate, further action taken.**

Plymouth Community Healthcare CIC
Customer Services Department
Mount Gould Local Care Centre
Plymouth
Devon
PL4 7PY

**Confidential**

[date]

Name
Address1
Address2
Address2
Postcode

Dear …

**Re: Yellow / Red Card applied to you on** …[date – tailor according to requirements]

I can confirm that according to PCH Red / Yellow Card - Unacceptable Behaviour Exclusion Protocol your Yellow / Red Card has now been removed.

Plymouth Community Healthcare CIC kindly requests that when you access our services and meet with our employees in the future you do so in a polite, courteous manner and refrain from any actions that could be interpreted as unacceptable behaviour; thank you.

Yours faithfully

Plymouth Community Healthcare CIC
Customer Services Department