

Policy & Procedures for Protecting Employees from Violence and Aggression

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Author:	Senior Health & Safety Officer	
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If the review date has passed, please contact the Author for advice.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Significant review of existing policy in View of HSE improvement Notice.	03/2004
2	Minor update to include Business Services Centre and Radiation Protection Committee.	11/2004
3	Review and Update.	01/2006
4	Review and Update.	04/2007
5	Update of existing policy to reflect changes in guidance, also new organisational structures.	12/2009
6	Update of existing policy to reflect changes in guidance, also new organisational structures.	02/2012
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Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Senior Health and Safety Officer
PMVA Trainer/Adviser.

Circulated to the following for Consultation

Date	Role / Designation
10/10/2022	Health & Safety Group

Evidence Base
Fully documented with the reference section of this document
Page 6, Introduction, Legal requirements.

Impact Assessments

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					<p>Please remember policy documents are published to both the intranet and internet.</p>
Age	x				<p>The version on the internet must be translated to Welsh.</p>
Disability	x				
Gender	x				
Race	x				
Religion/ Belief	x				
Sexual Orientation	x				
Welsh Language	x				
Human Rights		x			
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>Additional resources will be required to deliver physical intervention training for staff based within Acute Mental Health In-patients services.</p>					

Policy for Protecting Employees from Violence and Aggression

1 Introduction

There is a widespread recognition of the need to tackle violent and aggressive behaviour faced by staff, visitors, and patients within the NHS in Wales. The effects of this behaviour against staff can be significant, some victims suffer physical pain, confidence can be affected, while both stress and levels of morale can decline. In addition to the impact on staff, incidents may have a significant impact to the delivery of services.

This document is designed to improve the organisations' ability to tackle violent and aggressive incidents. The aim is to detail the behaviours that are unacceptable and the range of remedies available in the face of such behaviour. This includes a mechanism whereby in extreme cases patients can be excluded from the organisation's premises.

Following a violent or aggressive event, managers and clinicians at a senior level, along with the organisations Case Manager, should support staff towards seeking a solution which will enable medical treatment to continue and consideration of the alternative solutions which may be available.

The NHS and PTHB has a legal obligation to identify the risk of violence and aggression and develop appropriate prevention strategies. Employers have a duty of care under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and wellbeing of their staff is met.

In 2018 the "Assaults on emergency workers (offences) Act" was introduced, this makes provisions for increased sentencing powers for offences committed against an emergency worker during their duties, all employees of PTHB are classed as emergency workers.

In November 2018 the All-Wales anti-violence collaborative launched the Obligatory Response to Violence (ORV) in healthcare, this collaboration includes NHS Wales, Welsh Ambulance Service Trust (WAST) The Crown Prosecution Service (CPS) and all four Welsh police forces. This collaboration provides a joint approach to reducing violence and aggression in health care settings.

2 Policy Statement

NHS organisations have a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated, and decisive action will be taken to protect staff, patients and visitors. This policy is based on the template guidance contained within the "All Wales NHS Violence and Aggression Training Passport and Information Scheme" and the "NHS Anti-violence Collaborative- Obligatory responses to violence in healthcare". This has been developed utilising legal advice received and in conjunction with the Health & Safety Executive.

Continuous difficult and challenging behaviour or hostility by a patient, a relative or a member of the public can result in adverse effects for both staff members and patients. This may result in staff being unable to provide the necessary care in the best interest of its patients and can reduce staff resilience and moral. This type of behaviour is not acceptable, and this document outlines the appropriate management of these incidents.

Any person behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law (having given due regard to the sections detailed below regarding 'capacity' and 'intent'). This will also include use of the Assaults on emergency workers (Offences) Act, 2018 for maximum sentence. The organisation will, where appropriate, seek to prosecute all perpetrators of crime on or against the organisations staff, property, or assets. The organisations Case Manager will liaise with the police in the event of unlawful behaviour. They will also liaise with the Corporate Services Team and legal department when seeking to prosecute or support individual employees in the prosecution of perpetrators of a crime. This will be undertaken in line with the *Tripartite Memorandum of Understanding* between the Health Boards, the Police Forces and the Crown Prosecution in Wales.

3 Objectives

- Proactively identifying foreseeable risks and putting in place controls to minimise or prevent incidents of violence and aggression occurring, thereby reducing the number and severity of injuries sustained.
- Establishing procedures for the management of personal safety including violence and aggression throughout the health board.

- Ensuring suitable and sufficient assessment, reduction and control of risks arising from incidents of violence and aggression.
- Provide appropriate training for staff as identified by risk assessments.
- To ensure that staff receive the appropriate support following an incident.
- Ensure all incidents are reported via Datix, and the police where appropriate to do so.
- To look at violence reduction proactively, within departments and team settings.

4 Scope

This document applies to the following:

- Members of the public
- Patients; Contractors
- Visitors
- All employees, including those on honorary contracts
- Those working for other employers but on the organisation's premises
- Volunteers undertaking duties on behalf of the organisation

Suitable consideration should be given to patients who are not competent to take responsibility for their actions because of either their age or because, in the clinical judgement of relevant clinicians, they do not have mental capacity.

5 Definitions

- **PTHB:** Powys Teaching Health Board
- **Violence and Aggression:**
Any incident where staff are abused, threatened, or assaulted in circumstances relating to their work, involving explicit or implicit challenges to their safety, well-being or health. This can incorporate some behaviour identified in harassment and bullying, for example verbal violence.
- **Unacceptable Standards of Behaviour:**
The following are examples of behaviours that are not acceptable on NHS premises, or locations where patients receive treatment:
 - Excessive noise e.g., loud, or intrusive conversation,

shouting or uncontrollable misbehaviour

- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Wilful damage to the organisation's property
- Malicious allegations relating to members of staff, other patients, or visitors
- Inappropriate behaviour because of alcohol or misuse of drugs
- Threats or threatening behaviour.
- Hate crime.
- Harassment.
- Stalking.
- Violence, perceived acts of violence or threats of violence
- Any explicit or implicit challenge to the safety, wellbeing, or health of any member of staff or patient.

- **Formal Patient Undertaking**

A Formal Patient Undertaking is a process where the patients' rights and responsibilities are brought to their attention. The patient is asked to confirm that they understand that failing to comply with these responsibilities could result in the withdrawal of care except for emergency treatment.

- **Adult:** Person aged over 18

- **Child and Young Person:** Person age under 16

N.B. those aged between 16 and 18 can be normally classed as a person with capacity (i.e. an adult) unless there are circumstances, which leads staff to consider otherwise.

- **Capacity**

An individual is presumed to have capacity for the purpose of this guidance unless he or she:

- Is unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or
- Is unable to weigh the information in the balance as part of a process of arriving at the decision.

Mental health problems/learning disability does not necessarily mean that a patient does not have the capacity to refuse consent. Capacity may be variable in people with mental health problems. In both people with mental health problems and learning disabilities an assessment should be made in relation to the patient, at a particular time, as regards a particular action/episode of violence or aggression.

Further guidance on consent can be found in the PTHB's **Consent to Treatment Policy**.

6 Responsibilities

6.1 The Chief Executive

The Chief Executive has overall responsibility and is accountable to the board for the management of health & safety within the organisation. These include the responsibility for the resourcing and implementation of all measures needed to adequately control the risks associated with violence and aggression.

6.2 Executive Directors

Executive Directors are responsible to PTHB Board for ensuring that all risks of violence and aggression are adequately controlled within their area of responsibility and that all incidents are reported and investigated in line with PTHB policy. This will include ensuring that all risk assessment action plans are adequately monitored and that incident investigations are fully completed. The Executive Directors will also ensure that any staff involved in a violent and aggressive incident are given support and advice during any legal action against the perpetrator(s).

6.3 Director of Environment

The Director of Environment has delegated responsibility for the corporate management of health & safety within the organisation and is accountable for this to the Chief Executive & PTHB board. These responsibilities also include ensuring that the organisation receives competent advice regarding the management of violence and aggression and that adequate training and monitoring takes place. The

	<p>Director of Environment also acts as the organisation's Executive representative for the management of violence and aggression.</p>
	<p>6.4 Primary Care Managers/Heads of Service The Primary Care Managers & Heads of Service are directly responsible and accountable to the Director of Primary & Community Care for ensuring that all risks of violence and aggression incidents are adequately controlled within their area of responsibility and that all incidents are reported and investigated.</p>
	<p>6.5 Senior Managers e.g. Lead Therapists, Heads of Nursing, Business Managers Senior Managers have responsibility for the day-to-day management of health & safety within their area of responsibility. They are directly accountable for ensuring that the risks associated with violence and aggression are properly managed.</p> <p>Senior Managers will ensure that systems are in place to achieve the following:</p> <ul style="list-style-type: none">• To identify any risks of violence and aggression associated with work and take steps to eliminate or reduce risk, as far as is reasonably practicable.• Ensure that where a risk of violence and aggression is identified that cannot be eliminated that a formal risk assessment is carried out and safe systems of work are devised, documented and implemented in order to reduce risk.• Be responsible for analysing and actioning any recommendations arising from the risk assessment process and ensure that systems to monitor safe practice are in place and followed.• Ensure that staff can attend training sessions run by the organisation. Attendance must be planned to ensure staff competency is maintained and does not lapse.• Ensure that an audit mechanism is in place and that any findings are acted upon.• Ensure that agency staff, clinical students and bank staff have received an appropriate level of training commensurate with PTHB standards prior to employment.

	<ul style="list-style-type: none">• Initiating and coordinating the issue of <i>Formal Patient/ Personal Undertakings and Exclusions</i> in liaison with the relevant Executive Director/ Locality General Manager.
	<p>6.6 Line Managers, Ward Managers, Team Leaders and Supervisors etc. with day-to-day responsibility for staff</p> <p>These groups of staff will be directly accountable and responsible to their immediate line manager for the following:</p> <ul style="list-style-type: none">• Ensuring that all risks of violence and aggression within their Departmental/Area of Responsibility are assessed and that any risks are reduced to as low as is reasonably practicable.• Ensuring that employees attend appropriate training in accordance with the assessed risk within the work area, before starting work, in the environment.• Liaising with the Occupational Health Team if an employee identifies a health condition which may preclude them from attending a personal safety training course and/or fulfilling their other duties.• Maintaining records of training for employees in their area of responsibility.• Ensuring that employees attend refresher training, maintaining their competency.• Ensuring that any incident where staff are abused, threatened, or assaulted in circumstances relating to their work, involving explicit or implicit challenges to their safety, well-being or health are reported in accordance with PTHB's current policy and procedure and that they are investigated, and remedial action is taken as necessary. <p>Serious Incidents of Violence and Aggression or repeated lesser incidents must also be reported verbally to the relevant Executive Director, the relevant Senior Manager and PMVA Trainer/Adviser (Case Manager) as soon as possible after the incident(s) has occurred. Out of hours this should be reported using PTHB on-call policy/procedure.</p> <ul style="list-style-type: none">• Ensuring that after an incident, staff involved receive the right level of support. This will include support from the Case Manager

	<p>(Prevention and Management of Violence and Aggression Trainer) and may also include peer support, formal de-briefing, referral to Staff Counselling Service and/or outside agencies e.g. Victim Support and support to pursue legal action</p>
	<p>6.7 Employees</p> <p>All employees have duty under health & safety legislation. These include the following:</p> <ul style="list-style-type: none">• Take reasonable care for their own health & safety and for that of others who may be affected by their acts and omissions.• Use appropriate equipment (e.g. personal alarms, pin-point alarms) to minimise the risk in accordance with any instruction or training received and follow any safe system of work that is in place.• Report to their Line Manager any physical/health conditions (including pregnancy) that could affect their ability to comply with the requirements of this policy and associated procedures or that they feel may be the result of a violent and aggressive incident.• Attend the appropriate level of personal safety training as required by their Line Manager.• Advise their Line Manager if they identify additional training needs or do not feel competent/safe in carrying out their duties.• Report all incidents where they are abused, threatened or assaulted in circumstances relating to their work, involving explicit or implicit challenges to their safety, well-being or health in accordance with PTHB current policy and procedures. This also includes incidents of bullying, harassment and verbal abuse /violence.
	<p>6.8 Senior Health & Safety Officer</p> <p>The Senior Health & Safety Officer has the following responsibilities:</p> <ul style="list-style-type: none">• Where required reporting of incidents to comply with RIDDOR.• Carrying out audits and inspections of workplaces.• Compiling reports as required.• Reviewing policies and procedures.• Overview of incidents and trends.• Reporting to Health and Safety Group Meetings.• Attending National Meetings, as required.

6.9 PMVA Trainer/Adviser

The Prevention and Management of Violence and Aggression Trainer/adviser fulfils the role of Case Manager within PTHB. In addition, the responsibility of the role includes the following:

- To undertake the lead role for the organisation on the prevention and management of violence and aggression against staff.
- To take responsibility for the development and implementation of the Violence and Aggression actions within the Health and Safety plan.
- Develop, maintain, and submit accurate and up to date performance reports on violence and aggression to the Welsh Government, and to the Senior Health and Safety Officer, outlining the action required to improve performance and safety.
- Where staff have reported an incident of violence or aggression, undertake the role of Case Manager as described by Welsh Government to support the individual and to work with local managers to put in place systems of work that prevent recurrence and safeguard staff. To use highly developed communication skills, empathy and practical support for staff affected by violence and aggression.
- To ensure that the violence and aggression policy and procedures are suitable and sufficient, up to date.
- Providing professional support and guidance on the management of violence & aggression.
- Delivery and implementation of the All-Wales Violence and Aggression Passport, Training, and Information Scheme.
- Ongoing liaison with the victim and their manager offering practical support.
- Ongoing liaison with the Police as to the status of criminal action and continued support to the victim through the legal process.
- Encouraging and supporting commitment from the witness and victim for legal process.
- When relevant, meeting with the perpetrator to outline lack of tolerance for their behaviour.
- Working with local management to achieve consistent levels of sanctions.
- Maintaining a database of criminal actions and case notes.
- Progressing publicity.
- Attending National meetings as required.

- Where required carryout local investigations into incidents.

The Role of the Case Manager: Responding to Violent Assaults

In the event of a violent assault, there are several actions required:

- Immediately
- Follow-up actions
- Post event

If the Police are called to an incident, the Case Manager should:

- Note action taken by Police (e.g. no action, charged, fixed penalty or caution) including attending officer details and report/ crime reference numbers recorded.
- Report / inform Quality & Safety Unit.
- Investigate the incident, including liaison with victim, witnesses, and the Police.
- Ongoing liaison with Police.
- Ongoing liaison with victim.
- Review case with Police / Crown Prosecution Service

If the Police are not called, the Case Manager should:

- Report / inform Quality and Safety Unit – grade severity, and if low, follow local procedures in respect of an investigation.
- If the incident is graded medium / high, further investigate the case including ongoing liaison with the victim and securing witness statements.
- Consider if Police involvement is appropriate and liaise as appropriate.
- If legal action is not justified, consider other sanctions, for example, Patient Undertaking or Civil Action.

Post Event Phase- the Case Manager has an essential role to ensure:

- Support the victim throughout the process through internal and external services available.
- Complete formal internal investigation report, including feedback to staff and victim, identification of training needs,

	<p>implementation of any recommendations and sharing lessons learnt with the organisation.</p>
	<p>6.10 Occupational Health Department The Occupational Health Team will be responsible to the Assistant Director of Workforce & Organisational Development and will:</p> <ul style="list-style-type: none">• Provide pre-employment health screening.• Provide support for those staff injured or affected by violence and aggression at work.• Provide medical support following an incident and recording of the information on staff records.• Liaise with appropriate departments to initiate early return to work following a violent or aggressive incident.• Assist with the referral of staff, if required to the NOSS and/or silver cloud counselling service.
<p>7</p>	<p>Risk Assessments for Violence and Aggression</p> <p>The risk assessment process is a critical part in incident prevention and minimising aggressive and violent behaviour (NICE 2015)</p> <ul style="list-style-type: none">• The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risks their staff face through the work they carry out. This includes the risk of violence and aggression. The assessment should identify the measures needed to either eliminate the risks or, if this is not reasonably practicable, adequately control them.• The Regulations do not specify which measures should be introduced to control the risk. It is for the employers to satisfy themselves that the measures they have taken are adequate. In doing so, PTHB must consider the good practice of other employers managing similar issues.• A Violence and Aggression Risk Assessment should be documented for any task/activity which presents a significant risk, by using the specific All Wales form found in Appendix 1. The All-Wales Form is designed for the assessment of generic activities and tasks. It is not intended to be used to assess risks relating to a specific patient, therefore additional information may need to be attached to the form.

- A separate Patient Risk Assessment should be undertaken if an individual is presenting a risk. There are a number of these assessments already in existence e.g. WARRN, as indicated above these should be attached to the All Wales form. Assistance with individual risk assessments can be provided by the PMVA Trainer/adviser.
- Where individual Risk Assessments are undertaken, they should be reviewed and updated, when necessary, in any event the risk assessments must be current and reflect the current situation, where changes occur, the assessment must be updated accordingly. The significant findings should be communicated to all relevant departments within the organisation and other agencies.
- In addition to formal documented risk assessments employees must conduct a Personal Risk Assessment before they perform a task/activity which may present a risk of violence and aggression. This assessment should examine the risk to themselves and others who may be affected by the activity. If necessary, they must communicate their findings to others.
- In many cases there will be a comprehensive risk assessment in place, which should include details of immediate and potential violence/aggressive behaviour. If there is a likelihood that physical intervention may be required, a restrictive intervention risk assessment (RIRA) must be completed. This should be detailed within the use of restricted physical intervention for adults' patients (MHP056)
- A post incident risk assessment must be completed, and control measures communicated to all relevant staff as soon as is practicable, a copy of the assessment must be forwarded to the V & A case manager.

8 Application & Control Measures

The communication of a patient's past behaviour both within the organisation and to any other relevant agency is fundamental in minimising the risk of violence.

A 'marker' should be placed on a patient's medical records to alert staff to the potential risk of violence and aggression. The Data Protection Act 2018 regulates the holding and processing of personal data, which is held either on computer or in a manual form.

Under the Act individuals are given legally enforceable rights. Organisations must comply with data protection principles, which together form a framework for proper handling of personal data. Advice on this requirement has been given by the Information Commissioner to the extent that:

- The processing of information is justified if necessary "for the compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract".
- The duties imposed on the employers under Section 2 and 3 of the Health and Safety at Work etc Act 1974 would be considered relevant to meet this requirement.

The Data Protection Act also imposes a duty regarding sensitive personal data. 'Violent markers' will not usually be considered as sensitive personal data. With the possible exceptions of markers which indicate that the patient suffers from a mental illness causing violent behaviour or that of a criminal conviction or suspicion of criminal activity.

In addition, it includes the requirements that:

- The patient should be informed that their details have been flagged to indicate that they are potentially violent.
- A decision should be made by a senior manager based on nature of the incident(s).
- Data should be held for an agreed period.
- Data should only be seen by those who would be at risk.
- On request from the individual the record including the 'marker' would have to be revealed and would therefore need to be justifiable.

Advice is also given on the ability to pass information to other agencies such as the Ambulance Service. In some cases, other agencies that will

have contact with a potentially violent individual should be informed that a warning 'marker' has been added to an individual's file and details of the incident which led to this. It goes on to say that disclosure should be made on a strictly case-by-case basis.

The patients' as well as employees have rights under the Articles of the Human Rights Act 1998, and these must be respected. Attention is drawn to the following rights:

Article 2 'Right to Life'

Article 3 'Prohibition of inhumane or degrading treatment'

Article 8 'Right to Respect for Private and Family Life'

Article 14 'Prohibition of Discrimination'

9 Remedies and Sanctions

9.1 Any action taken in response to violent or abusive behaviour should be carefully planned. It should consider the clinical needs of the patients/service user, the right of all patients to be treated in a safe and caring environment and the duty towards employees.

9.2 The remedies which may be applied in this document will vary in relation to the perpetrator(s), e.g.

- Remedies for visitors
- Remedies against parents or those with parental responsibility/significant carers who behave in a continuously difficult and challenging way,
- Remedies against patients with capacity, and
- Remedies against those without capacity e.g.
 - a) Some mental health patients
 - b) Patients with learning difficulties
 - c) Some children and young people

9.3 Actions implemented should be relevant to the circumstances
These include:

- Drawing the persons attention to the fact that the behaviour is unacceptable
- Inform individuals of patient/ personal undertaking.
- Treatment of patients in the presence of increased security or police

	<ul style="list-style-type: none">• Formal Warning that such behaviour could lead to withdrawal of treatment (Yellow Card)• Patient Exclusion - Withdrawal of Treatment except for emergency care• Exclusion• Legal proceedings
	<p>9.4 Implementing remedies/ sanctions against visitors. The term 'visitor' includes a member of the general public or anyone who is not a patient, member of staff or other persons employed by contract or service level agreement but excludes the parent of a child patient.</p> <p>9.4.1 Visitors who display any of the behaviours listed previously should be asked to desist and offered the opportunity to explain their actions. The standards of behaviour expected of visitors should be clarified.</p> <p>9.4.2 Continued failure to comply with the required standard of behaviour will result in the individual being asked to leave the premises by a senior member of staff. In the case of an ambulance the crew will inform their Control Officer. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support. Depending on the location and circumstances this would normally involve the Police.</p> <p>9.4.3 The relevant Senior Manager may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times. The relevant Executive Director, Senior Manager, Head of Quality & Safety will be informed of any such exclusions and/or restrictions.</p> <p>9.4.4 The visitor may request an immediate review of the exclusion by the appropriate service manager/deputy. They will be informed of any decision.</p> <p>9.4.5 The visitor must be informed in writing of any extended exclusion or restriction placed on them and the proposed duration for review.</p> <p>9.4.6 The exclusion of a visitor does not prevent them from attending the organisation for their own treatment.</p>

	<p>9.4.7 The incident must be documented, reported on the Datix system and fully investigated as an incident in line with current PTHB Policy.</p> <p>9.4.8 Any visitor behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on or against the organisations staff, property or assets. The appropriate manager or senior member of staff will contact the police in the event of unlawful behaviour. They will also liaise with the Case Manager and legal advisors when seeking to prosecute the perpetrators of a crime.</p>
	<p>9.5 Implementing remedies/sanctions against those with parental responsibility.</p> <p>9.5.1 It is not acceptable to the organisation for staff, other patients or visitors to be exposed to persons with parental responsibility who are violent, aggressive or behave in a continuously difficult and challenging manner. However, persons with parental responsibility have legal rights and responsibilities which need to be exercised in the best interest of the child. Remedies must ensure that the treatment of the child or young person can continue and decisions or consents relating to the continuation of the treatment can be made</p> <p>9.5.2 The staff should remain vigilant and attempt to prevent these situations developing. Senior staff should make every effort to support their junior colleagues in dealing with these difficult and complex problems. Incidents and observations should be appropriately recorded in the patient's notes and on an incident form.</p> <p>9.5.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.</p> <p>9.5.4 Persons with parental responsibility who display any unacceptable standard of behaviour should be asked to desist and offered the opportunity to explain their actions. The standards of behaviour expected of them should be outlined. In any serious incident e.g. involving violence causing injury or the threat of injury the police must be called.</p>

9.5.5 The parent will be given the opportunity to immediately modify their behaviour and be offered an opportunity for 'time out for cooling off'.

9.5.6 In the event of failure to modify their behaviour either before or after the 'cooling off' period, sanctions implemented should be proportionate to the actions of that person. Each individual situation needs careful assessment to ensure that the best interests of the child are met whilst ensuring staff safety.

9.5.7 Following violent behaviour, consideration should be made to making a referral to the Social Services Department as outlined in the All-Wales Child Protection Procedures.

9.5.8 If violent or abusive carers insist on exercising their parental responsibility by attempting to ultimately remove their child from the healthcare setting an immediate referral should be made to Police and Social Services.

Full documentation of the incident must be made in a separate management file created to manage the situation and the incident reported as an incident, in accordance with the organisations reporting procedures.

9.5.9 Any parent or carer behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on, or against its staff, property or assets.

9.6 Remedies and sanctions for adult patients with capacity (aged 18 or over)

9.6.1 Following any incident the immediate manager or department head (or their deputy) will ascertain that the patient has capacity from an appropriate clinician. The manager or departmental head will explain to the patient that his/her behaviour is unacceptable and explain the expected standards of behaviour.

9.6.2 If the behaviour continues, the responsible manager or clinician will give an informal warning about the possible consequences of any further repetition.

9.6.3 Failure to subsequently desist will result in an application of a 'Patient Undertaking' as a formal written warning of the consequences of such behaviour.

9.6.4 If a patient complies with the terms of the Patient Undertaking, he/she can expect the following:

- That their clinical care will not be affected in any way.
- That a copy of the "Confirmation of Instituting a Patient Undertaking" will be filed in the Quality & Safety Unit and a copy will also be kept in the patient's notes. Use of the Patient Undertaking will be highlighted on Patient Information System. The patient will be told that the Confirmation will be recorded in these ways.
- That the relevant Executive Director, Senior Manager(s) and Members of the PTHB's Health and Safety Group will be informed.

9.6.5 Failure to comply with the Patient Undertaking will, at the request of the relevant senior manager and the Clinical/Executive Director (or their nominated deputies) results in exclusion from the organisation except in a medical emergency.

9.6.6 Such an exclusion will last for an agreed duration not exceeding one year. Subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician. If an excluded individual presents at the organisation's Minor Injuries Unit for emergency treatment, that individual will be treated and stabilised. Where possible, they would then be discharged immediately. However, they will be admitted if the medical condition of the patient is, in the clinical judgement of their lead clinician, so serious that admission is unavoidable and the need for police attendance will be continually assessed by an appropriate member of staff. (See Appendix 2 for Procedure for Implementing a Patient Undertaking).

9.7 Community Care Services

9.7.1 This policy will apply to patients who require ongoing treatment within a community setting. The confirmation of Instituting a Patient Undertaking will be signed and held by the relevant Clinical Director, Executive Director Medical Director, Senior Manager. Additionally, copies will be held at the relevant clinic for access by Out of Hours Nursing Staff/Medical Staff.

9.7.2 If an incident occurs within the community setting or a patient's own home, the organisation's Lone Worker Policy should be invoked, and the incident reported to the relevant manager. If within a Primary Care setting e.g., a clinic, the local procedure regarding violence and challenging behaviour should be followed. The principles outlined in this document should them, if appropriate, be invoked once the immediacy of the situation has been dealt with.

9.7.3 Any patient behaving unlawfully will be immediately reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek police prosecution of perpetrators of crime on or against its staff, property or assets. Staff will be expected to co-operate in the provision of evidence.

9.8 Remedies and sanctions for a management of a child or young person

9.8.1 Children under the age of 10 years are entirely exempt from criminal responsibility. Children between 10 and 14 years are also exempt unless it can be established that they can distinguish between right and wrong. Subject to this there may be certain circumstances where it is appropriate to seek advice and/or assistance from the police where a criminal offence may have been committed.

9.8.2 In addition to the procedure for dealing with adult patients, events involving a patient who is a child or young person should include support from Paediatric Social Workers and/or a member of the Child and Adolescent Mental Health Services if required.

9.8.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.

9.8.4 If not present at the time of the incident the parent/carer must be informed at the earliest opportunity.

9.8.5 The incident must be fully documented within the child's/young person's patient record and consideration given to making a child protection referral under the All-Wales Child Protection Procedures.

9.8.6 Following a serious breach in acceptable behaviour or persistent unacceptable behaviour, a meeting between the child, parent/carer, ward manager/service manager/senior nurse and consultant co-ordinating care should be arranged. An advocate for the child should be invited to attend. This meeting should be arranged at the earliest possible time and include:

- Agreement of levels of acceptable behaviour and a behavioural management plan. Advice upon an appropriate behavioural management plan may be sought from Child and Adolescent Mental Health Service colleagues.
- Setting out a series of remedies that will be considered in the event of further non-compliance.

A letter detailing the Management Plan should be sent to the parent/carer within 24 hours. This should include the agreed visiting arrangements and acceptable behavioural management plan together with any alternative remedies which remain under consideration.

9.8.7 Any child or young person over the age of 10 years who behaves in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law. The organisation will seek to prosecute all perpetrators of crime on or against its staff, property and assets.

9.9 Mental Health Patients

9.9.1 The abuse of employees by any individual is not condoned. Patients not detained under the Mental Health Act 1983 may be treated as any other adult with capacity.

9.9.2 Capacity is variable in people with a mental health disorder and should be assessed in relation to the patient, at the moment in time.

9.9.3 For patients detained under the Mental Health Act 1983 the Responsible Medical Officer will prepare a behavioural management plan and make recommendations for their care. In the event of non-compliance with the behavioural management plan the clinical condition and clinical needs of the patient will be considered when deciding on the appropriate further remedies. Discussion should include:

	<ul style="list-style-type: none">• The most appropriate physical environment and level of supervision required.• Whether the patient should be subject to increased nursing observation.• Whether the patient should be transferred to an alternative ward/hospital or team. <p>9.10 Further remedies relating to Children and Mental Health Patients.</p> <p>These include:</p> <ul style="list-style-type: none">• Consideration as to whether the treatment can be postponed, and the patient discharged for a cooling off period or until more suitable arrangements for care can be made.• Consideration as to whether the patient can be nursed in the community and be supervised as an outpatient. However, this should not then lead to a risk to community staff.• Decision as to the circumstances when the police should be called in to advise or assist.
10 Training and Support	
	<p>10.1 Powys Teaching Health Board recognises that when staff deal with any situation in which individuals, whether Child or Adult are violent or intimidating toward them, it can be very difficult. Appropriate Training is essential and will be delivered in accordance with the "All Wales NHS Violence and Aggression Training Passport and Information Scheme."</p> <p>10.2 Powys Teaching Health Board as an NHS Organisation will participate in the passport scheme and will ensure that the training courses, which are prescribed as four modules meet the "Aims and Objectives" specified within the "All Wales Violence and Aggression Training Passport and Information Scheme. The Training Programme is designed to meet identified training needs based upon Risk Assessment for Staff Groups.</p> <p>Module A: Personal Safety Awareness Raising, delivered via an E learning programme, and/or leaflet.</p>

Module B: Theory of Personal Safety and De-escalation skills. Delivered in house by an accredited trainer. Half day Training session. Available via classroom or e-learning package. Refreshed every 3 years.

Module C: Theory and practice of Physical Breakaway Techniques. Delivered in house by an accredited trainer, run in conjunction with module B, refreshed every 2 years. Aimed at all patient facing staff.

Module D: Theory of Personal Safety, tuition involving Advanced Breakaway and Physical Intervention Skills delivered by an accredited trainer, four-day training session, with a two-day refresher, currently delivered to all ward staff, working within the mental health service and CRHTT.

The Modular System is designed to enable staff to develop skills, which will enhance their ability to cope during incidents of Violence and Aggression in the workplace.

Teams within PTHB deal with a very diverse group of patients, and as such it is appropriate that they receive personal safety training, full PMVA training or physical intervention techniques, whichever is appropriate for their role/s, as identified by the service departments. For example, all staff that work directly with patients on MH inpatient wards would require, for example the full PMVA course. CMHT, DHTT and CAHMS would require a level of training, as identified by the service department. Other patient facing staff would require breakaway training. This would also include support staff working within wards areas.

All training must take place within the required time scales, as previously mentioned. However, it is important to note that all practical sessions require a medical sign off prior to the course, therefore the health screening questionnaires must be forwarded to the occupational health department at least 6 weeks prior to the course date, for the clearance to participate to be given.

10.3 Staff that work within Learning Disabilities have a separate training programme delivered by an accredited in-house trainer. "The Positive Behaviour Management Training" is not at present included within the passport scheme but is a nationally recognised training system for managing difficult patients/clients. Many of the aims, objectives and techniques used are like

the one covered by the passport scheme.

10.4 Where staff have been injured because of a violent & aggressive incident, injuries could include, but are not limited to bites, scratches, exposure to bodily fluids, soft tissue and possible fractures, the procedures below must be followed:

During normal working hours and especially if the skin has been punctured, the employee must report to MIU/A&E. In any event occupational health must also be contacted as soon as possible, to ensure immunisation records can be checked and if required arrangements can be arranged, for a follow up visit etc.

Out of normal working hours and especially if the skin has been punctured, the employee must report to MIU/A&E. In any event occupational health must also be contacted as soon as possible once normal working hours resume, to ensure immunisation records can be checked and if required arrangements can be arranged, for a follow up visit etc.

Post incident support is also available through the occupational health counselling service. Occupational health can be contacted on (01874) 712600 for further information and guidance. Reference can also be made to the Needlestick and Body Fluid Contamination Injuries Policy (PTHB OHP 002)

The department/line manager has the main responsibility to support the staff post incident, and can receive support from occupational health, health and safety team, WOD and trade union. All incidents of violence and aggression MUST be reported on datix. A post incident risk assessment must be completed, and control measures must also be communicated to all relevant staff as soon as is reasonably practicable. An incident de-brief should also be held as soon as possible following the incident.

11 Monitoring Compliance, Audit & Review

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise. Implementation and efficacy of the policy will be monitored and audited by the PMVA Trainer/Adviser in line with the Health & Safety Audit Plan as agreed by the Health & Safety Group.

12 References

- *Obligatory Response November 2018.*
- *Health and Safety at Work etc. Act 1974*
- *Management of Health and Safety at Work Regulations 1999*
- *PTHB Lone Worker Policy.*
- *All Wales Violence and Aggression Training Passport & Information Scheme.*
- *Data Protection Act 2018*
- *Human Rights Act 1998*
- *Mental Health Act 1983*
Mental Health Act 1983: Code of Practice (1999), Department of Health and Welsh Assembly Government
- *Crime and Disorder Act 1998*
- *We Don't Have to Take This – NHS Zero Tolerance Zone (1999)*
- *HSC 1999/226 – Campaign to stop violence against staff working in the NHS: NHS Zero Tolerance Zone, Department of Health*
- *HSC 2001/18 – Withholding Treatment from Violent and Abusive Patients in NHS Trusts, Department of Health*
- *Violence at Work: Findings from the 2002/2003 British Crime Survey*
- *The recognition, prevention and therapeutic management of violence in mental health care, (February 2002), United Kingdom Central Council for Nursing, Midwifery and Health Visiting (Nursing and Midwifery Council)*
- *A Safer Place to Work – Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, (2003), National Audit Office*
- *Mental Health Policy Implementation Guide – Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-Patient Settings, (2004), National Institute for Mental Health in England*

- *BILD Code of Practice for Trainers in the Use of Physical Interventions: Learning Disability, Autism, Pupils in Special Educational Needs, (2001)*, British Institute of Learning Disabilities
- *All Wales NHS Manual Handling Training Passport and Information Scheme, 2003* prepared by The All-Wales NHS Manual Handling Steering Group.
- *All Wales Child Protection Procedures*
- Client/Contractor National Safety Group (CCNSG) Safety Passport Scheme
- Counter Fraud and Security Management Services Guidelines

Appendix 1:

**Powys Teaching Health Board
All Wales NHS Violence and Aggression Risk
Assessment Form & Guidance**



All Wales Violence
and Aggression Risk

Appendix 2: Procedure for Implementing a Patient Undertaking Including Template Letters

Appendix 2

Procedure for Implementing a Patient Undertaking

1. In the event of inappropriate behaviour by a patient and following careful review by the individual's clinical team (or the on-call team out of hours), a Patient Undertaking can be used.
2. If the senior nurse on duty for the clinical area feels that a Patient Undertaking is appropriate, he/she should contact *a suitable member of staff e.g. the Senior Manager/ Hospital Matron/Site Manager. etc*
3. It is the responsibility of that suitable person to do the following:
 - 3.1 Take full details of the incident(s) and the staff member's concerns, document them and decide whether a Patient Undertaking is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.
 - 3.2 Obtain confirmation as to the patient's capacity.
 - 3.3 If Patient Undertaking is required:
 - 3.3.1 Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
 - 3.3.2 Inform the patient of the staff's concerns and explain the Procedure for Implementing a Patient Undertaking. Ensure that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
 - 3.3.3 Complete the Patient Undertaking.
 - 3.3.4 Ask the patient to sign the Patient Undertaking. If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient's agreement.
 - 3.3.5 Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the Patient Undertaking.
 - 3.3.6 Give the patient a copy of the Patient Undertaking and of the policy itself.

3.3.7 Prepare a copy of the standard letter (Appendix 4), for issue to the patient's GP. This letter should be signed and sent by the Senior Manager. A copy of the Policy should be attached.

3.3.8 Prepare a copy of the standard letter (Appendix 5), for issue to the patient. The Senior Manager should check the standard letter, the letter to the GP and that the Patient Undertaking procedure has been applied appropriately. The Senior Manager should then submit them to the Chief Executives' Office for signature.

3.3.9 Copies of the application of the Patient Undertaking should be maintained by the relevant Senior Manager and Chief Executive. A copy must be kept in the patient's notes and recorded on the Patient's Information System, if appropriate.

3.3.10 Copies for information must be sent to the relevant Executive Director, Director of Nursing, Lead Nurse if applicable), Quality & Safety Unit

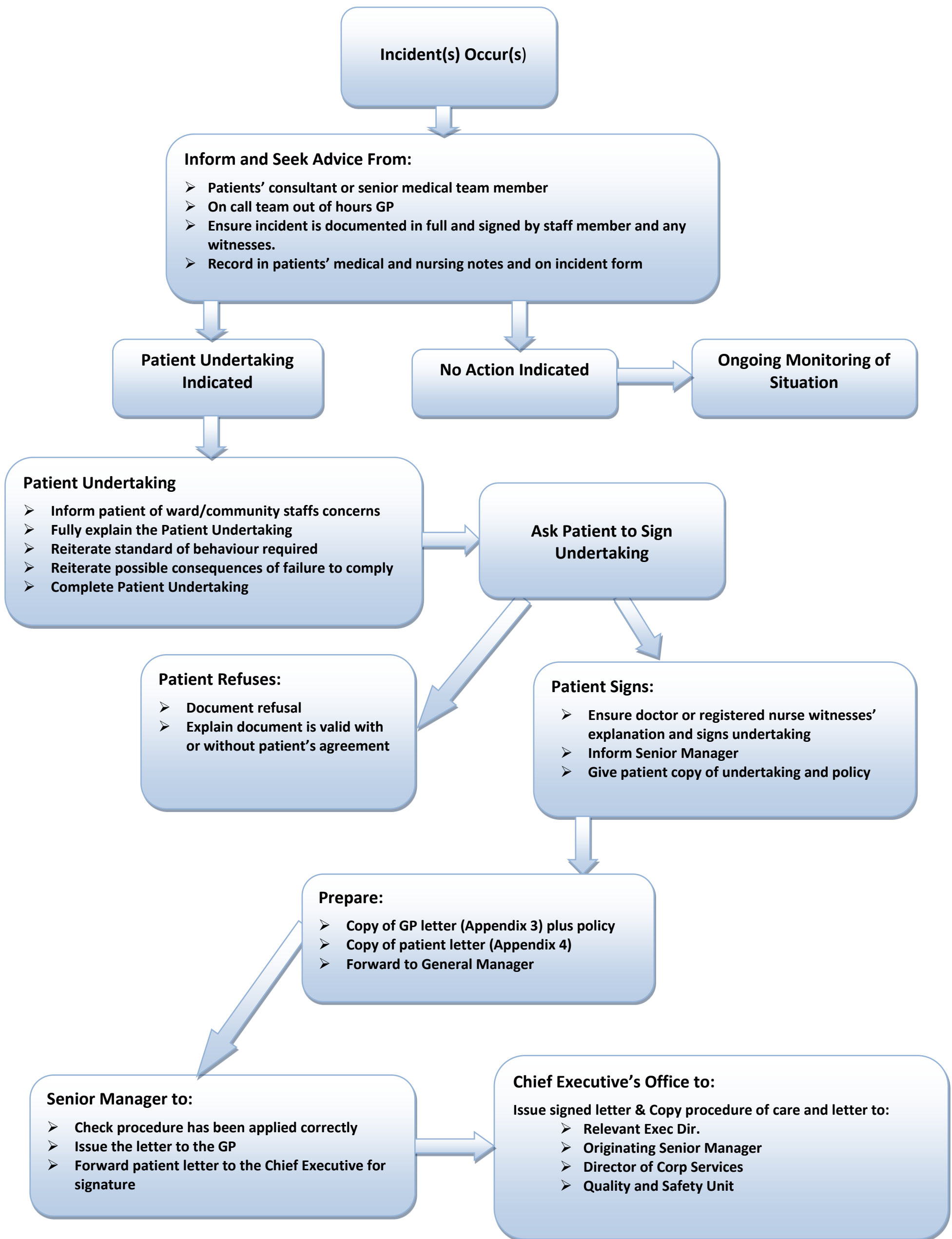
3.3.11 The full process must be recorded in the patient's medical and nursing documentation.

3.3.12 Explain to the patient that the Undertaking will be held centrally and in the patient's records and will be flagged on the Patient Information System where available

4. Examples of appropriate members of staff to initiate procedure are:

Senior Manager, Clinical Director, Executive Director, Senior Nurse, Senior Clinician (registrar or above), Out of Hours – Nurse Practitioner

**Procedure for Issuing a Patient Undertaking Document:
Stage 1 of Procedure for Care of Patients with capacity who are Violent/Abusive**



Responsibility and Rights: A Patient Undertaking

<p>Your Rights:</p> <p>Powys Teaching Health Board and its employees owe to me, as a patient a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times.</p> <p>Powys Teaching Health Board and its employees aim to provide health services that are sympathetic and responsive to my individual needs within the resources, which the Trust/LHB has available.</p> <p>Powys Teaching Health Board and its employees want to deliver appropriate and effective health care and treatment to me.</p> <p>Powys Teaching Health Board expects all its employees to treat me with courtesy and respect.</p> <p>Powys Teaching Health Board will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner, which is deemed unacceptable.</p>	<p>Your Responsibilities:</p> <p>I will not behave in any way, which can be considered to be violent or abusive.</p> <p>Violence includes any incident where any members of staff are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, well-being or health of any member of staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of hospital property as well as physical acts of violence.</p> <p>I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.</p> <p>I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on any premises of Powys Teaching Health Board.</p> <p>I accept and understand that Powys Teaching Health Board is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of staff has to jeopardise their safety in providing me with care.</p>
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I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient then this can result in the withdrawal of my rights as a patient, and I can lose my right to receive care from Powys Teaching Health Board except for treatment in an emergency.

Signature of Patient:	Print Name	Date
Signature of Named Nurse/Core Worker:	Print Name	Date
Witnessed by	Print Name	Date

Template 1: Letter to GP

GP's Name and Address

Date

Dear

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

The above individual

- Is currently an inpatient on Ward at Trust/HB.
- Has attended Minor Injuries Unit/ Out-patient/Clinic for treatment
- Is receiving treatment from the Health Board Community Nursing service

NB: The patient has been assessed to be competent in decision making
In order to protect the clinical environment for other patients and
members of staff, it has been necessary to instigate the use of a Patient
Undertaking* for the above-named patient

*This being a process where the patient having displayed unacceptable
standards of behaviour. Their rights and responsibilities have brought to
their attention and the patient has been asked to confirm that they
understand that failing to comply with these responsibilities, could result
in the withdrawal of care except for emergency treatment.

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

.....
(Name and telephone number of patient's consultant)

Or.

.....
(Name and telephone number of general manager or head of nursing)

Yours sincerely

Signature

Name

Senior Manager etc

Note: A COPY OF THE PROCEDURE FOR USING PATIENT UNDERTAKINGS FOR THE CARE
OF INDIVIDUALS WHO ARE VIOLENT OR ABUSIVE SHOULD BE ATTACHED TO THIS
LETTER.

Template 2: Letter to Patient

Patient's name

Patient's address

.....

.....

.....

Hospital Number.....

Date:

Dear

This is to formally confirm that due to your unacceptable behaviour on..... at....., you are now subject to the conditions outlined in the Powys Teaching Health Board Patient Undertaking.

The first stage of the procedure for using a Patient Undertaking has been applied to you and you should have received an explanation as to why you are subject to this procedure.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by and outlined in the Patient Undertaking, you will become subject to the next stage of the Procedure which may involve your immediate exclusion from the Local Health Board premises by the police. Such an exclusion from Local Health Board premises would not mean that you would not receive NHS care, as your responsible clinician would seek to make alternative arrangements for you to receive treatment elsewhere.

Yours sincerely

Signature

Name

Chief Executive

Appendix 3: Exclusion Procedure

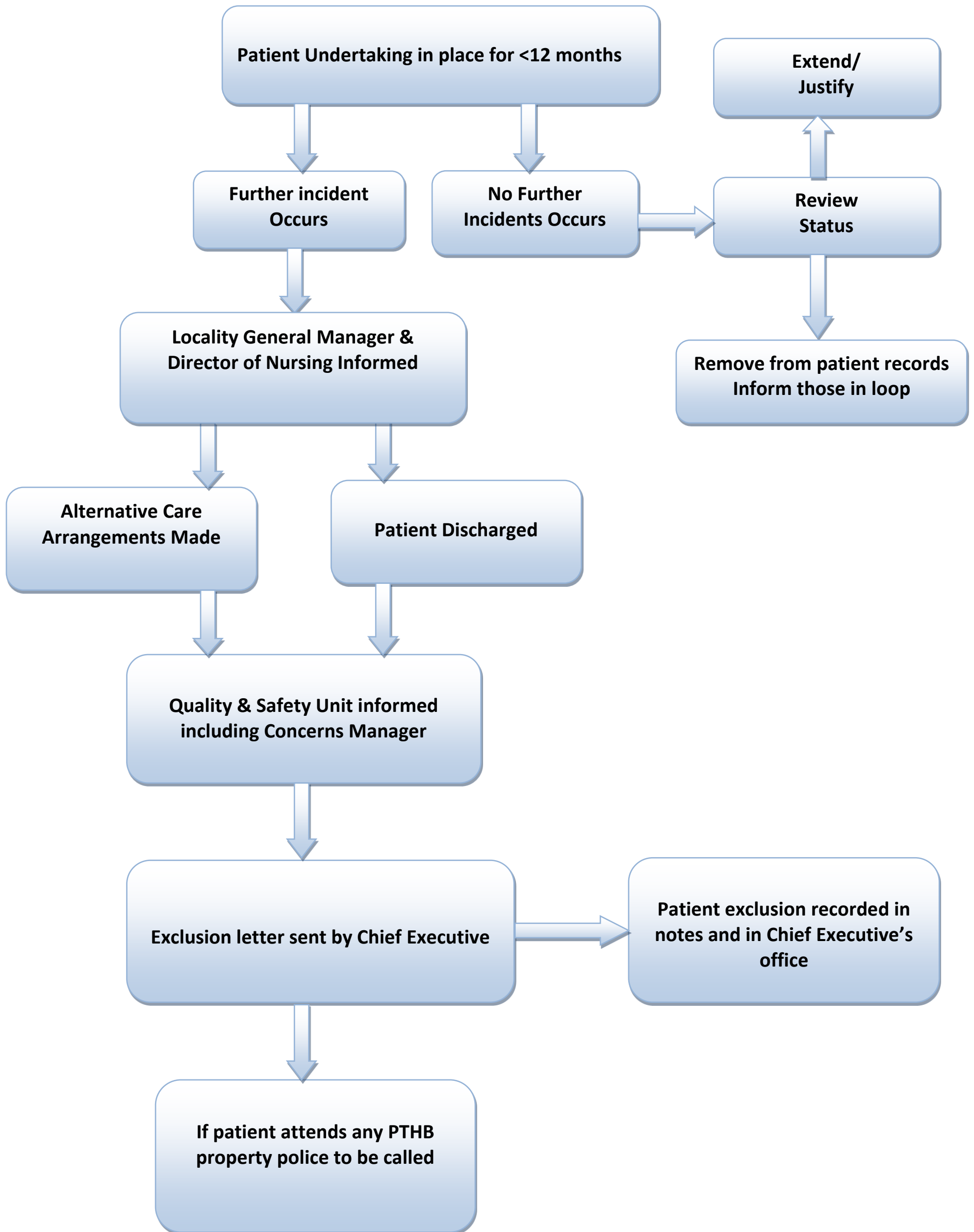
Exclusion Procedure Checklist

1. The decision to exclude can only be taken by both the relevant Executive Director and the relevant Clinical Director (in their absence their nominated deputies). They must be satisfied as to the capacity of the patient and that alternative care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in patient care in the normal manner.
2. The responsible consultant must be informed and write to the patient's GP detailing the exclusion and the reasons for it.
3. The Senior Manager will prepare a copy of the standard letter (Appendix 7), for issue to the patient. This letter should be given to the relevant Executive Director with the letter to the GP for checking both the letter and that the procedure for excluding a patient has been applied appropriately and for onward submission to the Chief Executives' Office for signature.
4. Copies of the application of the exclusion should be maintained by the relevant Senior Manager and Chief Executive. A copy must be kept in the patient's notes and recorded on the Patient's Information System, if appropriate.
5. Copies for information must be sent to the relevant Executive Director; Corporate Services Team; Lead Nurse (if applicable); Quality & Safety Unit
6. The full process must be recorded in the patient's medical and nursing documentation, together with a detailed record of the rationale for exclusion and of the alternative arrangements for care. The patient should be told where this material will be held
7. Explain to the patient that the details of the exclusion will be held centrally and in the patient's records and will be flagged on the Patient Information system when available
8. The patient must be informed that they may challenge an exclusion via the established Putting Things Right procedure.
9. Once a system for 'flagging' on the Patient Information System is developed, the use of the exclusion procedure **must** be entered on this data base.
10. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called

immediately. The health board will subsequently seek legal redress to prevent the individual from returning to the premises other than in a medical emergency.

11. Powys Teaching Health Board may share, with other organisations, details of patients that have been excluded from their services if they feel that there may be a risk to the safety or well-being of other employees or patients within the health and social care sector.

**Procedure for Issuing a Patient Exclusion Document
Stage 2 of Procedure for Care of Patients who are Violent/Abusive**



Template 2: Letter to Patient Withdrawal of Treatment/ Exclusion from PTHB Premises

Patient's Name
Patient's Address
Hospital Number

Date:

Dear

Further to the letter sent to you on (*date*), and the Formal Patient Undertaking issued, I am now writing to formally confirm that following your continued unacceptable behaviour on (*insert date*) at (*insert venue*) you are now excluded in any circumstances, other than a medical emergency, from treatment at any Powys Teaching Health Board premises

The letter referred to above and the Formal Patient Undertaking informed you that any future failure to comply with the expected standards of behaviour within the Teaching Health Board may result in exclusion from treatment at any of our premises.

A detailed record of the circumstances leading to the decision is held within (*Specify*) and you have the right to challenge the decision via the established complaints procedure by writing to the above address.

Should you return to the PTHB premises you will be asked to leave, the police may be called, and subsequently legal redress will be initiated to prevent further return

The exclusion will be reviewed on (*insert date - maximum 1 year*).

Your General Practitioner has also been informed of this decision in order that alternative arrangements can be made.

Yours sincerely

Signature

Chief Executive