

MANAGEMENT OF UNACCEPTABLE BEHAVIOUR POLICY

		POLICY	
Reference	GV 017		
Approving Body	Safeguarding Committee		
Date Approved	12/12/2024		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	*		
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Date of Completion of Equality Impact Assessment	Oct 2024		
Date of Environmental Impact Assessment (if applicable)	N/A		
Legal and/or Accreditation Implications	Compliance with the general provisions of the Health and Safety at Work Act 1974		
Target Audience	ALL Departments, Divisions and Staff		
Review Date	12 December 2027		
Sponsor (Position)	Chief Nurse		
Author (Position & Name)	Professional Lead Security Management & Violence Reduction		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Security Management & Violence Reduction (Safeguarding & Vulnerabilities)		
Position of Person able to provide Further Guidance/Information	Professional Lead Security Management & Violence Reduction and Health & Safety Lead		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
Guidance for the Management of Work-Related Violence & Aggression		10/06/21	
Template control		April 2024	

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1.0 INTRODUCTION

The purpose of this policy is to provide standards for the management of unacceptable behaviours of all types that are of a discriminatory or abusive nature. Its aims are to establish the principles and procedures for the recognition of, response to and treatment of discrimination and abuse that could arise in connection with the services and activities provided by Sherwood Forest Hospitals NHS Foundation Trust (SFH). It provides a framework and guidance for all employees and others within the organisation who could be exposed to aggressive, threatening discriminatory behaviours so that they are better supported and equipped to avoid and minimise the risks of such behaviours.

Sherwood Forest Hospitals NHS Foundation Trust (SFH), hereinafter referred to as the Trust has a duty to:

- Provide a safe and secure environment.
- Establish basic principles for the recognition of, response to, and appropriate management of aggressive, abusive, and discriminatory behaviour within the Trust in order that its staff may be better equipped to deal with a potential or actual situation.

Managing such incidents in a structured and cohesive manner underpins the ability of staff to work in a safe and secure environment. Abusive, discriminatory, or antisocial behaviour by any person is not acceptable. However, given the broad range of services provided by the Trust and the diverse nature of the individuals we engage with, every situation would need to be assessed on an individual basis to ensure the effective management and prevention of such behaviours towards Trust staff members.

Abusive, discriminatory, or antisocial behaviour towards Trust staff may also constitute a criminal offence, so in addition to the processes outlined within this policy, it may also be necessary to report such incidents to the police for consideration of criminal investigation and prosecution where appropriate.

Where such conduct is by a staff member, such behaviours would be managed wholly within the Trusts' disciplinary procedures, although where such conduct constitutes a criminal or civil offence, this would also be reportable to the police and/or the relevant professional body where applicable.

2.0 POLICY STATEMENT

This Policy is intended to cover all activities of the Trust and the areas where Trust activities are carried out, including home visits by community staff, and staff working in premises that are not owned or managed by the Trust.

The aim of this policy is to address abusive, discriminatory, and aggressive behaviours towards Trust staff and those undertaking official duties on behalf of the Trust and to mitigate the associated risks of such behaviour from:

- Members of the public
- patients
- Carers/relatives and associates of patients
- Visitors
- Contractors and third parties on Trust premises

The policy supports the delivery of high quality clinical and non-clinical services through the provision of a safe, supported, and secure environment.

The policy considers relevant legislation, such as the Equality Act 2010, Health & Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

In addition to the general and statutory duty and specific acts and regulations, employers have a duty to take responsibility for the care and safety of their employees.

Equally, employees have a corresponding obligation to take reasonable care of their own safety and that of others whilst at work. They have a duty to cooperate with their employer to enable compliance with statutory obligations. An example of this would be working in accordance with training and instructions that have been provided and to report hazardous situations or concerns in a timely manner. This would include incidents of abuse, discrimination, harassment, and antisocial behaviour whilst in the workplace, be this on Trust premises, or undertaking official duties on behalf of the organisation elsewhere, for example a community setting.

The principles of this policy are to promote and support effective working practices and the provision of services that are fair, accessible and that meet the needs and requirements of all individuals, and to support and enable its staff to do so in a safe and secure environment, without fear of abuse, discrimination, threats, and antisocial behaviours directed towards them.

This policy has been developed to support staff undertaking their duties as an employee of the Trust when they are confronted with abusive, discriminatory, threatening, and antisocial behaviours. Every member of staff must be aware of their responsibilities in the context of this policy and take appropriate measures for the safety of themselves and others.

This policy aims to achieve this by providing a process that enables such behaviours to be recognised together with a structured response that enables the described behaviours towards Trust staff to be managed appropriately. Several informal and formal sanctions are available up to and including the withdrawal of clinical care and/or criminal prosecution where deemed appropriate.

Individual members of staff when confronted with the behaviours described in this policy will report such incidents using the Trust incident reporting system, (Datix). Staff with managerial responsibilities will ensure that all necessary steps are taken to support staff reporting abuse, discrimination, threats and antisocial behaviours risks when these are notified, and that all reports are assessed, documented and communicated to ensure that all possible actions are taken to mitigate such risks and that the safety of those to whom such behaviours have been directed is maintained. Whilst every situation will differ.

Staff who experience or encounter unacceptable behaviours, in addition to reporting the incident to their line manager, can also contact the staff network groups, Human Resources, Inclusion Advisors, their Trade Union representatives, and the Trust Professional Lead Security management & Violence Reduction should they wish to seek additional support or discuss any concerns they may have.

All actions taken should be updated on the appropriate clinical records together with any identified risks to personal safety where appropriate and the Datix incident report. It is also important that all risk information be shared with other agencies as necessary in accordance with the Information Sharing Protocols developed by the Trust.

The procedures for the implementation of this policy are set out at Appendix 2, but examples of the various sanctions that can be applied in response to abusive, discriminatory, threatening, and antisocial behaviours are as follows:

- Consultation/discussion with the service user/carer/relative/visitor to highlight unacceptable behaviours and minimise/dispel potential incident.
- Escalation to manager for intervention
- Manager to liaise with Trust Professional Lead Security Management & Violence Reduction (ASMS), to identify appropriate response and support with reported incident.
- Use of a verbal warning by service manager
- Issue of an unacceptable behaviour letter (where appropriate)
- Issue of a warning letter (i.e., Yellow Card)
- Expulsion/Exclusion from Trust premises and/or withdrawal of clinical services (Temporary or Permanent basis via Red Card).
- Report to Nottinghamshire Police for criminal investigation and consideration of prosecution where appropriate.

The above is not an exhaustive list, and all situations and responses should be assessed on an individual basis.

There will be situations where such interventions could be inappropriate. For example, a clinician may assess an individual as not having any understanding of the impact of their behaviour. In such situations, the responsible manager will need to undertake a risk assessment and implement all possible measures to minimise risks to staff and others to enable the continuation of their care.

However, in such situations, the appropriate control measures should be developed with the support of a Multidisciplinary Team, including the ASMS, Trust Legal, Complaints/PALS, and Safeguarding teams as required.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust' means the Sherwood Forest Hospitals NHS Foundation Trust.

'Staff' means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.

'Violence' Violence is defined by the HSE as an incident in which an individual is abused, threatened or assaulted in circumstances relating to their work. This definition includes verbal as well as physical abuse and could arguably also include psychological manipulation (mental abuse). Incidents involving verbal abuse are the most common.

Physical Assault' means the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort.

'Non-Physical assault' (sometimes also referred to as Verbal Assault) means the use of inappropriate words or behaviour causing distress and/or constituting harassment.

'Violent Incident' means all types and levels of violence ranging from non-physical assault such as swearing and verbal and racial abuse through to physical assault.

'Yellow Card' means a procedure for the issuing of a formal caution to individuals who are violent or abusive.

'Red Card' means a procedure for formally excluding violent or abusive individuals from the care of the Trust.

'Warning Letter' means a letter issued to a patient in accordance with this policy and the trust security policy.

Violence and aggression can be defined as (NHS): "Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well-being or health" (EC 1997). This includes harassment, which is defined as "Unwanted, unsolicited and inappropriate words or conduct affecting the dignity of another".

Fraud crime of cheating somebody: the crime of obtaining money or some other benefit by deliberate deception.

Anti- Social Behaviour is behaviour that lacks consideration for others and that may cause damage to society, whether intentionally or through negligence, as opposed to pro-social behaviour, behaviour that helps or benefits society.

Discrimination can be defined as the unjust or prejudicial treatment of different categories of individuals, particularly around the grounds of race, age, sex or disability.

Protected Characteristics can be defined as in the Equality Act 2010. There are nine characteristics were identified as 'protected characteristics. These are the characteristics where evidence shows there is still significant discrimination in employment, provision of goods and services and access to services such as education and health.

These are:-

- Age
- Disability
- Gender
- Reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex or sexual orientation

4.0 ROLES AND RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Chief Executive	The Chief Executive has overall responsibility for the effective implementation of this policy.	
Security Management Director	Responsible for the oversight of security related issues and workstream.	
Clinical and Corporate Directors, Clinical Service and Nursing Managers, Ward/Team Managers, Advance Nurse Practitioners	Are responsible for ensuring that all appropriate risk assessments are completed for their areas of responsibility and that immediate action is instigated for the reporting and response to incidents. Where appropriate, in the first instance they are to attempt to control such incidents sufficiently that the risk is reduced to enable the continued provision of care. They are also to be the liaison point for the police or other agencies if they are requested to attend. Line managers are responsible for ensuring that staff are supported following incidents.	
All Staff	All staff have a responsibility to behave in an acceptable and professional manner, in both their professional and personal undertakings whilst on Trust premises and when representing the Trust. Where an incident occurs, all staff have a responsibility to document and follow the incident reporting process (Datix), in accordance with Trust Policies and Procedures.	
Policy Lead	The Professional Lead for Security Management & Violence Reduction is responsible for the content of the policy and that the processes therein are followed. The Professional Lead for Security Management & Violence Reduction will also provide support to staff and managers in deciding and formulating an appropriate response to any reported incidents. Where criminal behaviours are identified, ensuring that effective working partnerships are maintained and that victims of inappropriate behaviours are supported.	

Legal Services	Will support team managers and the Professional Lead for Security Management & Violence Reduction in the process of formulating an appropriate response to reported incidents and the issues of warning letters (Yellow and Red Card), where deemed appropriate on behalf of the Trust.	
Complaints/PALS Team Manager	Will be notified of all reported incidents and support team managers and Professional Lead for Security Management & Violence Reduction in decisions as to the appropriate level of response to reported incidents. Complaints/PALS team to retain a copy of all warnings issued because of implementing the guidance within this policy.	

5.0 APPROVAL

Violence & Aggression working group for comments then approval at Safeguarding Committee

6.0 DOCUMENT REQUIREMENTS

Procedure for The Management of Unacceptable Behaviours

Following any incident, staff involved must report this to their line management. This will allow for the incident to be fully assessed and, decisions made in relation to the next steps as to how the individual responsible will continue to receive any care from the Trust.

Such incidents must be fully recorded on Datix and any associated risks fully documented to ensure that all staff are made aware of any potential risks associated with that service user.

If appropriate to do so, the patient/visitor can be spoken to immediately to explain that their behaviours towards Trust staff are not acceptable, and the possible consequences of continuing to behave in such a manner towards Trust staff. However, staff must never engage in any challenge that would put them at immediate risk of further violence or abuse and should always withdraw from any situations where behaviours displayed towards them may compromise the safety of themselves and colleagues.

When unacceptable behaviours are reported, subsequent actions are:

- Report all incidents via Datix.
- Update any risks.
- Discuss with Line manager.
- Seek support from line management and ASMS.
- Consider behaviours reported and appropriate level of response (informal discussion, verbal warning, a warning letter, how/if continued care will be provided and/or withdrawal of care provision temporarily or permanently).
- All responses to inappropriate behaviours should involve the team providing care, ASMS, Trust Complaints/PALS team and where appropriate, Trust Legal team.
- Any criminal offences should be reported to the police as appropriate.
- Appropriately share any identified risks/threats with other agencies that are currently or may be providing care and support – this should include agencies such as ambulance, police, acute and social healthcare services.

Where unacceptable behaviours are demonstrated towards Trust staff by carers, relatives, visitors, and members of the public, they should be asked to stop, and staff should explain the reasons for asking them to do so. If the unacceptable behaviour continues, then depending on the setting (i.e Trust building or community location such as the home of a service user), in addition to the above steps, the individual(s) responsible should be asked to leave immediately (Trust premises), or if in the community, staff should immediately withdraw to safety and if necessary, seek immediate police assistance. Trust staff should not put themselves at any unnecessary risk in terms of their personal safety and should call 999 if there is any refusal to leave a Trust building and/or activate their lone working device if in a community setting to get immediate assistance.

The steps outlined above should be followed in the same way to highlight and address any risk and response to unacceptable behaviours from the carers, relatives, visitors, and members of the public.

Types of Response to Unacceptable Behaviour Verbal Warning

A verbal warning can be issued to anyone who is acting in a rude, aggressive, or abusive manner which is offensive, or causes upset to staff or others who may be present. Anyone who is a patient/visitor of the Trust can be issued with a verbal warning.

Where given, a verbal warning should be recorded on an Datix Incident Report that outlines the behaviour/incident that was subsequently resolved with the verbal warning.

Following a verbal warning, where unacceptable behaviours continue, a warning letter can be issued.

There are different levels of Warning letter, which for the purposes of this policy are classified into the following three categories:

1. Initial Written Warning Letter.
2. Yellow Card Warning Letter.

3. Red Card Warnings. The Red classification incorporates exclusions and withdrawal of services temporarily or permanently.

All warning letters can be issued to patients, their carers, relatives, visitors, members of the public and contractors.

Unacceptable Behaviour Warning Letter

An unacceptable behaviour warning letter is issued following incidents that have been deemed inappropriate or unacceptable that has caused distress to staff, patients or others.

This is a formally documented action but is used as an internal Trust process only. However, such letters may be shared with the police or other partners as necessary under the Trust Information Sharing Protocol and/or for evidential purposes.

Yellow Card Warning Letter

A Yellow Card Warning Letter is an official warning issued for incidents of excessive aggressive, abusive, or repeated unacceptable behaviours towards Trust staff. To receive a yellow card warning, the individual must have received a verbal warning about similar behaviours previously prior to escalation to a Yellow Card warning.

The Yellow Card warning process is primarily used for patients, but could extend to their relatives, carers, and visitors where appropriate.

The Yellow Card warning is issued in the form of a letter that has been formulated with the relevant service manager, ASMS, Complaints Manager and Legal team. The agreed final draft will then be issued on behalf of the clinical team via the (complaints/legal team), from the Trust HQ address.

A copy of the Yellow Card warning letter must be uploaded to Datix incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

A copy of the letter issued to the person, should also be shared with partners such as GP's (if a service user), East Midlands Ambulance, and other agencies that may be involved in the provision of care for the individual concerned.

Red Card Warning Letter

Red Card Warning Letters are issued for acts of extreme aggression, abuse, violence, unacceptable or inappropriate behaviours. Such letters will usually be issued because of a Yellow Card warning having been issued and the unacceptable behaviours have continued. However, where it is considered that an individual behaves in such an unacceptable manner, then it would be appropriate to escalate to a Red Card Warning letter as a first and final warning.

Red Cards are primarily issued to patients but can equally be issued to their carers and relatives where deemed necessary.

This warning is issued in the form of a letter and will clearly set out the reasons as to why it has been issued.

Such letters will be formulated with the relevant service manager, ASMS, Complaints Manager and Legal Team. The agreed final draft will be issued on behalf of the clinical team via the Trust Senior Solicitor and or the Legal Team on their behalf, from the Trust HQ address.

A copy of the Red Card warning letter must be uploaded to Datix incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

A copy of the warning letter issued together with details of all possible associated risks, must be shared with partners such as GP's (if a service user), East Midlands Ambulance, and other agencies that may be involved in the provision of care for the individual concerned in the same manner as a Yellow Card warning letter.

It may be necessary following the issue of a Red Warning Card Letter, for SFH to liaise with other healthcare providers for the transfer of an individual's care as the Trust is unable to continue as a care provider.

Where care is to continue to be provided, the Trust will consider all the known and potential risks of doing so, and a multidisciplinary and/or professionals meeting will be held to determine how and where this can be done safely. This may involve the provision of care at an alternative facility.

All actions and taken as part of this process should be fully documented on the relevant clinical record (where a patient), and a copy of all supporting evidence retained by the Trust Complaints Manager.

Where a Red Card warning letter is issued and results in any dispute, the recipient should be directed to the Trust's formal complaints procedure.

Temporary Red Cards

A Temporary Red Card may be issued where there are felt to be significant risks to vulnerable service users. This process can be used for patients to allow them to reflect on unacceptable behaviours that may be out of character, as well as for visitors/carers of service users during their stay at a Trust inpatient facility.

Such letters will be formulated with the relevant service manager, ASMS, Complaints Manager and Legal Team. The agreed final draft will be issued on behalf of the clinical team via the (Trust Senior Solicitor/Complaints Manager), from the Trust HQ address.

A copy of the Red Card warning letter must be uploaded to Datix incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

In extreme situations, a verbal Red Card Warning can be delivered verbally by a senior Trust manager, to request an individual leave Trust premises and exclude them from any return. This must be immediately followed up in a written form following the processes previously outlined within this policy.

Examples of where a temporary red card warning would be appropriate are as follows (this is not exhaustive):

- Where a patient is at risk by a visit from a carer/relative and/or friend/associate
- Where a patient is an out of area patient, specifically for the reasons of safeguarding a vulnerable adult/child.
- When guidance from the Trust Safeguarding Lead/MARAC group has deemed that exclusion is necessary
- When a staff member has been threatened by any form of violence, and a warning has been issued for the protection of staff.

If a decision is made to excluded visitors, then this must be explained to them so far as reasonably practicable based on the circumstances and any such decision will be subsequently confirmed in writing.

In the event that any individual seeks to breach the conditions imposed by the issue of a Red Warning Card, and attempts to gain entry to a Trust premises or behaves in an aggressive, abusive or unacceptable manner towards Trust staff, then this should be reported and, where appropriate, any criminal behaviour should be reported to Nottinghamshire Police via 101, or 999 if there is an immediate and apparent threat.

Where a Temporary Red Card has been issued, and this relates specifically to the visiting of relatives/friends whilst an inpatient at a Trust facility, and results in any dispute, the recipient should be directed to the Trust's formal complaints procedure.

Where a Temporary Red Card has been issued to a visitor, this specifically relates to their attending Trust premises as a visitor, not as a patient, meaning any necessity for them to attend a consultation as a patient would not be impacted by the use of a temporary red card.

Temporary Red Cards issued to patients, in relation to a temporary exclusion from a location and/or services, will be reviewed after an agreed period time. The timing of any such review will be determined by the MDT/professionals meeting when deciding the actions to be taken in respect of this policy and any review period will be included within the temporary red card letter when issued.

A temporary red card letter will only be rescinded following a review by an MDT/professionals meeting, where they decide that no further risks are posed by the recipient. Equally, if the risks

are deemed to be still present, the temporary red card exclusion period can be extended for a further agreed period or escalated to a permanent exclusion red card warning letter.

Process for Appeal

As a Trust, the honesty and integrity of staff is not in doubt. Therefore, where they have reported that they have been abused or targeted, then an appropriate response would be to implement the actions set out within this policy regarding the alleged incident.

To investigate the validity of a staff members report, as often the incidents occur on the phone or without witnesses, would undermine their decision to report what can often be extremely upsetting incidents.

All warning letters will be composed with input from the relevant team, the ASMS, complaints and legal colleagues, and then issued and sent on behalf of the team involved by the Trust Legal team. This process will help to ensure that the therapeutic relationship between the clinical team and the recipient is not affected.

Whereby persons are not happy to have received a letter and threaten to complain or that they are to seek legal advice etc., they should be directed towards the Trust process of making a complaint via PALS.

Exceptions

In exceptional circumstances a warning letter or verbal warning may not be appropriate, as there may be overriding clinical reasons for the cause of behaviours that would in normal circumstances be deemed inappropriate and unacceptable. In such circumstances an MDT/Professionals meeting would need to identify the most appropriate method to address and manage the risks presented by such an individual.

There may be an emergency where an individual who is subject to warning letter/exclusion presents to the Trust, Psychiatric Liaison or at the Place of Safety in crisis and requiring emergency treatment. In such circumstances the overwhelming clinical need for a therapeutic intervention would be the priority and any appropriate care and treatment should be provided. The staff providing care need to make themselves fully aware of any risks as documented in clinical records and manage these risks appropriately.

Where possible, discharge from service should be made as soon as it is safe to do so. Where further care is required, then guidance should be sought from the local ICS as to which healthcare provider will be able to do this.

The Trust is committed to the provision of services and care that is fair, accessible and meets the needs of all individuals irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, and belief (including lack of belief), sex (i.e gender), and sexual orientation.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Number of verbal warnings, yellow/red cards	Department Leads. Profession Lead Security Management & Violence Reduction	Total letters issued from database	Quarterly	Department Leads. Profession Lead Security Management & Violence Reduction Safeguarding Committee and Health & Safety Committee
Incidents	Profession Lead Security Management & Violence Reduction	Data report produced for Safeguarding Committee and Health & Safety Committee	Monthly	Profession Lead Security Management & Violence Reduction Safeguarding Committee and Health & Safety Committee

8.0 TRAINING AND IMPLEMENTATION

The Trust will provide Conflict Resolution Training to all front-line staff, as identified in the Mandatory Training Policy. This training covers 10 objectives, listed in the national syllabus. Delivery will be via an in-house or an external suitably qualified trainer.

New staff will be offered a place on the full course and the Conflict Resolution Training will be refreshed every three years. The training will be mandatory for all frontline staff. The training will normally have taken place within 1 month of employment for all new staff and will be refreshed within 3 years of the initial training taking place or as and when required i.e., following a specific incident or changes in legislation or guidance.

The Trust will look to build on any lessons learned as a result of the comprehensive conflict resolution training course put in place for Trust staff. The quality of the training provided will be regularly monitored by means of feedback sheets and attendance lists.

The Trust recognises that as a result of risk assessment some staff groups may require training over and above the conflict resolution training syllabus. In-house or external contractors depending on the nature of the training concerned will provide this. It is also recognised that the training made available to staff should reference other relevant training such as that available regarding the safeguarding of children and adults.

Following reviews and further enhancing staff training risk assessed areas that form part of a training needs analysis (TNA) will receive further enhanced training on de-escalation, breakaway and Restrictive Practices Training. This is delivered in partnership with our partners IKON Training and in house via associated trainers.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

- The Health and Safety at Work etc Act 1974 (HSW Act)
Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees.
- The Management of Health and Safety at Work Regulations 1999
Employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury, or incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work.
- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)
Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

Related SFHFT Documents:

- Trust Security Policy
- Trust Health & Safety Policy
- Guidance for Management of Violence & Aggression

11.0 KEYWORDS

N/A

12.0 APPENDICES

Appendix 1 Equality & Diversity Assessment
 Appendix 2 Flowchart Patients
 Appendix 3 flowchart Visitors
 Appendix 4 Example of Warning Letter
 Appendix 5 Example of Exclusion from premises letter
 Appendix 6 Example of Behavioural Agreement Letter
 Appendix 7 Example of change of location/service letter

Name of service/policy/procedure being reviewed: Management of Unacceptable Behaviours Policy			
New or existing service/policy/procedure: Policy			
Date of Assessment: Oct 2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination.	N/A
Gender	N/A	This policy will encourage a culture that does not accept any form of abuse; however, some staff may mistakenly view that a particular gender as being more vulnerable to violence and abuse	N/A
Age	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination.	N/A
Religion / Belief	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination.	N/A

Disability	N/A	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request.	N/A
Sexuality	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents.	N/A
Pregnancy and Maternity	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination.	N/A
Gender Reassignment	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents.	N/A
Marriage and Civil Partnership	N/A	This policy will encourage a culture that does not accept any form of abuse including abuse rooted in discrimination.	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	N/A	The social profile of some patients may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination.	N/A
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> None 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> Trust policy approach to availability of alternative versions 			

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ([click here](#)), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: W Burton

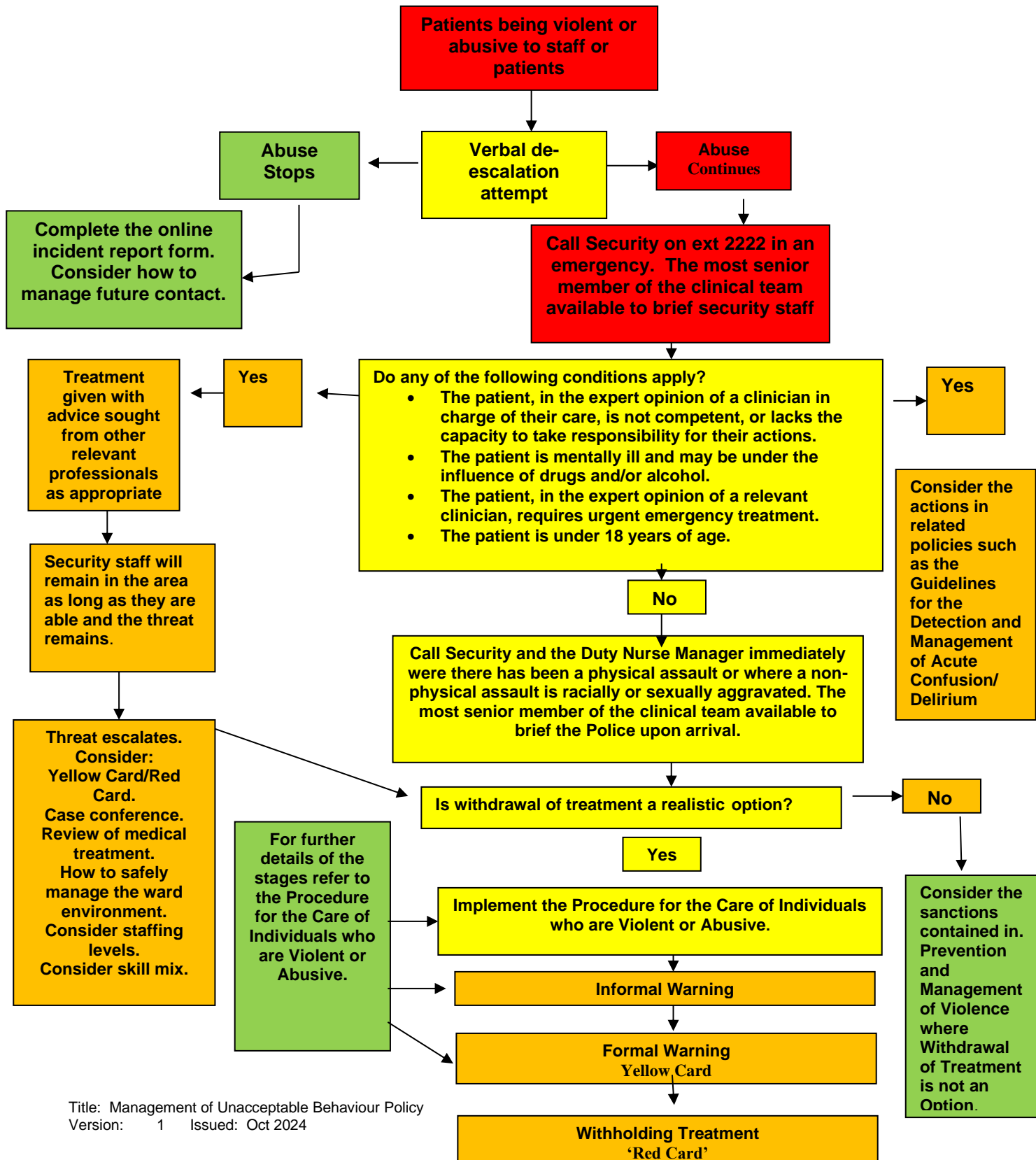
Signature:

Date: Oct 2024

Appendix 2

PROCESS CHART FOR DEALING WITH ABUSIVE OR VIOLENT PATIENTS

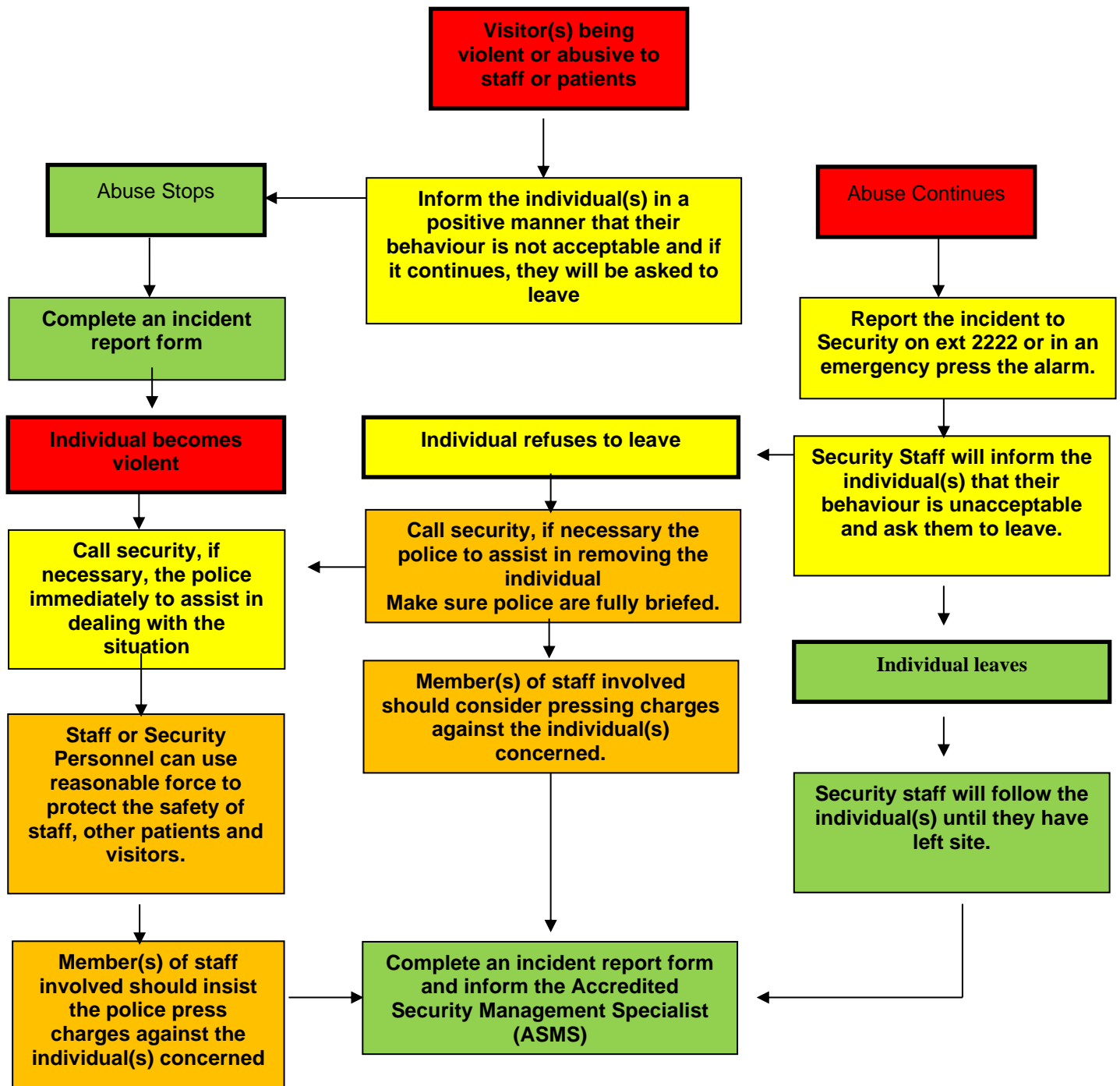
WHAT TO DO



Appendix 3

PROCESS CHART FOR DEALING WITH ABUSIVE OR VIOLENT VISITORS

WHAT TO DO



Appendix 4

Example Warning Letter

Dear [insert person's name]

Warning letter – unacceptable behaviour

I am [insert your name] and I am the [insert role/position in organisation] for the [insert name of organisation]. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate]. Behaviour such as this is unacceptable and will not be tolerated.

The [name of organisation] is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

Should there be any repetition of this type of behaviour; consideration will be given to taking action against you.

Such action may include the following:

- Excluding you from premises
- Seeking an Acceptable Behaviour Agreement
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue.
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter has been sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as per organisation policy on record marking]

This warning will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

Appendix 5

Example Exclusion from premises/entry with conditions letter

Dear [insert person's name]

Unacceptable behaviour – Restriction on Attending NHS Premises

I am [insert your name] and I am the [insert role/position in organisation] for the [insert name of organisation]. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate]. Behaviour such as this is unacceptable and will not be tolerated.

The [name of organisation] is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

It has been decided that you will no longer be permitted to attend [insert details of location involved and refer to enclosed map and/or entry/exit routes if appropriate] except in accordance with the following conditions [insert appropriate conditions, those below are examples, in exceptional cases all further attendances can be prohibited]–

- a. where you (or a member of your immediate family) require urgent or emergency medical treatment,
- b. to attend, (or to accompany a member of your immediate family), at a pre-arranged appointment,
- c. to attend as an in-patient (or to visit a member of your immediate family who is an in-patient),
- d. to attend for non medical purposes any meeting previously arranged in writing.

[Amend as appropriate]

If you attend at any other time without good cause, you may be asked to leave the premises immediately. If you refuse to leave security or the police may be called to remove you.

If there are any unauthorised attendances or any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Completely Excluding you from premises
- Seeking an Acceptable Behavior Agreement
- Providing NHS services at a different location
- Reporting to the police where your behavior constitutes a criminal offence and fully supporting any prosecution they may pursue.
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as per organisation policy on record marking]

This decision will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

Appendix 6

Example Acceptable Behaviour Agreement Letter and agreement

Dear [insert person's name]

Unacceptable behaviour – proposed Acceptable Behaviour Agreement

I am [insert your name] and I am the [insert role/position in organisation] for the [insert name of organisation]. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate]. Behaviour such as this is unacceptable and will not be tolerated.

The [name of organisation] is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

Just as the NHS has a responsibility to you, so you have a responsibility to use its resources and treat its staff in an appropriate way.

We would urge you to consider your behaviour when attending NHS premises in the future and to accept the following conditions:

- You will.
- You will
- You will not
- You will not

Enclosed are two copies of an Acceptable Behaviour Agreement for your attention. I would be grateful if you could sign both of these and return one in the envelope provided. In the event that no reply is received within the next 14 days, consideration will be given to taking further action against you.

If after signing and returning the agreement, you decide not to abide by the conditions or should there be any further incidents of unacceptable behaviour; consideration will be given to taking further action against you. Such action may include the following:

Excluding you from premises

- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue.
- Consideration of a private criminal prosecution or civil legal action by NHS Protect.
- Seeking a court order to restrict your behaviour

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

Should you sign the agreement a copy will be sent to [say who will be informed or copied in].

Even if you refuse to sign the agreement a copy of this letter may be sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as per organisation policy on record marking]

IF you sign this agreement it will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please [provide information on how decision may be challenged and details of complaints process.]

Yours etc.

[Ensure that agreement is on a separate sheet of paper]

Acceptable Behaviour Agreement

This agreement is between:

[insert name of organisation]

And

[Insert name and date of birth or other unique identifying details]

I agree to the following in respect of my future behaviour – **[insert appropriate conditions, those below are examples which may be appropriate in many cases]**

- I will
- I will not use violence, or foul or abusive language or threatening behaviour towards any person while on NHS premises.
- I will treat all people with courtesy and respect while on NHS Premises or when contacting NHS Premises by phone
- I will not
- I will not
- I will not

Declaration

I, _____, confirm that I have read and understood the attached letter and this agreement and that I accept the conditions set out above and agree to abide by them.

Signed: Dated:

[insert name of organisation]

Signed:

Print name:

Position: Dated:

Appendix 7

Example Change of location for receiving NHS services/change of NHS Services provider template letter

Dear [insert person's name]

Unacceptable behaviour – Change of location for receiving NHS services/change of NHS Services provider

I am [insert your name] and I am the [insert role/position in organisation] for the [insert name of organisation]. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a number of reports) where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour].

As you are aware [insert details of any previous action taken if appropriate]. Behaviour such as this is unacceptable and will not be tolerated.

The [name of organisation] is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Such behaviour also [insert details of impact of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc.]

It has been decided that [insert details of services] will no longer be provided to you at [insert details of location] **OR**

It has been decided that [insert details of services] will no longer be provided to you by [insert details of organisation no longer providing services]

From [insert date] you will receive [insert details of services] [insert new location or service provider].

If there are any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Seeking an Acceptable Behaviour Agreement
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue.

- Consideration of a private criminal prosecution or civil legal action by NHS Protect.

[amend as appropriate]

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be sent to [say who will be informed or copied in].

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. [amend as per organisation policy on record marking]

This decision will be reviewed in [insert length of time, e.g. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make please [provide information on how decision may be challenged and details of complaints process.]

Yours etc.