

## STANDARD OPERATING PROCEDURES ISSUING WARNING LETTERS DUE TO VIOLENT AND AGGRESSIVE BEHAVIOUR

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<b>Name of Trust Strategy/Policy/Guidelines this SOP refers to:</b>	

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	Nov 2017	New SOP
1.1	Nov 2019	Updated job titles, recording date, time and brief description of interaction with patients
V1.2	Nov 2022	Reviewed and updated section 5 to include GP practices. Approved at Health and Safety Group (2 November 2022).

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## **1. INTRODUCTION**

The aim of this Standing Operation Procedure (SOP) is to assist those who have responsibility for drafting letters and behaviour agreements relating to reported unacceptable behaviour incidents. Each incident must be considered on a case-by-case basis in light of all the available facts i.e. capacity/clinical condition.

While the initial response in most cases may be a verbal warning, a more robust response can be made where the severity or persistence of the behaviour warrants a written warning.

It is important to remember that unacceptable behaviour can take place in any form, not just in person but by post or electronically (phone, text, email or fax).

Security Management is monitored in line with NHS Security Management Standards for Providers. These standards provide a framework for the monitoring of all applicable security standards, including those relating to acts of violence and/or aggression.

The following points show how violence and aggression incidents are managed within Humber Teaching NHS Foundation Trust (the Trust):

- Any member of staff who reports any non-physical and/or physical assault to the police will be supported by the Trust.
- All assaults (non-physical and physical) figures will be recorded and reported to board level committees for pattern analysis awareness on a regular basis.
- Site security assessments will be conducted to reduce risk of incidents on an annual basis including involvement with new builds and/or refurbishments to reduce conflict.

## **2. PURPOSE**

This SOP documents the procedures taken when a Violent and Aggressive Warning letter needs issuing to service users, their family members/friends and/or others known to the Trust. The 'Unacceptable Behaviour – Guidance on warning letters and other written communications' document issued by NHS Protect March 2017 is currently being adhered to by the Trust, with a rationale regarding the named person on the warning letters.

## **3. RECORDING AND REPORTING VIOLENCE AND AGGRESSION INCIDENTS**

All incidents of challenging behaviour, violence and aggression, physical or non-physical, and near misses to incidents need to be recorded. All information must be factual and appropriately noted on patient records (electronic or otherwise) and via the DATIX reporting system through the intranet.

Physical assaults figures are reported to the Trust board by the Accredited Local Security Management Specialist (ALSMS) on an annual basis through their Annual Report.

Physical assaults on NHS staff are defined as: "The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort."

Non-Physical assaults on NHS staff are defined as: "The use of inappropriate words or behaviour causing distress and / or constituting harassment".

Employees are advised to complete a DATIX entry as soon as possible after the incident or near miss has occurred. Staff will be offered timely support based upon their individual need or preference.

All employees are advised to contact the local police force, using the emergency 999 or 101 number, if they are involved in challenging behaviour, a violent or aggressive situation that cannot be de-escalated or managed by the range of procedures and interventions available or have been injured. This is particularly important if a violent incident is provoked or initiated by those who are not in receipt of clinical services and who are known to employees or the Trust.

If the police are involved and attend an incident, every effort should be made to ascertain if the police intend to take action against the assailant, along with obtaining the details of the police officers involved so that these can be passed onto the ALSMS to assist in their role in monitoring the progress and/or providing assistance. Irrespective of whether a sanction is pursued or not by the police, the discretion of the in-patient or community based management should consider whether "warning letters" about future conduct should be sent by the ALSMS. These letters are a range of templates – warnings, withholding treatments, Acceptable Behaviour Orders. The ALSMS will gather all relevant information together from DATIX, briefing reports and/or email communication and issue the letter(s), along with (where appropriate) adding an alert on to the service users (if known) medical records to warn other employees of the potential risks.

#### **4. SANCTIONS**

Dependent on the circumstances, in an incident involving violence and/or aggression, one of the following letters may be pursued. The course(s) of action chosen will depend upon individual circumstances and the incident, which occurred, but consistency should be sought across all services wherever possible. All letters are issued by the ALSMS's. On occasions, the letters will be countersigned by another ALSMS in the absence of the named person identified on the letter, or the name will be omitted. The Trust feels that to include their name on the letter due to their seniority (Band 6s and below) may present a potential risk due to the letter addressing issues of behaviour.

#### **First Warning Letter**

Issued by the ALSMS stating the reason for the letter, how their behaviour affected staff, potentially breaching relevant Acts and offences (Public Order Act 1986, Criminal Justice Act 1988, Offences against the person Act 1861, Communications Act 2003 etc.) and if the incident has been reported to the police as per Trust policy

**GP Surgeries** have a separate first warning letter stating the reason for the letter, how their behaviour affected staff, potentially breaching relevant Acts and offences (Public Order Act 1986, Criminal Justice Act 1988, Offences against the person Act 1861, Communications Act 2003 etc.) and they will be removed from the practice list in accordance with the Primary Medical Care Policy and Guidance Manual (v2), Part B section 3.2.3, where 8 days' notice will be given, for the patient to find another GP surgery and if the incident has been reported to the police as per Trust policy. A good conduct guide is attached to the letter stating what is expected from patients and staff, asking them to comply, sign and return the declaration.

### **Second Warning Letter**

Issued by the ALSMS stating the previous communications and that further incidents have been reported and sanctions will be actioned against them, these may include excluding them from the premises, seeking an Acceptable Behaviour Agreement, reporting the incidents to the police for possible criminal prosecution if not already reported. In addition, if the perpetrator is a known services user, an alert/marker will be placed on their records to warn colleagues of potential risks and when this will be reviewed

### **Change Of Location Or Exclusion From Premises**

Issued by the ALSMS stating the reason and/or previous communications and the decision to change their current location for services or to exclude them from premises unless in cases of an emergency medical need

### **Acceptable Behaviour Agreement Letter**

Issued by the ALSMS stating the same information from the second warning letter with an Acceptable Behaviour Agreement agreeing to use reasonable behaviour in the future – will not use violence, foul language or threatening behaviour etc. The perpetrator is asked to sign and return a copy of the agreement for their records. This is a voluntary agreement between the Trust and the service user

Note; the wording of these letters is guidance only and may need to be amended to suit the circumstances and the terms of the contract under which particular services are delivered.

## **5. RECORDING CONTACT AFTER LETTER HAS BEEN RECEIVED**

When a person contacts the Safety department after receiving a letter a brief description of the interaction, date and time will be documented and saved.

## **6. EQUALITY AND DIVERSITY**

The Trust aims to ensure that all of its policies are equitable with regard to age, disability, gender, race, religion and belief or sexual orientation.

An Equality Impact Assessment has been carried out by the author which confirms that this procedure does not impact on any equality group.

## **7. MENTAL CAPACITY ACT**

This is a non-clinical policy and therefore not relevant.

## **8. BRIBERY ACT**

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Trust Secretary on 01482 389194 or the Local Counter Fraud Specialist on telephone 0191 441 5936 or email [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk).

## **9. MONITORING AND AUDIT**

The director of finance will be responsible for monitoring the effectiveness and reviewing the implementation of this policy, regularly considering its suitability, adequacy and effectiveness taking into account legal development and changes in the Trust's business. Any improvements identified will be made as soon as possible.

## **10. RELATED DOCUMENTS**

- Unacceptable Behaviour – Guidance on warning letters and other written communications document – NHS Protect March 2017
- Management of Violence and Aggressive Behaviour Policy – Trust policy January 2017

## 11. EQUALITY IMPACT ASSESSMENT (EIA)

**For strategies, policies, procedures, processes, guidelines, protocols, tenders, services**

1. Document or Process or Service Name: Issuing Warning Letters due to Violent and Aggressive Behaviour.
2. EIA Reviewer (name, job title, base and contact details): H&S Advisor and Security Lead.
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Standard Operating Procedure.

### Main Aims of the Document, Process or Service

Process followed when issuing a behaviour warning letter when they have used inappropriate behaviour toward staff during their working activities

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	Low	Actions to be taken in event on an incident and measures to be proactive in security awareness
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory Physical Learning Mental health  (including cancer, HIV, multiple sclerosis)	Low	Procedure covers all groups and is adaptable if required to accommodate peoples specific needs
<b>Sex</b>	Men/Male Women/Female	Low	Actions to be taken in event on an incident and measures to be proactive in security awareness, not gender specific

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Marriage/Civil Partnership</b>		Low	Actions to be taken in event on an incident and measures to be proactive in security awareness
<b>Pregnancy/ Maternity</b>		Low	Actions to be taken in event on an incident and measures to be proactive in security awareness
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	Actions to be taken in event on an incident and measures to be proactive in security awareness, covers all national and ethical
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Actions to be taken in event on an incident and measures to be proactive in security awareness is not religion based
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	Covers all groups
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Not applicable

### Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
This document is low risk and will not have a negative effect on any of the above equality target groups.	
EIA Reviewer: Vickie Shaw - H&S Advisor and Security Lead	
Date completed: October 2022	Signed: V Shaw