Management of Violence, Aggression and Vexatious Behaviour Policy

# Document Control:

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| Stakeholders engaged in development of Policy (internal and external) | * Internal Audit * Health and Safety Lead * MSE ICB Governance Leads * Chief Finance Officer * Human Resources * Director of Quality and Nursing * CCG Audit Committees in Common |
| Impact Assessments Undertaken | * Equality Impact Assessment |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | Feb 2022 | Julie Hill, Security Management Specialist | New Policy |
| 0.2 | March 2022 | David Triggs, MSE ICB Governance | First Review |
| 0.3 | May 2022 | Viv Barnes, Governance Lead | Amended to reflect content of similar policies for NHS organisations that do not predominantly provide direct patient care |
| 0.4 | May 2022 | Quality, Human Resources Teams & CFO | No changes |
| 0.5 | June 2022 | Sara O’Connor, Head of Corporate Governance | Suggested amendments throughout policy. |
| 0.6 | June 2022 | Julie Hill, Security Management Specialist | Review and comments - Amendments reviewed & final adjustments. |
| 1.0 | 12/08/2022 | Marion Barritt /  Sara O’Connor | Final review against Policy checklist. |

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## Introduction

The Mid and South Essex Integrated Care Board (the ICB) recognises its duty to comply with the Health and Safety at Work Act 1974 and associated regulations and in particular, the duty to provide a safe workplace for staff. We are committed to ensuring the health, safety, and welfare of all staff and this includes having arrangements in place to prevent staff from being subject to violence and aggression.

There is much focus on violence prevention and reduction in the NHS which aims to create a culture where all NHS staff feel supported, safe, and secure at work through the prevention of and response to incidents where staff feel threatened, vulnerable, unsafe or are assaulted at work.

Under the Health and Safety at Work Act 1974 (and subsequent guidance) all employers have a statutory obligation to ensure, as far as practically possible, a safe and secure environment for staff.

In October 2018, The Secretary of State for Health launched the Violence Reduction Strategy and the Government committed to tackling violence and abuse against NHS staff. Alongside this, the NHS Long Term Plan emphasised that violence against NHS staff would not be tolerated. In January 2021, NHS England and NHS Improvement published the new national Violence Prevention and Reduction Standard which complements existing Health and Safety legislation.

## Purpose

The aim of this policy is to set out the arrangements for the identification, assessment and management of violence and aggression risks to staff and others to provide and maintain a safe and secure working environment.

The ICB will proactively explore all options to deter and prevent all forms of violence and aggression to:

* Prevent and protect staff from violence at work.
* Provide a safe and secure working environment for all employees
* Ensure that employees are confident that they will receive the necessary support, guidance, and training to enable them to manage conflict that can lead to violence and aggression within the workplace.
* Provide the necessary support to those employees who have been involved in a violent, aggressive or abusive incident.

The ICB adopts a zero-tolerance approach to violence and aggression by staff or to staff, including staff to staff, staff to patient/visitor/guest patient to staff and visitor to staff. Violent and abusive behaviour and any other criminal acts will not be tolerated whether face to face, via telephone or via email or any other media and, all instances will be investigated, and sanctions applied appropriately.

## Scope

This policy applies to all staff including temporary, bank/agency and interns, Board members, Non-Executive Board Members, volunteers and contractors engaged by the ICB and staff from other MSE ICS Partnership organisations working on behalf of the ICB.

If a member of staff feels that they are experiencing any violence, aggression or abuse by another member of staff, they should refer to the ICB’s [Dignity at Work Policy](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies).

## Definitions

* **Violence -** the Health and Safety Executive (HSE) defines work-related violence as “*Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work involving an explicit or implicit challenge to their safety, well-being or health*.”

This is a very broad definition of ‘violence’ however it is important to acknowledge that violence can be either physical or non-physical and the two must be distinguished and recorded as different from one another.

Violence includes behaviour or language (written, oral, or in tone or otherwise) that may cause staff to feel afraid, threatened or abused.

* **Aggression -** spoken or physical behaviour that is threatening or involves harm to someone or something.
* **Vexatious behaviour -** a behaviour that is disruptive, excessively persistent, harassing and/or annoying to the organisation or a staff member, over any given period.

Examples of the types of behaviour covered by this Policy are referred to within **Appendix B**.

## Roles and Responsibilities

### ICB Board

* + 1. The ICB Board is responsible for ensuring that it provides a safe environment and systems of work for staff, patients, contractors, and visitors, as far as is reasonably practicable. Ensuring that they have assurances that the requirements of the Violence Prevention and Reduction Standard 2021 are met.

### Audit Committee

* + 1. The Committee shall be responsible for:
* Monitoring compliance with this policy.
* Receiving reports from the Security Management Specialist.
* Escalating any security concerns identified and/or recommendations made.
* Ensuring that the requirements of the Violence Prevention and Reduction Standard 2021 are met via progress updates from the Local Security Management Specialist (LSMS).
* Ratifying and recommending to the ICB Board for final approval any new or significantly amended security policies.
* Approving any security policies that have been subject to no revisions or only minor changes from the previous version.

### Chief Executive

* + 1. The Chief Executive is responsible for ensuring that appropriate arrangements are in place, to reduce, where it is reasonably practicable, the incidence of violence related incidents.

### Director of Resources

* + 1. The Director of Resources is responsible for ensuring:
* The formulation, implementation and maintenance of an effective policy and supporting framework for the management of a safe and secure environment.
* Instituting regular campaigns to highlight the importance of the responsibilities of all staff.
* Ensuring that details of incidents are recorded on the incident reporting system to comply with The Management of Health and Safety at Work Regulations and where an incident meets the relevant criteria, to the Health & Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
* Ensuring that managers review any significantly violent incident and that it is used to evaluate policy guidelines and skills to avoid further incidents.

### Local Security Management Specialist (LSMS)

* + 1. The ICB’s LSMS will provide support to managers and staff affected by an incident of violence or aggression. This support may include liaison with criminal justice agencies to ensure appropriate sanctions are put in place.
    2. The LSMS is available to support staff involved or the victim of physical assaults through the legal process including up to and including attendance at Court as victims or witnesses. The LSMS will also:
* Promote security management advice at all levels of the organisation.
* Raise awareness of emerging risks within the organisation.
* Promote the health and safety of staff.
* Provide clear and meaningful guidance to staff.
* Collaborate with other relevant agencies, particularly the police, LSMSs from other organisations and the Health and Safety Executive, to ensure effective handling and resolution of incidents.
* Review and investigate all incidents of actual and potential violence and aggression and identify any trends.
* Support the ICB Health and Safety Lead and other managers in the completion of risk assessments for the prevention and management of violence and aggression.
* Collate evidence to support compliance with the Violence Prevention and Reduction Standard 2021.

### Policy Author

* + 1. The Health and Safety Lead will be the policy author and is responsible for reviewing and updating this policy on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

### Line Managers

* + 1. All managers are responsible for ensuring that policies, procedures, and processes within their work areas are adhered to and kept under review.
    2. Line Managers (including Senior Managers as appropriate) are also responsible for:
* Implementing this policy and developing local procedures for the management of violence, aggression and abuse and reviewing them accordingly.
* Ensuring that staff receive the necessary training, including conflict resolution training, relevant to the level of identified risk.
* Managing any incidents or staff concerns that are reported to them.
* Ensuring that violence and aggression hazards are adequately identified, and relevant control measures put in place.
* Ensuring employees are involved or aware of risk assessments.
* Ensuring that employees are aware of available means of advice and support.
* Taking all reasonable steps to reduce the risk of both physical and non-physical assault.
* Ensuring appropriate contact is maintained with the employee following an incident.
* Ensuring that an employee affected by violence and aggression is aware of counselling services available and refer the employee where appropriate.
* Ensuring that all incidents of physical and non-physical assault are reported.
* Ensuring that potential violent/aggressive patients are highlighted to staff, other team managers and where appropriate, other partner agencies and that appropriate control measures are implemented to protect staff

### All Staff

* + 1. All employees are responsible for ensuring they are aware of the policy and procedures that apply to them by:
* Ensuring they are up to date with any related training.
* Familiarising themselves with all related policies and procedures.
* Reporting any violence or aggression in line with the incident reporting policy, including all incidents of assaults, unsafe environments, and any ’near misses’ that could have led to a serious incident.

## Policy Detail

Incidents of Violence, Aggression and Vexatious Behaviour

* + 1. All incidents of violence, aggression or vexatious behaviour, irrelevant of severity, must be reported using the incident reporting system to provide information for identifying trends and ‘hot spots’. This enables managers to support their staff and offer any additional assistance they may need such as counselling.
    2. Once reported, all incidents will be investigated by the individual’s line manager in liaison with the Health and Safety Lead and LSMS. It is important to identify the aggravating factors following an incident of violence and aggression to prevent the event from happening again.
    3. A decision will be made by the line manager and the LSMS whether any local sanctions are required. The LSMS will then assist with the preparation of verbal warnings or warning letters, as appropriate at different stages, about future conduct and what actions will be taken if the unacceptable behaviour is repeated. Where the behaviour is serious or repeated and this poses a risk to staff safety, then other sanctions will be considered such as:
* Withdrawal of support or care as appropriate.
* Formal written warnings.
* Civil or criminal prosecution.
  + 1. Where an incident involves ‘staff on staff’ violence or aggression, the Human Resources Team will also be consulted, with disciplinary action being an additional sanction available.

### Physical Assault

* + 1. The following action should be taken if physical assault has taken place on a member of staff:
* Police to be contacted immediately by the person assaulted, their line manager or a relevant colleague.
* Staff are encouraged to report all incidents of physical assault (with support as per above) to the Police which is particularly important if any injuries have been sustained as the individual may be entitled to apply for compensation under the Criminal Injuries Compensation Scheme. There is a time limit for claiming under this scheme of 2 years and details logged with the Police will assist the claim process.
* The Director of Resources and the ICB’s Health and Safety Lead must be contacted, as soon as reasonably practicable, by the person assaulted, their line manager or a colleague.
  + 1. The Health & Safety Lead will:
* Contact, as soon as is reasonably practicable, the LSMS with specific information on the assault.
* Arrange for full co-operation to be given to the police or the Local Security Management Specialist and any subsequent action.
* Ensure details of the incident are recorded on the ICB’s incident recording system. Information relating to the individual’s clinical condition or any other factors (i.e. any vulnerability factors per para 6.25 below) relevant to their behaviour at the time of the incident should also be recorded.
* Report the incident to the Health and Safety Executive where it meets the criteria under RIDDOR.
* Arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
* Ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
* Keep the line manager apprised of the on-going situation and the LSMS’s advice.
  + 1. The line manager will:
* Contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialist (LSMS).
* Offer support on an on-going basis as appropriate.
  + 1. The ICB’s Health and Safety Lead in conjunction with the (LSMS) will:
* Liaise, co-operate with and monitor cases of assault that have been referred to and are being handled by the police.
* Ensure that the progress of the case is regularly monitored, and that the victim and the ICB is kept updated of any progress and outcomes..
* .
* The ICB’s solicitors, if appropriate, will advise on the viability of civil proceedings in consultation with the ICB and the person(s) subjected to assault.
* Where the matter has been reported to the police and the police have decided not to pursue the matter, consider whether the ICB should consider/initiate private prosecution and/or civil proceedings
* Ensure that details of the incident are recorded on the ICB’s appropriate
* Ensure that the incident is reported via the incident reporting system to comply with Health and Safety legislation.
* Ensure that an acknowledgement of the report is sent to the victim and ensure that any necessary support arrangements, such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be appraised of progress and outcome.

### Non-Physical Assault

6.3.1 The following action should be taken if a non-physical assault has taken place on a member of staff:

* Where appropriate the police should be contacted as soon as is practicable by the person subject to the non-physical assault, their manager or relevant colleague.
* The police should be given information about the assailant’s clinical condition (if known), if this could be a contributory factor leading to the non-physical assault taking place, however, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This should be a matter for the police and/or the ICB.
* Where the assailant may be considered vulnerable i.e. if they have any mental health condition, learning disability, a history of alcohol or drug dependency or an underlying clinical condition, staff should ensure that this is recorded in the incident record.
* The nominated lead for security (H&S Lead) for the ICB must be contacted, as soon as practicable, by the person suffering the abuse, their manager or relevant colleague.
  + 1. The nominated Security Director for the ICB will:
* Liaise, co-operate with and monitor cases of non-physical assault that have been referred to and are being handled by the police.
* Where the matter has been reported to the police and the police have decided not to pursue the matter, consider whether the ICB should consider/initiate private prosecution and/or civil proceedings
* Ensure that details of the incident are recorded on the ICB’s appropriate
* Ensure that the incident is reported via the incident reporting system to comply with Health and Safety legislation.
* Ensure that an acknowledgement of the report is sent to the victim and ensure that any necessary support arrangements, such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be appraised of progress and outcome.
* Ensure the person subject to the non-physical assault is informed of the outcome of any action taken.

### Vexatious Behaviour

* + 1. Vexatious behaviour can present itself in several ways and there is not one feature that can be identified consistently. It can be defined as to persistently harass distress, annoy, tease, cause trouble, agitate, disturb or pursue issues excessively. The main indicator is that the presenting behaviour is persistent. Vexatious behaviour can be, but is not necessarily, violent or abusive in nature.
    2. An individual who contacts the ICB may be deemed to be habitual and vexatious where previous or current contact with them shows that they meet two or more (or are in serious breach of one) of the following criteria:
* Failure to change behaviour and/or attitude when warned during contact.
* Displaying unreasonable demands or expectations and failing to accept that these may be unreasonable (e.g. insisting on responses being provided more urgently than is reasonable or recognised practice).
* Focusing on a trivial matter to an extent that is out of proportion to its significance and continues to focus on this point.
* Seeing to prolong contact by changing the substance of an enquiry or complaint or continually raise new issues and questions whilst a previous contact is still being addressed.
* Harassing, personally abusing or being verbally aggressive on more than one occasion, where no allowance is applicable for individuals who are experiencing a high degree of stress, anxiety or distress.
* Recording meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.
  + 1. Staff who are experiencing vexatious behaviour from a member of the public should:
* Use the principles of conflict resolution similar to that of a non-physical assault when dealing with the individual.
* Record all contact with the individual (time, date, duration and content).
* Report all contacts to their line manager, including how these events affected them, and via the ICB’s incident reporting system.
  + 1. The line manager will risk assess future contact with the individual to ensure ongoing staff safety. This might include establishing a Single Point of Contact that the individual must us to contact the ICB.
    2. If the individual refuses to agree to, or fails to cooperate with, the measures put in place to manage their behaviour, the line manager will consider further action such as:
* Issuing a warning and/or final warning letter to the individual.
* Implementing procedures to enable in staff to terminate future telephone calls and disregard correspondence from the individual.
* Taking legal action against the individual, e.g. an injunction.

### Acknowledgement of Responsibilities (ARA)

* + 1. ARAs are an option that can be considered to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. An ARA is a written agreement between parties aimed at addressing and preventing the reoccurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.
    2. The agreement itself should specify a list of acts or behaviours in which an individual (patient, relative or visitor) has been involved in with a view to get agreement and cooperation from them not to continue their inappropriate behaviour. ARAs should last at least for a period of six-months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.
    3. The terms of the ARA should be outlined formally in a written document for the perpetrator.
    4. The appropriate Manager, clinician (if applicable) and LSMS should consider:
* The desired outcome.
* Appropriate conditions of the behavioural agreement.
  + 1. The following issues should be covered:
* Reason for agreement.
* An explanation as to why the identified behaviour is unacceptable.
* A clear explanation that such behaviour must stop.
* The consequences of continued unacceptable behaviour.
* Details of the mechanism for seeking a review.
  + 1. Templates for such letters can be found at **Appendices C and D** but these letters should only be issued where it is agreed that is appropriate to do so. The templates can be adapted to suit local needs. The terms of the agreement must be written in a manner which can be easily understood by the individual concerned. If the perpetrator signs and his/her unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.
    2. It is recommended that ARA letters are sent by recorded delivery to provide evidence of posting and receipt.

### Information Sharing

* + 1. Wherever possible and legally permissible, the ICB will share information on addresses and associated individuals externally, within the health, social care, and other public sectors where a risk is identified in accordance with the [Information Sharing Policy](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies) and agreed protocols. This will include social care services, and other providers of NHS care where applicable.
    2. Communication will also be facilitated through the existing participation in crime and disorder partnerships, community groups and other healthcare organisation forums, and liaison with the police.

## Monitoring Compliance

* 1. The Director of Resources is responsible for monitoring compliance with this policy, including ensuring that all staff whose work brings them into direct contact with patients and members of the public are risk-assessed in relation to violence and aggression.

## Staff Training

* 1. Conflict Resolution training, including regular refresher training, will be offered to staff with direct contact with patients and members of the public to provide them with the relevant de-escalation, communication and calming skills to help prevent and manage potentially violent and aggressive situations.

## Arrangements for Review

* 1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
  2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the ICB Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the ICB Board.

## Associated Policies, Guidance and Documents

[**Associated Policies**](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies)

* Dignity at Work Policy.
* Health and Safety Policy
* Incident Reporting Policy
* Information Sharing Policy
* Lone Working Policy
* Risk Management Policy
* Complaints, Compliments and Concerns Management Policy

**Associated Guidance**

* NHS England and NHS Improvement. (2020) Violence, Prevention and Reduction Standard. Available at: <https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf>.
* Royal College of Nursing. (2016) Personal safety when working alone: guidance for members working in health and social care. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-005716>.
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* Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (nice.org.uk).

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* Health and Safety Executive. (2020). INDG73(rev4). Protecting lone workers: how to manage the risks of working alone. Available at: <https://www.hse.gov.uk/pubns/indg73.pdf>.
* Health and Safety Executive. (2013) RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Available at: <https://www.hse.gov.uk/riddor/>.
* Health and Safety Executive. (2021) Managing risks and risk assessment at work. Available at: <https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>.
* Health Education England. (2021) Core Skills Training Framework.
* (England) Statutory/Mandatory Subject Guide. Version: CSTF (England) v1.1 Available at: <https://skillsforhealth.org.uk/wp-content/uploads/2021/07/CSTF-Eng-Subject-Guide-v1.1.pdf>.

## Equality Impact Assessment

* 1. An Equality Impact Assessment of this policy has been undertaken and it has identified no equality issues.
  2. The EIA has been included as **Appendix A.**

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Management of Violence, Aggression and Vexatious Behaviour    **Version number (if relevant): 1.0** | **Directorate/Service**: Resources |
| **Assessor’s Name and Job Title:** Viv Barnes, Governance Lead | **Date:** May 2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| This policy sets out the ICB’s arrangements for the identification, assessment and management of violence and aggression risks to staff and others to provide and maintain a safe and secure working environment. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The CCGs, and the ICB as their successor body, regularly monitor the make-up of their workforce, including protected groups. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| * Internal Audit * Health and Safety Coordinator * MSE ICB Governance Leads * Chief Finance Officer * Human Resources * Director of Quality and Nursing * CCG Audit Committees in Common |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome*** *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | The policy includes incidents of racist, sexist, homophobic, transphobic, disablist or other harassment based on a person’s characteristics as an example of abusive behaviour therefore a neutral outcome has been assessed for these groups. See Appendix B |
| Disability  (Physical and Mental/Learning) |  |  | X | As above. Policies will be made available in alternative formats on request. |
| Religion or belief |  |  | X | As above |
| Sex (Gender) |  |  | X | As above |
| Sexual  Orientation |  |  | X | As above |
| Transgender / Gender Reassignment |  |  | X | As above |
| Race and ethnicity |  |  | X | As above. Policies will be made available in alternative formats on request. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | As above |
| Marriage or Civil Partnership |  |  | X | As above |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Relevant incident reporting data and Staff Survey results will be used to monitor the effectiveness of this policy. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Examples of violent and abusive behaviour

Examples of the types of behaviour covered by this policy are summarised below, although the list is not exhaustive:

* Loud and intrusive conversation.
* Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe.
* Unwanted, derogatory or abusive remarks.
* Negative, malicious or stereotypical comments.
* Rudeness, racist, sexist, homophobic, transphobic, disablist or other harassment based on a person’s characteristics.
* Invasion of personal space.
* Offensive gestures.
* Threats or risk of serious injury to a member of staff.
* Bullying, victimisation or intimidation
* Stalking.
* Alcohol or drug fuelled verbal abuse.
* Unreasonable behaviour and non-cooperation or any of the above which is linked to destruction of or damage to property.
* Inappropriate use of social media.
* Repeatedly demanding disciplinary action be taken against staff.
* Behaviour that is perceived by a member or employee of the ICB as bullying, threatening or obsessive.

Such behaviour can be either in person, by telephone, letter, e-mail, social media or other form of communication such as graffiti on NHS property.

## APPENDIX C – First warning letter

Individual’s name:

Individual’s address:

Date:

Dear [insert individual’s name]

**Acknowledgement of Responsibilities Agreement**

This letter is to acknowledge the responsibilities between [insert individual’s name] and the Mid and South Essex Integrated Care Board (the ICB).

I am the [insert role/position in organisation] for the ICB. 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 where it is alleged that on [insert date(s) of incident(s)] you [insert a brief description of behaviour].

You have previously been advised on [insert details of when the individual received the informal and/or verbal warning] behaviour such as this in unacceptable and will not be tolerated. The ICB 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.

You are urged to comply with the conditions discussed when you were given the verbal warning as follows:

[List details of agreed conditions]

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no option but to consider taking one of the following actions against you:

* The withdrawal of services by the ICB.
* Where your behaviour constitutes a criminal offence, reporting this to the police and fully supporting any prosecution they may pursue.
* Consideration of a private criminal prosecution or civil legal action.

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

A copy of this letter is attached. Please sign and return the copy letter and return to me to acknowledge that you have read and understood the above warning and that you agree to comply with the conditions listed. If you do not reply within fourteen days, I will assume tacit agreement.

Yours faithfully

Name and Designation

c.c. – Complete as appropriate

## APPENDIX D – Final warning letter – withdrawal of services

Individual’s name:

Individual’s address:

Date:

Dear [Insert individual’s name]

**Unacceptable behaviour – Final Warning**

I am [insert your name] and I am the [insert role/position in organisation] for the Mid and South Essex Integrated Care Board (the ICB). 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 where it is alleged that on [insert date(s) of incident(s)] you [insert a brief description of behaviour].

You have previously been advised that behaviour such as this in unacceptable and will not be tolerated. The ICB is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in the letter dated [insert date of first warning letter] and a copy is enclosed for your information.

If you continue to act in accordance with the conditions agreed, your care will not be affected. However, if there is any repetition of your unacceptable behaviour consideration will be taken for one or more of the following actions:

* The withdrawal of NHS services.
* 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.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact the ICB’s complaints team in writing at [insert complaints contact details] who will review this decision in the light of your account of the incident(s).

Yours faithfully

Name and Designation

c.c. – Complete as appropriate

## APPENDIX E – Frequently asked questions

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

All you need to do at first is report the incident to your line manager, a colleague or the Local Security Management Specialist (LSMS) – verbally at first, and then on an incident report form through the ICB’s incident reporting system.

**What will happen then?**

We will report the incident to the appropriate authorities:

* The police (if you have to do this yourself, you can be supported  
  by the LSMS)
* The LSMS – to begin the process of supporting you
* The Health and Safety Executive – where required by law for sickness absences of over 7 days (RIDDOR reporting)

The LSMS will receive an email notification that there has been an incident report received and will review that action has been taken promptly.

**Who will investigate the incident?**

The investigation of violent incidents falls primarily to the police. If however, the police don’t act, or we are not satisfied with the outcome of police enquiries, the LSMS will support in pursuing a civil sanction.

Verbal abuse (excluding racially or religiously motivated abuse) may be investigated by the LSMS, although usually the police will undertake the investigations.

**What would the investigation involve?**

As well as completing the incident report, you may be required to speak to the police, the Health and Safety Executive, or your LSMS.

Any other person who was involved in or witnessed the incident may also be approached for information. If appropriate, you and any witnesses would be asked to make a formal statement. This simply means describing the circumstances surrounding the incident, which would be written down in a form acceptable to the courts. Let the LSMS know if you have any concerns during this process

This evidence would be put together and sent to the Police and ultimately the Crown Prosecution Service.

**Will I have to go to court?**

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

If an assailant pleads guilty to an offence in the early stages of proceedings, attendance at court is not required. Your LSMS will support you in keeping up to date with what is happening. If attendance is required then the LSMS will also attend Court, supporting you and any witnesses through the whole process.

**Who will support me?**

Apart from your direct line manager, the LSMS will also be able to support until any investigation or other action has been concluded. They can support arranging for counselling services and occupational health to see you if you wish.

If required LSMS support will include notifying the staff member of what is happening, ensuring that you are kept up to date during the investigation, whether the police or the LSMS are the principal investigators.

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

If the incident was because of their illness, the case will be reviewed by the clinicians involved in their care. If there are any lessons to learn, they will be incorporated in their treatment plan.

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

Our aim is to ensure that our staff can work and service users can experience care and treatment in an environment that is safe and secure. You can help by reporting all security incidents so that lessons can be learned and, if appropriate, further action taken. For more information, contact your Local Security Management Specialist [julie.hill2@wmas.nhs.uk](mailto:julie.hill2@wmas.nhs.uk).