

VIOLENCE AND ANTISOCIAL BEHAVIOUR POLICY	Policy Register No: 04031 Status: Public
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1.0 Policy Purpose

1.1 The purpose of this document is to provide general policy guidance for the management of violence and aggression and to support the health, safety and welfare of staff at work. It aims to establish the principles and procedures for the recognition of, response to, and treatment of, violence and aggression that could arise in connection with work activities of the Trust. It provides guidance for all employees and others who could be exposed to violent, aggressive or threatening episodes so that they are better equipped to avoid, or minimise, the risks of injury or harm.

2.0 Policy Statement

2.1 Mid Essex Hospitals Services NHS Trust, hereinafter referred to as the Trust, has a duty to:

- To provide a safe and secure environment
- To establish basic principles for the recognition of, response to and appropriate management of violence within the Trust in order that members of staff may be better equipped to deal with a potential or actual situation.

2.2 Managing Violence and Aggression in a structured and cohesive manner underpins the ability of staff to work in a safe and secure environment. Violent or antisocial behaviour by any person will not be tolerated and all departments will need to develop local strategies, departmental policies and procedures for the prevention and management of violence towards their members of staff.

2.3 Violence or antisocial behaviour by staff is a matter of conduct and may constitute a criminal or civil offence. Instances will be dealt with through the disciplinary procedure and may be referred to the police and relevant professional body where applicable.

2.4 Violence or antisocial behaviour by patients or members of the public may also constitute a criminal offence. Instances will be dealt with through this policy and may also be referred to the police and relevant professional body where applicable.

3.0 Policy Aim and Scope

3.1 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 working in properties not owned by the Trust. The Policy is designed to minimise the risk of violence and aggression to all persons from:

- Members of the public
- Patients/service users
- Visitors
- Contractors and third parties on Trust property
- Between staff due to work-related issues

- 3.2 The policy supports the delivery of high quality clinical and non clinical services through the provision of a safe and secure environment.
- 3.3 The policy takes into account relative legislation, such as the Health & Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 3.4 The policy encourages consideration of security provided to protect all patients, staff, visitors, contractors and volunteers to whilst on Trust premises.

4.0 Legal Position

- 4.1 In addition to the general statutory duty and specific acts and regulations, employers have a duty to take reasonable care of the safety of their employees, i.e. provide a safe place of work, safe equipment and safe systems of working. Taking reasonable steps to prevent exposure to unnecessary risks is also an implied contractual term.
- 4.2 Employees have a corresponding obligation to take reasonable care for their own safety and the safety of others at work. They have a duty to cooperate with their employer to enable their employer to comply with statutory obligations. This means, for example, working in accordance with the training that has been provided or instructions that have been issued, and to report hazardous situations or shortcomings in a timely manner. These duties extend to violence, including harassment, and antisocial behaviour in the workplace.

5.0 Definitions

- 5.1 Violence is defined as ‘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’. This includes harassment, which is defined as ‘unwanted, unsolicited and inappropriate words or conduct causing significant distress or affecting the dignity of another person’.
- 5.2 Physical assault is defined as ‘the intentional application of force to another person, without lawful justification, resulting in physical injury or personal discomfort’.
- 5.3 Antisocial behaviour is defined as acting ‘in a manner that causes or is likely to cause harassment, alarm or distress to one or more persons’. This includes, for example, excessive noise; verbal abuse; intimidating gatherings or behaviour, e.g. intrusion into personal space or aggressive ‘finger pointing’; offensive gestures or behaviours; damage to property, including graffiti and vandalism; uncontrolled pets and animals; intimidation; smoking; and alcohol, solvent and drug abuse.

6.0 Equality and Diversity

- 6.1 Mid Essex Hospital NHS Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals.
- 6.2 Our Equality and Diversity Strategy is inclusive of a Disability Equality Scheme, Race Equality Scheme, Gender Equality Scheme. An Equality Impact Assessment was

completed during the submission and ratification process for this policy.

7.0 Prevention and Management of anti-social and violent behaviours

7.1 Requirement to undertake appropriate risk assessments

7.1.1 Proactive assessment

- Annually, managers should undertake appropriate risk assessments for their areas of responsibility using the Trust Security Risk Assessment template in respect of the prevention and management of the risk of violence and aggression. Through review of the issues that could result in harm, managers can review the precautions in place to prevent harm. Further details are available in the Security Policy.
- These proactive risk assessments should be reviewed in order to address any foreseeable weaknesses, such as the introduction of new buildings, new services or a significant change in use of an area.
- Where the Trust is in receipt of intelligence which might result in an incident associated with violent or antisocial behaviour, a risk assessment should be undertaken to evaluate and address any risks identified.

7.1.2 Reactive assessment

Reactive risk assessments are carried out where specific risks are identified. Generally this may be where challenging behaviour is recognised or after an incident has occurred. Appendix G 'meeting needs and reducing stress' contains guidance on assessing and managing challenging behaviours of those patients with impaired cognitive abilities and may be a risk to staff and others of violence or antisocial behaviours.

7.2 Procedure for Control of anti-social and violent behaviours

7.2.1 The Trust has security access systems and in accordance with the Trust Security Policy, all staff must abide by the departmental security arrangements.

7.2.2 The full procedure for dealing with Violence and Antisocial Behaviour in the workplace is set out in Appendix A. Briefly itemised below are the various sanctions that can be applied by Trust staff:

- Consultation with patient to minimise or dispel potential incident
- Escalation of incident to Manager for intervention
- Manager to liaise with Security office, Security Manager or LSMS to check person's details on 'Violence & Antisocial Register'
- Use of limited force to prevent assault or injury (breakaway)
- Verbal warnings by the departmental staff or management
- Control by Security requests
- The issue of an "unacceptable behaviour " pre warning letter (where appropriate)

- Application of warning via Yellow Card
- Application of expulsion or exclusion from Trust Facilities and/or Services via Red Card.
- Application request for a Temporary Red Card
- Control by police requests

7.3 For information on the arrangements for ensuring the safety of lone workers refer to the Lone Worker Policy.

7.4 All initial reports of crime to Essex police should be documented on Essex Police A901 form (Initial Report of Crime to Essex Police) this can be accessed in appendix H.

Once the A901 form is completed it should be given to the initial attending police officer or if reported by phone emailed to crime.bureau.supervisors@essex.pnn.police.uk and attached to the Trust completed Datix.

8.0 Exceptions

8.1 There are certain cases where a 'red card' or 'yellow card' will likely be inappropriate. In these cases a senior manager will undertake a risk assessment and take action as far as possible to minimise the risk to staff and other patients of continuing to treat and care for the patient.

8.2 This will include patients who, in the expert judgement of a relevant clinician or mental health service assessment, are not competent to take responsibility for their actions. In such cases, control measures should be developed with support from the multidisciplinary Team including Elderly Assessment and Safeguarding Teams as required.

9.0 Arrangements for Reporting Incidents

9.1. Appendix B sets out the reporting requirements. This is consistent with the Trust's Health and Safety policy and Incident Policy

9.2 In addition, internal investigation, witness statements and formulation of evidence in line with police requirements should be strictly adhered to and monitored by the Local Security Management Specialist. Where a written statement is required from staff, guidance is available in the Supporting staff involved in a traumatic incident, complaint and claim Policy.

10.0 Compensation & Benefits

10.1 The Criminal Injuries Compensation Board considers applications for *ex gratia* payments where staff have received an injury as a result of crime of violence. One of the Board's conditions is that the circumstances of the injury should have been the subject of criminal proceedings and/or that the incident was reported to the Police in a timely manner. Further information can be obtained from the Complaints, Claims & Litigation Manager, the Citizens' Advice Bureau, local library, police or Victim Support Groups.

- 10.2 The Trust may give consideration to civil proceedings against people who assault its employees or damage its premises or property.

11.0 Roles & Responsibilities

The Trust has appointed a number of key employees to have managerial and supervisory responsibilities for ensuring compliance to this policy, legislation and liaison with external stakeholders (e.g. police, NHS PROTECT). These are:

- 11.1 **Chief Executive** – has overall responsibility for assurance that the policy and strategy for control and management of incidents is met.
- 11.2. **The Security Management Director (SMD)** is responsible for the provision of an appropriate system which can fully track and consider incidents that occur. She/He is also responsible for circulation and consultation of alerts and directives as issued by the CFSMS.
- 11.3 **Senior Managers**—are responsible for undertaking appropriate risk assessments in their areas and for immediate action and reporting of incidents. Where possible in the first instance they are to attempt to dispel and control incidents sufficiently that the risk is reduced and care can continue. In addition, they are the initial liaison for the police and other agencies should they be requested to attend.

Where resolution has not been achieved, they are responsible for notifying the Local Security Management Specialist to progress the zero tolerance aspects of this policy (yellow/red card).

Line managers are responsible for checking that staff attends training in line with the training needs analysis.

Line managers are responsible for ensuring staff are supported after incidents relating to assault and aggression. Managers should use the 'Victims of assault support pack' to ensure procedures are followed.

- 11.4 **Local Security Management Specialist (LSMS)** – has the responsibility for ensuring that the policy and protocol is met on a day to day basis. In addition the LSMS has a responsibility to ensure that the links between all interested bodies and parties are progressed and that an effective working partnership is maintained. The LSMS is the identified responsible person to formally issue any letters of warning to persons and document these on the Violence & Antisocial behaviour Register with agreement from the SMD. The LSMS will share the contents of the warning with local healthcare professionals such as the Ambulance Trust or Clinical Commissioning Group as appropriate.
- 11.5 **The Security and Portering Manager** has responsibility for ensuring that required staffing levels of competent security operatives are achieved to monitor the "site" effectively.

- 11.6 **All staff** has a responsibility to behave in an acceptable manner, within both their professional and personal undertakings whilst on Trust premises, and whilst representing the Trust. Where an incident occurs, all staff have a responsibility to follow the incident reporting process (Datix) in accordance with the Risk Management Strategy and Policy, Incident Policy and Health and Safety Policy.
- 11.7 **Health and Safety Group** will review reports submitted by Local Security Management Specialist at each meeting and ensure appropriate action has been taken.

12.0 Support for Staff / Patients

- 12.1 Any member of staff involved in an incident involving violence or antisocial behaviour can obtain immediate advice and support from their line manager or the LSMS. All staff involved in such an event should have the opportunity to provide information and statements about the incident, and have feedback on the outcome of the investigation. For further information on support for staff involved in an adverse incident refer to the Supporting staff involved in a traumatic incident, complaint and claim Policy.
- 12.2 Any patient who is affected by an incident of violence and aggression will be supported by staff of the Trust. In particular where appropriate the LSMS and SMD will lead on issues in liaison with relevant nursing staff.

13.0 Training

- 13.1 Training will be delivered to staff in accordance with the Trust Training Needs Analysis (Mandatory Training Policy). This training will enable staff to recognise the initial signs of violent or aggressive behaviour and offer guidance on maintaining their own safety.
- 13.2 All receive staff awareness training on the risks associated with the management and prevention of violence and aggression at Induction and mandatory training sessions.
- 13.3 Further training is delivered dependant on work location and staff roles in accordance with the training needs analysis.

14.0 Monitoring Compliance with Policy

- 14.1 Individual incidents will be reviewed by the LSMS upon receipt to ensure that they have been completed in accordance with this policy and NHS PROTECT guidelines.
- 14.2 A further measure of compliance will be communicated and consulted with external stakeholders by the LSMS to ensure that all available endeavours are met.
- 14.3 An audit of compliance with this policy, including compliance with the requirements to undertake appropriate risk assessments for the prevention and management of violence and aggression will be undertaken by the LSMS and Security Manager. The results of the audit will be reported to the Health and Safety Committee where an action plans to address any indentified deficiencies will be developed and monitored. An annual audit of incidents of violence and aggression will for part of the annual security report and will be submitted to the Trust Board.

- 14.4 The Health and Safety Group will review summaries of violence and antisocial behaviour incidents and trends analysis on a two monthly basis. Where this review identifies areas at a high risk of incidents, further support, including advice and additional training will be provided or organised by the LSMS and Security Manager.
- 14.5 In accordance with government directives, the Trust training needs analysis will be reviewed regularly by the Health and Safety Group in relation to conflict resolution training (CRT) and the staff who should receive it.

15.0 Review

This policy will be reviewed in 3 years or earlier as a result of local or national initiatives

16.0 Communication

- 16.1 The policy will be made available on the Trust's intranet & website. The LSMS will be responsible for issuing copies to all senior managers for dissemination within their departments.
- 16.2 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff.

17.0 References

The Health and Safety at Work Act (etc) 1974 (2) and (3)

Management of Health and Safety at Work Regulations 1999

Reporting of Injuries Diseases and Dangerous Occurrence Regulations 1995

NHS Security strategy "A professional approach to managing security in the NHS 2003

Directions to NHS Bodies on measures to deal with violence against NHS staff 2003 amendments) Direction 2006

Directions to NHS Bodies on Security Management Measures 2004

Prevention and Management of Violence where withdrawal of treatment is not an option 2003

Not Alone- guidance for the better protection of lone workers in the NHS 2003

Procedures for placing a risk of violence marker on electronic and paper records 2010

PROCEDURE FOR DEALING WITH PATIENTS OR VISITORS WHO ARE VIOLENT, ABUSIVE OR WHOSE BEHAVIOUR IS ANTI-SOCIAL

1. Summary

Where patients/visitors have been violent or exhibited antisocial behaviour, the Trust uses a number of initiatives to resolve events and bring to a suitable conclusion. These include:

- Consultation with patient to minimise dispel potential incident – guidance techniques are suggested below.
- Escalation of incident to management for intervention
- Use of limited force to prevent assault or injury (breakaway) – training in breakaway techniques is provided contractually to the Trust.
- Verbal warnings by the departmental staff or management
- Control by Security requests.
- Immediate response by 999 to emergency services – police
- Issuance of a “pre warning”, notifying of the event and unacceptable behaviours.
- Where requested or the incident is felt to warrant further formal communications the Trust employs a two-stage procedure. (yellow/red cards)

2. General

- 2.1 Where possible staff are to try to prevent the escalation of violent situations through proactive use of interpersonal skills and without physical intervention, e.g. by maintaining a calm exterior, creating space between them and the aggressor, and by listening and empathising.
- 2.2 Self-defence, using reasonable force, is permitted within the law. However, you should attempt every available means of preventing, controlling and defusing a situation before intervening physically with a violent individual.
- 2.3 The aim is to calm and control the situation without injury to staff, the patient, others in the vicinity, or property. You should not place yourself at risk in seeking to implement this procedure and should call for police assistance if required.
- 2.4 In all cases it is desirable to make a written note of what happens so as to minimise the scope for dispute at a later stage. A Risk Event form (Datix) should always be completed.

3. Who can issue warnings?

- 3.1 Please note that Managers of the department can only issue verbal warnings, which are documented in the records or on Risk Event Forms. Formal written warnings are issued by the LSMS (in hours) On call Manager with agreement from the Executive Director on Call out of hours.

3.2 All out of hours actions taken must be notified to the LSMS as soon as possible in person, via telephone or email after the event.

3.3 The Manager should ensure that the incident, and any subsequent incident, is documented in full in both the patient's case notes and on a Risk Event form.

4. Management of Violent, Aggressive or Antisocial Behaviour

4.1 Management of Patients

4.1.1 Following any incident, the senior Manager should explain to the patient that their violent or antisocial behaviour is not acceptable. The Manager will explain that the consequence of failing to comply could result in a formally written warning (the types are listed below).

4.1.2 Staff should Inform and seek advice from the LSMS at the first opportunity.

4.2 Management of Visitors/ Members of the Public

4.2.1 Where possible, ask the visitor to stop and give them an opportunity to explain their actions. If the visitor continues to be violent or behave antisocially, fast bleep Security for assistance or, as appropriate, call the police.

4.2.2 If the visitor continues to be violent or exhibit antisocial behaviour, Security will request them to leave the site or remove them with the assistance of the police if necessary.

4.2.3 A senior member of staff (e.g. Ward Sister, lead nurses, and service Manager) should make a decision based on the circumstances of the event as to what course of action is appropriate.

4.2.4 If further action i.e. warning letter, Yellow Card or Red Card is required then the Manager should contact the LSMS (in hours) or the On Call Duty Manager (out of hours) as soon as possible.

4.2.9 If it is felt that the behaviours warrant formal written sanctions, contact should be made with the LSMS or SMD as soon as possible.

4.2.6 Members of the public who exhibit violent, aggressive or abusive behaviour will be removed from site immediately.

5. Types of Action Taken for Violence and Antisocial Behaviour.

5.1 Verbal Warning

5.1.1 A verbal warning is issued for persons who are acting in a rude aggressive or abusive manner which is offensive or causes upset to staff patients or others.

5.1.2 Anyone who is a service user of MEHT can be issued with a verbal warning

5.1.3 Verbal Warnings are recorded by filling in a Datix form about the event and stating that a verbal warning has been issued to a named person and listing the reasons why this warning is justified.

5.2 Unacceptable Behaviour Warning Letter

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

5.2.2 This is a formally documented action but is used for Trust internal purposes only. Warning can be issued to Patients, Public, Service users and contractors.

5.3 'Yellow Card' Warning Letter

5.3.1 A 'Yellow Card' Warning letter is an official written warning issued for incidents of excessive aggressive, abusive, violent or repeated unacceptable behaviour. To receive a yellow card warning person must be verbally warned prior to being escalated to this level.

5.3.2 Yellow Cards are primarily issued to patients or service users of MEHT.

5.3.3 This warning is issued in the form of a letter and is signed by the Security Management Director (SMD) or LSMS with agreement from the SMD in advance.

5.3.4 Evidence to support the issuing of any warning of this nature is gathered for the Director by the LSMS or nominated Deputy

5.3.5 When a yellow card is issued a copy of this is retained in the department, in the patient notes.

5.3.6 A copy of the letter is sent to the person, the person's GP (if a patient), the local CCG, Ambulance Trust and Mental Health Trust to alert all to the risk associated with care of this individual.

5.3.7 The persons name is added to the '*Violence and Antisocial Behaviour Register*' which is held and maintained by LSMS.

5.3.8 The details of the register will be shared with local departments such as Security and Clinical Operations for information. The content of the register remains confidential at all times due to the content being person identifiable information.

5.4 'Red Card' Warning Letter

5.4.1 Red Card Warning letters are issued for acts of extreme aggression, abuse, violence, unacceptable or inappropriate behaviour.

5.4.2 Red Cards are primarily issued to patients or service users of MEHT.

- 5.4.3 This warning is issued in the form of a letter by the appointed Security Management Director or appointed to the LSMS or other Nominated Executive Director **only**.
- 5.4.4 Evidence to support the issuing of any warning of this nature is gathered for the Director by the LSMS or nominated Deputy.
- 5.4.5 A copy of the letter is sent to our NHS partners (as yellow) to alert them that as a Trust we will (for an agreed period of time) no tolerate such behaviour and alert them to the risks associated with this person(s).
- 5.4.6 In many cases the Trust, following issuing of the Red Card, will request through local healthcare providers to transfer a persons care to their service so they will no longer be treated as a patient through Mid Essex Hospitals Services.
- 5.4.7 If treatment is required it will be provided elsewhere, this does not affect a person's human rights for the provision of treatment as treatment will be provided by an alternative facility.
- 5.4.8 The persons name is added to the '*Violence and Antisocial Behaviour Register*' which is held and maintained by LSMS.
- 5.4.9 If a patient or service user is issued with a 'Red Card' there is a 21 day limit to appeal the issuing of this final stage warning.

5.5 'Temporary Red Cards'

- 5.5.1 A temporary red card may be issued where there are felt to be significant risks to vulnerable patients. This card is used in circumstances where the aggressor may be a visitor to a vulnerable patient.
- 5.5.2 The exclusion from site is only for the duration of the patients stay in hospital.
- 5.5.3 This warning is issued in the form of a letter by the appointed Security Management Director or other Nominated Executive Director **only**.
- 5.5.4 Evidence to support the issuing of any warning of this nature is gathered for the Director by the Health and Safety Manager or nominated Deputy.
- 5.5.5 In extreme circumstances it can be delivered verbally by the LSMS with a letter agreeing this issued by the Security Management Director following the event.
- 5.5.6 Examples (list not exhaustive) of where use of the card is appropriate:
- When a patient is felt to be at risk by the person visiting
 - When the patient is an out of area patient, specifically for the reasons of safeguarding a vulnerable adult/child
 - When the guidance from the MARAC group has deemed that exclusion is necessary (maternity)

- When a staff member has been threatened by any form of violence, a card is issued to protect them as an employee of MEHT.

- 5.5.4 If a decision is made to exclude the visitors then this must be explained to them so far as reasonably practicable based on the circumstances and state that all this will be confirmed in writing to them.
- 5.5.6 Any time a Visitor is excluded for the purpose of Safety then Essex Police should also be notified for information, and also that if the visitors breach the terms of their temporary Red Card then they must attend to manage the breach.
- 5.5.7 The manager should consider referring any parent or carer displaying violent or abusive behaviour towards a child to the Named Nurse for Safeguarding Children.
- 5.5.8 Where staff feel that there is an issue in relation of a vulnerable adult patient, they should report to a senior member of staff and the Named Nurse for Vulnerable Adults.
- 5.5.9 If it is felt that the behaviours warrant formal written sanctions, contact should be made with the LSMS or SMD as soon as possible.
- 5.5.10 The persons name is added to the '*Violence and Antisocial Behaviour Register*' which is held and maintained by LSMS.
- 5.5.10 The exclusion may be appealed within 7 working days from the date of the letter. Visitors are issued with 'Temporary Red Cards' which prevent them accessing the site to visit relatives this card does not affect their rights to attend the hospital as a patient.

6. Exceptions

- 6.1. In exceptional circumstances an assessment must also be made that the needs of the person being excluded are also met. I.e. if the person has a disability or you suspect there may be a difficulty in their understanding of this protocol, sending a letter may not be the most appropriate solution.
- 6.2 The Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals. Our Equality and Diversity strategy is inclusive of a Disability Equality Scheme, Race Equality Scheme, Gender Equality Scheme.
- 6.3 The Health and Safety Manager and Safeguarding Teams will determine the best route for the action based on each scenario.
- 6.4 **Rescinding the 'Red Card'** A Ward Manager/ Sister/ Clinical Lead may request to rescind the 'red card' if they reasonably believe that the person no longer poses a risk. This decision should be made in consultation with the Security Management Director or nominated Local Security Management Specialist and should be communicated to all relevant parties.

7. Process for Appeal

- 7.1 Requests for appeal will only be heard within the proposed time listed on the letter issued.
- 7.2 An acknowledgement letter notifying the person that their appeal has been received and is being processed will be completed within 5 working days of receipt.
 - 7.2.1 **Appeals a 'Yellow Card'** will be reviewed by the Security Management Director and LSMS. A formal response answering the appeal will be written to them within 28 days of receipt of their request.
 - 7.2.2 If a person appeals either type of 'Red Card' then this will be reviewed by the Security Management Director, another nominated Executive Director, the Clinical staff involved and the LSMS.
- 7.3 **Appeals for 'Red Cards'** will take the form of a meeting with the staff concerned and where possible (dependant on circumstances) will involve the patient and/or family.
 - 7.3.1 The aim of the meeting will be to determine if the appropriate actions were taken in line with Trust policy, to ensure that arrangements for future treatment of the patient have been agreed and to ensure the process and decision was made in the interest of safety and welfare of staff, patients and others who were affected by the patient's behaviour.
 - 7.3.2 All evidence gathered for the process of the original granting of the 'Red Card' will be reviewed and a decision will be made based on this and the discussions held will be made by the second Executive Director and Security Management Director if the issuing of the warning was appropriate.
 - 7.3.3 A formal response answering the appeal with notification that the 'Red Card' is being upheld or the 'Red Card' is being rescinded will be sent to them in writing within 28 days of receipt of their request.
- 7.4 **Appeals for 'Temporary Red Cards'** the appeal will take the form of a meeting with the staff concerned and where appropriate the person who has been deemed at risk from the person(s) who are subject to a 'Red Card'. The person(s) who are subjected to a 'Red Card' will be spoken to only at the request of the Directors holding the appeal meeting.
 - 7.4.1 The aim of meeting is to ensure the safety and welfare of the person deemed at risk and to ensure that the correct action was taken.
 - 7.4.2 All evidence gathered for the process of the original granting of the 'Red Card' will be reviewed and a decision will be made based on this and the discussions held will be made by the second Executive Director and Security Management Director if the issuing of the warning was appropriate.

7.4.3 A formal response answering the appeal with notification that the 'Red Card' is being upheld or the 'Red Card' is being rescinded will be sent to them in writing within 28 days of receipt of their request.

8. **Documentation**

8.1. Copy will be shared with the A&E staff also to enable them to "flag" on their system.

8.2. The LSMS keeps a database of current and archived cards raised.

8.3. If the decision is made to rescind the card, the LSMS will liaise with the responsible Manager for the decision and ensure that all relevant parties are informed of the change.

9. **Emergency Treatment**

9.1 If the excluded patient presents themselves at Accident & Emergency for emergency treatment, they should be treated and stabilised, with security staff present if appropriate.

9.2 Where possible, the patient should be discharged immediately. If admission is unavoidable, however, arrangements for the transfer to another healthcare facility will be arranged through the Clinical Operations Managers/ Site Coordinators. The patients will be transferred out of our service as soon as practicable based on a place being available, transport time and changes to their clinical condition being taken into account.

10. **Return to Site**

10.1 If an excluded patient returns on site for any reason other than to seek emergency medical treatment, Security should be called immediately. The Trust will subsequently seek legal redress to prevent the individual returning to Trust.

National reporting procedure – Instructions to managers

1. This procedure should be followed in the event of a physical or non-physical assault (see section 3 for definitions) against a member of staff.
2. **Trust Risk Event Form (Datix)**
 - 2.1 The person assaulted, their manager/supervisor or relevant colleague must complete a Risk Event Form and include as much relevant personal information as possible, including injuries sustained. If a detailed explanation is required, a separate piece of paper should be used and stapled to the Datix form. (do not use a further Datix form as continuance).
 - 2.2 Where police attended, either police “collar number” or crime reference number should also be quoted.
 - 2.3 If the incident was witnessed their details should be inserted. Assailant details if possible, and/or a good description of the assailant.

The Essex Police A901 (initial report of crime to Essex Police form) must be completed and handed to the initial attending Police officer.

3. **Physical Assault**

In the case of a physical assault:

- 3.1 If required, the police should be contacted *immediately* by the person assaulted, their manager/supervisor or relevant colleague.
- 3.2 The person assaulted, their manager/supervisor or relevant colleague should contact the LSMS or security management Director (SMD), who is the nominated Trust Executive Director, or their nominated deputy as soon is practicable. (This will normally be the same day or, if the assault occurred out-of-hours, the next working day).

4. **Non-Physical Assault**

In the case of a non-physical assault:

- 4.1 The seriousness of the incident should be taken into account when deciding whether to contact the police. If the abuse is sufficiently serious, the police should be contacted as soon as practicable by the person who suffered the abuse, their manager/supervisor or a relevant colleague. This includes all instances of racially or religiously aggravated assault.

- 4.2 The person who suffered the abuse, their manager/supervisor or relevant colleague should contact the LSMS as soon as practicable. The LSMS will ensure that the appropriate action as set out in this procedure is being followed, eg. the 'red/yellow' card system for patients and potential disciplinary action for members of staff.

[Patient's Name]

[Address]

[NHS Number & Hospital Number]

[Date]

Dear [Name],

“unacceptable behaviour warning letter”

It has been reported that your behaviour whilst on Mid Essex Trust Property has been unacceptable. It has been reported that on(date) you:

- (state here the behaviours that were carried out eg shouting, spitting etc)
-

For this reason, I am writing to you to inform you that your behaviour will not be tolerated. Should there be further incidents of this nature whilst you are on Trust premises, we will have no option but to issue you with a formal warning letter, in accordance with our policy.

Further failure to achieve satisfactory behaviours from you may further result in exclusion from the Trust premises altogether.

I would like to remind you that the Trust has an obligation to its staff, and to its patients, to ensure that they are safe to carry out their duties. Actions, such as you have reportedly displayed will not be tolerated by the Trust.

Yours sincerely,

Chief Executive

Copy to : Manager
 Trust LSMS Manager
 Portering & Security Manager
 CCG Provider/Commissioning LSMS– where appropriate

[Patient's Name]

Appendix D

[Address]

[NHS Number & Hospital Number]

[Date]

28/1/15

Dear

'Yellow Card'

I regret to have to advise you that following your violent and/or antisocial behaviour on [date] at [place], which included:

(state here the behaviours that were carried out eg shouting, spitting etc)

you are now subject to a 'special agreement'. Under this agreement, if you desist from violent or antisocial behaviour the Trust agrees not to alter your access to treatment or care. This will remain on file and will last for a minimum of one year from today's date.

If you are violent or behave in a way that is antisocial during the year, you will become subject to the next stage of the procedure (the 'red card'). This may involve your immediate exclusion from the Trust premises by our Security Staff or Police. It would also mean that you would not receive treatment or care (other than emergency treatment), and your responsible clinician would make alternative arrangements for your treatment.

The Trust has an obligation to its staff, and to its patients, to ensure that they are safe to carry out their duties. Actions, such as you have displayed will not be tolerated by the Trust.

You have the right of appeal against this decision. Any such appeal should be submitted in writing within 21 days of the date of this letter to:

The Chief Executive
Broomfield Hospital
Chelmsford CM1 7ET

Yours sincerely,

Chief Executive

Copy to: Manager
 General Practitioner
 Portering and Security Manager
 Trust LSMS Manager

[Patient's Name]

[Address]

[NHS Number & Hospital Number]

[Date]

Dear [Name],

'Red Card'

I wrote to you on [date] and explained the 'special arrangement' to which you are subject. Following a further instance of violent and/or antisocial behaviour on [date] at [place], when you:

(give examples of the behaviours that have now led to this action)

I regret to have to advise you that you are now subject to the next stage of the procedure – the 'red card'.

The 'red card' means that you may not come onto any of the Trust's premises and will not receive any treatment or care, other than for emergency care. The clinician in charge of your care will try to make alternative arrangements for you to receive treatment elsewhere where possible and will notify you of this. If you try to come onto any of the Trust's sites other than for emergency care, you will be removed by Security and/or the police and we may take legal action to prevent your returning.

The Trust has an obligation to its staff, and to its patients, to ensure that they are safe to carry out their duties. Actions, such as you have displayed will not be tolerated by the Trust.

The arrangement will stay in place for a minimum of one year from today's date, at which time it will be reviewed. You have the right of appeal against this decision. Any such appeal should be submitted in writing within 21 days of the date of this letter to:

The Chief Executive
Broomfield Hospital
Chelmsford CM1 7ET

Yours sincerely,

Appendix F



Date 2010

Addressee

Trust Headquarters
Court Road
Broomfield
Chelmsford
Essex CM1 7ET
Tel: 01245-514 ???
Fax: 01245-514 ???

Ref :

Dear [\(enter name\)](#),

'Temporary Red Card'

This letter is to inform you that you are not allowed onto the premises of Mid Essex Hospitals NHS Services Trust for a period of 60 days from the date at the top of this letter. The 'Red Card' means that you may not come onto any of the Trusts premises and will not receive treatment or care, other than for emergency care. The clinician in charge of your emergency care will try to make alternative arrangements for you to receive treatment elsewhere where possible and you will be notified of this.

We have been informed by staff [\(add details here of what the person has done\)](#). This behaviour will not be tolerated and as a result, if you attempt to gain entry to the hospital within the next 60 days the police will be called and you will be removed from the site.

You have the right of appeal against this decision. Any such appeal should be submitted in writing within 7 days of the date of this letter to The Chief Executive at the address above.

Yours sincerely,

Chief Executive

Cc : Manager
Divisional Nurse,
Lead Nurse Accident & Emergency
Portering and Security Manager
LSMS

Appendix G



A901 - Initial Report of Crime to Essex Police

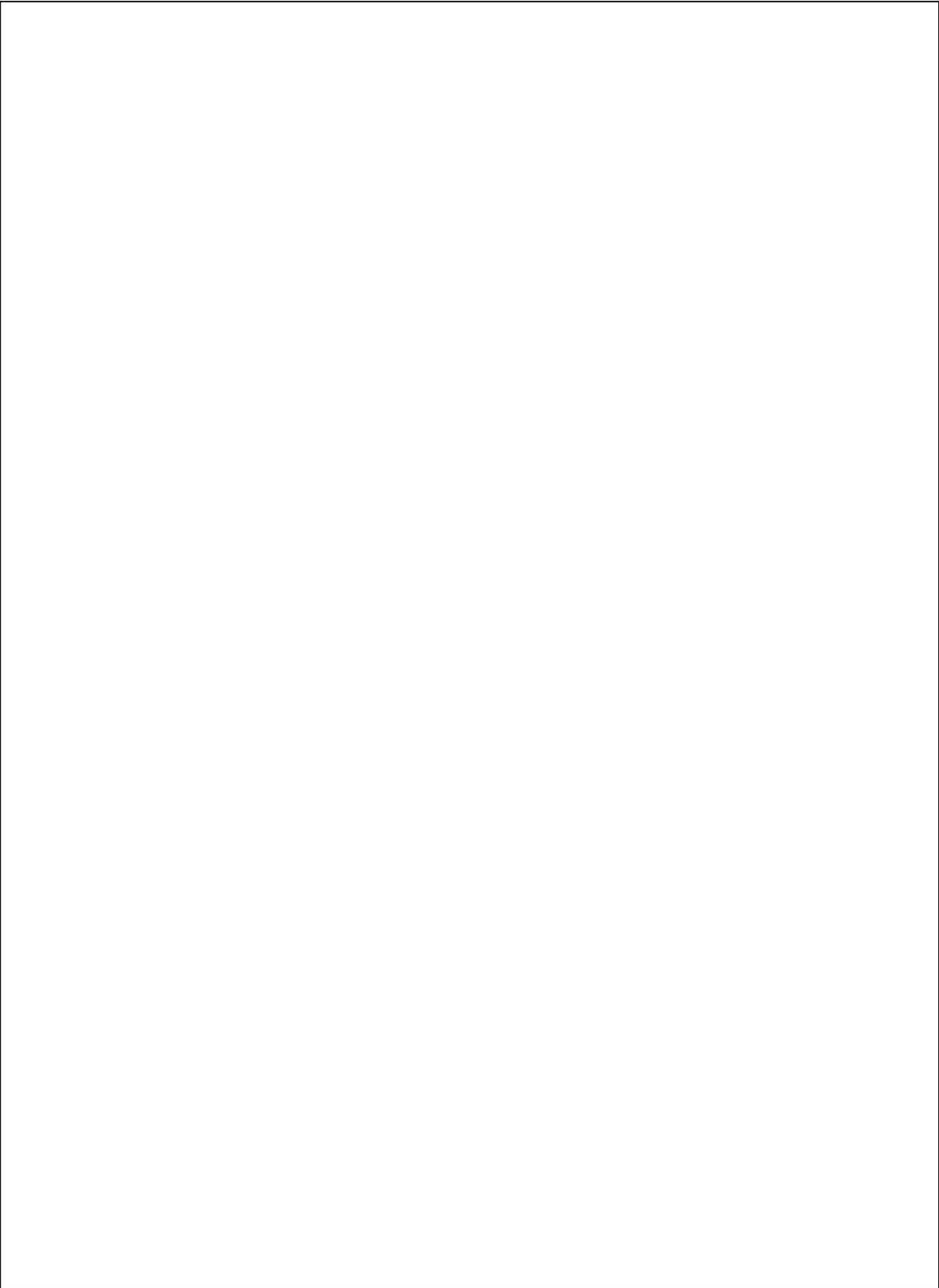
This is to be completed by the Ward Manager for all cases where the victim/suspect is a member of staff, or a patient of your Trust.

To be completed immediately and handed to initial attending officers or if the crime is being reported by phone to the Essex Police Crime Bureau, email this completed form to crime.bureau.supervisors@essex.pnn.police.uk and upload to Datix.

NB – For crime bureau staff/police officers to standardise recording practices, at the end of this document are the correct address to use as the offence location on ATHENA.

Any victims/witnesses must understand that to support a prosecution this will involve them providing an evidential account to the police and they may have to attend court. If there is any doubt about this it must be made clear at the point of reporting, as it may have a significant bearing on whether a full investigation is commenced by the police. The police can explain what measures can be put in place to assist witnesses in giving their evidence at court.

SECTION A – BACKGROUND INFORMATION	
Person Reporting (Name, Unit, Ward, telephone number)	
Police reference numbers (if known) Storm incident number Athena crime number	
Date / time / scene (place/ward) of incident.	
What offences do you believe have been committed	
Outline a summary below of what has occurred, to include: <ul style="list-style-type: none"> - Suspect description (if they have absconded) - Chronology of events - If there is any CCTV footage - List of witnesses to the incident - Any material/items which have been recovered/ forensic evidence/ photographic evidence of any injuries suffered - Information statement (see section D below) of the person's mental ill health and their fitness to be detained and interviewed - Previous risk assessments - Victim/witness statements 	



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SECTION B – VICTIM DETAILS
TO BE COMPLETED BY THE LSMS/WARD MANAGER
Sections in Grey are not applicable for members of staff
If required use copy and paste function to add additional victims

Name & DOB	
Type of victim	Patient / Staff <i>delete as applicable</i>
If the victim is a patient, MHA status	Section 2 / Section 3 / DOLS / Informal patient <i>delete as applicable</i> Date expires:
If the victim is a patient, diagnosis & are they capable of giving an evidential account to police	
Outline a summary of what they state occurred:	
Injuries sustained (if applicable)	

Contact details including: <ul style="list-style-type: none"> - Ward/home address if necessary - Telephone number - E-mail address 	
Victims availability over the next 7 days to be seen by police	
Does the victim support a prosecution	Yes / No <i>delete as applicable, if no outline why:</i>
SECTION C – WITNESS DETAILS TO BE COMPLETED BY THE LSMS/WARD MANAGER <i>Sections in Grey are not applicable for members of staff</i> <i>List in order of importance - Use copy and paste function to add additional witnesses</i>	
Name & DOB	
Type of witness	Patient / Staff / Member of the public <i>delete as applicable</i>
If the witness is a patient, MHA status	Section 2 / Section 3 / DOLS / Informal patient <i>delete as applicable</i> Date expires:
If the witness is a patient, diagnosis & are they capable of giving an evidential account to police	
Contact details including: <ul style="list-style-type: none"> - Ward/home address if necessary - Telephone number - E-mail address 	
Outline a summary of what they witnessed:	

Witness availability over the next 7 days to be seen by police	
Does the witness support a criminal prosecution	Yes / No <i>delete as applicable, if no outline why:</i>
SECTION D – SUSPECT DETAILS TO BE COMPLETED BY THE LSMS/WARD MANAGER <i>Sections in Grey are not applicable for members of staff</i> <i>Use copy and paste function to add additional suspects</i>	
Name & DOB	
MHA status	Section 2 / Section 3 / DOLS / Informal patient <i>delete as applicable</i>
Diagnosis	Date expires:
Ward/home address presently at:	
Clinician responsible for suspect and their contact details including: - Name - Ward work address - Telephone number - E-mail address	
Has the offender previously committed offences at the healthcare unit or other healthcare units whilst an inpatient/voluntary patient. **If this is not available please supply the details of the Local Security Management Specialist who the police can contact**	Yes / No / Unknown** (If unknown please refer to the Risk management team/LSMS) <i>delete as applicable, if yes supply details including Athena (crime) reference and Datix incident numbers:</i>
Advise specific immediate measures	

implemented /required to prevent re-offending (summarise):	
Have they or are they going to be relocated due to behaviour/offence	<i>Yes / No delete as applicable, if they are going to be relocated provide location they will be moved to</i>
Ward Manager/Charge Nurse /Professional qualified.	I insert name confirm that service user enter name had the mental capacity to take responsibility for their actions and behaviour at the time of this incident. Date insert date
Is this person fit to be interviewed?	Yes/No
Is an appropriate adult required?	Yes/No
Datix Web or incident reference number if not an NHS Trust	

The below is for the use of Essex Police crime bureau/Police officers only. Below are the addresses of all the inpatient mental health units in Essex, to ensure the master record is used. No new addresses are to be created as they all exist on Athena.

Essex Partnership University Trust (EPUT) inpatient mental health units

Location	ATHENA object reference
Essex Rivers healthcare NHS Trust, The Lakes , Turner Road, Colchester, Essex, CO4 5JL	271719
The St Aubyns Centre , 2 Boxted Road, Mile end, Colchester, Essex, CO4 5HG	72324
Kingswood Centre , North east Essex Mental health NHS trust, Turner Road, Colchester, Essex, CO4 5JY	61578
Princess Alexandra Hospital , Derwent Centre, Hamstel Road, Harlow, Essex, CM20 1QX	34443
Linden Centre, Finchingfield ward , Puddings wood Drive, Broomfield, Chelmsford, Essex, CM1 7LF	1182461
Basildon Hospital Mental Health Unit , Nether Mayne, Basildon, Essex, SS16 5NL	710770
Brockfield House , Kemble Way, Runwell, Wickford, Essex, SS11 7FE	395966
Rochford Hospital , Mental health unit, Union Lane, Rochford, Essex, SS4 1RB	17247

Priory Group inpatient mental health units

Oaktree Manor , Heath Road, Tendring, Clacton-on-sea, Essex, CO16 0BX	97444
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Elm Park Rehabilitation Unit , Station Road, Ardleigh, Colchester, Essex, CO7 7RT	85573
Suttons Manor Clinic , London Road, Romford, Essex, RM4 1BF	127604

Cambian Group inpatient mental health units

Cambian Fairview , St Pauls Hospital, Louis Court, New challenge care services LTD, Boxted Road, Mile end Colchester, Essex, CO4 5HF	16746
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St Andrews Healthcare inpatient mental health units

St Andrew's Healthcare Essex , Pound Lane, North Benfleet, Essex, SS12 9JP United Kingdom.	25988
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