



**Aneurin Bevan University Health Board**

# **Handling Violence and/or Aggression (Internal Sanctions) Policy and Procedure**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## **1 INTRODUCTION**

Aneurin Bevan University Health Board (ABUHB or the Health Board) values its staff who are skilled practitioners and an asset to the organisation. The fear of violence can seriously affect morale and the ability to retain and recruit staff. Where violence occurs, there can be major negative consequences for both the victim and wider services within the Health Board. As an employer, ABUHB has a duty of care to staff to protect them from harm in the workplace. As part of this duty, the Health Board recognises that staff may be exposed to violence or aggression (V&A) in the course of their work. The NHS has a legal obligation to identify the risk of violence and aggression and develop appropriate prevention strategies.

Aneurin Bevan Health Board takes a zero tolerance approach to violent or aggressive behaviour, aiming to minimise the incidents of violence and aggression faced by staff and tackle these effectively where they do occur by utilising criminal, civil and internal managerial actions.

The Health Board's primary function is to provide healthcare to those in need. This places staff in direct contact with the public with the need to make difficult clinical decisions when faced with the potential of violence. Contact with health services as a patient or visitor can be a confusing and stressful experience, often occurring during periods of personal difficulty and high emotion. The Health Board has a responsibility to provide services in a reasonable and sensitive fashion, but in return, service users and visitors are expected to act reasonably towards staff and treat them with respect.

The Health Board recognises that aggressors could be members of the general public, patients or members of staff. If staff experience violent or aggressive behaviour from another member of staff, they should refer to the Dignity at Work Policy and/or Disciplinary Procedures.

## **2 POLICY STATEMENT**

- 2.1 NHS Health Boards and Trusts have a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.
- 2.2 The Aneurin Bevan University Local Health Board will take proactive action and ensure that by design, the workplace is as safe as reasonably practicable. It will also promote a clear message that violence will not be tolerated and that suitable control measures will be initiated to provide safe care for patients and protection to staff. In some instances it is justified to remove care and/or pursue criminal prosecution.

## **3 COMMITMENT TO PREVENTION OF VIOLENCE AND AGGRESSION**

The Health Board's commitment to the prevention and management of unacceptable behaviour is outlined below:

- The Health Board recognises that the level of risk varies in different areas of the organisation and for particular groups of staff (e.g. those that are lone workers or where there are small staff numbers in an area at night).
- The Health Board recognises the rights of staff to take reasonable steps to protect their own safety and that of other services users and visitors.
- The Health Board supports staff and will endorse pressing charges against the perpetrator of crime on or against the Health Boards staff, property or assets when it is legally permissible and appropriate to do so.
- The Health Board recognises the impact of patient mix and staffing levels on the ability of front line staff to defuse and deal with violence and aggression.
- The Health Board recognises that everyone needs to be aware of how their personal behaviour might be perceived by others.
- The Health Board recognises that the management of violence in health care settings is a complex issue and that unacceptable behaviour which has a clinical causation may need to be managed differently from that which is not clinically related.
- The Health Board accepts that verbal abuse and physical violence may be symptoms of an underlying mental health problem or learning disability, but believes that this does not mean that staff should accept such behaviour as inevitable.

- The Health Board will provide all staff with personal safety training and appropriate additional training for front line staff who have been identified via a risk assessment process.

#### **4 AIM**

The aim of this policy is to detail the behaviours that are unacceptable and the range of remedies available in the face of such behaviour. This includes a mechanism whereby in extreme cases patients can be excluded from the Health Board's premises and access to services can be restricted or removed.

#### **5 OBJECTIVES**

- To ensure that staff are aware that violence and aggression to staff is not acceptable.
- To support the development of a safety culture through risk assessment and preventative measures.
- To inform staff of the range of options available to tackle inappropriate behaviour and signpost them to training which assists in their implementation.
- To detail the way in which internal sanctions may be applied.

#### **6 SCOPE**

- 6.1 This document relates to the behaviour of all adult members of the public, patients, contractors, visitors and parents.
- 6.2 The behaviour of children and young persons (up to age 18) is addressed in sections 13 and 15. Staff must be mindful when dealing with young adults who are inpatients within adult ward settings that inappropriate behaviour should be managed in a different way to similar behaviour from adult clients.
- 6.3 This policy does not apply to children/young people detained under the Mental Health Act 1983, although the Health Board does not condone the abuse of its staff by any patient.
- 6.4 All employees, including those on honorary contracts, those working for other employers but on the Health Boards premises, students and volunteers undertaking duties on behalf of the Health Board have a duty in the implementation of this policy. The term 'staff' is used throughout this document and refers to all of the groups listed as above.

- 6.5 This policy details the steps that can be taken to address inappropriate behaviour by imposing internal sanctions against perpetrators. These sanctions are separate to criminal actions which may run alongside the Health Board's internal management plans to tackle violence. Guidance within this document has been developed utilising legal and clinical advice.

## **7 ROLES AND RESPONSIBILITIES**

- 7.1 The Chief Executive has overall responsibility for the management of violence and aggression within ABUHB. To this end Aneurin Bevan Health Board advocates the principles of risk management, the process of risk assessment and the development of a zero tolerance culture in relation to violence and aggression to staff.
- 7.2 On behalf of the Health Board, the Director of Therapies and Health Science undertakes the role of Champion against Violence and Aggression towards staff.
- 7.3 The Health and Safety team review all incidents of violence and aggression and provide training to staff on identifying, handling and de-fusing aggression and violence. The Violence and Aggression team are responsible for providing staff and local managers with advice and support in relation to the application of internal sanctions, civil action and prosecutions.
- 7.4 Local Managers are responsible for initiating and/or implementing internal sanctions, dependent upon the behaviour being tackled and the stage of the process.
- 7.5 Senior Nurses/Divisional Managers are responsible for implementing formal internal sanctions, dependent upon the behaviour being tackled.
- 7.6 The Safeguarding Children Team (Named Nurse and Named Doctor for Safeguarding Children) take the strategic lead on Child Protection issues across the organisation, reporting to the Director of Nursing, who takes the lead at Board level.
- 7.7 All staff have a responsibility to comply with safe working practices and report incidents of violence or aggression. All ABUHB employees are also expected to maintain their competence by participation in mandatory and statutory training. All staff are empowered to contact the Police where they have a concern that criminal acts are being committed,

although this should be undertaken in a co-ordinated fashion within individual teams/departments.

## **8 DEFINITIONS**

### **8.1 Workplace violence**

Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work involving explicit or implicit challenges to their safety, well-being or health. This can incorporate some behaviours identified in harassment and bullying, for example verbal violence.

### **8.2 Persistent unacceptable behaviour**

Behaviour which is deemed unacceptable within one admission and/or over a number of separate attendances/contacts with Health Board services within a period of time.

### **8.3 Unacceptable standards of behaviour**

The following are examples of behaviours that are not acceptable on NHS premises, or locations where patients receive treatment:

- Excessive noise e.g. loud or intrusive conversation, shouting or uncontrollable misbehaviour
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Wilful damage to Health Board property
- Malicious allegations relating to members of staff, other patients or visitors (N.B. any allegations made by children against staff must be reported to a Named Professional for investigation)
- Offensive and derogatory comments relating to members of staff, other patients or visitors
- Language that belittles a person's abilities
- Inappropriate behaviour as a result of alcohol or misuse of drugs
- Threats or threatening behaviour
- Violence, perceived acts of violence or threats of violence
- Unreasonable behaviour and non-cooperation such as repeated disregard for hospital visiting rules
- Bullying, victimisation or intimidation
- Stalking
- Spitting
- Any explicit or implicit challenge to the safety, well being or health of any member of staff or patient

- Theft
- Drug dealing
- Persistent smoking in inappropriate areas within the Health Board (n.b., all Health Board premises and property are smoke free, with the exception of designated areas in Mental Health inpatient facilities).

It is important to remember that such behaviour can either be in person, by telephone, letter or email or any other form of communication such as graffiti on NHS property for example.

#### 8.4 Patient Undertaking

A Patient Undertaking (appendix 2) is a formal process where the patients' rights and responsibilities are brought to their attention.

After the reason and purpose of the Patient Undertaking is explained to the patient, he or she is asked to confirm that they understand that failing to comply with these responsibilities could result in the withdrawal of care except for emergency treatment. Patient Undertaking's can be used proactively in long-term care environments as part of the service induction, as a tool to advise service users of what they can expect from the service and what the service expects from them in return.

#### 8.5 Adult

Person aged 18 or over.

#### 8.6 Child and Young Person

Person aged under 18.

#### 8.7 Visitor

The term 'visitor' includes a member of the general public or anyone who is not a patient, member of staff or other persons employed by contract or service level agreement but excludes the parent of a child patient.

#### 8.8 Capacity

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

- is unable to take in and retain the information material to the circumstances especially as to the likely consequences of their behaviour in the effect it may have on them having or not having the treatment; or



- is unable to weigh the information in the balance as part of a process of arriving at the decision. Mental disorder does not necessarily mean that a patient does not have the capacity to refuse consent. Capacity is variable in people with mental disorder and should be assessed in relation to the particular patient, at a particular time, as regards a particular action/episode of violence or aggression.
- By itself, being intoxicated through drugs or alcohol should not be considered as impacting on the capacity of the individual.

Staff should familiarise themselves with ABUHB protocols and guidelines on Mental Capacity and the Mental Capacity Act and have undertaken the relevant level of training on this topic for their role.

#### 8.9 Anti Social Behaviour Order (ASBO)

An external civil sanction which is applied to prevent recurrence of public anti-social behaviour (that likely to cause harm, harassment, alarm or distress). The order restricts the behaviour of the individual receiving it, e.g. by prohibiting a return to a certain area, or by restricting public behaviour such as swearing or drinking alcohol.

#### 8.10 Criminal Anti-Social Behaviour Order (CRASBO)

An ASBO which is applied on the back of criminal conviction.

### **9 SUPPORTING STAFF**

- 9.1 The Health Board is committed to support staff by providing a working environment with systems, organisational procedures, information, training and supervision to deal with the problems of violence and aggression.
- 9.2 The organisation will provide appropriate support, counselling and advice for staff, specifically in those situations where they may be the victim of violence. The Department/Line Manager has the main responsibility to support staff post incident. In addition to this, staff and managers will have the opportunity to receive specialist advice from the Violence and Aggression team as appropriate. If necessary, arrangements will be made through the Occupational Health or Employee Wellbeing Service to provide additional support or counselling, either through self-referral or facilitated referral from local managers or the Health & Safety team.

## 10 PREVENTATIVE MEASURES

10.1 The best way to avoid becoming involved in violence is to prevent it from happening. Violent situations do not just happen, they develop. Staff receive mandatory training in identifying indicators of violence, early recognition of which can assist in reducing incidents of violent episodes, triggers which can lead to aggression and practical steps to support them in de-escalating aggressive behaviour.

10.2 The Health Board will take a pre-emptive approach in presenting its zero-tolerance stance on violence and aggression via a range of marketing products. These will be developed over time to reflect the nature of violence and aggression faced by staff, as gathered from incident reports.

10.3 Patients and visitors will be advised that the Health Board will take action to address aggressive behaviour via the internet and local press, through the publication of information about successful prosecutions.

10.4 Health Board premises will maintain up-to-date poster displays in both patient and staff areas to emphasise the zero tolerance message. The content of such displays will be tailored in recognition of the different types of aggression faced in different environments.

10.5 Services are strongly encouraged to ensure that their correspondence and information leaflets incorporate a statement to advise service users and their relatives of the appropriate standard of behaviour expected on Health Board premises and towards Health Board staff, noting that there will be consequences for non-compliance. Suggested wording for this statement is:

*"Aneurin Bevan University Health Board aims to provide safe, high quality services to all service users. The Health Board has a zero tolerance approach towards violence and aggression against our staff and on our premises and may utilise CCTV and/or audio recording devices whenever personal safety is threatened. Evidence obtained will be used to secure sanctions against perpetrators."*

10.6 Services engaging in long-term relationships with clients may, in particular, wish to proactively provide patient undertakings

to clients as part of their service introduction. This should be accompanied with discussion pertaining to the service boundaries, to support in managing the expectations of clients and their families and avoid potential future tension.

## **11 RISK ASSESSMENT**

11.1 All services must ensure that risk assessments are undertaken to identify and implement control measures to make the care environment and service delivery as safe as is reasonably practicable. Specific violence and aggression (V&A) risk assessment forms, covering the environment and individual patients are available via the ABUHB intranet.

11.2 Individual service users, where appropriate, are subject to risk assessment for V&A. This process is undertaken in varying levels of detail depending on client needs and presenting issues and is an ongoing and dynamic process. Where a risk is identified, an action plan or strategy for dealing with V&A should be in place and clearly documented in the healthcare records with details of methods used to prevent and treat such behaviours. Recognising that not all staff who may have contact with potentially violent patients have access to healthcare records or formal risk assessment documents (e.g. housekeeping, portering staff), it is vital that relevant information is proactively shared to ensure the safety of the whole team involved in provision of care for the individual. Care should also be taken to communicate appropriate risk management information to colleagues when service/ward transfers take place.

11.3 It is recognised that there are some specific circumstances and situations where the risk of violent or aggressive behaviour may be higher. These include:

- Where the employee is a lone worker;
- Dealing with patients, relatives and carers who may be anxious, angry, or have unreasonable expectations;
- Patients that have medical conditions what may well give rise to V&A behaviour, e.g. dementia, etc;
- Delivering unwelcome news to people who are distressed or under great emotional stress;
- Home visits;
- Patients being seen alone or with a single chaperone;
- Number and locality of staff who may be able to respond to situation;

- Environmental factors which may give rise to violence and aggressive behaviour such as levels of lighting, noise, temperature, distractions, number of people present, location of furniture, clear lines of sight, potential weapons, colour schemes.

## **12 CONTACTING THE POLICE**

The Health Board supports prosecution action against individuals acting in a violent or aggressive manner towards staff. However, the Health Board itself cannot initiate a prosecution, this needs to be done by the victim or a witness to the incident.

If the victim wishes police action to be taken they, or local management on their behalf, should contact the police using either the 999 number in an emergency, or 101 where non-emergency crime or antisocial behaviour has been committed.

Management/supervisory authorisation is absolutely not required before calling the police.

Staff should err on the side of caution and "if in doubt, call the police".

### **12.1 Examples of incidents when Security/ Police should be called**

It is important to understand that whether or not the individuals present during an incident are adversely affected, a criminal offence may still have been committed and the incident should still be reported to the police. The following is a (non-exhaustive) list of factors which should be considered when deciding to report an incident to the police as it happens or retrospectively:

- Where control of a situation has been lost and escalation seems inevitable;
- The effect of the incident on the victim and or others present;
- Whether the assailant's behaviour is motivated by hostility towards a particular group or individuals on the grounds of race, religious beliefs (or lack of), nationality, gender, sexual orientation, age, disability or political affiliation;
- Whether a weapon, or object capable of being used as a weapon, is brandished or used to damage property;

- Where there is knowledge or suspicion that illicit drugs are involved;
- Patients/visitors causing a nuisance and refusing to leave (where the patient/visitor is expressing concern about clinical care, it may be appropriate to convene an MDT to discuss their concerns before considering referral to the Police);
- Patients/visitors acting suspiciously or committing a criminal act or damage to Health Board property;
- Patients/visitors verbally abusing or harassing staff/patients to the point at which they feel threatened or intimidated;
- Whether the incident was an attempted, incomplete or unsuccessful physical assault;
- If the incident involves action by more than one assailant;
- Where the incident is not the first to involve the same assailant(s);
- In circumstances where a particular member of the staff or department is being targeted;
- If there is serious concern that any threats made may be carried out.

### **13 REMEDIES AND SANCTIONS**

13.1 There are a number of remedies and sanctions that can be pursued to tackle unacceptable behaviour. This section of the policy has been developed in recognition that options will differ dependent upon the characteristics of the violent or aggressive individual and care environment.

13.2 The decision-making process to determine which actions to take is consistent for all actions, and must involve discussion with clinical decision makers (e.g., Consultant and Senior Nurse or equivalent) to agree the most appropriate measures to take. This is detailed in section 14 of this policy. Support can be sought from the Violence and Aggression team in the Health and Safety department.

13.3 All sanctions must be subject to regular review, with measures in place for no longer than 1 year before formal review.

13.4 Where formal action is taken (i.e. action incorporating a letter to the perpetrator to advise them of the action taken), a copy of this must be forwarded to the ABUHB Prevention of Violence and Aggression Lead and the patient's GP.

13.5 In all situations where the implementation of remedies or sanctions against patients are being considered, it is vital to ensure that the mental capacity of the patient is known and documented, prior to formal action being taken. Mental capacity assessments should be undertaken in those cases where no recent record of an assessment exists. Sections 13.8 and 13.9 of this policy refer to cases where patients do not have capacity, or capacity fluctuates.

### **13.6 Implementing remedies/sanctions against adult patients with capacity**

Actions include:

- Drawing the patient's attention to the fact that their behaviour is unacceptable.
- Agreeing a 'cooling off' period.
- 'Specialing' by additional staff/increased observations.
- Movement of inpatient to a different care environment/room.
- Staff provide care/treatment in pairs or groups.
- Restriction of attendance to specific times/sites.
- Attendance/treatment in the presence of security (where available) or police.
- Provision of care within a secure environment.
- Withdrawal of home visits.
- Implementation of Patient Undertaking/ Formal warning that behaviour could lead to withdrawal of treatment.
- Withdrawal of treatment/exclusion other than for emergency care.
- Anti Social Behaviour Order.
- Legal proceedings.
- Criminal prosecution.

### **13.7 Implementing remedies/sanctions against adult patients receiving services within their own home**

13.7.1 Staff undertaking community and home visits may be particularly vulnerable. This policy recognises that there may not be a Health Board – wide solution to this problem. Local teams and managers, therefore, are expected to ensure that systems are in place that meet their requirements and comply with relevant Health Board policies and protocols.

13.7.2 It is recognised that the provision of ongoing care and treatment within a community setting poses particular challenges in managing inappropriate behaviour. This is particularly an issue for staff who feel uncomfortable in

insisting that patients maintain certain standards of behaviour whilst in their own home. In addition to those listed above (section 13.6), further remedies that may be considered in this case include:

- Delivery of care within Health Board premises
- Provision of care within an inpatient environment

13.7.3 The remedies listed in 13.6 should also be considered in those cases where the risk to staff is from the carers or family of a patient, rather than the patient themselves. In addition, the potential for care and services to be delivered only at set times when the problem individual is not present may wish to be considered.

### **13.8 Patients without capacity (including mental health and learning disability service users)**

Where patients do not have capacity to understand the ramifications of their behaviour, punitive actions are inappropriate and the emphasis must be placed upon risk control measures to ensure that care can be provided in as safe a manner as is reasonably practicable. Patient Undertakings, Exclusion and legal action are usually inappropriate in these cases, although prosecution to determine a finding of fact rather than to achieve a criminal sanction may be a consideration.

### **13.9 Patients with fluctuating capacity**

13.9.1 Where patients have fluctuating mental capacity, their capacity at the time of the incident should inform the action taken.

13.9.2 Where the patient does not have capacity at the time of the violent or aggressive incident, opportunities should be taken to discuss the behaviour in as part of the therapeutic engagement process at the point that the individual has capacity.

### **13.10 Patients aged under 18**

13.10.1 Whilst violent and abusive behaviour toward staff is not acceptable, when dealing with children and young people under the age of 18 years, their welfare is paramount and any action taken must be in the child's best interest.

13.10.2 Children and young people may manifest violent and abusive behaviour for many reasons and this may be as a result of

experiencing abuse or neglect. If this is suspected, staff should consider discussing this with the ABUHB safeguarding professionals or making a referral to the appropriate child care social services as per the all Wales Child Protection Procedures.

13.10.3 This policy is aimed to assist staff to recognise their duty of care to children/ young people even in these extreme and difficult circumstances, to continue to safeguard the child /young person and to enable them to receive the necessary treatment or intervention.

13.10.4 Children and young people pass through a number of developmental stages in which certain negative behaviours including forms of aggression can be considered as “normal” or commonplace. However the child/young person needs to be made aware that these behaviours are not acceptable and measures will be put in place to safeguard them and the members of staff attempting to provide their care.

13.11 The child’s rights under the Articles of the Human Rights Convention must be respected. Your attention is drawn to the following rights:

- Article 2 ‘Right to Life’
- Article 3 ‘Prohibition of inhumane or degrading treatment’
- Article 8 ‘Right to Respect for Private and Family Life’
- Article 14 ‘Prohibition of Discrimination’

13.12 Whilst staff are not expected to tolerate violent or abusive behaviour this does mean that Managers and Clinicians at a senior level will need to support staff to seek a solution which will enable medical treatment to continue following assessment of the standards of behaviour expected and the alternative solutions which may be available.

## **14 IMPLEMENTING REMEDIES/SANCTIONS FOR PATIENTS**

*The following process is summarised in flowchart form at appendix 1. Staff may wish to seek advice and support from the Health & Safety violence & aggression team when considering applying remedies and/or sanctions.*



## **14.1 Stage 1**

The following remedial action should be taken when any of the behaviours identified in section 8.3 occur and/or any staff feel offended, intimidated or threatened:

- 14.1.1 Tell the patient that his/her remarks, actions or behaviours are unacceptable.
- 14.1.2 Explain why it is unacceptable, i.e. that you or other staff members find it objectionable and distressing, or that it is affecting other patients/visitors.
- 14.1.3 Ask the patient if they would like to discuss what has made them respond in the manner they have. This will give the patient and the staff an opportunity to see if there are any remedies and solutions which might work in de-escalating the current situation. If behaviour is linked to perceptions about care & treatment it is always appropriate to provide information on how to raise a concern about services at this stage.
- 14.1.4 Offer the patient the opportunity to provide an explanation for their actions.
- 14.1.5 Inform him/her that ABUHB operates a zero tolerance policy towards such behaviour and that if it is repeated you will be obliged to enact this procedure and inform ABUHB managers of your concern.
- 14.1.6 Complete an incident form reporting the behaviour, inform your line manager and monitor for future reoccurrence.
- 14.1.7 In many cases, the difficult behaviour may stop without any need for further action. If the behaviour persists after the informal approach then a more formal approach should be adopted. Line managers should consider the seriousness and the urgency of the problems before taking formal action and consider the consequences of such action, e.g. the risk of escalation.

## **14.2 Stage 2**

(Where the patient has failed to comply with the required standard of behaviour/ not modified their behaviour to a reasonable level).

14.2.1 Consider whether normal contact can be maintained through explanation and negotiation between the Health Board and patient.

14.2.2 Discuss with relevant colleagues the most appropriate actions to take where normal contact is not appropriate. This meeting to be chaired by a member of the Directorate Management team.

14.2.3 Explain the Patient Undertaking to the patient, asking them to read and sign the document as a formal written warning of the consequences of such behaviour (Appendix 2). To ensure that the patient is clear about the reasons for the Formal Patient Undertaking (FPU) being issued and understands the implications of it for their future healthcare, the staff member who is responsible for initiating the FPU must ask the patient to explain what they understand about the situation. If there is any doubt that the patient is unclear or uncertain then it is the responsibility of the staff member to clarify the reason for the FPU.

14.2.4 If the patient refuses to sign, this should be documented, but explained to him/her that the document will be applied with or without their agreement.

14.2.5 Ensure that a suitable member of staff (any Registered Health Professional) witnesses the explanation given to the patient and signing of the Patient Undertaking.

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

- That their clinical care will not be affected in any way.
- That a copy of the Patient Undertaking will be filed in the patient's notes and with the Prevention of Violence and Aggression Team. Use of the patient undertaking will be highlighted on the patient information system. The patient will be told that the confirmation will be recorded in these ways.

- That the Security Manager, where applicable, site managers and patient's GP will be informed of the implementation of a patient undertaking.

14.2.7 The patient will receive a letter (sample at appendix 3) from the Directorate Manager confirming the use of a patient undertaking as a written warning, the measures taken which may impact on future care, and the consequences of failing to comply with the Patient Undertaking. This correspondence must include the date by which any implemented measures will be reviewed.

14.2.8 Revise risk assessment where necessary.

14.2.9 All staff in contact with the patient to be informed by the Directorate Manager that any future incidents by the patient must be reported (locally by highlighting to the person in charge/shift leader and formally on Datix) as a matter of urgency.

14.2.10 The Directorate Manager to advise the Divisional Management team that this action has been taken, in case escalation is required.

### **14.3 Stage 3**

(Where the patient has breached the terms of the Patient Undertaking).

*NB: Dependent on the severity of the incident, it may be appropriate to continue immediately to stage 4 – withdrawal of treatment/exclusion.*

14.3.1 Discuss with relevant colleagues the most appropriate actions to take for future management of the patient. This meeting to be chaired by a member of the Divisional Management team.

14.3.2 Meet with the patient to explain the measures taken which will impact on their future care and the date that these will be reviewed. N.B. caution must be taken to ensure staff safety during this discussion, the meeting must not take place alone and it may be more appropriate to discuss via telephone or via written correspondence only. Consideration should be given to ensuring that the patient has the opportunity to bring

someone with them to the meeting as support whilst balancing this with any additional risk it might pose to staff.

14.3.3 Ensure that a suitable member of staff (any Registered Health Professional) witnesses the explanation given to the patient.

14.3.4 The patient will receive a letter (sample at appendix 4) from the Divisional Manager confirming the implementation of control measures following their breach of a written warning, the measures taken which may impact on future care, and that continued incidents will lead to withdrawal of treatment/exclusion. This correspondence will also include a date by which any implemented measures will be reviewed.

14.3.5 A copy of the correspondence will be filed in the patient's notes and with the Prevention of Violence and Aggression Lead. Use of the control measures will be highlighted on the patient information system. The patient will be told that the confirmation will be recorded in these ways.

14.3.6 The Security Manager, where applicable, site managers and patient's GP will be informed of the implementation of control measures. In certain cases, it may also be appropriate to report the situation to the Welsh Government, in line with the Serious Incident policy.

14.3.7 The Divisional Manager to advise the Board Champion for Violence and Aggression and Chief Executive of the action taken, in case escalation is required.

#### **14.4 Stage 4: Withdrawal of Treatment/Exclusion**

*It is anticipated that criminal or legal proceedings would run in tandem with patient exclusion. The removal of treatment is a significant action and must be approved by the Chief Executive prior to initiation. It will also ensure that those Health Board services that may be affected be informed. This will be undertaken within both the legal and control of data constraints.*

14.4.1 Failure to comply with a patient undertaking will, at the request of the relevant senior manager and the Divisional Director (or their nominated deputies) result in withdrawal of Health Board services from the patient and/or exclusion from Health Board premises except in a medical emergency.

14.4.2 Such an exclusion will last for an agreed duration not exceeding one year. If an excluded individual presents at an ABUHB Accident and Emergency Department for emergency treatment, that individual will be treated and stabilised. Where possible, they would then be discharged immediately. Consideration should be given to the presence of security (where applicable) or Police colleagues during this process.

14.4.3 Where the medical condition of the patient is, in the clinical judgment of the lead clinician, so serious that admission is unavoidable, the patient will be admitted. Attendance will be continually assessed by an appropriate member of staff, and the need for security staff (where applicable) or police colleagues to be present should be considered.

14.4.4 The patient should be advised of their exclusion via letter handed to them in person or sent by recorded delivery (sample at appendix 5), with correspondence submitted to their GP (appendix 6).

## **15 MANAGING VIOLENT AND/OR AGGRESSIVE BEHAVIOUR IN CHILDREN AND YOUNG PEOPLE**

15.1 Whilst staff, are not expected to tolerate violent, aggressive or abusive behaviour, the management of under 18 year olds must be dealt with in a child centred way. All measures should be exhausted to seek a solution to enable the child/young person to receive the intended treatment/intervention and secure best outcome.

15.2 This policy will only be invoked in the best interest of the child/young person.

15.3 There are a number of ways in which to reduce aggressive outbursts:

- Set out clear expectations; let the child/ young person know how you expect them to behave.
- Talk to them, listen.
- Show cultural sensitivity.
- Be aware of what might be triggering the aggression.

15.4 There are also a number of strategies you can use to diffuse situations:

- Control your body language and tone of voice.

- Stay calm let the child/young person know you care.
- Where possible discuss choice with the child but don't offer unrealistic options.
- Don't make threats or issue warnings.
- Get the child to focus on how they feel.

15.5 Other measures that may prove helpful are:

- Changing the level of supervision.
- Changing the physical environment, e.g. alternative ward or hospital.
- Postponing if possible treatment/intervention.
- Increasing nursing observation.
- Contact police for advice or support.

15.6 Any decisive action taken in response to a child/young person's violent or abusive behaviour should be carefully planned.

15.7 Children should not be separated from their parents unless it is necessary and deemed to be in their best interest.

15.8 In the event of the unacceptable behaviour continuing it is the responsibility of the senior manager to arrange a meeting with all professionals involved including social services and police if appropriate (see section 15.11) to co-ordinate a plan of care. The purpose of the meeting is to:

- Explore if there is a need to make a child care social services referral
- Set out a management plan to assist in delivering the necessary service to the child /young person
- Discuss the development of a contingency plan if there is non-compliance or continuing aggressive behaviour by the child/young person.
- Document the incident and actions taken, this should be included in the child's/young person's records. A copy should also be given to the parents/carers and child/young person where appropriate.
- Consider if the incident needs to be reported to the police
- Put support in place for staff

### **15.9 Community based care**

15.9.1 If an incident occurs within the community setting or a child's /young person's own home staff should apply the above principles to defuse the situation but be mindful of their own

safety. The Lone Worker Policy should be invoked and the incident reported.

### **15.10 Allegations against staff**

15.10.1 In respect of children/young person, any allegation made against a member of staff either by the child/young person, a parent, carer or visitor must be reported to the Health Boards Named Safeguarding Professionals and managed under the Health Boards Procedure for the Investigation of Allegations of Child Abuse against Staff and All Wales Child Protection Procedures.

15.10.2 Children and young people have a right to be nursed /cared for in a safe and caring environment. They have a right to be heard. In certain circumstances it may be appropriate to seek advocacy support which could include interpreter services/language line, if English is not the child/young person's first language.

### **15.11 Child and Adolescent Mental Health Services (CAMHS)**

15.11.1 Challenging behaviour, whether towards staff or others, is to be expected from CAMHS clients, as in high proportion of cases, this will be the reason for their referral to the service.

15.11.2 There will be instances where the behavioural difficulty is linked to the psychiatric disorder and the management plan adopted will need to take this into account.

15.11.3 This policy does not apply to children or young people detained under the Mental Health Act 1983.

15.11.4 The behaviour of adolescents who are in-patients on the Health Boards mental health units will be managed in accordance with the unit's behavioural management protocol.

15.11.5 If the child /young person is under the care of CAMHS but placed on a paediatric or mental health adult ward, a CAMHS professional should be involved to offer advice and support in the management of the difficult behaviour.

### **15.12 Potential Police involvement**

15.12.1 Children under the age of 10 years are entirely exempt from criminal responsibility.

15.12.2 Children/young people between 10-14 years can also be exempt unless it is established that they can distinguish

between right and wrong. Subject to this there may be certain circumstances where it is necessary and appropriate to seek advice and/or assistance from the police where it is thought a criminal offence has taken place.

## **16 REMEDIES AND SANCTIONS AGAINST PARENTS / SIGNIFICANT CARERS OF CHILDREN OR YOUNG PERSONS**

16.1 This section of the policy relates to the parents or significant carers of patients aged 16 or under. Other adult visitors can be regarded as visitors and managed accordingly (see section 17). However, parents with parental responsibility have certain legal rights and responsibilities which need to be exercised in the best interest of the child.

16.2 This policy must be managed in a way which recognises those rights and responsibilities in terms of ensuring that the treatment of the child or young person can continue and appropriate legal arrangements are in force to ensure that any decisions or consents required in relation to the continuation of the treatment can take place.

16.3 Family structures are becoming increasingly complex with many children living within a variety of parental relationships. It is imperative that information on the family structure and identification of those individuals with parental responsibility and/or the child's main carer be detailed at admission.

16.4 Remedies and sanctions within this section of the policy aim to provide:

- Solutions to manage those with parental responsibility or significant carers, who are violent or abusive, so that the child's interests are protected but so that in exceptional circumstances there may be sanctions enforced against the individual parent or carer;

and

- Sanctions against parents or those with parental responsibility/significant carers who behave in a continuously difficult and challenging way.

16.5 Any decisive action taken in response to violent or abusive behaviour or those who behave in a continuously difficult and challenging way should be carefully planned, taking into account the following principles:



- 16.5.1 The best interests and the clinical needs of the child should be a primary consideration when action is taken involving a child.
- 16.5.2 Children should not be separated from their parents unless such separation is necessary in the best interest of the child and appropriate action has been taken to secure alternative arrangements for decisions to be made on behalf of the child.
- 16.5.3 Children should be protected from abuse or neglect. In certain circumstances violent or abusive behaviour on the part of a child and/or a parent may be an indication of a child at risk and referral under the All Wales Child Protection Procedures should be considered.
- 16.5.4 Children have a right to be nursed in a safe and caring environment. This applies to the child in question but also to other children receiving care at the same time.
- 16.5.5 Parents retain parental responsibility for their child but this may be shared with Social Services if a care order is in place. Parents are actively encouraged to remain with their child throughout their admission unless it is deemed to be not in the best interests of the child after a multi-agency decision has been made.
- 16.5.6 Children have a right to be heard and in certain circumstances it may be appropriate to seek advocacy support.

## **17 IMPLEMENTING REMEDIES AND SANCTIONS AGAINST THOSE WITH PARENTAL RESPONSIBILITY**

- 17.1 Staff may wish to seek advice and support from the Health & Safety violence & aggression team when considering applying remedies and/or sanctions.
- 17.2 Health Board staff should remain vigilant and attempt to prevent these situations developing and senior staff should make every effort to support their junior colleagues in dealing with these difficult and complex problems. Appropriate documentation of incidents and observations should be recorded in the patient's notes and on an incident form. Support from paediatric Social Workers and/or a member of the Child and Adolescent Mental Health Service should be sought if required.

- 17.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.
- 17.4 Persons with parental responsibility who display any unacceptable standard of behaviour should be asked to desist and offered the opportunity to explain their actions. The standards of behaviour expected of them should be outlined. In any serious incident, e.g. involving violence causing injury or the threat of injury, the Police must be called to advise or assist.
- 17.5 The parent will be given the opportunity to immediately modify their behaviour and offered an opportunity for 'time out for cooling off'. The next stages of the policy will be clearly outlined in the event of failure to modify their behaviour either before or after the 'cooling off' period.
- 17.6 Sanctions implemented against those holding parental responsibility should be proportionate to the actions of that person. Each individual situation needs careful assessment to ensure that the best interest of the child are met whilst ensuring staff safety. Following violent behaviour by a carer holding parental responsibility, consideration should be made to making a referral to the Social Services Department as outlined in the All Wales Child Protection Procedures.
- 17.7 If violent or abusive carers insist on exercising their parental responsibility by attempting to ultimately remove their child from the healthcare setting an immediate referral should be made to Police and Social Services.
- 17.8 Full documentation of the incident must be made in a separate management file created to manage the situation and the occurrence reported as an incident, in line with the Health Board's reporting procedures.
- 17.9 Any parent or carer behaving in an unlawful manner will be reported to the police and the Health Board will seek the application of the maximum penalties available in law. The Health Board will seek to prosecute all perpetrators of crime on, or against its staff, property or assets.
- 17.10 In certain circumstances children who are receiving care may be the subject of an order under the Children Act 1989. In any situation where unacceptable behaviour by either the

child/young person or any parent or other relative, as outlined in this policy is experienced, Social Services and the appropriate case worker must be informed. Decisions in relation to either the child and/or young person will need to be made in conjunction with Social Services so they may exercise their formal responsibilities for the child.

- 17.11 In certain circumstances difficult decisions will have to be made where the person with parental responsibility is exhibiting violent and abusive behaviour in terms of ensuring the making of appropriate arrangements for the continuing care of the child. Often there will be need for joint working with other clinical departments within the Health Board (which may offer specialist advice), Social Services, the Police or other agencies.

## **18 IMPLEMENTING REMEDIES/SANCTIONS AGAINST VISITORS AND RELATIVES**

- 18.1 The majority of incidents involving visitors take the form of verbal abuse and/or threatening behaviour. Verbal abuse is a form of violence. All incidents must be reported to the line manager and an online incident report form must be completed. Harassment is a criminal offence and violent incidents should be reported to the police.

- 18.2 If a situation escalates and involves a vulnerable adult (patient or relative) then a vulnerable adult referral form (VA1) should be completed and faxed to the relevant Designated Lead Manager under the Protection of Vulnerable Adults Policy.

- 18.3 The exclusion of a visitor does not prevent them from attending the Health Board for their own treatment.

*The following process is summarised in flowchart form at appendix 7. Staff may wish to seek advice and support from the Health & Safety violence & aggression team when considering applying remedies and/or sanctions.*

### **18.4 Informal Action**

The following remedial action should be taken at an early stage when any of the behaviours occur which result in any staff feeling offended, intimidated or threatened:

- 18.4.1 Tell the visitor that his/her remarks, actions or behaviours are unacceptable.
- 18.4.2 Explain why it is unacceptable, i.e. that you or other staff members find it objectionable and distressing, or that it is affecting other patients/visitors.
- 18.4.3 Ask the visitor if they would like to discuss what has made them respond in the manner they have. This will give the visitor and the staff an opportunity to see if there are any remedies and solutions which might work in de-escalating the current situation. If behaviour is linked to perceptions about care & treatment it is always appropriate to provide information on how to raise a concern about services at this stage.
- 18.4.4 Offer the visitor the opportunity to provide an explanation for their actions.
- 18.4.5 Inform him/her that ABUHB operates a zero tolerance policy towards such behaviour and that if it is repeated you will be obliged to enact this procedure and inform ABUHB managers of your concern.
- 18.4.6 Complete an online incident form reporting the behaviour, inform your line manager and monitor for future reoccurrence.
- 18.4.7 In many cases, the difficult behaviour may stop without any need for further action. If the behaviour persists after the informal approach then a more formal approach should be adopted. Line managers should consider the seriousness and the urgency of the problems before taking formal action and consider the consequences of such action, e.g. the risk of escalation.

## **18.5 Formal Action**

- 18.5.1 Where there is a continued refusal to comply with the required standard of behaviour the Directorate Manager/senior person on call will, in consultation with a senior medical officer, effect the removal of the individual from ABUHB premises. Depending on the site and circumstances this will normally involve security and/or the Police. Such action will need to be undertaken with minimal risk and should not be attempted without appropriate support.

18.5.2 Any visitor behaving in an unlawful manner will be immediately reported to the Police. ABUHB will seek application of the maximum penalties available in law and will seek police prosecution for all perpetrators of crime against ABUHB property, assets and staff. This means that staff will be expected to co-operate in the provision of evidence.

18.5.3 The relevant Directorate Manager/senior person on call may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff. Failure to subsequently desist will result in an application of the Visitor Undertaking as a formal written warning of the consequences of such behaviour.

18.5.4 The Directorate/Service Manager should write a formal letter to the relative/visitor, informing him/her that his/her behaviour is unacceptable and that any further incidents may result in remedial action being taken against them. The range of possible remedial action should be stated. This letter must be handed in person to the visitor or sent via recorded delivery.

18.5.5 A Visitors Undertaking can be proposed, which gives the visitor formal notice that their behaviour is unacceptable and that if it does not change escalation will follow which could result in:

- The imposition of Supervised Visiting with a Security presence.
- The imposition of Restricted Visiting. Whilst there is a legal requirement to allow ongoing contact between family members and their loved one (unless it is assessed as being detrimental to the patient's health and well-being, when relatives can be displaced as the next of kin), the way in which it is arranged can, in special circumstances, be prescribed by hospital managers. Timing and frequency of visits can be restricted, as can the numbers of visitors visiting at any one time. The venue for visiting can also be determined by hospital managers if the patient is well enough to leave the ward.
- A request for involvement of the Police to remove visitors if their conduct becomes unacceptable during the course of visiting or the family attempt to discharge their relative

against medical advice. Health Board Solicitors can be called upon to verify and support decision-making.

18.5.6 The reasons for such restrictions to visiting must be given in writing, and a review date must be set for the arrangement. The letter should state that the decision is being taken in the best interests of the patient, other vulnerable adults and staff. Example letters are provided at appendices 9 and 10.

## **19 APPLICATION OF VISITOR UNDERTAKING**

19.1 It is the responsibility of a Senior Manager (suggested at directorate management team level) to initiate the Visitor Undertaking and ensure the following tasks are completed:

- Take full details of the incident and the staff member's concerns. Document them and decide whether a Visitor Undertaking is required. Wherever possible, get witness to the event to sign the record as true and accurate.
- Inform and seek advice from the patient's consultant or senior doctor (on call team out of hours).
- Obtain confirmation as to the patient's mental capacity to understand the following.
- Inform the patient of the ward staff's concerns and fully explain the Procedure for using a Visitor Undertaking to ensure that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.

### **19.2 Stage 1**

The following remedial action should be taken when any of the behaviours identified in section 8.3 occur and/or any staff feel offended, intimidated or threatened:

19.2.1 Tell the visitor that his/her remarks, actions or behaviours are unacceptable.

19.2.2 Explain why it is unacceptable, i.e. that you or other staff members find it objectionable and distressing, or that it is affecting other patients/visitors.

19.2.3 Offer the visitor the opportunity to provide an explanation for their actions.

- 19.2.4 Inform him/her that ABUHB operates a zero tolerance policy towards such behaviour and that if it is repeated you will be obliged to enact this procedure and inform ABUHB managers of your concern.
- 19.2.5 Complete an incident form reporting the behaviour, inform your line manager and monitor for future reoccurrence.
- 19.2.6 In many cases, the difficult behaviour may stop without any need for further action. If the behaviour persists after the informal approach then a more formal approach should be adopted. Line managers should consider the seriousness and the urgency of the problems before taking formal action and consider the consequences of such action, e.g. the risk of escalation.
- 19.2.7 It may be appropriate to provide information on how to raise a concern about services at this stage.

### **19.3 Stage 2**

- 19.3.1 Ask the visitor to read and sign the Visitor Undertaking (Appendix 8). If the visitor refuses to sign, this should be documented, but explained to him/her and the patient that the document will be applied with or without their agreement.
- 19.3.2 Ensure that a suitable member of staff (any doctor or registered nurse) witnesses the explanation given to the visitor and signing of the Visitor Undertaking.
- 19.3.3 Give the visitor and patient (if they have mental capacity to understand) a copy of the Visitor Undertaking.
- 19.3.4 Prepare a copy of a Visitor Undertaking Letter for stage 2 (sample at appendix 9), for issue to the visitor. This letter should be given to the Directorate Manager for signature.
- 19.3.5 Copies of the application of the Visitor Undertaking should be sent to the Divisional Director, Prevention of Violence & Aggression Lead and Chief Executive.

### **19.4 Stage 3**

- 19.4.1 Failure to comply with the Visitor Undertaking at stage 2 can result in an escalation of action on behalf of ABUHB. To this end, the Health Board can restrict future visits to specified

locations and duration. This course of action will be taken to ensure the health and safety of ABUHB staff for example, following verbal threats of violence which have been repeatedly made to them. ABUHB has a zero tolerance approach to such behaviour and demands that conduct and behaviour should be of an appropriate and acceptable standard.

19.4.2 Prepare a copy of the Visitor Undertaking Letter Stage 3 (sample at appendix 10) for issue to the visitor. This letter should be given to the Divisional Director for signature.

19.4.3 Copies of this letter should be sent to the Prevention of Violence & Aggression Lead and Chief Executive.

19.4.4 Should there be any repetition of threatening or aggressive behaviour, the Police must immediately be called to remove the vexatious visitor from Health Board premises. A formal complaint will be made to the Police by the Health Board and it will support any criminal investigation which may follow. The Health Board is at liberty to exclude the visitor from its premises on an ongoing basis.

19.4.5 Further escalation may warrant the Health Board permanently excluding relatives from ABUHB premises. However this must be judged on a case by case basis and in consultation with Health Board Solicitors.

## **20 RESOURCES**

There are no additional resources required to enable the implementation of this policy. The use of remedies and sanctions will be managed through clinical practice and general management duties, supported by specialist advice and training through the Divisions or from the Health and Safety department.

## **21 TRAINING**

There is no specific training required to implement this policy. Relevant issues will be incorporated into mandatory Personal Safety Awareness/Violence and Aggression training courses.



## **22 STANDARDS FOR HEALTH SERVICES WALES**

This policy supports compliance with the Standards for Health Services Wales by affirming the organisational commitment to treating staff, patients and visitors with respect and promoting a safe environment for our patients, visitors and staff. It promotes a health and safety risk management approach to service & care planning and delivery. The policy identifies the importance of staff training and support to do their job properly and react safely to difficult and dangerous situations. It emphasises the importance of planning care for patients with complex needs. The content of this policy is linked to Standards 2, 7, 8, 10, 12, 22, and 26.

## **23 EQUALITY**

An equality impact assessment has been undertaken and can be obtained from the author.

## **24 ENVIRONMENTAL IMPACT**

There is no requirement to undertake an environmental impact assessment as a result of this policy.

## **25 AUDIT**

At a Divisional level, compliance will be monitored through the Divisional Quality and Patient Safety group and Health and Safety audit programme.

On an organisational basis, the use of internal sanctions will be monitored through analysis of incidents and collation of letters and copies of patient/visitor undertakings. Any issues of wider concern will be addressed through the Violence and Aggression team and escalated to the Health and Safety Committee.

## **26 REVIEW**

This policy will be reviewed within 3 years of issue.

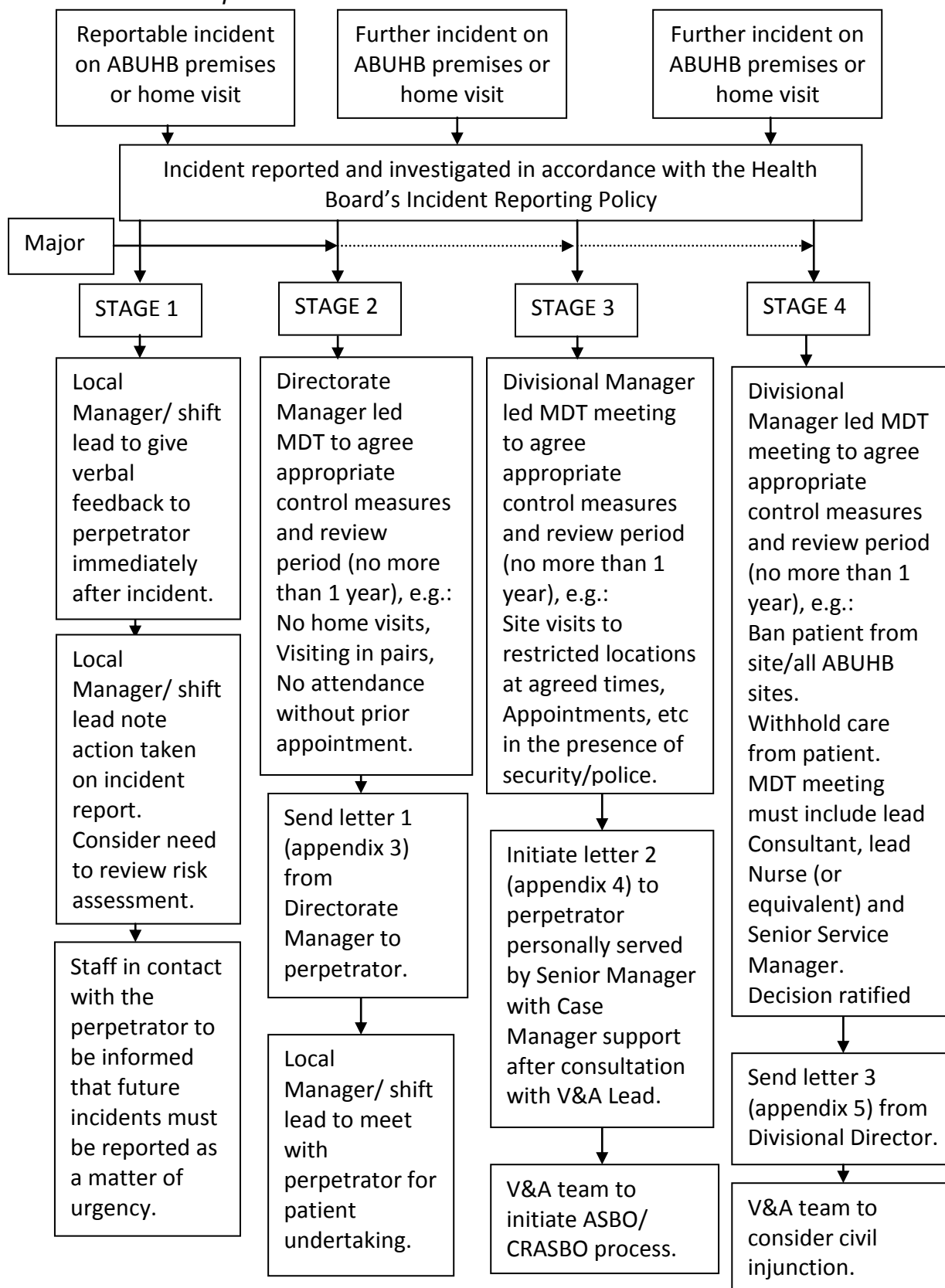
## **27 SUPPORTING POLICIES & INFORMATION**

- Aneurin Bevan Health Board Occupational Health and Safety Policy.
- Aneurin Bevan Health Board Lone Worker Policy.
- Aneurin Bevan Health Board Policy on Appearing in Court.
- Aneurin Bevan Health Board Use of Restrictive Physical Interventions Policy.
- Aneurin Bevan Health Board Security Policy.
- Associated Aneurin Bevan Health Board HR policies
- All Wales NHS Violence and Aggression Training Passport and Information Scheme. Welsh Government, (2004).
- Health and Safety at Work etc Act. HMSO, (1974)
- Mental Capacity Act 2005 & (2007)
- Mental Health Act 1983 Code of Practice for Wales. Welsh Assembly Government (2008)

## APPENDIX 1

### Internal Sanctions Implementation Flowchart

*NB: this document refers to internal actions taken by Health Board staff. Following this process does not preclude reporting incidents to the police either in order to manage the immediate risk or pursue criminal complaints.*



**APPENDIX 2****RESPONSIBILITY AND RIGHTS – A PATIENT UNDERTAKING**

Patients Name:

.....

NHS Number:..... Cons/GP:.....

<b>Your Rights</b>	<b>Your Responsibilities</b>
Aneurin Bevan University Health Board (ABUHB) and its employees owe to me, as a patient, a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times.	I will not behave in any way which can be considered to be violent or abusive.
ABUHB and its employees aim to provide health services that are sympathetic and responsive to my individual needs within the resources which Aneurin Bevan University Health Board has available.	Violence includes any incident where any members of ABUHB staff are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve explicit challenge to the safety, well-being or health or any member of staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, damage to or destruction of Health Board property as well as physical acts of violence.
ABUHB and its employees want to deliver timely, appropriate and effective health care and treatment to me.	
ABUHB expects all its employees to treat me with courtesy and respect. People who are providing care/treating me:	I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.
<ul style="list-style-type: none"> <li>Will not be rude to me,</li> </ul>	I will not break the law while I am being provided

<ul style="list-style-type: none"> <li>• Will not harm me,</li> <li>• Will tell me and help me understand what I need to do to help my care/treatment,</li> <li>• Will give me the chance to say what I think,</li> <li>• Will not break the law when they are present in my home,</li> <li>• Will ensure that I receive help to make a proper complaint if I am not happy</li> </ul>	care/treatment
	I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on any premises of ABUHB
	I will do the things that I understand will help my care and treatment.
	I understand that it can take some time for things to happen.
	If I am not happy I will ask to speak to a manager.
	I will follow the guidance for making a proper complaint
ABUHB will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner which is deemed unacceptable.	I accept and understand that ABUHB is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of staff has to jeopardise their safety in providing me with care.

**I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient, then this can result in the withdrawal of my rights as a patient, and I can lose my right to receive care from Aneurin Bevan University Health Board, except for treatment in an emergency.**

Signature of Patient:	Signature of ABUHB Representative:
Print name:	Print name:
Date:	Date
Witnessed by:	Date

## APPENDIX 3

### Patient letter 1 (Stage 2)

Insert patient name and address

Dear (*insert patient name*)

Re: Access to Aneurin Bevan University Health Board (the Health Board) (*insert name of service*) Services

I write with reference to the alleged incident of violence and aggression on (*insert date*) at (*insert site and location*). It is alleged that you (*insert details of incident*). An investigation has been undertaken as the Health Board takes this issue very seriously and has a commitment and duty of care to ensure a safe and secure working environment for all members of staff.

I am taking this opportunity to express my concern at your behaviour towards staff involved; it is considered unacceptable and will not be tolerated by the Health Board. As a result of the incident, I am writing you this letter.

A meeting took place between (*insert job titles of managers*) on (*insert date*). We considered all of the evidence, which had been gathered from our investigation, including statements from staff and yourself. We also consulted relevant Health Board policies and national guidance. After considering all of the above, we have come to the decision that although the Health Board will continue to provide you with (*insert service*) Services at (*insert site*), your treatment will be subject to adherence to a Patient Undertaking agreement. A draft copy of the agreement is enclosed for your information.

A meeting has been arranged between yourself and (*insert managers job title*) on (*insert date*) at (*insert location*) in order to agree and sign the Patient Undertaking agreement. Failure to comply with conditions of the agreement, even if you refuse to sign it, is likely to lead to the Health Board modifying services to you. Any future verbal or physical intimidation of staff is likely to lead to the Police being called and the Health Board pursuing relevant legal sanctions.

In the meantime, to reduce the risk to our staff, I have put in place control measures (*list control measures such as no home visits, visiting in pairs, no attendance at a base unless prior appointment*

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Approved by: Clinical Standards & Policy Group

Review by date: 10 December 2015

*arranged*). These control measures will be reviewed in (*insert number*) month's time.

A copy of this letter will be kept on your patient record. Please note that if we consider you to be a risk to other healthcare professionals (such as your GP), we will inform them of the incident and the action we have taken.

Should you have any queries as to the contents of this letter, or arrangements for the meeting please do not hesitate to contact me.

Yours sincerely

*(Insert job title of Manager)*

cc *Insert details of patient/clients GP*

cc Prevention of Violence & Aggression Lead

**APPENDIX 4****Patient Exclusion Letter 2 (Stage 3)**

PATIENT'S NAME .....

PATIENT'S ADDRESS .....

HOSPITAL NUMBER .....

Date:

Dear .....

Further to the letter sent to you on (*date*), and the Formal Patient Undertaking issued, I am now writing to formally confirm that following your continued unacceptable behaviour on (*insert date*) at (*insert venue*) further measures have been implemented to protect staff, other patients and visitors.

The letter referred to above and the Formal Patient Undertaking provided you with information on the expected standards of behaviour in order that you can continue to receive care from Aneurin Bevan University Health Board. Any further failure to comply with these standards will lead to your exclusion from treatment at any Health Board premises, other than a medical emergency.

In addition to the control measures already implemented, the following additional actions have been taken (*list details*). These control measures will be reviewed in (*insert number*) month's time.

I must also advise you that, as a result of your repeated inappropriate behaviour, the Health Board is actively pursuing civil sanctions against you.

A copy of this letter will be kept on your patient record. Please note that if we consider you to be a risk to other healthcare professionals (such as your GP), we will inform them of the incident and the action we have taken.

Should you have any queries as to the contents of this letter, please do not hesitate to contact me.

Yours sincerely

(*Insert job title of Manager*)

cc Prevention of Violence & Aggression Lead

Status: Draft Issue 2

Issue date: 10 December 2012

Approved by: Clinical Standards & Policy  
Group

Review by date: 10 December 2015



## APPENDIX 5

### Patient Exclusion Letter 3 (Stage 4)

PATIENT'S NAME .....

PATIENT'S ADDRESS .....

HOSPITAL NUMBER .....

Date:

Dear .....

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

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

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

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

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

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

Yours sincerely

**Divisional Director**

Status: Draft Issue 2

Approved by: Clinical Standards & Policy  
Group

Issue date: 10 December 2012

Review by date: 10 December 2015

## **APPENDIX 6**

### **Letter to GP Following Internal Sanctions**

*Insert name and address of healthcare provider*

Dear Sir/Madam

Re: *(insert patient name, DOB, Address, etc.)*

It has come to my attention that you currently provide healthcare to the above patient.

Please be advised that on *(insert date of incident)* it is alleged that the patient/client *(insert incident details e.g. verbally abused or physically attacked a member of staff, wilfully destroyed property)*.

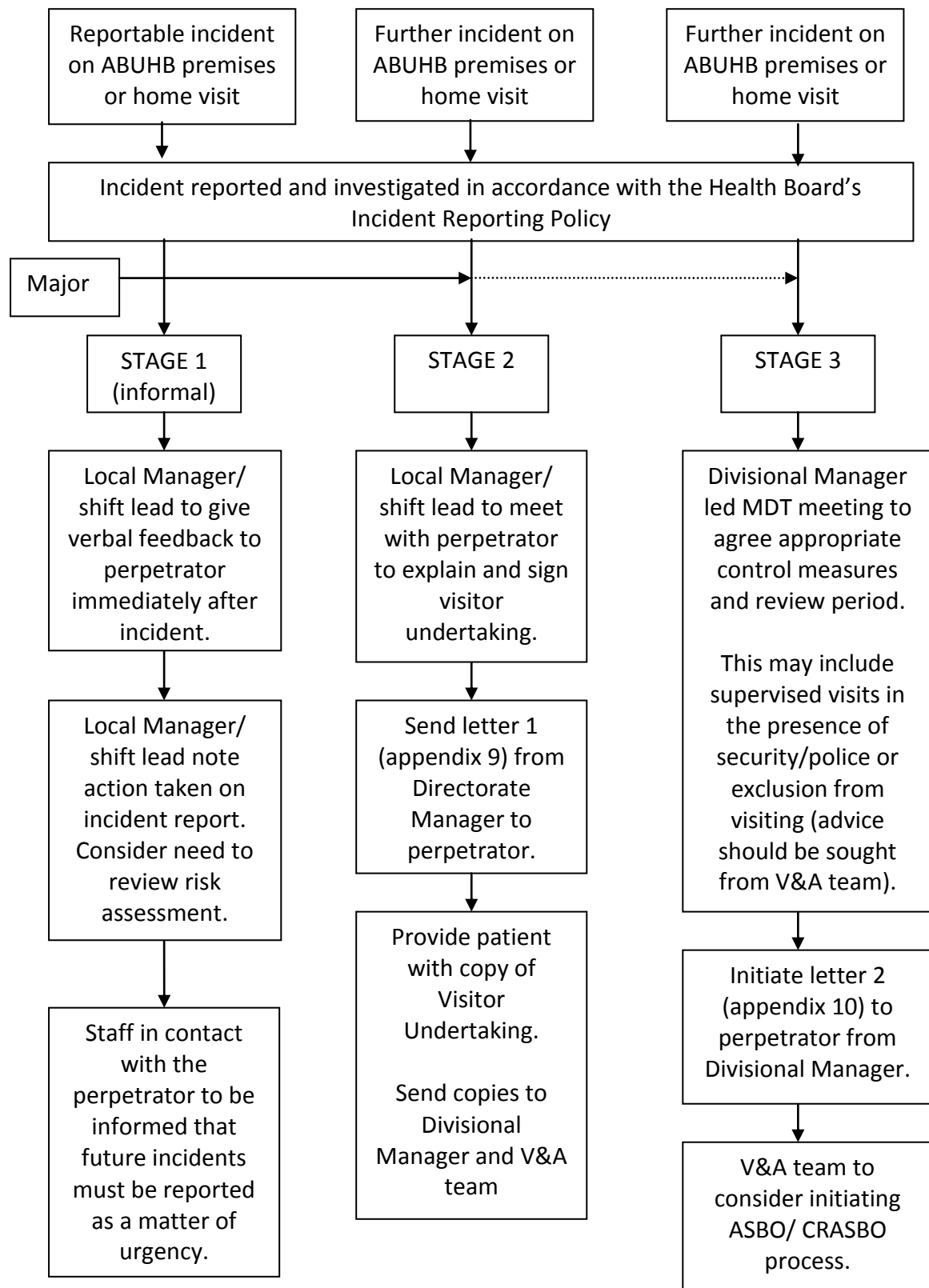
This incident has been dealt with according to the Health Board's Handling Violence and Aggression Policy for and as a result, the following action has been taken *(insert details of action e.g. visiting in pairs, warning letter)*.

Should you have any queries please do not hesitate to contact me.

We have advised the patient/client that we will be informing you.

Yours faithfully

*(Insert name and job title of Senior Manager)*

**APPENDIX 7****VISITOR UNDERTAKING FLOWCHART**

**APPENDIX 8****VISITOR UNDERTAKING****Your Responsibilities**

I will not behave in any way which can be considered to be violent or abusive.

***Violence includes any incident where any members of staff are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, well-being or health of any member of staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of hospital property as well as physical acts of violence.***

I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.

I will not consume alcohol or take any form of non-prescribed medication or drugs whilst on any premises of the Health Board.

I accept and understand that the Health Board is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. I accept and understand that no member of staff has to jeopardise their safety in providing me with information and my relative/friend with care.

**I confirm that I understand that if my behaviour is unacceptable and I do not comply with my responsibilities this can result in the withdrawal of my rights as a visitor as outlined in the Health Board's Policy for Handling Violence and Aggression given to me.**

Signature of Visitor:	Signature of ABUHB Representative:
Print name:	Print name:
Date:	Date
Witnessed by:	Date

## APPENDIX 9

### Visitor Undertaking Letter 1 (Stage 2)

**Visitor's name**.....

**Visitor's address** .....

.....

.....

Date:

Dear .....

This is to formally confirm that due to your unacceptable behaviour  
on..... at.....

You are now subject to the conditions outlined in Aneurin Bevan Health University Board's Visitors Undertaking in order to protect the patient, other vulnerable adults and staff.

The procedure for using a Visitors Undertaking has been applied to you and enclosed is a copy of the Health Board's Policy for Handling Violence and Aggression.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by ..... and outlined in the Visitors Undertaking, you will become subject to the next stage of the Procedure which may involve your immediate exclusion from the Health Board premises by our security staff/Police. Such an exclusion from Health Board premises would mean that you could only attend the Health Board premises accompanied by Security or the Police.

Yours sincerely

*Senior Manager*

Status: Draft Issue 2

Approved by: Clinical Standards & Policy  
Group

Issue date: 10 December 2012

Review by date: 10 December 2015

**APPENDIX 10****Visitor Undertaking Letter 2 (Stage 3)**

Dear

I am writing on behalf of Aneurin Bevan University Health Board to formally advise you that that due to your unacceptable behaviour on \_\_\_\_\_ on Ward/Department \_\_\_\_\_ and on several previous documented occasions, it has been decided that your future access to Health Board premises should be restricted and supervised with immediate effect in order to protect the patient, other vulnerable adults and our staff.

FOR EXAMPLE ONLY

*To this end, the Health Board is restricting your future visits to your..... to one hour's duration only, from 3-4pm each day and will only permit visits to take place off the ward. This location is yet to be determined, though I can confirm it will be within the main hospital site. Your \_\_\_\_\_ will be brought to this area by a member of Nursing staff and the visit will be supervised by a member of Security staff. (If your \_\_\_\_\_ is considered as not being well enough to attend this area in a wheelchair, or s/he does not wish to, this arrangement will be formally reconsidered by the Health Board.)*

OR

*To this end, the Health Board is unable to provide community services to your ..... whilst you are present. The ..... service will provide you with a clear timetable of scheduled visits to enable you to make alternative arrangements at those times. If you are present during the visit, the staff member will leave and the visit will be re-arranged for a time that you are not present.*

*This course of action has been taken to ensure the health and safety of Health Board staff, following verbal threats of violence which you have repeatedly made to them and your physically aggressive behaviour. The Health Board has a zero tolerance approach to such behaviour and demands that in future your conduct and behaviour should be of an appropriate and acceptable standard.*

*Should there be any repetition of your threatening or aggressive behaviour, the Police will be immediately called to remove you from Health Board premises. A formal complaint will be made to the Police by the Health Board and it will support any criminal investigation which may follow. The Health Board will also be at liberty to exclude you from its premises on an ongoing basis.*

*The Health Board hopes that this letter will result in an improvement in the current situation. It will review the restriction on your visiting if you undertake to change your conduct and behaviour and that this is assessed as being of an acceptable standard over a sustained period. The date of the review will be determined by the Health Board.*

Yours sincerely

*Senior Manager*