# Violence Prevention and Reduction Policy (S5)

Document Information

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| Links or overlaps with other policies: | | | |
| Management of Lone Working (S1) | | | |
| CCTV and Body Worn Video policy (S2) | | | |
| Security Procedures Policy (S3) | | | |
| Zero Tolerance to Harassment Policy (S4) | | | |
| Health and Safety Policy V4 | | | |
| Incident Reporting and Management Policy 0848 | | | |
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Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
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| Ver 2.2 | Final | May 2023 | Changed Policy name and content linked to Violence Prevention and Reduction Standards. | Clinical Safety Manager |
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## Contents

## 1. Introduction

There is a risk of violence and aggression within NHS settings. These risks are present in all healthcare environments, this risk may be increased, due to the nature of patient's health issues.

The aim of this policy document is to provide a further information linked to supporting staff with the management of violent and abusive individuals. This policy links in with other security management polices to demonstrate the trust has a framework for violence prevention and reduction. Torbay and South Devon NHS Foundation Trust aim,

- To protect patients, staff and visitors within the Trust from incidents of violence and aggression and to prevent, minimise and reduce the risk of such incidents occurring;
- To ensure that the Trust has in place adequate arrangements to monitor the implementation and effectiveness of controls required to reduce and prevent the risk of violence and aggression to staff;
- Identify causes and assess the likelihood of violence and aggression and identify response measures relative to the risk.
- Ensure that suitable and sufficient support is provided for service users and staff who are exposed to incidents of violence and aggression.
- To help demonstrate compliance against the Violence Prevention and Reduction Standards.

Please ensure that all of the other relevant security management policies which form part of the Violence Prevention and Reduction Strategy are taking into consideration.

- Management of Lone Working (S1)
- CCTV and Body Worn Video policy (S2)
- Security Procedures Policy (S3)
- Zero Tolerance to Harassment Policy (S4)

## 2. Definitions

Work related violence is defined as any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical.

Physical assault is defined as "the intention of application of force against the person without lawful justification resulting in physical injury "or personal discomfort". It is difficult to provide a comprehensive list of types of incident that are covered under this definition; however, some examples are provided below:

- spitting on/at staff
- pushing
- shoving
- poking or jabbing
- scratching and pinching

- throwing objects, substances or liquids onto a person
- punching and kicking
- hitting and slapping
- sexual assault

Non-Physical assault is defined as “the use of inappropriate words or behaviour causing distress or constituting harassment”. It is difficult to provide a comprehensive list of types of incident that are covered under this definition; however, some examples are provided below:

- offensive language, verbal abuse and swearing
- racist comments
- loud and intrusive conversation
- unwanted or abusive remarks
- negative, malicious or stereotypical comments
- invasion of personal space
- branding of objects or weapons
- near misses i.e. unsuccessful physical assaults
- offensive gestures
- threats of risk of serious injury to NHS staff
- intimidation
- stalking
- alcohol or drug fuelled abuse
- incitement of others and/or disruptive behaviour
- unreasonable behaviour and non-co-operation such as repeated disregard of hospital visiting hours
- any of the above linked to destruction of or damage to property

The use of threats or intimidations may lead to consideration of an alert being made without a documented “incident” having taken place but in response to a perceived risk of an incident occurring.

The Trusts incident reporting system (throughout this document is noted as Datix) incident definitions/categories are “Security/Crime” followed by incident sub categories of either Physical Assault – clinical reason, Physical Assault – non-clinical reason, Staff feeling vulnerable or threatening /abusive behaviour.

## 3. Duties Roles and Responsibilities

### 3.1 Chief Executive

The Chief Executive is accountable for all health and safety matters including the prevention and management of violence and aggression. Operational responsibility is delegated to the Workplace Director who has responsibility for Health, Safety and Security and ultimately must ensure that appropriate policies, procedures and controls are put in place to manage the risks and effects of violence and aggression.

The Chief Executive will ensure that on a risk prioritised basis, financial resources are made available to support this policy.

### 3.2 Security Management Team (SMT)

The SMT work across the organisation to promote:

- Violence Prevention and Reduction
- All incidents of violence and aggression are reported in accordance with the Incident Reporting Policy;
- Support clinical management teams in ensuring preliminary investigations are conducted into all incidents of violence and aggression and advice is given to management on follow-up action;
- Where a formal complaint has not been made to the police in relation to a staff/patient incident the issue of suitability for prosecution has been considered, actively encouraging the reporting of such incidents
- Serious staff assaults are fully investigated and a report submitted;
- Detailed feedback is given to appropriate line managers and staff on the progress of investigations and lessons learned.
- Writes to all staff involved in a physical assault to offer support and advice via the Datix incident reporting system

The Clinical Safety Manager in the Security Management Team will receive (when applicable) national violent person alerts and they may also receive local intelligence regarding risks posed by individuals. This information will from time to time alert of threats posed to NHS staff by individuals, some of these individuals may be our patients.

The Clinical Safety Manager,

- disseminate this information to those identified as being a member of the Violent Person Marker panel which will decide if a Violent Person Marker should be placed on the patient's file
- act as chair of the VPM panel and will communicate with the panel to decide if it is necessary to have a risk of VPM placed on record
- ensure where applicable a VPM letter is sent to the person, relative or associate advising them of the placement and / or removal of a marker
- share information concerning the placement or removal of marker with external stakeholders. For example, South West Ambulance Service NHS Foundation Trust, Devon Partnership NHS Trust and GP practices
- liaise with the police in order to share intelligence information in order to prevent crime
- responsible for placing urgent markers on systems in lieu of the VPM panel
- remove a person from the NHS premises or authorise an appropriate NHS staff member to do so
- review investigations of incidents, assess the risk to staff and make recommendations for a marker to be placed or removed from a patient record
- ensuring any copies of Violent Person Marker letters are placed in the patients file
- ensure that live files are kept for violent persons that are subject to the formal level of this procedure

### 3.4 Security Manager and Healthcare Security Officers

The team will ensure,

- Liaise wit the clinical site managers in ensuring all high-risk patients are safely managed
- When completing internal patrols will visits and assess the most challenging patients throughout the hospital. This will involve checking on any patients supported one to one due to their challenging behaviour.
- When called to an abusive or aggressive individual the security team will attempt to defuse the situation in order to avoid violence. Should violence break out – security officers will normally be expected, in the absence of a qualified Staff Member, to take the lead in any necessary restraint of the individual concerned.
- The security team will record all incidents attended on the Trust Datix incident reporting system.
- Must report all incidents of violence and aggression in accordance with the Trust's Incident Reporting Policy. Incident reports must be completed at the earliest opportunity.
- All team members are up to date with their physical interventions training and will attempt to verbally de-escalate before the use of any physical interventions.
- Ensure that all the security team members are aware of all the violent patient and Very Violent Patients to ensure the affective management of these patients.

### 3.5 Managers

Line Managers of staff have a duty to prevent and reduce violence and aggression for their staff and patients and will:

- Provide the staff member with appropriate equipment required to complete their roles for example personal alarms / lone worker alarms.
- Monitor Datix information linked to violence / aggression and seek support for the security management team.
- Monitor corrective and preventative actions linked to the management of violent and abuse individuals. For example – behavioural contracts, verbal warning.
- Use guidance highlighted in **Appendix 3** when working with individuals who may present with behaviours that may challenge
- Ensure that all incidents of violence and aggression relating to their staff are reported in accordance with the Incident Reporting Policy and RIDDOR Guidance
- Relevant risk assessments are reviewed as soon as is practicable following incidents to ensure control measures are suitable and sufficient to their line management and to staff
- Enable their staff to understand and share in the process of risk identification and its prevention/reduction
- Ensure that detailed feedback is given to staff on the progress of investigations and lessons learned. This should include changes made to the physical and control environment
- Ensure that all members of staff in their area have received training that is appropriate and current to the risks present in their area. All training delivered within the Trust will be part of an endorsed model of training relevant for the service area.

- Ensure that equipment, materials and protective equipment are available for use and fit for purpose e.g. alarms.
- Ensure all staff should have a local de-briefing after an incident and the opportunity of being referred to Occupational Health, if deemed appropriate.
- Support will be provided in line with Trust guidance following any incident of violence and aggression.
- Patients and staff must have access to the Trust complaints / grievance procedure.
- For all serious incidents a post-incident review should take place as soon after the incident as possible but in any event within 72 hours of the incident.
- Ensure they work with Security Management team and other clinical teams and when necessary Safeguarding staff to ensure that patient care is delivered as required and that any risk of violence is appropriately managed during any episode of care once the
- potential for violence has been alerted to them
- Ensure that staff that are subjected to an incident involving abusive, aggressive, threatening behaviour or violence report them via Datix and must include the details of the incident, the name of the perpetrator and whether the perpetrator had capacity at the time of the incident. They must highlight to the Clinical Safety Manager if the person needs to have a violence and aggression marker or where action needs to be taken at the time or post incident.
- Ensure where appropriate issue a verbal warning to perpetrator and document this they liaise with the Clinical Safety Manager before the initial inappropriate behaviour letters are sent to the person
- Ensure that they and their teams are aware of this procedure and carry out responsibilities in line with the procedure that handovers and team meetings are conducted which share suitable and sufficient information with staff and others
- Ensure that their staff attend mandatory training in relation to violence and aggression. For example, Conflict Resolution, Breakaway or Supportive Observations and Safe Approaches

### 3.6 Staff

Members of staff are responsible for:

- Making themselves aware, by consulting with line mangers and colleagues, of all risks relating to violence and aggression for the area in which they work. This will include reading and familiarising themselves with current patient management recommendations
- Where staff have been provided with safety equipment as part of a risk assessment e.g. personal alarm/ Lone worker device etc they must:

a) Report any safety hazard or defect with equipment you identify to your line manager

b) Use the equipment and safety devices supplied properly, in accordance with any guidance, information and instructions received e.g. testing and recording

- Staff must report all incidents of violence and aggression in accordance with the Trust's Incident Reporting Policy. Incident reports must be completed at the earliest opportunity.
- Where members of staff have not been trained they should bring this to the attention of their line manager
- Use guidance highlighted in **Appendix 3** when working with individuals who may present with behaviours that may challenge
- When confronted by an individual armed with a weapon, the safety of staff and service users in the immediate vicinity is paramount. Staff must only work within their limitations

and not place themselves or others at risk by attempting to disarm the assailant. This does not mean that members of staff should not act in self-defence but they will be expected to justify any force used and that force must be reasonable in the circumstances.

- Highlight any persons to their managers that are deemed to be a risk to staff
- When a Patient Marker is flagged on a patient record, follow instructions to gain further information
- Attend appropriate mandatory training - for example - Conflict Resolution, Breakaway or Supportive Observations and Safe Approaches.
- Maintain professional non-judgmental approach throughout delivery of patient care
- Follow advice for preventative measures to manage risk / potential risk
- Maintain confidentiality or share information as appropriate to the situation
- Take reasonable care of their own safety and comply with the supporting policies and procedures. For example, Health and Safety Procedures and the Management of Lone Working Policy (S1)

## 4. Management of Violent and Abusive Individuals Procedure

This procedure has been developed to ensure appropriate safeguards are in place to protect staff and patients from risk of violence and aggression. It has been developed in line with national guidance and with multi-professional input. **Appendix 1**

The purpose of this procedure is to:

- provide advice to staff and managers on the management of violence or abusive patients or people
- challenge and set standards for patients or visitors who commit acts of violence or abuse on staff
- provide a process for the management of patient information appertaining to violence or abuse and the associated marker (sometimes called alerting or flagging) of such patients or visitors
- ensure that there is a system to provide an early warning to Trust staff of a particular individual or situation that represents a risk to themselves, colleagues, patients or other members of the public to ensure that key staff within the Trust, are aware of potential risks and are able to assist in creating a safe and secure environment for staff, patients and visitors

This procedure is applicable to clinical and non-clinical staff who have direct contact with patients or patient associates, or staff who are involved in making patient care arrangements which include direct contact with Trust staff. The procedure covers the provision of markers in relation to actual or potential risk in relation to physical, non-physical assault or violence, including threats made to staff.

This procedure is applicable to the management of violence or abuse on staff from visitors that are not patients (these may include family members or associates of patients). **Appendix 7 and 8**

This procedure is not designed to attribute blame but is intended to alert staff to the

risk of violence and enable the Trust to provide security warnings and advice to staff to avoid or minimise risk, and to ensure their safety.

This use of this procedure will only apply to violent/abusive visitors and patients who are aged 18 or over. For violent/abuse persons under 18 where possible this management process will be linked to a guardian or parent.

This procedure considers whether a person has capacity for their actions, thus ensuring thatthe ensuring that the management of individuals is fair and proportionate. Capacity may include a variety of issues including mental health, changes in behaviour due to medication or type of illness or self-induced behaviour changes due to alcohol or drug taking.

The procedure sets out a clear phased management process for the management of violent or abusive individuals where an incident has occurred, in summary:

- **Step 0** – Incident investigated but no action taken due to age or capacity of person
- **Step 1** – Incident investigated with manager, action taken may include verbal warning or a behaviour contract letter to the person
- **Step 2** – Incident investigated with manager, referred to Violent Person Marker (VPM) panel, action taken includes a behaviour contract letter to the person advising (where appropriate) that they have been highlighted as a risk to staff on NHS systems. Where it is decided no VPM is needed step 1 may be enacted
- **Step 3** - Incident investigated with manager and clinical safety manager, referred to Violent Person Marker (VPM) panel, action taken includes consideration of part of full withdrawal from non-emergency treatment/other sanction and a behaviour agreement letter to the person indicating that they have been highlighted as a risk to staff on NHS systems and that they are subject to strict sanctions. Where it is decided phase 3 is not appropriate step 2 or 1 may be enacted

Any patient or visitor acting in an unlawful manner will be reported to police and the Trust will seek the application of the maximum penalties available in law. This may include a civil injunction, Anti-Social Behaviour sanctions and criminal prosecution.

In some cases where a person is having a risk of violence marker added to their patient record it may not be appropriate to advise them of this fact; this will be decided on a case by case basis.

### 4.1 Senior Clinicians/Clinicians/Practitioners/Managers

Senior clinicians should provide advice to the Clinical Safety Manager as required through the risk assessment form **Appendix 2** where an individual's medical condition or medication has contributed to an incident of violence or aggression. This includes identifying factors in relation to the patient's condition which may be a trigger for violence, and identifying prevention measures. They must highlight to the clinical safety manager, persons that need to have a violence and aggression marker or where action needs to be taken at the time or post incident.

### 4.2 External Bodies

As part of the risk assessment process there will be consideration made to the requirement to inform other organisations or clinicians (e.g. General Practitioners). This will be documented within the decision-making process and is the responsibility of the Clinical Safety Manager.

### 4.3 Clinical Governance Leads/Coordinators

Clinical Governance Leads/Coordinators have the responsibility to ensure that incidents are checked to ensure that the category is correct in order for the incident to be reported to the Security Management Team. Additionally, they should assist with confirming with incident reporters whether the person involved perpetrator had capacity at the time of the incident; which in turn will expedite the process.

### 4.4 Safeguarding Adults and Children Teams

**Safeguarding Adults -** Should an incident result in an act of abuse or harm or risk of harm towards another adult who may have care or support needs but unable to protect him/herself from abuse or harm, a referral must be made to the relevant local safeguarding adult team. In this case the alleged victims preferred outcomes must be sought as soon as possible.

**Safeguarding Children** - If the incident results in an act of significant harm or risk of harm against a child / person under the age of 18, a referral must be made to the relevant local authorities Children's Multi-Agency Safeguarding Hub. ensuring for safeguarding of the child and also safeguarding considerations to be made for any other children within the family setting – please refer to the Trust Child Protection Policy.

**4.5 MAPPA (Multi-Agency Public Protection Arrangements) -** There are 3 categories of persons who may be eligible for MAPPA:

*Category 1*: Registered sex offenders
*Category 2*: Violent offenders sentenced to imprisonment/detention for more than 12 months. This includes sex offenders who are not required to register and offenders disqualified from working with children, as well as people who have committed a violent offence and as a result are detained under the Mental Health Act.
*Category 3*: Other dangerous offenders not qualifying as category 1 or 2 but who currently pose a risk of serious harm and where there is a link between their offending and the risk posed and they require active multi-agency management.

Referral or advice as to whether a violent or abusive person would be eligible for MAPPA can be sought by contacting Devon and Cornwall Police 'MAPPA HQ' via 101.

### 4.6 Violent Person Marker Panel

Within the Trust a range of individuals will contribute to decisions to apply a risk of violence alert to a patient record where no formal process has led to a request to place such an alert (formal processes are defined as MAPPA, MARAC (Multi-Agency Risk Assessment Conference), NHS Security Alert.

All Datix incidents including violence and aggression will be reviewed and the monthly VPM panel. This is to ensure that any such decision making process is objective, transparent and fair. This panel will include:

- Clinical Safety Manager
- Matron for ED (or deputy)
- Clinical Governance and Risk representative(s)
- Safeguarding & MCA Lead
- Clinical Security Operations Officer
- Security Supervisor
- Union Representative
- Equality and Diversity Inclusion Lead
- Ward Matron
- Dementia Education Lead

To attend if required:

- Named Nurse Vulnerable Adults and Children
- Manager or team member involved in incident (when needed)
- Drug & Alcohol Team Manager
- Clinical Practice Lead (Devon Partnership Trust)

The Clinical Safety Manager will Chair this panel.
The process the panel will undertake is outlined in **Appendix 1.**
The decision will be made within 10 working days of receipt of a potential step 3 alert.

The panel will consider the requirements of the exclusion from treatment and sanctions of violent and aggressive persons and where appropriate make a recommendation for a warning to be given to the perpetrator if required.
In summary, the panel will:

- Approve the initial decision to place a marker onto records; e.g. Assess the evidence and make the final decision as to whether a marker should be placed on the records; and objectively oversee the decision reached by the Clinical Safety Manager
- Agree which part of the process the individual is subject too
- Meet to handle complaints and decisions not to inform the individual
- Recommend an appropriate care pathway for the person involved

### 4.7 Information Technology Services

Where needed IT may need to assist with;

- facilitating requests made by the panel in placing a VPM onto an electronically IT based system (IHCS / PARIS) if needed
- support the procedure and processes for placing VPM onto software packages

## 5. Considerations for placing a Violent patient marker (VPM)

A VPM may be applied regardless of whether the act was intentional or not. The use of a VPM will help reduce possible risks to Trust staff and others by enabling the implementation of measures for everyone's protection and safety.

A VPM does not just apply to circumstances where the individual is a patient, but may equally apply where the person is the patient's associate such as a friend, relative or guardian. It could also apply to a person or associate in the community who is responsible for a dangerous animal.

It is important to state that the VPM is not a mechanism for attributing blame; it is a process for alerting staff to the possibility of violence or aggression, whether such actions are deliberate or take place as a result of a medical condition or as a response to treatment or medication.

The VPM and associated additional information such as warnings or handling advice, should be available to all Trust staff or others who may have face-to-face contact with a particular individual and may be subject to an increased risk of violence or aggression.

All incidents involving physical assault will be reviewed at the VPM panel meeting to consider placing a marker on the patients records.

Non-physical assault (including threatening behaviour) can be equally serious and incidents Above a risk level of moderate should be reviewed to consider a marker on records. The review of reported incidents are undertaken by the manager, Clinical Safety Manager and Clinical Co Ordinator.

Where NHS staff, partnered or contracted staff witness assaults committed by patients or members of the public against other patients or members of the public it may warrant the placement of a marker due to the distress or disruption caused.

There are various electronic and paper based healthcare record platforms. The way markers can be flagged will vary between systems and the level of information may vary subject to the systems software and capacity to store data. Regardless of platform, in essence the key is to ensure information is relayed to highlight the risk to protect staff from risk of harm. It is important to ensure that those who access the system can understand the warning being indicated and that the marker is easily accessed.

The following markers are to be used and included onto the original Datix incident form.

- PTBAO – Person To Be Aware of
- VP – Violent patient
- VVP – Very Violent Patient

It should be recognised that these markers are for violence/abuse only, not for indicating lone working risks that don't relate to a risk of violence. The Trust will ensure that where a marker is required on a patient record, irrespective of the platform that marker originated from the patient or person will have a record created on IHCS, PARIS and Symphony to ensure the marker can be accessed from our core patient record platforms. Where other platforms are used, staff

should gain information on markers from their manager who should have access to the marker spreadsheet that has a central list of all markers. These markers are designed to signpost staff to obtain further information and/or a clinical management plan and highlight the risk level that person may present.

PAS/IHCS

A marker will indicate on a patient record, for example
Security Alert – Person To Be Aware Of – Please contact the Security Management Team for more information.

PARIS

A warning TRIANGLE is placed on the patients records to indicate a risk. Staff must read information highlighted in the ALERT section and follow any advice provided. The alerts indicate the marker highlighted above.

SYMPHONY

Staff must read any information highlighted in the “SPECIAL CASE” section and follow any advice provided.

Supporting information for VPM can include any associated risks to other patients or their relatives/associates. A live violent person spreadsheet, updated on a monthly basis will be kept by the SSEP team for access by the VPM panel, on call mangers and record coordinators.

Appendix 2 highlights the key risk areas to consider before placing a VPM onto a patient’s record. This must be completed if any individual is referring a person to the VPM panel.

Warning markers **will not** be placed against any individual where:

- there is insufficient evidence of actual violent, aggressive or anti-social acts towards staff or others
- based on actual outcomes, severity ratings of reported incidents are low or minor and /or the potential for similar incidents is considered unlikely
- mitigating circumstances do not warrant the placement of a marker.

Where the incident was committed by a patient’s associate, a marker will be placed on the associate’s record if their identity is known and their records are available to the trust/organisation. It is important to emphasise that, when a marker is also placed on the records of the patient with whom the violent individual is associated, it should be made very clear whom the marker applies to, in order not to stigmatise the patient unfairly.

If an animal is involved in an incident (e.g., a dangerous dog) and the person is responsible for the animal, their records should indicate this and include advice relating to the animal.

## 6. Procedure for the management of a violent or abusive person and placing a VPM record

The procedure for placing a person through the violent or abusive management process and consideration of placing a VPM on record is listed below and is shown in Appendix 1 as a flow chart:

Following a violence and aggression incident (physical or non-physical), the member of staff affected (or a colleague subject to circumstances) must report the incident via Datix. They must include the details of the incident, the name of the perpetrator and whether the perpetrator had capacity at the time of the incident. Incidents involving physical assault which are not clinically related where a staff member is injured must be reported to the Clinical Safety Manager and the on-call Trust Manager immediately. The police should be notified for all incidents where a crime is committed.

The relevant department manager/lead will investigate the reported incident and decide from the risk assessment (Appendix 2) and the evidence available whether a recommendation for a **Step 1** response to the incident be needed which may include a verbal warning or an Unacceptable Behaviour Agreement letter (Appendix 4) and/or a referral to the VPM panel be required. The Clinical Safety Manager will review all incidents as requested by the department manager/lead and/or where the incident has been highlighted by the department manager/lead as a moderate or above risk. An Unacceptable Behaviour Agreement letter should be considered to address the situation where a verbal warning has either failed or deemed not to be an appropriate setting of standards. The agreement aims to set standards between parties in order to address and prevent the recurrence of unacceptable behaviour. Where an agreement has not been signed and returned by the perpetrator in the specified timeframe then it is deemed that they have accepted that agreement. The agreements have no legal standing. If no action is required this will be deemed a **Step 0** response – Incident investigated but no action taken due to age or capacity of person.

If an Unacceptable Behaviour Agreement letter is required then the Clinical Safety Manager will send one to the perpetrator which will be kept on a live file secured in the SEP office. A copy of the letter will be kept on the patients file.

The VPM panel will be contacted for approval and endorsement of placing a VPM against the individual's healthcare record if required. **Step 2** – action taken includes a behaviour contract letter to the person indicating that they have been highlighted as a risk to staff on NHS systems. Where it is decided no VPM is needed step 1 response may be enacted.

To avoid any unnecessary delays in the placement of the VPM, should individual panel members be unavailable, i.e. on annual leave, sickness absence, a majority decision from available VPM panel members will be taken. With there is no panel available then the Clinical safety manager will make the decision on behalf of the Trust.

A VPM can only be placed against patient healthcare records regardless of data base / software platform on the instruction of the Clinical Safety Manager or security management team member. This is only once the placement of a marker has been approved by the VPM panel or the Clinical Safety Manager.

The Clinical Safety Manager will ensure a letter is written to the person concerned where appropriate. **Appendix 4 and 5**

The VPM panel can call on representatives from Safeguarding Adults and Children Services if required. It will be their responsibility to update their relevant systems.

If the Incidents continue and the individual continues to display violence aggression towards staff then a removal of treatment will be considered (Appendix 7). **Step 3** - Incident investigated with manager and Clinical Safety Manager, referred to Violent Person Marker panel, action taken includes consideration of part of full withdrawal from non-emergency treatment and a behaviour agreement letter to the person indicating that they have been highlighted as a risk to staff on NHS systems and that they are subject to strict sanctions. Phase 3 of this management process will be authorised and led by the Chief Nurse, Chief Operating Officer, Medical Director or Chief Executive. Where it is decided step 3 is not appropriate step 2 or 1 may be enacted

The security team will update the Datix incident form on progress or action taken.

If the incident involves an assault on staff the security management team should inform the victim of the assault when a decision has been reached about placing a risk of violence marker. If it is decided that a marker is not required, the Clinical Safety Manager should explain the reasons to the victim and offer any further assistance if necessary.

## 7. Step 1 Verbal Warnings

The aim of a verbal warning is to ascertain the reasons for the behaviour as a means of preventing further incidents or reducing risk of further recurrence and to ensure that the person is aware of the consequences of further unacceptable behaviour.

Following an incident of unacceptable behaviour the immediate Manager/Senior Nurse or Department Head (or deputy) or contracted Security team will explain to the person that their behaviour is unacceptable and explain expected standards that must be observed in future.

A verbal warning may also be prevalent for persons that are of no fixed abode.

A Datix incident form must be completed and note that a verbal warning has been given.

## 8. Step 3 – Temporary Withdrawal of Patient Treatment and Other Sanctions

Any decision to enact a sanction or withhold non-emergency treatment must be based on accurate clinical assessment and the advice of the patient's Consultant or a senior member of the medical team. This decision will be made through the Violent Marker Panel with further consultation with senior clinicians involved with the individuals care. Under no circumstances should it be inferred to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort; and temporary.

There may be instances of serious assault when the Trust, having obtained legal advice, can decide to withhold treatment immediately or longer term or enact a different sanction in order to protect staff.

Where it has been decided that a person is to be excluded from Trust premises and treatment withheld, a written explanation for the exclusion will be issued by the Chief Nurse, Chief Operating Officer, Medical Director or Chief Executive, the persons Consultant, and GP. **Appendix 6**

A detailed record of the rationale for exclusion and of alternative arrangements for care should be maintained in the patients medical notes.

The withholding of treatment should be recorded onto the Trust's Incident form, and all relevant staff informed.

The withholding of treatment should be entered onto the Patients medical/nursing notes as an alert and should state "withholding treatment for V&A". The alert will remain on the notes for the duration of the sanction.

Withholding treatment is time limited and must be for no more than 2 months, after which the situation will be reviewed. Appropriate systems must be in place to flag up removal upon expiry.

If an excluded person requires emergency treatment, this will be given and, if necessary, security will be asked to attend.

The need for security presence should be decided in conjunction with the nurse or consultant in charge of the patient's care and the Clinical Safety Manager
.

In the event that there is a decision to withdrawal treatment, the Clinical Safety Manager has responsibility to advise their counterparts at neighbouring acute hospitals and healthcare providers of this decision.

## 9. Appeals Process

Where an individual wishes to appeal against VPM panel decision for a marker being placed on their healthcare record, their concern will be referred for consideration to the VPM panel in the first instance.

Where the appeal is upheld by the VPM panel, the VPM will be removed with immediate effect and the individual will be informed in writing.

Where it is deemed that the marker is appropriate and should remain against the individual's record, the individual will be notified of the decision in writing.

Should the individual be dissatisfied with the VPM panels appeal decision to retain the marker against their healthcare record, they will be referred to the Patient Advice and Liaison Service.

## 10. Review Process

All VPM and Behaviour Agreement Letters will be reviewed every 6-12 months by the VPM panel and the markers updated on systems as needed. Step 3 markers are subject to a 2-month review. This VPM panel consists of nominated members and clinical representatives.

Reviewing the marker should consider the same criteria as when the marker was first placed on the record following the incident, e.g.:

- The severity of the original incident and the impact on the staff member
- Any continuing risk that an individual may pose
- Any further incidents involving the individual
- Any indication that the incident is likely to be repeated
- Outcome of further investigations
- Any action taken by other agencies, e.g. police or the courts
- Other developments since the original incident

All information concerning VPM will be reported via the Health and Safety committee via the Security Management Report.

Where a marker is removed the person will be written to and markers will be removed the Security Management Team.

## 11. Training

All Directorate and Departmental Managers are responsible for ensuring staff, have appropriate training to ensure compliance with this policy. Awareness of this policy is raised as part of Security Management Training on the digital Corporate Induction training programme.

## 12. Staff Wellbeing Team / Inclusion and Culture Team

When incidents are reported that involve racism, disablism, sexism, transphobia, homophobia, ageism or religion / belief occur staff should be offered appropriate support that recognises the potential impact of the incident on their health and wellbeing. The opportunity to agree any action and reiteration of the availability of support through workplace wellbeing if it is felt that this would be useful.

- Ensure that incidents are challenged effectively
- Support individuals who have been subject to harassment and abuse
- Implement debrief sessions for all relevant staff when required.
- Support will be provided by the Inclusion and Culture Development team when required.
- Put systems in place so that effective reviews are arranged in response to repeated incidents, with active consideration given to all options to prevent and manage repeat incidents.

Please refer to the Zero Tolerance to Harassment Policy (S4) for more detail.

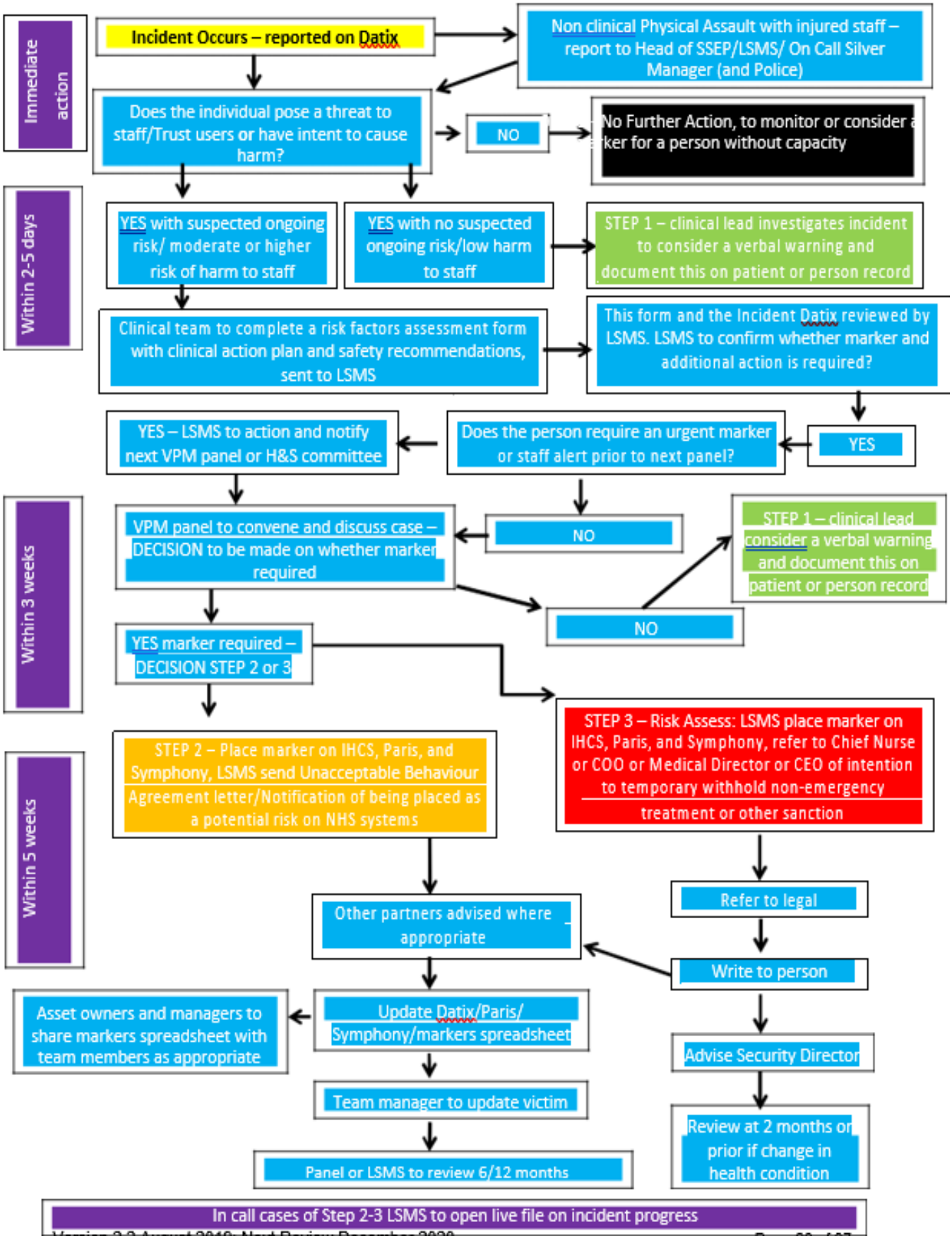
The security management team will hold regular meetings with these equality inclusion team to ensure the trust tackles ongoing hate crime.

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed

## 13. Monitoring and Compliance

This policy will be monitored via the monthly Health and Safety committee with detail contained in the Security Management Report.

# Appendix 1 - Process for Placing a Violent Person Marker



# Appendix 2 -Risk Factors Risk Assessment

**Form to be used by the Senior Clinician and/or the Violent Persons Panel**

The following risk assessment provides the main risk factors which should be considered when determining whether a record should be marked. It should be based on all intelligence known to the Trust including local/national intelligence, Datix reports clinical information. This is part of the risk assessment process and should be completed by the Senior clinicians and / or other managers and staff as appropriate, following an incident of physical or non-physical violence or aggression against a member of staff.

(Please note that this list is not exhaustive, and it is likely that other factors will come into play when assessing the level of risk of violence that an individual poses.)

| **Person Name:** | | **DOB:** | | **NHS No:** | |
|---|---|---|---|---|---|
| **No.** | **Question** | | | **Yes / No or Not Known** | **Further information / Action Required** |
| Prerequisite | If this risk assessment relates to an incident have you completed a datix incident form? | | | | |
| 1 | What was the patient's presenting condition? | | | | |
| 2 | Is the individual an out-patient, in-patient or community client? | | | | |
| 3 | Was the incident of a physical nature? | | | | |
| 4 | Is there a perceived risk of physical violence/aggression | | | | |
| 5 | Does the individual or associate have a history of previous incidents of a violence or aggression? | | | | |
| 6 | Did the victim sustain injury? | | | | |
| 7 | Did the victim (or witness) require medical and / or psychological attention following the incident? | | | | |
| 8 | Was / were the incident / incidents reported via Datix? | | | | |
| 9 | What is / are the Datix reference numbers? | | | | |
| 10 | Is an urgent response required to alert staff? | | | | |
| 11 | Did the incident involve a patients associate (relative or Friend)? | | | | |
| 12 | Was the aggression directed towards a particular individual / group? | | | | |
| 13 | If yes please indicate who / which group? | | | | |
| 14 | Did the incident involve a dangerous animal? | | | | |
| 15 | Does the individual have a medical condition or was the individual taking medication at the time of the incident which may have influenced his / her actions? (requires advice from a senior clinician) | | | | |

| | | | |
|---|---|---|---|
| 16 | Is it likely that the incident will be repeated? | | |
| 17 | Is the incident, if not serious itself, is it part of an escalating pattern of behaviour? | | |
| 18 | Does the individual have an appointment scheduled in the near future? | | |
| 19 | Does the individual attend (e.g. a clinic or out-patients) frequently or daily? | | |
| 20 | Are staff due to visit a location where the individual (and associate where applicable) maybe present in the near future? | | |
| 21 | Are staff likely to come into contact with the individual while working alone? | | |
| 22 | Is this person known to other agencies (e.g. probation service, drug & alcohol service, police, etc.)? | | |
| 23 | Are there any other potential risks? | | |
| 24 | Has the person been given a verbal warning and has this been documented? | | |

**In your professional opinion what action needs to be taken to protect colleagues and others who may be involved with this person?**

**Information is being shared within the parameters outlined in The Data Protection Act 2018 and for the purposes outlined in The Crime and Disorder Act 1998.**

I can confirm that the above information is accurate and has been completed to the best of my knowledge:

| Print Name: | | Sign: | | Date: | |
|---|---|---|---|---|---|

Please place a copy of this form on the persons record and send the original to the Clinical Safety Manager securitymanagement@nhs.net refer to the Violence Prevention and Reduction Policy

# Appendix 3 – Prevention and Management of Violence and Abuse

| | | | |
|---|---|---|---|
| **Problem:** Violence and abusive behaviour relating to a history of harm to self or others, destruction of property, overtly aggressive acts and verbal threats of physical assault. | | | |
| **Aim:** To recognise, prevent and safely manage any act, or potential act, of violent or abusive behaviour without compromising the therapeutic needs of the patient. | | | |
| | **Assessment** | **Healthcare Professional Intervention** | **Evaluation** |
| 1 | Assess patient's potential for violence and abusive behaviour through history, patient interview (or interview with family and friends if patient is unable to communicate), medical and nursing notes and information provided from other allied organisations/individuals, such as Social Services, patient's GP etc. | • Before meeting with the patient, examine their medical and nursing notes to check for any incidents of violence and abusive behaviour that have been documented and how they were managed.<br><br>• Introduce yourself and explain any procedure in plain and simple terms. Try to build a rapport with the patient to put them at ease during the assessment interview.<br><br>• If appropriate and safe to do so, explore the patient's history with them and explain the health body's policy regarding violence and abuse against staff. | Ongoing |
| 2 | Assess whether patient has any communication difficulties and explore possible reasons for this (e.g. sensory impairment, learning disability or English not being their first language). | • If there are communication difficulties, try to arrange for a family member or significant other to be present to assist during the assessment. You should always try to obtain the patient's consent for this first<br>.<br>• If the patient is hearing impaired, ensure that hearing aid equipment is set and working properly or arrange for a BSL interpreter to be present for the assessment.<br><br>• If the patient's first language is not English, it may be appropriate to arrange for an interpreter to be present. | Ongoing |
| 3 | It may be useful to engage with family and/or friends to establish if there is any history of violence or abusive behaviour within the family. To maintain patient confidentiality, establish whether or not the patient has advised their significant others/family of their condition. However, be aware that family dynamics may be a cause of patients' violence and judge whether or not to proceed with engaging with family. Establish level of support available to the patient from family or significant others. | • Employ family members and significant others to enforce message that violence or abuse is not tolerated within the healthcare environment. | As required |

| | | | |
|---|---|---|---|
| 4 | Assess patient's attitude to admission/treatment and medical condition. | • Answer any questions the patient may have concerning their admission, treatment or diagnosis and try to alleviate any anxiety.<br><br>• Arrange for the patient's doctor, or other relevant members of the multi-disciplinary team (MDT), to discuss their condition with them if necessary. | Ongoing |
| 5 | Assess patient's current physical and mental health, current medication and any substance use and misuse. | • If there are any concerns about the patient's mental health, refer to the on-call psychiatrist, psychiatric liaison nurse or mental health team.<br><br>• If there are any signs of substance use or misuse, discuss with the patient the Trust Policy on the use of substances. Refer the patient to the substance misuse team, if appropriate.<br><br>• If appropriate, set boundaries with patient and employ the use of a behaviour agreement.<br><br>• If there are any organic or other physical health concerns, refer to the appropriate member of the MDT.<br><br>• Explain policy regarding prescribed medication. | Initially and as determined by relevant professionals following any intervention |
| 6 | Assess whether patient has any previous known episodes of violence and/or abuse, including any trigger factors or antecedents such as a recent bereavement. | • Establish from medical records/nursing notes whether patient has had any previous episodes of violence and/or abuse against NHS staff.<br><br>• When engaging with the patient, be alert to any information that they disclose about incidents in their personal life that may have precipitated previous violent behaviour, such as medical/psychiatric diagnosis, change to marital status, bereavement, redundancy etc. This can be achieved through general conversation rather than a direct questioning process.<br><br>• Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff, are aware of patient's history and how to care for them in a safe manner.<br><br>• Ensure that all staff are aware of what to do in the event of a violent or abusive incident.<br><br>• Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance.<br><br>• Promote an environment that provides safety and reduces agitation. | Ongoing |

| | | | |
|---|---|---|---|
| 7 | If known history of violence or abusive behaviour, establish whether there is a history of using weapons, hostage taking etc. | • Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff, are aware of patient's history and how to care for them in a safe manner.<br><br>• Ensure that all staff are aware of what to do in the event of a violent or abusive incident, and publicise the locally adapted 'Suggested management of a violent/abuse incident' flowchart demonstrated in appendix 4.<br><br>• Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance. | Ongoing |
| 8 | As regards any previous episodes of violence or abusive behaviour, establish the following if possible: how it was managed; which interventions were successful and which were not; how long the episode of violence or abusive behaviour lasted; if medication was used to resolve the situation; if the police were involved; and what sanctions, if any, were applied. | • If in previous episodes of violence, particular interventions worked, review these for application locally. If particular interventions did not work, review these for lessons to be learned and ensure that all of the multi-disciplinary team, new staff and agency and bank staff are aware of these.<br><br>• Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance. | Ongoing |
| 9 | Where possible, use appropriate advanced directives[21] determined by the patient. | • Staff may wish to consider previous incidents recorded and decide whether it would be helpful to discuss known trigger factors and any preferred intervention with the patient.<br><br>• Staff may wish to consult their mental health colleagues for advice before engaging in such a discussion with the patient.<br><br>• Ensure that any advanced directives are communicated to all staff caring for the patient. | As required |

# Appendix 4 – Unacceptable Behaviour Letter Template

Dear

**Notification of XXX**

I am writing to you on behalf of Torbay and South Devon NHS Foundation Trust, where I am the Head of Safety, Security and Emergency Planning. Part of my role is to protect NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you. The Trust has evidence which suggests on the DATE you used abusive behaviour to members of NHS staff whilst on NHS premises:

Time:
Location:
Brief details:

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users also have a responsibility to treat staff with respect and in an appropriate way.

I would urge you to consider your behaviour when attending Torbay & South Devon NHS Foundation Trust premises, such as Torbay Hospital, in the future and comply with the following conditions:

Be respectful to all staff at all time, no:

- SPECIFY
- SPECIFY

**(REMOVE THIS *TEXT* FOLLOWING IF NOT ADDING PERSON MARKER:**
*All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives, friends, animals, etc).*

*A copy of the Trust Policy on risk of Violence Person Markers can be obtained from Trust if required.*

*I, with appropriate colleagues, have carefully considered the reports of the behaviour referred to above and have decided that a risk of violence indicator will be placed on your records. This information may be shared with other NHS bodies and other providers we jointly provide services with (e.g. ambulance trusts, social services and NHS pharmacies) for the purpose of their health and safety.*

*This decision will be reviewed in 6 / 1 2 months' time (date) and if your behaviour gives no further cause for concern this risk i n d i c a t o r will be removed from your records. Any other provider we have shared this information with will be advised of our decision.*

Should there be any repetition of this type of behaviour, and you continue to demonstrate what we consider to be unacceptable behaviour, the Trust will have no choice but to consider taking further action, such as:

- You will have a Violent Person Marker placed on your health records for 6-12 months ***(REMOVE IF NOTIFYING PERSON TRUST IS ADDING MARKER)***
- Excluding you from certain NHS premises (for non-emergency, non-life threatening care).
- Providing NHS services at a different location.
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue.
- The matter will be reported to the Trust Legal Team, supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted please contact the Security and Emergency Planning Team in writing, who will review the decision in light of your account of the incident(s): SSEP Team, EFM Building, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA.

If you are still unhappy with the response provided then you may direct a complaint to the Patient Advice and Liaison Service (PALS):

PALS Officer available from 09.00am to 4.00pm
Monday - Friday Telephone: 01803 655838 Free phone: 0800 02 82 037 Email: tsdft.feedback@nhs.net

A copy of this letter will be kept with your Medical Records.

Yours faithfully,

Clinical Safety Manager
Torbay Hospital
Lowes bridge
Torquay
TQ2 7AA

DATE 2

I, PERSON's NAME, accept the conditions listed above and agree to abide by them accordingly.

Signed ……
Date ……

# Appendix 5 - Violent Person Marker Letter

Dear (individual's name)

**Notification of a Violence Person Marker being placed on an NHS record**

I am writing to you Torbay and South Devon NHS Foundation Trust, where I am the (job title). Part of my role is to protect NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you.

(Insert summary of behaviour complained of, include dates, effect on staff/services and any police/court action if known)

Behaviour such as this is unacceptable and will not be tolerated. Torbay and South Devon NHS Foundation Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence, threats or abuse.

The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives, friends, animals, etc).

A copy of the Trust Policy on risk of Violence Person Markers can be obtained from Trust if required.

I, with appropriate colleagues (or the Violent Person Marker panel) have carefully considered the reports of the behaviour referred to above and have decided that a risk of violence marker will be placed on your records. This information may be shared with other NHS bodies and other providers we jointly provide services with (e.g. ambulance trusts, social services and NHS pharmacies) for the purpose of their health and safety.

This decision will be reviewed in (6/12) months' time (insert date if known) and if your behaviour gives no further cause for concern this risk marker will be removed from your records. Any other provider we have shared this information with will be advised of our decision.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact the Safety, Security and Emergency Planning Team in writing who will review the decision in light of your account of the incident(s): SSEP Team, EFM Building, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA.

If you are still unhappy with the response provided then you may direct a complaint to the Patient Advice and Liaison Service (PALS):

PALS Officer available from 09.00am to 4.00pm
Monday - Friday Telephone: 01803 655838 Free
phone: 0800 02 82 037 Email:
tsdft.feedback@nhs.net

A copy of this letter will be kept with your Medical Records
Yours sincerely

Clinical Safety Manager
Torbay Hospital
Lowes bridge
Torquay
TQ2 7AA

# Appendix 6 - Notification of Withdrawal of Treatment

**Notification of Marker being placed on an NHS record**

Dear (individual's name)

**Notification of removal of treatment**

This letter is to inform you that due to your unacceptable behaviour on {DATE} at {LOCATION}, during which members of staff were {DETAILS OF INCIDENT}, you are now subject to the conditions outlined in the Trust Management of Violent and Abusive Individuals and Risk of Violence Marker Procedures. A copy of the 'Procedure for Care Policy' is attached for your information.

While I stress that access to appropriate emergency medical care is not being denied, I request your full compliance with the following conditions approved under the Step 3 section of the policy, the relevant details of which are as follows:

- Your future attendance to Torbay and South Devon NHS Foundation Trust sites or premises should be for a genuine medical need only, which requires urgent treatment or assessment. Any other requirements for non- emergency care should be directed to your GP or other appropriate primary care facility.
- If you are attending the hospital for any pre-arranged appointment you must only attend at the agreed time, date and place.

- During any attendance at the hospital you must advise staff that you are subject to a STEP 3 warning.
- Any further incidents will result in staff being withdrawn from contact with you until a safe working environment can be established.
- During any lawful attendance at Torbay and South Devon NHS Foundation Trust sites or premises you are expected to behave and treat everybody with respect
- Continued abuse of this process may result in all treatment, excluding life, limb and eye threatening, being withdrawn.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact the Safety, Security and Emergency Planning Team in writing who will review the decision in light of your account of the incident(s): SSEP Team, EFM Building, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA.

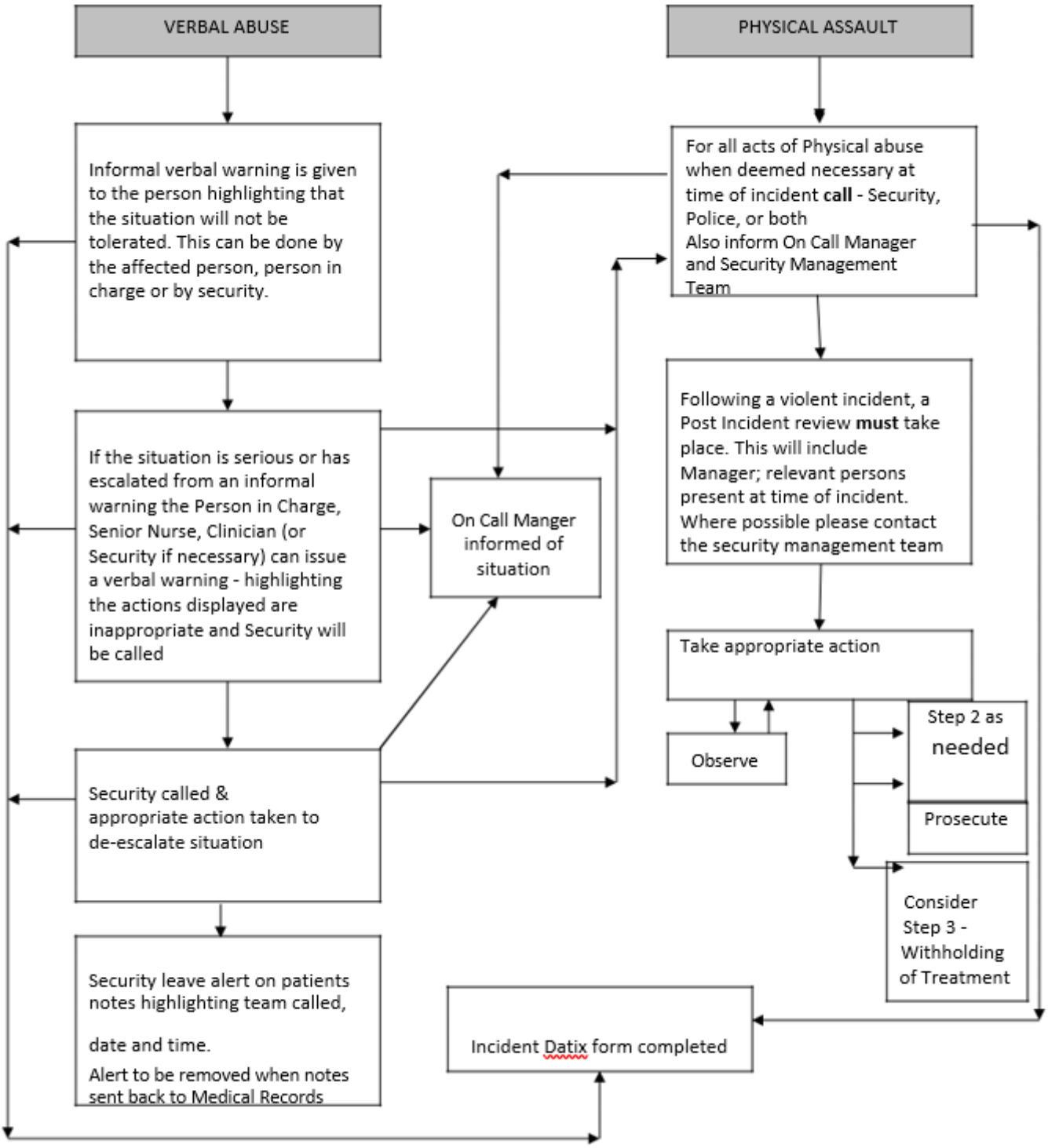
If you are still unhappy with the response provided then you may direct a complaint to the Patient Advice and Liaison Service (PALS):
PALS Officer available from 09.00am to 4.00pm Monday - Friday Telephone: 01803 655838
Free phone: 0800 02 82
037 Email: tsdft.feedback@nhs.net

A copy of this letter will be kept with your Medical Records

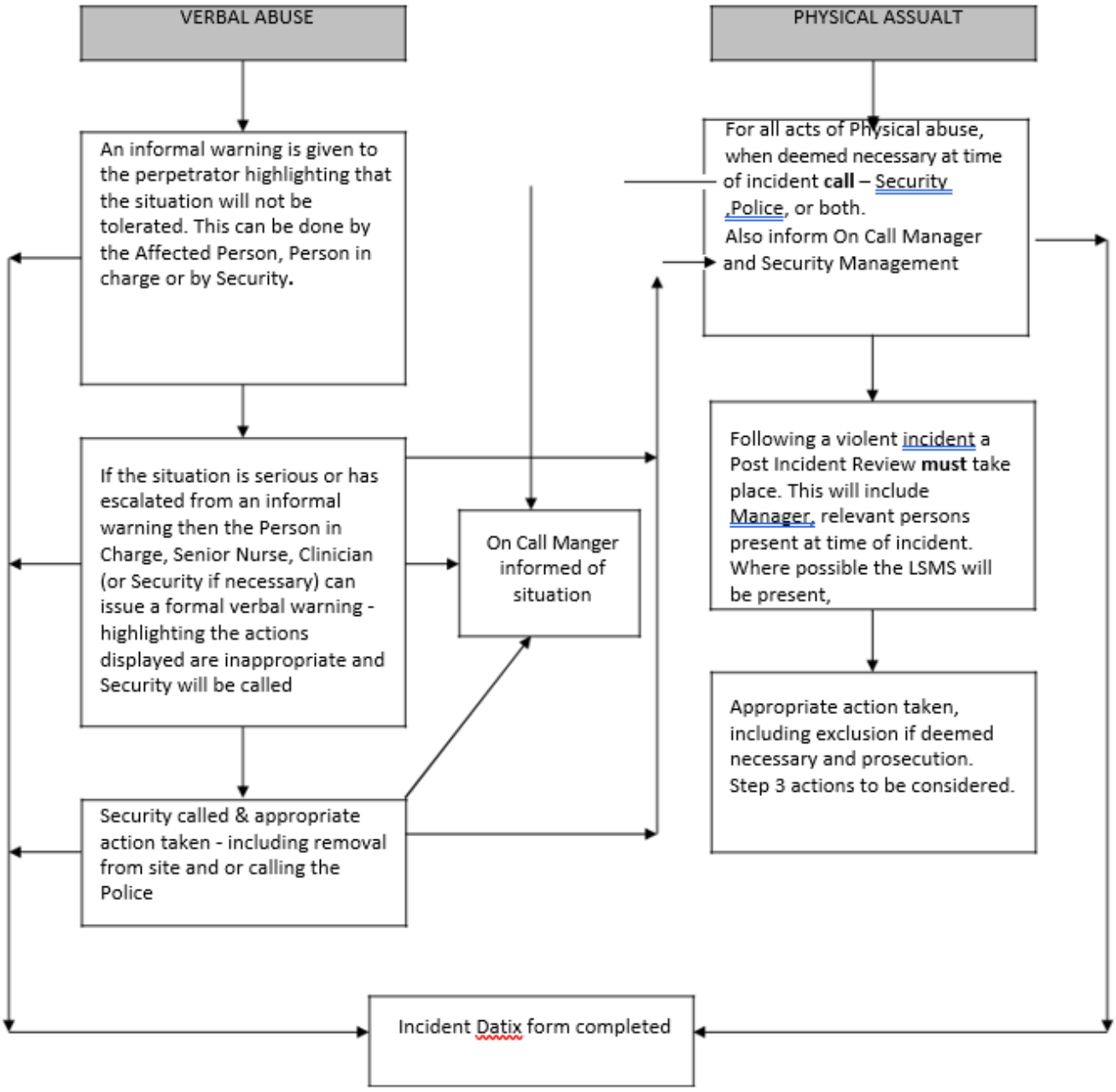
Yours Sincerely

Medical Director or Chief Nurse or Chief Executive or Chief Operating Officer
Torbay Hospital
Lowes Bridge
Torquay
TQ2 7AA

# Appendix 7 – Violence or Abuse from a Patient



# Appendix 8 - Violence or Abuse from a Visitor



Appendix 9

## Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

| | | | |
|---|---|---|---|
| **Policy Title** (and number) | ***Violence Prevention and Reduction Policy*** | **Version and Date** | *14th June 2023* |
| **Policy Author** | Clinical Safety Manager | | |

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

**EQUALITY ANALYSIS:** How well do people from protected groups fare in relation to the general population?
***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***

**Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)**

| | | | | | |
|---|---|---|---|---|---|
| Age | Yes ☐ No☐ | Disability | Yes ☐ No☐ | Sexual Orientation | Yes ☐ No☐ |
| Race | Yes ☐ No☐ | Gender | Yes ☐ No☐ | Religion/Belief (non) | Yes ☐ No☐ |
| Gender Reassignment | Yes ☐ No☐ | Pregnancy/ Maternity | Yes ☐ No☐ | Marriage/ Civil Partnership | Yes ☐ No☐ |

| | |
|---|---|
| **Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?** (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees) | Yes ☐ No☐ |

**Please provide details for each protected group where you have indicated 'Yes'.**

**VISION AND VALUES:** Policies must aim to remove unintentional barriers and promote inclusion

| | |
|---|---|
| Is inclusive language[5] used throughout? | Yes ☐ No☐ |
| Are the services outlined in the policy/procedure fully accessible[6]? | Yes ☐ No☐ |
| Does the policy/procedure encourage individualised and person-centered care? | Yes ☐ No☐ |
| Could there be an adverse impact on an individual's independence or autonomy[7]? | Yes ☐ No☐ |

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

**EXTERNAL FACTORS**

| | |
|---|---|
| **Is the policy/procedure a result of national legislation which cannot be modified in any way?** | Yes ☐ No☐ |

**What is the reason for writing this policy?** (Is it a result in a change of legislation/ national research?)

To facilitate a standardized approach to policy documents across the Trust

**Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?**

**ACTION PLAN:** Please list all actions identified to address any impacts

| Action | Person responsible | Completion date |
|---|---|---|
| | | |

**AUTHORISATION:**
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

| | | | |
|---|---|---|---|
| **Name of person completing the form** | | **Signature** | |
| **Validated by (line manager)** | | **Signature** | |

**Any issues Please contact Diversity & Inclusion Lead**
**Sanita Simadree - 01803 655754**

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy