Managing Violence and Aggression

Title: Managing Violence and Aggression

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Policy Lead: Carol Dight, Director of Governance and Nursing

Accepted by: Safety & Environment Advisors Group (SEAG)
Ratified by: Policy Review Group

Active date: 27th January 2015
Review date: 27th January 2018

Ratified Date: 27th January 2015

Applies to: All Staff
Exclusions: None

Purpose: Intended to reduce incidents of Violence towards staff throughout the Taunton and Somerset NHS Foundation Trust.

VERSION CONTROL - This document can only be considered current when viewed via the Policies and Guidance database via the Trust intranet. If this document is printed or saved to another location, you are advised to check that the version you use remains current and valid, with reference to the active date.

KEY POINTS

In the event of any physical / verbal abuse incident or where there is a perceived threat of physical violence any member of staff can contact switch board (3333) and request the following assistance:

- **Priority 1**: Urgent Police Assistance is required. Ward / Department will call switchboard on 3333
- **Priority 2**: Immediate Internal assistance is required to help manage a patient’s clinical needs to reduce the violent / aggressive behaviour

Any patient who has behaved in an unacceptable manner (See Appendix A) could be issued with the following:

- **Yellow card**: A “Yellow Card” is a formal warning to a patient that they will be refused treatment if they continue to behave in an unacceptable manner.
- **Red card**: A “Red Card” informs a patient they have been excluded from receiving any treatment by the Trust, except in emergencies

Patients that do not qualify under this policy are those with a cognitive impairment (including dementia and severe confusion) which adversely affects judgement and control and children under the age of 18. However, risk assessments must be undertaken in the same way to ensure
that patient and staff safety is maintained at all times during the patient’s stay. See section 4.3.5 for more detail guidance.

All Managers and Staff should be fully versed in the use of red and yellow cards and understand the priority 1 and 2 call system

Following any incident (involving a patient, visitor or member of staff) an incident form must be completed with as much information / facts included as possible.

FOR ALL INCIDENTS - Complete an on-line Incident form and support any staff / patients as necessary (see Trust Supporting Staff policy and Being Open Policy)
1.0 INTRODUCTION AND AIM

1.1 Taunton and Somerset NHS Foundation Trust is committed to caring for the health and safety of its employees, patients and visitors.

1.2 The Trust recognises that there is no single solution to preventing violence against staff. Through suitable and sufficient risk assessments, robust reporting systems, training and security measures, the Trust aims to reduce the risk of violence to its employees so far as is reasonably practicable and will aim to achieve this by working in partnership with the Unions.

1.3 This Policy should be read in conjunction with the Incident Reporting Policy, Security Policy and the Trust’s Mandatory Training Policy. This policy acknowledges the guidance written by the NHS Security Management Service in the Framework for reporting and dealing with non-physical assaults against NHS staff and professionals (2004).

2.0 DEFINITIONS

Verbal Abuse: The use of inappropriate words or behaviour causing distress and/or constituting harassment. This includes threats of physical assault that are not carried out.

Physical Assault: The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

Priority 1: – Urgent Police Assistance is required. Ward / Department will call switchboard on 3333

Priority 2: – immediate internal assistance is required to help manage a patient's clinical needs to reduce the violent / aggressive behaviour.

Yellow card: - A “Yellow Card” is a formal warning to a patient that they will be refused treatment if they continue to behave in an unacceptable manner.

Red card: –A “Red Card” informs a patient they have been excluded from receiving any treatment by the Trust, except in emergencies.
3.0 RESPONSIBILITIES

3.1 Chief Executive Officer
Responsibility for ensuring compliance with the statutory requirements within the policy lies with the Chief Executive.

3.2 Director of Governance and Nursing
Will ensure that suitable Trust wide processes are in place to identify risk, manage incidents and report compliance with the requirements of this policy.

3.3 Directorate Managers
Will ensure that this policy is fully implemented within their Directorate and respond to any deficiencies in implementation raised by policy monitoring. Support the issuance of red and yellow cards where appropriate.

3.2 Associate Directors of Nursing (Directorate Leads for Risk)
Are accountable for the issuance of “Yellow” and “Red” cards within the Directorate with the support of Clinical Directors/ Medical Staff and other senior nurses.

3.3 Managers and Heads of Departments
Are responsible for:
- The completion of appropriate risk assessments and ensuring a safe working environment within their own areas.
- Compiling the departmental risk register to include any violence and aggression risks and keeping the document up to date
- Ensuring that staff receive the relevant training / awareness (see the Trust’s Mandatory training policy for more information)
- Ensure that incident reporting is carried out in line with the Trust Incident Reporting Policy, and incidents are investigated appropriately.
- Taking action to reduce risks within their teams.

3.4 Switchboard
Will ensure that all requests for priority security response to a violent and/or aggression incident are cascaded to the security team and/or Police as appropriate.
Managing Violence and Aggression

3.5 All Staff
Employees shall ensure they co-operate with the guidance and safe systems of work contained within this policy and attend appropriate training/updates to manage violence and aggression. In addition, all staff are responsible for reporting incidents and raising any concerns. The incident reporting process is in place to support this (See Incident Reporting Policy). Staff will participate in risk assessments when required to ensure their operational knowledge is used to manage violence and aggression.

3.6 Learning and Development Service
Will ensure that relevant training is available and the learning framework and training needs analysis is compiled to cover the content of this policy.

3.7 Governance Support Unit
Will ensure that an effective database is kept of all reported incidents and support any member of staff to conduct risk assessments.

3.8 Occupational Health Department
Will support staff by ensuring that counselling is available for any member of staff who has been involved in a violent or aggressive incident.

3.9 Local Security Management Specialist
- The Trust’s nominated Local Security Management Specialist (LSMS) will ensure that the Security review group monitor the effectiveness of the Violence and Aggression policy
- Give advice and support to staff and managers in the management and prevention of violence and aggression
- Assist in the investigation of incidents
- Compile regular reports to demonstrate improvement opportunities and take action to improve the management of violence and aggression.

4.0 ARRANGEMENTS FOR THE MANAGEMENT OF VIOLENCE AND AGGRESSION
The following arrangements are in place to ensure, so far as is reasonably practicable, the health, safety and welfare of staff
4.1 Risk Assessment

It is the responsibility of the Manager/Head of Department to ensure that appropriate risk assessments are carried out.

Risk assessments must be completed to evaluate the risk of violence and identify measures necessary to reduce the risk as far as reasonably practicable. These overarching risk assessments should assess the risks to staff of violence or aggressive behaviour in the department and create action plans to address any risks identified. Every department is expected to have a risk assessment to identify these issues. This could be included in the departmental security risk assessment, which is also a mandatory requirement (see Security Policy). If the risks are low and it is felt that there are no significant risks to assess, this decision should be logged. This decision should be reviewed annually. Risk assessments must be reviewed at least annually. If a violent incident occurs the risk assessment must be updated.

In addition, specific patient/visitor risk assessments must be completed where there is a particular risk associated with an individual. This Risk Assessment must be stored in the patient’s notes.

Where risks are identified in the risk assessment action must be taken so far as is reasonably practicable to eliminate / reduce the risk. If a risk remains, all person’s who could be affected by the risk should be made aware.

4.2 Summoning assistance (staff working off site dial 999 in the event of any emergency)

The following two stages of assistance are aimed at providing the employee(s) with the choice that best meets the required response to their personal assessment of risk from violence:

- **PRIORITY ONE – IMMEDIATE THREAT OF PHYSICAL HARM**

When there is an immediate threat of physical violence the ward or department must call telephone extension 3333 and ask Switchboard to contact the police immediately. In order to ensure that switchboard understand that the call in an emergency request for the Police,
callers must declare the call as a “PRIORITY 1” CALL.

Before switchboard staff can contact the police they require the caller to provide as much supporting information as possible including:

- Precise location (on site)
- Exactly what is happening
- Who and how many people are involved in the incident
- Whether there are any weapons being used by the assailant(s)

The switchboard operators will contact the police and give full details of the situation.

Switchboard will also contact the appropriate Manager/Head of Department (Clinical Site Team out of hours) and security officers to ensure they are informed of the situation.

The Ward/Department can choose to call the Police directly by dialing 9999 from any extension within the hospital.

**PRIORITY TWO- INTERNAL ASSISTANCE**

In other cases there may be a requirement to summon internal assistance, such as to secure an urgent medical review of an agitated confused patient. It is important that the accurate assessment of the situation determines who is called or bleeped internally.

A call to switchboard can be made to summon internal assistance. The caller should declare to switchboard (on ext 3333) that “PRIORITY 2” assistance is required. The ward / department should explain to the operator who is required for assistance. Switchboard can then ensure that assistance is found and the caller can return to the ward to support.

Responsibility in this case lies with the ward/department and some examples of who may be called and why are as follows:
Managing Violence and Aggression

**Medical Team** (Ward/Dept specific) – When a normally restful patient becomes agitated, displaying verbal or physical aggression, there may be an underlying symptom or trigger that requires an urgent medical review.

**Matron** – Following a risk assessment or medical review it may be readily apparent that a nurse is required to ‘special’ a patient. In cases where a Registered Mental Health Nurse is required, the Matron may help in ensuring this is prioritized to reduce the risks to those surrounding patients and employees.

**Social Work Department** on ext. 2367/8 – Deliberate self-harm clients, mental health clients or for children and families issues (out of hours 01458 253241).

### 4.3 Action available to be taken following unreasonable / unlawful behaviour of a patient

Any visitor or patient behaving in an unlawful manner will be reported to the police and the Trust will seek the application of the maximum penalties available in law, including Community Behaviour orders (CBO’s). This includes the prosecution of perpetrators of crime on or against Trust staff, property and assets.

- **Red and Yellow Cards**
  The application of the following procedure is intended for violent and/or abusive visitors and patients, aged 18 or over, who are aware of their violent behaviour and persistently behave in an unacceptable manner (See Appendix A), regardless of the attempts made to resolve the situation.

  Patients under the age of 18 will not be issued with “Yellow” and “Red” cards, but other sanctions may be applied.

- **Yellow Cards**
  A “Yellow Card” is a formal warning to a patient that they will be refused treatment if they continue to behave in an unacceptable manner.

  - Following any incident the person in charge or department head will explain to the patient that his/her behaviour was unacceptable (Appendix 1). This explanation should be carried out as soon as possible after the violent incident.
If the behaviour continues, the person in charge/department head will give an informal warning about the possible consequences of any further repetition.

Failure to subsequently non-comply will result in the issuing of a “Yellow Card” as a formal written warning of the consequences of such behaviour (see Appendices 2, 3, 4 and 5 for guidance on application and standard communications). A “Yellow Card” can only be issued by the appropriate Executive Director, Directorate Manager, Associate Director of Nursing or Associate Medical Director.

If the patient complies with an acceptable standard of behaviour, he/she can expect that their clinical care will not be affected in any way and the “Yellow Card” status will automatically lapse on Cerner after an agreed period of time (usually one year).

### Red Cards

A “Red Card” informs a patient they have been excluded from receiving any treatment by the Trust, except in emergencies. It will only be issued if alternative arrangements have been made to care for the patient, where required.

If the patient continues to fail to comply with an acceptable standard of behaviour following the issuance of the “Yellow Card”, the relevant Directorate Manager, Associate Director of Nursing or Associate Medical Director will start procedures that will result in exclusion from the Trust on a “Red Card” (Appendices 6, 7 and 8). A “Red Card” can only be issued by the appropriate Directorate Manager, Associate Director of Nursing or Associate Medical Director in agreement with an Executive Director.

“Red Card” exclusion will last be for an appropriate period (usually one year), subject to alternative care arrangements being made by the relevant clinician. In the event of an excluded individual presenting at the Trust’s Emergency Department for emergency treatment, that individual will be treated, with police or Security Officer in attendance if necessary.
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- In exceptional circumstances, if the behaviour has been of a particularly violent nature and staff feel intimidated, the Directorate Manager/Associate Director of Nursing/Associate Medical Director may decide to issue an immediate “Red Card”, without going through the “Yellow Card” procedure.

- **Recording a red/yellow card centrally**
  If a Red or Yellow card is issued, this must be reported to the Governance Support Unit on Ext 2489. A database is kept detailing all “Yellow” and “Red” cards issued to patients and sanctions issued to visitors. Relevant details will be made available to other Departments including the Clinical Commissioning Group (CCG) as appropriate.

- **Exemptions**
  This procedure does **NOT** apply to those patients who, in the expert judgment of the relevant clinician, are not competent to take responsibility for their actions, such as an individual who becomes abusive as a result of an illness or injury or lacks mental capacity. Those individuals require continued care and a patient specific assessment (outlining the potential triggers for behaviour) should be carried out to ascertain the hazards and subsequent precautions necessary to ensure a safe place for both the patient and surrounding persons.

4.4 **Action available to be taken following unreasonable / unlawful behaviour of a Visitor/member of the public**

Visitors will not be issued with “Yellow” and “Red” cards, but will be asked to behave in an acceptable manner or leave. In worst cases, the police may be required to assist in the removal of these visitors. A Priority 1 call can be made to assist with this.

- Following any incident the person in charge or department head will explain to the visitor that his/her behaviour was unacceptable (Appendix A). This explanation should be carried out as soon as possible after the violent or aggressive incident.

- Continued failure to comply with an acceptable standard of behaviour will result in the visitor being asked to leave the site. Failure to do so will result in a warning, informing them that the police will attend to remove them. Continued failure will evoke the **PRIORITY ONE** emergency response (see section 4.2) and their subsequent removal.
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- The relevant senior nurse or medical staff could decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times. Advice should be sought from the LSMS in these cases.

5.0 INCIDENT REPORTING AND REVIEW PROCESS

5.1 The Trust supports an “Open and Fair” culture and welcomes knowledge of incidents as an opportunity for learning and improvement.

5.2 Employees should report to the person in charge any incident involving verbal or physical assault. The person in charge must inform the Governance Support Unit (01832 342489) as appropriate and as detailed in the Trust Incident Reporting Policy (consequence 3,4,5 incidents). When an incident arises owing to the behaviour of a patient, a record should be entered into the patient notes.

5.3 All incidents involving verbal or physical assault must also be reported to the Local Manager. He/she is responsible for ensuring any follow up action is taken to prevent recurrence and that this detail is carried forward in the appropriate control measures of the local risk assessment/protocol. For advice contact the LSMS on ext. 4846 (office hours).

5.4 When an incident is internal i.e. (staff to staff) it too should be reported in line with the Incident policy. It is the responsibility of the Manager to take appropriate action, in line with disciplinary procedures, and seek guidance from the Human Resources Department.

5.5 The Security Review group will monitor all reported incidents of verbal and physical assault. It will investigate trends and develop Trust wide action plans to address any significant risks.

5.6 All Directorates will review the incidents of verbal and physical assault regularly and will ensure that all reasonable steps are taken to prevent reoccurrence and that action plans are monitored and reviewed in a timely way.

5.7 Managers will review incidents of violence and aggression immediately following an incident and ensure that appropriate steps are taken to reduce the risk of reoccurrence. A note will be added to the patient’s file of the incident. The ward / department should try to ensure so far as reasonably practicable that other departments who are sure to be in contact with the patient...
are made aware of the risks and are informed of any plans in place to reduce the risk. The manager will also ensure that any gaps in the way in which the ward / department managed the incident are identified and that the department learns from the incident.

5.8 The Governance Support Unit will report as necessary any injuries reportable under the RIDDOR Regulations to the Health & Safety Executive. They will also report appropriate violent incidents to the NHS Counter Fraud and Security Management Service as required.

5.9 If available relevant CCTV footage will be retained as evidence in support of any prosecution. If an incident occurs the manager should check the availability of CCTV footage as soon as possible. This information is available from the Local Security Management Specialist on Ext 4846

6 DEBRIEFING

6.1 Following any verbal or physical assault incident, the person in charge should ‘debrief’ the member of staff by giving them the opportunity to talk through what has happened and allow “time out” if appropriate.

6.2 Staff should be informed that they can access the Employee Assistant Programme / manager referral may refer themselves to the Occupational Health Service (Optima) for a debriefing session with the Staff Counsellors. It may be helpful to explain that the debriefing is not counselling, but an informal, structured way of making sense of the incident. Managers can contact Optima if there are any further concerns about the welfare of a member of staff.

7.0 TRAINING

7.1 Staff working throughout the Trust should not be exposed to situations which make them feel unsafe. However, if there is a risk that they may be exposed to verbal or physical assault, they need to have the knowledge, training and skills on how best to deal with this.

7.2 Managers should ensure that employees attend training. The Trust Training Needs Analysis within the mandatory training policy indicates which training is most applicable to each staff group.
### 8.0 POLICY MONITORING

The effectiveness of the security policy will be reviewed and monitored by the Security Operational Lead in conjunction with the Trust LSMS and results and action plans will be reported to the Safety and Environment Advisors Group (SEAG) annually. See table below for detail of the arrangements for each key requirement.

This policy will be monitored by:

<table>
<thead>
<tr>
<th>Monitoring Criteria</th>
<th>Frequency</th>
<th>Quality Measure</th>
<th>Report to</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duties</strong></td>
<td>Annual review by Op Lead</td>
<td>Carry out a review to ensure that key staff named as having responsibilities in this policy are carrying out their duties. This will be a verbal interview with key staff and assessed by matching knowledge against policy requirements.</td>
<td>SEAG annually</td>
<td>Where the level of compliance is considered to indicate under-performance, the chair of SEAG will ensure that a corrective action plan is produced and monitored at least bi-monthly until complete.</td>
</tr>
<tr>
<td><strong>General Risk assessment</strong></td>
<td>Biannual monitoring of risk assessments</td>
<td>Annual monitoring will take place where 20 randomly selected areas have their risk assessments reviewed to establish suitability and sufficiency: In date (reviewed annually) Hazards identified Risk scored Action plan in place</td>
<td>SEAG annually</td>
<td>This will include action from Directorate Leads / Operational Leads / Committee Chairs as necessary.</td>
</tr>
<tr>
<td><strong>Patient Specific Risk Assessment</strong></td>
<td>Annual monitoring of risk assessments for reported violent incidents</td>
<td>A review will take place of at least 10 incidents reported by staff involving violence or aggressive patients. Ulysses incident database will be used to identify incidents. Using the patient notes the following will be identified: 1) A risk assessment was carried out 2) The risk assessment contained an action plan 3) The action plan was carried out</td>
<td>SEAG 6 annually</td>
<td>The actions will be set for directorates to take forward and it is the role of the Operational Lead to ensure that action is taken and progress with the action plan is reported to SEAG</td>
</tr>
<tr>
<td><strong>Arrangements for actions</strong></td>
<td>Annual monitoring of risk assessments</td>
<td>In the risk assessments identified in the random sample of 20 areas, the actions have been progressed and there is evidence that action has been taken</td>
<td>SEAG annually</td>
<td></td>
</tr>
<tr>
<td><strong>Staff training</strong></td>
<td>Monitored according to the Policies for Mandatory Training and Staff Induction by the Learning Strategic Group (according to its reporting schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring criteria for policy monitoring

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>95% or more</td>
</tr>
<tr>
<td>Acceptable</td>
<td>&lt;95%-80%</td>
</tr>
<tr>
<td>Amber</td>
<td>&lt;80%-60%</td>
</tr>
<tr>
<td>Poor</td>
<td>Below 60%</td>
</tr>
</tbody>
</table>

Where any aspect of policy monitoring falls below 80% an action plan will be created by the Security Operational Lead which will be monitored at SEAG until complete.
See Appendix I for the policy monitoring audit tool.

**Review**

This policy will be formally reviewed in 3 years, or earlier depending on the results of monitoring, changes in legislation, recommendations from National bodies, or as a result of incident or accident, complaints or claims data analysis or investigation.

9.0 **REFERENCES**

*NHS Security Management Service, A Framework for reporting and dealing with non-physical assaults against NHS staff and Professionals, 2004*
APPENDIX A

UNACCEPTABLE STANDARDS OF BEHAVIOUR

The following are examples of behaviours that are NOT acceptable in this Trust and are a guide to when a person may be considered as violent. Please remember that this is a guide and there may be other situations that fall within the employee’s perception of the definitions of violence and should be acted upon:

- Any physical violence directed towards another person
- Threats or threatening behaviour
- Excessive noise, e.g. loud or intrusive conversation or shouting
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors
- Offensive sexual gestures or behaviours
- Abusing alcohol or drugs in hospital, (all medically identified substance abuse problems will be treated appropriately)
- Drug dealing
- Wilful damage to Trust property
- Theft
PROCEDURE FOR ISSUING “YELLOW CARDS”

IMPLEMENTATION CHECKLIST

1. In the event of inappropriate behaviour by a patient, and following careful review by the individual’s clinical team (or the on call team out of hours), a “Yellow Card” can be issued.

2. In the event of the senior nurse on duty on the relevant ward feeling that a “Yellow Card” may be appropriate, he/she should contact the relevant Directorate General Manager, Associate Director of Nursing or Associate Medical Director (Hospital Site Manager out of hours).

   It is the responsibility of that suitable person to ensure that the full details are properly documented of the incident and the staff member’s concerns. Wherever possible, these should be signed by any witness as true and accurate.

3. If the Directorate General Manager, Associate Director of Nursing or Associate Medical Director agrees that a “Yellow Card” is required, they should:
   - Inform and seek advice from the patient’s consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
   - Ensure that the incident that triggered the procedure is documented in full, and signed by the member of staff and any witnesses.
   - Inform the patient of the ward staff’s concerns and fully explain the “Yellow Card” procedure, ensuring that there is no confusion as to the standard of behaviour required (refer to Appendix A) or the possible consequences of failure to comply.
   - Complete all patient details on the Confirmation of “Yellow Card” Status for Individuals who are Violent or Abusive (Appendix C - YELLOW CARD STATUS).
   - Ask the patient to sign the Confirmation of “Yellow Card” Status for Individuals who are Violent or Abusive. If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient’s agreement.
   - Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the Confirmation of “Yellow Card” status.
   - Inform an Executive Director.
   - Give the patient a copy of the Confirmation of “Yellow Card” status and issue completed copies of Appendix 3 to the patient.
   - Copies of the Confirmation of “Yellow Card” status (Appendix C) should be sent to the Emergency Department for inclusion in the patient card system and a copy must be kept in the patient’s notes. Details of the individual will be recorded on the Trust database for “Yellow Card” holders by the Risk Management Department and circulated to all relevant departments.
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- Prepare a copy of the standard letter (Appendix D), for issue to the patient’s GP.
- Prepare a copy of the standard letter (Appendix E), for issue to the patient and forward to the Chief Executive's Office for signature.
- The full process must be recorded in the patient’s medical and nursing documentation.
APPENDIX C

CONFIRMATION OF “YELLOW CARD” STATUS FOR INDIVIDUALS
WHO ARE VIOLENT OR ABUSIVE

WARD ..............................................HOSPITAL ..............................................

PATIENT’S NAME .................................................................

HOSPITAL NUMBER(S) ................................................................

HOME ADDRESS ...........................................................................

.................................................................................................

HOME PHONE NUMBER ................................................................

CONTACT NAME OF NEXT OF KIN ...................................................

THEIR ADDRESS ..............................................................................

.................................................................................................

GP’S NAME ................................................................................

.................................................................................................

GP’S ADDRESS ..............................................................................

.................................................................................................

GP’S PHONE NUMBER ................................................................

The consequences of a failure to comply with acceptable standards of behaviour have been fully explained. I understand my GP will be informed.

*I agree to comply with the expected behaviours, set out in the policy, under which care will be provided at ..................

Signed ......................................... Date ..............................................

*Delete if refused

WITNESSES FOR THE TRUST
(Initiator of Procedure)

NAME .............................................. NAME ..............................................

DESIGNATION ............................. DESIGNATION .............................

Signed .................. Date .......... Signed .................. Date ............
APPENDIX D

“YELLOW CARD” FOR INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE

LETTER TO GP

GP’s name and address

Date

Dear

Re: Patient’s name

Patient’s address

Patient’s post code

Patient’s date of birth

Patient’s hospital health records number

The above individual is currently an inpatient on ……………………………. Ward at the Taunton & Somerset NHS Foundation Trust.

In order to protect the ward environment for other patients and members of staff, it has been necessary to issue a “Yellow Card” for Individuals who are Violent or Abusive for the above-named patient.

If the above named patient fails to continue to exhibit unacceptable behaviour (see attached), they will be issued a “Red Card” and excluded from receiving treatment at any Trust premises.

This “Yellow Card” will expire on …………………………….

If you have any queries, please do not hesitate to contact:

……………………………………………… (Name and tel. no. of patient’s consultant)

or

……………………………………………… (Name and tel. no. of issuing manager)

Yours sincerely

Signature

NOTE: A COPY OF APPENDIX A SHOULD BE ATTACHED TO THIS LETTER.
“YELLOW CARD” FOR INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE

LETTER TO PATIENT

Patient’s name ………………………………... Taunton & Somerset NHS Foundation Trust
Patient’s address ……………………………... Musgrove Park
………………………………………………... Taunton, Somerset TA 1 5DA
………………………………………………… Tel: 01823 333 444
…………………………………………………
Hospital Number ……………………………...

Date:

Dear …………………………………..

This is to formally confirm that due to your unacceptable behaviour on ……………
at ………………………… You have been issued with a “Yellow Card” for individuals who are violent and abusive.

You should have received an explanation as to why you are subject to this procedure. You should also have a copy the unacceptable behaviours to read.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour explained to you by ……………………………., you will become subject to the next stage of the procedure which may involve the issuing of a “Red Card” and your immediate exclusion from the Trust premises by our security staff/police. Such an exclusion from Trust premises would not mean that you would not receive care, as your responsible clinician would make alternative arrangements for you to receive treatment.

Yours sincerely
Mrs Jo Cubbon
Chief Executive

NOTE: A COPY OF APPENDIX A SHOULD BE ATTACHED TO THIS LETTER.
PROCEDURE CHECKLIST

1. The decision to exclude can only be taken by the relevant Directorate l General Manager, Associate Director of Nursing or Associate Medical Director (or in their absence their nominated deputies) in agreement with an Executive Director. The decision should only be taken once alternate care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.

2. The responsible consultant must be informed and write to the patient’s GP detailing the exclusion and the reasons for it.

3. The patient must be informed that they may challenge exclusion via the established complaints procedure.

4. The Risk Management Department must be informed and they will facilitate the dispatch of a written confirmation from the Chief Executive to the patient’s home (APPENDIX H).

5. The Quality Assurance Department and the Security Advisor must be informed.

6. Details of the exclusion should be included in the Hospital Bleep Holder and on-call manager documentation.

7. A detailed record of the rationale for exclusion and of the alternate arrangements for care should be kept in the patient’s medical and nursing documentation.

8. Details of the individual will be recorded on the Trust database for “Red Card” holders by the Risk Management Department and circulated to all relevant departments.

9. If an excluded individual returns in any circumstances other than a medical emergency, the Police should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.
APPENDIX G

EXCLUSION OF INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE (“RED CARD”)

GP’s name and address

Date

Dear

Re: Patient’s name

Patient’s address

Patient’s post code

Patient’s date of birth

Patient’s hospital health records number

The above individual was issued with a warning under our Policy for dealing with violence and aggression. They have continued to behave in an unacceptable way and, in order to protect the Trust environment for other patients and members of staff, it has been necessary to exclude them from all Trust premises. This exclusion will be reviewed on ……………………

This exclusion from Trust premises does not mean that they will not receive care, as the responsible clinician has made alternative arrangements for them to receive treatment.

Emergency treatment will still be provided at the Emergency Department if required, but it may be necessary to have the police present during this treatment.

If you have any queries, please do not hesitate to contact:

……………………………………………… (Name and tel. no. of patient’s consultant)

or

……………………………………………… (Name and tel. no. of issuing manager)

Yours sincerely

Signature
APPENDIX H

EXCLUSION OF INDIVIDUALS WHO ARE VIOLENT AND ABUSIVE

LETTER TO PATIENT

Patient’s name ………………………………
Patient’s address ………………………………

Taunton & Somerset NHS Foundation Trust
Taunton, Somerset TA1 5DA

Tel: 01823 333 444

Date:

Dear …………………………………..

This is to formally confirm that due to your unacceptable behaviour on …………….. at …………………….. and your failure to comply with the conditions laid down in the letter to you dated …………….., you are now subject to immediate exclusion from the Trust premises by our security staff/police.

This exclusion from Trust premises does not mean that you will not receive care, as your responsible clinician has made alternative arrangements for you to receive treatment.

The exclusion will be reviewed on ……………..

If you wish to challenge this exclusion, you may do so via the Trust’s established complaints procedure.

Yours sincerely
Jo Cubbon
Chief Executive
## APPENDIX I

### Violence and Aggression Policy Monitoring Data Collection Tables

<table>
<thead>
<tr>
<th>Policy Monitoring Requirement</th>
<th>Role</th>
<th>Ward / Dept</th>
<th>Knowledge assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Duties</strong></td>
<td>Carry out a review to ensure that key staff named as having responsibilities in the policy are carrying out their duties. This will be verbal discussions with Key staff and assessed by matching knowledge against policy requirements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compliance
<table>
<thead>
<tr>
<th>Area Selected</th>
<th>Violence and Aggression Risk assessment in place</th>
<th>Assessment of suitability and sufficiency</th>
<th>Actions have been progressed where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Assessment in date (reviewed in last year)</td>
<td>Hazard identified</td>
</tr>
<tr>
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<tr>
<td>Compliance</td>
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</tr>
</tbody>
</table>
3. A review will take place of at least 10 incidents reported by staff involving violence or aggressive patients. Ulysses incident database will be used to identify incidents. Using the patient notes the following will be identified:

<table>
<thead>
<tr>
<th>Patient MRN</th>
<th>Ward</th>
<th>A risk assessment was carried out</th>
<th>The risk assessment contained an action plan</th>
<th>The action plan was carried out</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Compliance Scoring

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>95% or more</td>
</tr>
<tr>
<td>Acceptable</td>
<td>80-94%</td>
</tr>
<tr>
<td>Amber</td>
<td>60-79%</td>
</tr>
<tr>
<td>Poor</td>
<td>Below 60%</td>
</tr>
</tbody>
</table>