

Procedure for addressing verbal aggression towards staff by patients, carers and relatives

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Contents

1	Purpose	3
2	Related documents.....	3
3	Initial verbal abuse of a staff member by a patient, carer or relative	4
4	Expected Behaviours Agreement developed with patient, carer or relative.	4
5	Further episode(s) of verbal aggression and the issue of a formal warning	5
5.1	Patients	5
5.2	Carer or relative	6
5.3	Recording that a formal warning has been issued.....	7
6	Potential discharge or move to an alternative location	7
6.1	Patient	7
6.2	Relative or carer	7
6.3	Patients, relatives and carers.....	7
7	Support for the member of staff affected and the rest of the staff team.....	8
8	Support for the staff team	9
9	How this procedure will be implemented.....	9
10	Training needs analysis	9
11	How the implementation of this procedure will be monitored.....	9
12	Document control	10
	Appendix 1 - Equality Analysis Screening Form.....	11

1 Purpose

The Trust is aware that due to the complex needs of its patients and the impact that accessing services can have on them, at times this can create challenges for all parties involved, which on occasion may result in displays of behaviour identified as challenging.

The primary aim for all staff is to always understand the context and circumstances as to why behaviours that challenge occur in the first instance and the subsequent need for person centred behaviour support, providing interventions that prevent the occurrence of behaviours and improving a person's quality of life.

However on occasions staff may experience verbal aggression from patients, carers and members of the public and that this can have a significant psychological impact on the members of staff affected. The Trust is committed to taking action to reduce the levels of verbal aggression staff experience and to providing support to staff who are affected by such verbal aggression. This procedure addresses behaviour which meets the criteria for behaviours that challenge as outlined in section 4.1 of the [Person Centred Behaviour Support Policy](#)

Following this procedure will help the Trust to:-

- Effectively support episodes of verbal aggression towards **staff** by patients, carers and members of the public;
- Provide appropriate support to those experiencing verbal aggression from patients, carers and members of the public;
- Reduce the amount of verbal aggression experienced in the workplace;
- Provide a consistent framework of actions to support patients and staff involved in verbal aggression that meets the criteria [described here](#)
- Support staff from protected groups who experience verbal aggression from patients, carers and relatives that is motivated by hostility or which demonstrates hostility towards the member of staff's race, religion, sexual orientation, disability or transgender identity. The trust is committed, to providing a consistent framework of actions to support patients, carers, relatives and staff involved in verbal aggression that meets these criteria described [link to 7.2](#).

2 Related documents



This procedure describes what you need to do to implement section 4.1 of the [Person Centred Behaviour Support Policy](#) in relation to verbal aggression from patients, carers and relatives.

The abuse of patients by other patients is covered by the [Safeguarding Adults Procedure](#) and [Safeguarding Children Procedure](#).

This procedure also refers to:-

- ✓ [Criminal Incident Reporting Procedure](#)

3 Initial verbal abuse of a staff member by a patient, carer or relative

Step	Who	What	When
1	Staff member	Report (verbally) any incident of verbal abuse by a patient, carer or relative to their line manager.	As soon as possible following the incident
2	Staff member line manager or colleague	Complete a Datix form detailing the incident. If this is difficult for the member of staff affected to undertake, due to the distress caused to them by the initial aggression, consider whether it is appropriate for the manager or another member of staff to complete on behalf of the staff member.	As soon as possible following the incident
3	Staff member line manager or colleague	Record the incident in the patient's electronic care record. If appropriate, the patient's behavioural presentation will be discussed in handover/ clinical rounds or report outs and the MDT will consider review/amendment of safety summary and behaviour support plan.	As soon as possible following the incident
4	MDT in consultation with Staff member	Consider whether the severity of verbal aggression meets the criteria laid down in 4.1 of the Person Centred Behaviour Support Policy. MDT to assess the context of the incident of verbal aggression, and consider if the patient, carer or relative understands their actions at that time If it's agreed that they do, then process for developing a behaviour contract is to be followed.	As soon as possible following the incident
5	Line manager or nurse in charge	In all cases of verbal aggression support must be offered to the staff member as outlined in section 8 . A debrief must take place with all those involved in the incident.	Immediately following the incident

4 Expected Behaviours Agreement developed with patient, carer or relative

Step	Who	What	When
1	Line Manager/staff member affected	Agree whether the staff member affected would like to discuss the incident with the patient, carer or relative, or whether they would prefer their line manager to do so. The member of staff should not have to challenge the patient, carer or relative about the incident unless they chose to do so.	Immediately following the incident

2	Member of staff, their line manager or designated deputy	Discuss the incident with the patient, carer or relative identifying that the behaviour that they displayed has caused emotional distress to the member of staff affected.	At an appropriate time after the incident
3	Designated senior manager	Provide a face-to-face opportunity for the patient, carer or relative to review the event and provide opportunity for all parties to consider their actions. Describe clearly the behaviours expected and produce a written agreement detailing the behaviours expected of all parties.	As soon as possible following the incident
4	MDT	In accordance with TEWV's PBS Policy, if appropriate consider at this stage: <ul style="list-style-type: none"> • Reviewing any existing behaviour support plans that are in place; • Conducting a formulation of the patients behaviours identifying potential intervention to support the individual; • Accessing a behaviours that challenging clip (Pathway) to support the development of a behavioural assessment and subsequent development of a behaviour support plan; • Utilising the interventions outlined within the Safe wards model. 	As soon as possible following the incident
5	Line manager	Communicate any intervention plan to the rest of the staff team so that all staff are able to respond to any further aggression in a consistent and coordinated way.	As soon as possible following the incident

5 Further episode(s) of verbal aggression and the issue of a formal warning

5.1 Patients

Step	Who	What	When
1	MDT	If the agreed interventions do not result in a change of behaviour, in conjunction with the patient the MDT should consider the appropriateness of taking further action.	An appropriate time after the incident
2	Senior manager	Meet with the patient and explain that, if the behaviour continues, the Trust will need to make changes to the way their (the patient's) service is delivered. It is recognised that there will be circumstances when making such changes could be more difficult.	If further action is to be taken

3	Senior manager	Follow the meeting up by a letter to the patient confirming the discussion and any outcomes. (Use best practice guidance in appendices) Senior Manger to forward copy of the letter to The LSMS who will keep a central record of all formal warning letters issued by the trust.	As soon as possible after the meeting described above
4	MDT	Review care and consider the potential risks of discharge or move to an alternative location should the behaviour persist.	As soon as possible after the meeting with the patient described above.

5.2 Carer or relative

Step	Who	What	When
1	MDT	If the agreed interventions do not result in a change of behaviour, the MDT will meet and make a decision about any future restrictions to accessing Trust premises that may be imposed upon the relative or carer, balancing any risks to the patient of such action with the impact on the member of staff.	An appropriate time after the incident
2	MDT	If the behaviour persists and it is deemed to be appropriate that the individual can be processed through the Criminal Justice System. Guidance with the Criminal Incident Reporting Procedure should be considered.	An appropriate time after the incident
3	Senior manager	Meet with the relative or carer, discuss their behaviour with them and explain that if the behaviour continues the Trust may make changes to accessing premises	An appropriate time after the incident
4	Senior manager	Follow the meeting up by a letter to the patient confirming the discussion and any outcomes. (Use best practice guidance in appendices) Senior Manger to forward copy of the letter to The LSMS who will keep a central record of all formal warning letters issued by the trust.	As soon as possible after the meeting

5.3 Recording that a formal warning has been issued

Step	Who	What	When
1	Senior manager	Inform the Equality, Diversity and Human Rights Lead, and the Positive and Safe Lead that a formal warning has been issued and that a Datix has been completed	As soon as possible

6 Potential discharge or move to an alternative location



The member of staff affected should only be moved to another location as a last resort and after thorough consultation with the staff member, the PBS team and the Equality, Diversity and Human Rights team.

6.1 Patient

Step	Who	What	When
1	MDT	Consider discharging or moving the patient to an alternative location. Consider informing the police of the patient's behaviour to enable a decision to be made about whether criminal proceedings ought to be pursued. Any decision about a patient's potential discharge or relocation will be made by the MDT having considered all relevant factors including risk and Mental Health Act status. This should be in conjunction with guidance within the Criminal Incident Reporting Procedure.	If the aggression continues

6.2 Relative or carer

Step	Who	What	When
1	MDT	Consider restricting the relative or carer's access to Trust premises. Any such decision will be made by the MDT having considered all relevant factors including risk to the patient. This should be in conjunction with the guidance in the Criminal Incident Reporting Procedure that encourages consultation with the LSMS.	If the aggression continues

6.3 Patients, relatives and carers

Following the MDT decision the matter will be referred to the relevant head of service and clinical director (or in their absence their nominated deputies) for a final decision. In the case of a patient who is not able to be discharged from services this will also include a decision about where care is to be delivered.

Step	Who	What	When
1	MDT	Write to the patient's GP detailing the change of location and the reasons for it.	As soon as possible following the decision
2	MDT	Inform the patient, relative or carer that they may challenge the decision to relocate service delivery or to restrict access to Trust premises relocation via the established complaints procedure	
3	Head of Service	Facilitate a letter from the Chief Executive/Executive Director to the patient, carer or relative and ensure that a record is made	
4	Head of Service	Inform the Trust's local security management specialist	
5	MDT	Record a detailed account for the decision in the patient's records.	

7 Support for the member of staff affected and the rest of the staff team

Support for member of staff who has been aggression to include:

- Debrief immediately following incident and offered the opportunity to take a break from the ward or team. Recognise what has taken place and take seriously the psychological impact of verbal aggression. Verbal aggression should not be normalised or minimised.
- Encourage staff to report aggression
- Encourage and support staff to go to the police should they want to and to support any prosecution
- Offer additional supervision – possibly with someone who is not part of staff team
- Consider offering peer support
- Should the verbal aggression be repeated carry out a stress risk assessment and develop a support plan
- Make staff aware that they can access the Employee Support Service, the counselling service, the Employee Psychology Service
- Provide staff with a safe space to talk and allow them to express the full impact of aggression upon them
- Discuss with the staff member how they would like to be supported by the staff team and communicate this to the staff team

The member of staff subject to the verbal aggression may at any point in this process decide to refer the matter to the police. It is recognised that there is law around verbal aggression motivated by hostility or which demonstrates hostility towards a person's disability, race, religion, sexual orientation or transgender identity. These strands are covered by legislation (sections 28-32 of the

Crime and Disorder Act 1998 and sections 145 and 146 of the Criminal Justice Act 2003) which allows prosecutors to apply for uplift in sentence for those convicted of a hate crime. The member of staff should be supported by their line manager and the MDT to refer the matter to the police should they chose to do so. They may also seek the support of the trust's local security management specialist.

8 Support for the staff team

At all stages of the process other staff team members should be offered de-briefs and supported to challenge and manage the patients', carers' or relatives' behaviour in a consistent and coordinated way. They should also be made aware of how to give appropriate support to the member of staff affected

9 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Modern Matrons and Locality Managers	Face to face training on the implementation of this procedure	3 hours	Once

11 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	National Staff Survey		EDHR steering group
2	Number of Datix incidents		EDHR steering group

12 Document control

Date of approval:	10 October 2018	
Next review date:	28 February 2023	
This document replaces:	Not applicable	
Lead:	Name	Title
	Sarah Jay	Head of E&D
Members of working party:	Name	Title
	Stephen Davison	Lead Nurse, Positive & Safe
This document has been agreed and accepted by: (Director)	Name	Title
	David Levy	Director of HR&OD
This document was approved by:	Name of committee/group	Date
	Executive Management Team	10 October 2018
An equality analysis was completed on this document on:	4 October 2018	

Change record

Version	Date	Amendment details	Status
1	10 Oct 2018	New procedure	Published
1	30 Mar 2021	Review date extended to 10 April 2022	Published
1	Aug 2022	Review date extended to 28 Feb 2023	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Trust-wide				
Name of responsible person and job title	Sarah Jay, Equality, Diversity and Human Rights Lead and Voluntary Services Lead				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Stephen Davison, Sarah Jay, Abigail Holder, Lisa Cole				
Policy (document/service) name	Procedure to address verbal aggression towards staff from patients, carers and relatives				
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>	Project
	Procedure/Guidance			x	Code of practice
	Other – Please state				
Geographical area covered	Trust-wide				
Aims and objectives	<p>The Trust is aware that its staff often experience verbal aggression from patients, carers and members of the public and that this can have a significant psychological impact on the members of staff affected. The Trust is committed to taking action to reduce the levels of verbal aggression staff experience and to providing support to staff who are affected by such verbal aggression. This procedure addresses behaviour which meets the criteria for behaviours that challenge as outlined in section 4.1 of the Person Centred Behaviour Support Policy</p>				

Start date of Equality Analysis Screening	12.6.18
End date of Equality Analysis Screening	04.10.18

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All trust staff, patients, carers and relatives					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or	No

				civil partners)	
<p>No – Please describe any positive impacts/s</p> <p>The trust is aware from its monitoring of Datix incidents and the results from the NHS staff survey that all staff experience significant amounts of verbal abuse from patients, carers and relatives. Staff who identify as disabled, BAME or LGB experience higher levels of verbal aggression compared to other staff which is frequently of a racist or homophobic nature. There is currently a lack of clear processes for addressing this with patients, carers and relatives; supporting the member of staff concerned and taking legal action where appropriate.</p> <p>This procedure will have a positive impact on all staff but particularly for those identifying as disabled, BAME or LGB.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>		Yes	x	No	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 		<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with patients, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>					
<p>Yes – Please describe the engagement and involvement that has taken place</p>					
<p>There has been engagement with BAME staff, disabled staff and LGB staff and wide consultation with the leadership and management</p>					

networks, the Clinical Leaders Board, Board of Directors, EMT, Senior medical staffing committee and senior leadership group.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?

Yes

Please describe the identified training needs/service needs below One off training will be offered to modern matrons, locality managers and advanced practitioners on the implementation of this procedure.

A training need has been identified for;

Trust staff

Yes

Patients

No

Contractors or other outside agencies

No

Make sure that you have checked the information and that you are comfortable that additional evidence can be provided if you are required to do so

The completed EA has been signed off by:

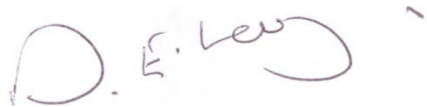


You the Policy owner/manager:

Type name: Abigail Holder

Date:
04/10/2018

Your reporting (line) manager:



Type name: David Levy

Date:

04/10/18

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046