



**Public – To be published on the Trust external website**

# **Title: Procedure for addressing verbal and physical aggression towards staff by patients, carers, and relatives**

## **Ref: CLIN-0019-003-v1.2**

**Status: Approved**

**Document type: Procedure**

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# 1 Introduction

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The Trust is aware that due to the complex needs of its patients and the impact that accessing services can have on them, this can, at times 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 always to understand the context and circumstances in which 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 or physical 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 and physical aggression staff experience and to providing support to staff who are affected by such verbal or physical aggression. This procedure addresses behaviour which meets the criteria for behaviours that challenge as outlined in section 4.1 of the [Supporting Behaviours that Challenge Policy](#)

The trust's core values of respect, compassion and responsibility are integral to equality, diversity inclusion and human rights. This procedure is critical to the delivery of OJTC and our ambition to co create a safe and supported environment for staff.

This procedure supports the trust to co-create a great experience for all patients, carers, and families from its diverse communities by:

- The Trust is aware of the impact that accessing services can have on patients and their carers / families which may result in behaviours identified as challenging towards staff. By outlining a clear process and the subsequent need for person centred behaviour support, interventions can be provided that will prevent the occurrence of behaviours and improve the quality of a person's life.
- The trust is committed, to providing a consistent framework of actions to support patients, carers and relatives involved in incidents verbal or physical aggression.

This procedure supports the trust to co- create a great experience for all colleagues from its diverse communities by:

- Outlining the trusts commitment to ensuring that action is taken to reduce the levels of verbal or physical aggression staff experience verbal or physical aggression from patients, carers, family, and members of the public and to providing support to staff who are affected by such incidents.

- The trust is committed, to providing a consistent framework of actions to support staff involved in incidents of verbal or physical aggression.

## 2 Purpose

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Following this procedure will help the Trust to: -

- Effectively support episodes of verbal or physical aggression towards staff by patients, carers and members of the public.
- Provide appropriate support to those experiencing verbal or physical aggression from patients, carers and members of the public.
- Reduce the amount of verbal and physical aggression experienced in the workplace.
- Provide a consistent framework of actions to support patients and staff involved in verbal or physical aggression that meets the criteria [described here](#)
- Support staff from protected groups who experience verbal or physical 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 or physical aggression that meets these criteria described in [Supporting Behaviours that Challenge Policy](#)

## 3 Who this procedure applies to

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- All trust staff, patients, carers, and relatives

## 4 Related documents

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This procedure describes what you need to do to implement section 4.1 of [the Supporting Behaviours that Challenge Policy](#) in relation to verbal or physical aggression from patients, carers and relatives.



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

This procedure also refers to: -

Criminal Incident Reporting Procedure

## 5 Initial verbal or physical abuse of a staff member by a patient, carer or relative

Step	Who	What	When
1	Staff member	Report (verbally) any incident of verbal or physical 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 Trust incident reporting system 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 or physical aggression meets the criteria laid down in 4.1 of the <a href="#">Supporting Behaviours that Challenge Policy</a>  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 or physical aggression support must be offered to the staff member as outlined in section 9 A debrief must take place with all those involved in the incident.	Immediately following the incident
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## 6 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 <a href="#">Supporting Behaviours that challenge Policy</a> , if appropriate consider at this stage: <ul style="list-style-type: none"> <li>• Reviewing any existing behaviour support plans that are in place;</li> <li>• Conducting a formulation of the patients behaviours identifying potential intervention to support the individual;</li> <li>• Accessing a behaviours that challenging clip (Pathway) to support the development of a behavioural assessment and</li> </ul>	As soon as possible following the incident

		<p>subsequent development of a behaviour support plan;</p> <ul style="list-style-type: none"> <li>Utilising the interventions outlined within the Safe wards model.</li> </ul>	
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

## 7 Further episode(s) of verbal or physical aggression and the issue of a formal warning

### 7.1 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. The MDT will discuss whether to proceed with steps outlined below or whether to ask the Local Security Management Specialist (LSMS) to write a formal warning letter to the patient.	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 a copy of the letter to the Local Security Management Specialist (LSMS) who will keep a central record of all the 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.

## 7.2 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



### 7.3 Recording that a formal warning has been issued

Step	Who	What	When
1	Senior manager	Inform the Equality, Diversity, Inclusion and Human Rights Lead, the LSMS and the Positive and Safe Lead that a formal warning has been issued and that a Trust incident reporting system incident form has been completed	As soon as possible

## 8 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 Positive Behavioural Support team and the Equality, Diversity, Inclusion and Human Rights team.

### 8.1 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

## 8.2 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

## 8.3 Patients, relatives and carers

Following the MDT decision the matter will be referred to the relevant general manager 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	As soon as possible following the decision
3	General Manager	Facilitate a letter from the <b>Chief Executive/Executive Director</b> to the patient, carer or relative and ensure that a record is made	As soon as possible following the decision
4	General Manager	Inform the Trust's local security management specialist	As soon as possible following the decision
5	MDT	Record a detailed account for the decision in the patient's records.	As soon as possible following the decision

## 9 Support for the member of staff affected and the rest of the staff team

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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 or physical aggression. Verbal and physical 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 or physical 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 Employee Psychology Service [Staff Support Services](#)
- 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 or physical 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 or physical 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.

## 10 Support for the staff team

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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.

## 11 Terms and Definitions

Term	Definition
MDT	<ul style="list-style-type: none"> <li>Multi- Disciplinary Team</li> </ul>
LSMS	<ul style="list-style-type: none"> <li>Local Security Management Specialist</li> </ul>
OJTC	<ul style="list-style-type: none"> <li>Our Journey to Change</li> </ul>

## 12 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.

### 12.1 Training needs analysis

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

## 13 How the implementation of this procedure will be monitored

Number	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	Annually	EDI & HR steering group
2	Number of Trust incident reporting system (Datix / InPhase) incidents	Quarterly	EDI & HR steering group

## 14 References

Legislation (sections 28-32 of the Crime and Disorder Act 1998 and sections 145 and 146 of the Criminal Justice Act 2003)

## 16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 September 2023
Next review date	27 March 2026
This document replaces	CLIN-0019-003-v1.1 Verbal aggression procedure
This document was approved by	ePCD
This document was approved	19 September 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	19 September 2023
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
1	10 Oct 2018	New procedure	Withdrawn
1	30 Mar 2021	Review date extended to 10 April 2022	Withdrawn
1	Aug 2022	Review date extended to 28 Feb 2023	Withdrawn
1.1	27 Mar 2023	Full review with minor changes- 1. Minor changes to the introduction to ensure the new Trust values and our journey to change were included. 2. Changes to job titles to reflect the restructure 3. Clarified the involvement of the Local Security Management Specialist	Withdrawn

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1.2	19 Sept 2023	Updated to include physical aggression towards staff	Published
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## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Equality, Diversity, Inclusion and Human Rights, People and Culture Directorate
Title	Procedure to address verbal and physical aggression towards staff from patients, carers and relatives
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	The Trust is aware that its staff often experience verbal and physical 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 and physical aggression staff experience and to providing support to staff who are affected by such verbal or physical aggression. This procedure addresses behaviour which meets the criteria for behaviours that challenge as outlined in section 4.1 of <a href="#">Supporting Behaviours that Challenge Policy</a>
Start date of Equality Analysis Screening	27 January 2023
End date of Equality Analysis Screening	19 September 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All trust staff, patients, carers and relatives



<p>Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?</p>	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
<p>Describe any negative impacts</p>	
<p>Describe any positive impacts</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 and physical abuse from patients, carers and relatives. Staff who identify as disabled, BAME or LGB experience higher levels of verbal and physical 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>

<b>Section 3</b>	<b>Research and involvement</b>
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What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Human Rights Equality and Diversity Policy
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes – when the procedure was initially developed
If you answered Yes above, describe the engagement and involvement that has taken place	There has been engagement with BAME staff, disabled staff and LGB staff and wide consultation with the leadership and management networks, the Clinical Leaders Board, Board of Directors, EMT, Senior medical staffing committee and senior leadership group.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

<b>Section 4</b>	<b>Training needs</b>
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Yes (Please see training needs analysis)
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	Procedure to address verbal and physical aggression towards staff from patients, carers and relatives		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	Consultation with modern matrons, team managers and ward managers
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Have training needs been considered?	Yes	Training is available
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	