

Violence, Aggression and Abuse Management Policy

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Contents

CONSULTATION SCHEDULE	4
IMPACT ASSESSMENTS.....	4
VERSION CONTROL.....	4
1. Introduction.....	5
2. Purpose	5
3. Scope.....	5
4. Definitions	6
5. Duties and Responsibilities.....	8
5.1 Safety and Security Management Director.....	8
5.2 Associate Director for Safety and Security.....	8
5.3 Directors	8
5.4 Managers	8
5.5 All Staff	9
6. Subject Matter of Policy.....	9
6.1 Preventing and controlling violence.....	9
6.2 Dealing with abusive telephone or video calls	10
6.3 Risk assessment.....	10
6.4 Action following violent, abusive, or aggressive behaviour.	10
6.5 Managing vexatious and unreasonably persistent behaviour	11
6.6 Support mechanisms	11
7. Training and Implementation	12
8. Monitoring.....	12
9. Review, Ratification and Archiving.....	12
10. Dissemination and Publication	12
11. References and Associated Documents	12
12. Impact Assessments.....	13
13. Appendices	14

Appendix A Procedure for Dealing with Difficult Telephone Calls from Clients..... 15

Appendix B Reporting incidents..... 16

Appendix C Assault, Threats, and Verbal Abuse Risk Assessment 17

Appendix D Vexatious and unreasonably persistent behaviour 26

CONSULTATION SCHEDULE	
Title of Individual	Groups consulted
Kirsten Owen	Staff Management Group
Tracey Shewan	ICB executive Group
Kirsten Owen	Policy Review Group

IMPACT ASSESSMENTS		
	Date Completed	Comments
Equality Impact Assessment (EIA)		<i>(for no impact insert: No impact identified)</i> <i>(If non-applicable insert N/A)</i>
Quality Impact Assessment (QIA)	NA	<i>(for no impact insert: No impact identified)</i> <i>(If non-applicable insert N/A)</i>
Data Protection Impact Assessment (DPIA)	NA	<i>(for no impact insert: No impact identified)</i> <i>(If non-applicable insert N/A)</i>

VERSION CONTROL				
Version	Job Title of Lead/Policy Author	Ratification Date	Ratification Body	Summary of Amendments
1.0	Associate Director of Special Projects.	TBC	ICB Board	New

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1. Introduction

For the purposes of this policy the NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) will be referred to as 'the ICB.'

The ICB believes that any act of aggression, violence, or intimidation, both physical and non-physical from any member of staff, patient, visitor, member of the public or anybody else is unacceptable. The ICB is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.

As an organisation, we are committed to reduce risk and to have procedures in place that will enable staff to appropriately manage an aggressive or violent situation should it arise.

All staff have a vital role in protecting themselves, including participating in appropriate training, reporting of incidents, and taking appropriate action against perpetrators of perceived abuse or violence. The ICB has a responsibility to ensure that appropriate support is given to staff in such instances.

Violence against NHSE staff is a crime and the ICB will work with the police, other relevant third parties and security Management Advisor to prevent it.

2. Purpose

The ICB is committed to have measures in place, through this Policy and other relevant policies and procedures to:

- Reduce the risk of instances of aggression, harassment, abuse, violence, antisocial behaviour, hate crimes or hate incidents towards staff occurring.
- Enable staff to manage appropriately an aggressive or violent situation should they arise.
- Support staff in the aftermath of such incidents.

Violence, harassment, and aggression can be:

- Physical, psychological, and/ or sexual
- One off incident or more systematic patterns of behaviour
- Vexatious and unreasonably persistent patterns of behaviour
- Amongst colleagues, between superiors and subordinates or by third parties such as patients, the public, clients, colleagues employed by other organisations etc.
- Range of minor cases of disrespect to more serious acts including criminal offences, which require the intervention of the police.

Such incidents could result in the matter being reported to the police.

3. Scope

This policy is to support compliance with the Health and Safety at Work Act 1974, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), the Management of

Health and Safety at Work Regulations 1999 and the Corporate Manslaughter and corporate Homicide Act of 2007.

This policy is for the management of Violence, aggression, and harassment towards Staff. It should be read in conjunction with the relevant ICB Security Management policy, the Health and Safety Policy and Lone working policy.

4. Definitions

Violence / violence at work The Health and Safety Executive (HSE) defines violence at work as “any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.”

- Physical assault – ‘the intentional application of force to the other person or another without justification, resulting in physical injury or personal discomfort.’
- Verbal assault – ‘the use of inappropriate words or behaviour causing distress and / or constituting harassment.’

Examples of violence covered by this policy are:

- Severe verbal abuse which makes the recipient feel threatened or severely distressed, which includes racial and sexual abuse; and,

Physical assault and / or threatening behaviour.

Harassment

Harassment occurs when someone is repeatedly (twice or more) and deliberately abused, threatened, and/or humiliated in circumstances relating to work and circumstances where a reasonable third party consider the actions as harassment. Harassment can be further defined as any conduct which:

- is unwanted by the recipient.
- is considered objectionable by the recipient.
- causes humiliation, offence, and distress (or other detrimental effect)

Examples include:

- physical contact – ranging from touching to serious assault, gestures, intimidation, aggressive behaviour.
- verbal – unwelcome remarks, suggestions and propositions, malicious gossip, jokes, and banter, offensive or abusive language.

- non-verbal – offensive literature or pictures, graffiti and computer imagery, emails, texts, isolation or non- cooperation and exclusion or isolation from social activities

unwanted conduct related to a protected characteristic which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, humiliating or offensive environment for that individual

Aggression

Aggression is defined as:

- A forceful action or procedure (such as an unprovoked attack) especially when intended to dominate the individual.
- hostile, injurious, or destructive behaviour

spoken or physical behaviour that is threatening to the individual and or involves harm to someone or something.

Hate crime

A crime that the victim or any other person perceives to be motivated by hostility or prejudice towards any aspect of a person’s identity. Disability, Gender Identity, Race, Ethnicity or Nationality, Religion Faith or Belief and Sexual orientation

Hate incident

Any incident, which may or may not be a crime, that the victim or any other person perceives to be motivated by hostility or prejudice towards any aspect of a person’s identity.

Vexatious and unreasonably persistent

Threatening and abusive behaviour is readily identifiable, but it is recognised that persistent or vexatious behaviour may be more difficult to identify. The dictionary definition of vexatious is of limited use. This is because the circumstances surrounding the situation and behaviours is paramount. However, by dictionary definition, vexatious means difficult to deal with and causing a lot of anger, worry or argument. The Information Commissioner concludes that vexatious could be defined as manifestly unjustified, inappropriate, or improper use of a formal procedure. Please see appendix D on further information on Vexatious and unreasonably persistent behaviour.

This policy is applicable to all staff working within the ICB whether directly or indirectly employed by Staffordshire and Stoke-on-Trent ICB, including temporary staff.

It covers staff who experience violence, aggression or harassment whilst carrying out ICB work or where the incident is related to their ICB work. This includes inside the usual place of work, in the

community whilst carrying out ICB business and for incidents relating to their work. For example, attending a meeting off site, travelling between meetings and travelling to and from work.

Where the alleged perpetrator is a member of staff, action(s) must be taken in consideration of the relevant HR policy including but not limited to the bullying and harassment policy and the grievance and disciplinary policies.

5. Duties and Responsibilities

The ICB, its leadership, management and all staff employed by the ICB have a part to play in implementing this zero-tolerance policy.

5.1 Safety and Security Management Director

The Director of Corporate Governance as the Safety Security Management Director (SSMD), having the responsibility for raising the profile of security management work within the organisation and Integrated Care Board level, gaining their support and backing for important security management strategies and initiatives

5.2 Associate Director for Safety and Security

Supports the Safety and Security Management Director in the delivery of their responsibilities, developing and refreshing the organisations policies, procedures and plans to ensure the safety and security and ICB members of staff, visitors, and contractors.

5.3 Directors

- Directors are responsible to ensure that staff are aware of this policy and understand the methods and timing of reporting of incidents.
- They ensure that training is available in appropriate techniques for dealing with incidents of violence, abuse, and aggression such as conflict resolution training, and that staff have opportunities to identify specific training they feel they require,
- To take all reported incidents of violence, aggression, and harassment at work seriously and implement work processes or system that will reduce or eliminate the likelihood of violence and aggression.
- To ensure staff have necessary equipment to provide protection from violent or aggressive actions, when required.
- To provide immediate support to staff who experience abusive, violent, or aggressive incidents by listening to the account of the incident and discussion with the member of staff the options available to them. This will occur immediately after the incident and at all stages throughout any investigation which is undertaken in accordance with the ICB investigation guidelines.

5.4 Managers

- All managers in the ICB are responsible to ensure that staff are aware of the policy.

- That they undertake risk assessment for their direct report to identify as far as reasonably practicable, the potential for violence, aggression and harassment behaviour arising in the workplace, including those most at risk.
- To take reasonable and practical steps to eliminate / reduce risk, identify and implement staff working practices, and identify training needs and ensure their staff receive appropriate training.
- They will ensure risk assessment are updated annually if circumstances change and following an incident.
- To take all reported incident of violence, aggression harassment at work seriously and ensure that staff understand the methods and timing of reporting incidents.
- To ensure that staff complete reports are completed as fully as possible and for all reported incidents of violence ideally within one working day. Support and debrief staff following aggressive or abusive incidents.
- They will inform their director of all incidents at the earliest possible opportunity.

5.5 All Staff

All ICB employees, whether permanent, temporary, or working through an agency or other third party, are responsible for ensuring that they

- Follow safe working practices and cooperate with their line manager and colleagues to promote safe working practices.
- Take all reasonable, practical measures to prevent acts of violence.
- Remain watchful of their own safety and that of their colleagues including when working alone, at other premises and traveling within the community.
- Report incidents of violence and aggression, including verbal abuse and 'near misses' as soon as possible giving a detailed account of events
- Not place themselves at risk to protect or prevent damage to or theft of property or to deliver a service.
- Familiarise themselves with the security arrangements management policy of the ICB and for the specific location when working or visiting the premises of other organisations.
- Assist with any investigation into incidents of violence and aggression, by the policy or internally.
- Participate in any training designed to meet the requirements of this policy, particularly conflict resolution training as required.

6. Subject Matter of Policy

6.1 Preventing and controlling violence

Where possible, staff should prevent the escalation of a violent situation by utilising their people skills, with the emphasis on reducing tension without physical intervention. For

example: creating space between themselves and the aggressor, by listening and empathising with the individual; by maintaining a calm exterior.

Violent or threatening situations can erupt and escalate quickly, and, in these situations, staff must withdraw from the threat at the earliest opportunity, warning colleagues as necessary, so that other staff and visitors can be removed to a safe location.

It is important that the senior member of staff present take full charge of the situation and directs staff accordingly.

When dealing with a known or suspected violent or abusive individual, under no circumstances should staff meet with them on their own. They should seek advice from their line manager before face-to face or telephone/ video meetings are arranged and refer to the Lone working policy.

6.2 Dealing with abusive telephone or video calls

The ICB recognises that some staff may be more likely to experience verbal abuse and aggression as part of telephone call handling (for example Continuing Health Care and Complaints Team members). Staff have the option to terminate a telephone call if after asking a caller politely to stop any negative behaviour (for example shouting or verbal abuse), this behaviour continues (see Appendix B of this policy for further advice). Recognising the emotional impact and stress these calls may have on staff, team managers should provide a debrief session as soon as possible after the event. Such incidents should be recorded on the ICB Incident Reporting Management System (appendix b).

6.3 Risk assessment.

Whenever there is a reasonably foreseeable risk of violence, aggression or harassment line managers must ensure that risk assessments are completed. All risk assessments relating to violence and aggression should be added to the Team risk register and must be reviewed on a six-monthly basis by the relevant manager or when there is a change in circumstances. See appendix C for an example risk assessment. Blank risk assessments can be found on **IAN Health and Safety page**.

6.4 Action following violent, abusive, or aggressive behaviour.

All instances of actual or threatened violence, aggression or harassment must be reported in detail.

To report incidents staff should use the incident reporting management system (appendix b). The system will automatically notify the Director for Safety and Security and Associate Director for Safety and Security who will oversee the investigation into the incident.

The police will be advised of any reports of actual or threatened violence, aggression, or harassment, where a crime has been committed.

Line managers are to ensure that staff are properly cared for and debriefed immediately, or as soon as is reasonably practical after the incident. Managers should be aware that incidents of violence and aggression can have a detrimental effect on the victim. It is the responsibility of the line manager to ensure that support and counselling is available for any member of staff effected.

Where any patient, relative or member of the public is alleged to have carried out an act of violence or aggression or harassed a member of staff, the ICB reserves the right to respond to the alleged incident, as deemed necessary in light of the circumstances. The level of response will be dependent upon the seriousness of the incident and the outcome of any investigation.

Potential responses or action available to the ICB

- Verbal warning with a follow up letter to the individual
- Recommendation to use advocacy services.
- Contacting provider organisations to suggest that a warning flag is applied to the patient notes.
- Meeting with the individual(s)
- Written warning from the ICB
- Withdrawal of services
- Involvement of and reporting to the police
- Criminal prosecution
- Civil prosecution

False accusations will not be tolerated and might result in disciplinary action in accordance with the disciplinary policy.

6.5 Managing vexatious and unreasonably persistent behaviour

Handling persistent and unreasonable communications from members of the public places a strain on time and resources and can cause unacceptable stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all service users but there are times when there is nothing further that can be reasonably done to assist them or to rectify a real or perceived problem. The aim of this policy is to provide clear guidance and a consistent approach for staff on how to manage contacts with members of **the** public who are deemed to be demonstrating persistent and/or unreasonable behaviour. **More detail on managing this behaviour can be found on Appendix D.**

All persistent and unreasonable communications should be logged via the incident reporting management system

6.6 Support mechanisms

There are a number of support mechanisms for staff who have been subject to or witnessed violence, aggression, or harassment. These include counselling through the Staff Psychological Wellbeing Hub. Staff are also supported by their line manager, the People team and policies and procedures.

Where staff have a concern about a situation they have witnessed internally, they also have access to the ICBs Freedom to Speak Up Guardia, whose details are available on the ICB internet and whose role is further explained in the ICB Freedom to Speak Up Policy.

7. Training and Implementation

This is an established policy which has been embedded within the organisation for a number of years, hence no implementation plan is needed as relevant processes are already in place.

All staff dealing with service users/ patients across the ICB are required to undertake an on-line Conflict Resolution module available through ESR.

8. Monitoring

The ICB People and Inclusion Committee will agree with the sponsor Executive Director a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9. Review, Ratification and Archiving

The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.

The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.

10. Dissemination and Publication

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the intranet via the Communications Team. The Communications team is responsible to issue an organisation-wide notification of the existence of the Policy.

Heads of Departments/Managers are responsible for ensuring that all staff (including bank, agency, contracted and volunteers) have access to and are made aware of policies that apply to them.

All staff will be able to access copies of policies via the policy section of the ICB intranet.'

11. References and Associated Documents

Other related policy documents

- Freedom to Speak up policy.
- Security management policy
- Bullying and harassment policy
- Domestic Abuse and Sexual Violence policy

Legislation and statutory requirements

- Health and Safety Executive (1974), Health and Safety at Work etc Act 1974. London HSE.

12. Impact Assessments

This policy has been through an Initial Assessment process and no identifiable or potential adverse impact against any protected characteristics or inclusion health group have been identified or mitigating actions have been taken. In the event of any new data, information, or reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed, and a full impact assessment will be carried out where it is deemed necessary to do so. Accessible and inclusive Information and equality monitoring (where it is practical to do so) have been considered.

13. Appendices

Appendix A Procedure for Dealing with Difficult Telephone Calls from Clients

Understanding

'Seek first to understand, then to be understood.'

Never start making your point until you have really listened, heard, and understood the caller's point of view.

Always let the callers know you want to listen and understand.

Listening

Listening will make the caller feel valued and help you get all the information you need:

- Do not interrupt.
- Use encouraging words or sounds by saying things like 'I see' 'yes' 'A- ha' 'please continue.'
- Paraphrase – repeat back relevant sections of what the caller is saying to confirm you understand.

Offer an apology for their experience. This is important as it shows empathy and ownership of the problem. Remember – an apology on behalf of an organisation or individual is not an admission of any guilt.

Escalating anger, swearing or abusive language

Remember, if a person is angry, it is likely to be about a situation or NHS process failure - not at you personally.

Direct the conversation by indicating you want to help them. 'Thank you for letting me know about and giving me the chance to try to help'

If swearing or shouting:

- 'I understand you are upset / frustrated. I really would like to help you with this, but the shouting / swearing is making this impossible,' or 'Would you like me to phone you back in ten minutes to allow you time to gather your thoughts.'
- Issue a warning: 'I really do want to help you, but I am unable to do so if you continue to shout or swear at me'.
- If swearing, abuse continues – terminate the call: 'I am sorry; I am terminating this call now.'

Handling difficult calls

- Take a long slow breath.
- Listen, remain calm, apologise, paraphrase, problem solve.
- Focus on the positive: 'I can help by'
- Defuse repetition or conversation on issues unrelated to ICB: 'Is there anything else I can do for you?'
- Report the incident to your line manager.
- Remember – these calls are not personal.

Appendix B Reporting incidents

All instances of concerns about and / or incidents of violence, aggression, bullying, harassment, discrimination, or potential vexatious/ unreasonably persistent behaviours should be reported using the ICB Incident Reporting System found on IAN Health and Safety site.

Incident reporting management system (IRMS)

Ideally the individual employee raising the concern should report the incident including the following information:

- . Date, time, and location of incident.
- . What was said and done by whom.
- . Detail of any witnesses to the incident.
- . Any other information that is relevant to the incident i.e., how it made them feel.
- . Possible resolutions.
- . Reasons why they are considered vexatious/ unreasonably persistent

What happens when you report an incident?

All incidents will be logged via the IRMS will send an automatic notification through to the Security Director and Health and Safety Officer.

They will make initial contact with the person reporting the issue to establish any immediate actions that are required to be taken.

Following this there will be investigation into the incident and any required actions will be taken and logged on to the system.

It is important that all incidents are logged, to ensure that patterns of incidents are noted and if required for any further police intervention that may be required,

Assault, Threats and Verbal Abuse Risk Assessment

Appendix C Assault, Threats, and Verbal Abuse Risk Assessment

Assessor Name / Job Title	Team Leader / Manager completing the risk assessment	Risk Assessment No.	Risk assessments are number in the order that they are completed. For example, if this is the first risk assessment completed, it would be RA01
Premises / Team	Name of the team and building/premises where the team are based		
Process/Activity	Managing Assault, Threats, and Verbal Abuse	Date	Date that the risk assessment is completed

Other staff involved in risk assessment	Name of any staff member that has supported with completing the risk assessment		

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
1	Staff could be abused, threatened, or assaulted by service users.	Staff	<p>Below are examples of control measures used by other teams / wards. Please amend, remove, and add control measures as appropriate.</p> <ul style="list-style-type: none"> All Staff receive DMI training on a yearly basis. Staff are made aware and work in accordance with the Lone Working SOP A local written procedure is in place for staff responding to an incident. All Staff are provided with a pinpoint alarm during their shift. 	e.g .3	e.g 3	3x3 = 9	<p>Below are examples of any additional control measures that have been identified, as part of the risk assessment. Please add, remove, and amend as appropriate.</p> <ul style="list-style-type: none"> Bank / temporary staff to receive Pinpoint training during induction or handover. Review service users on a case-by-case basis. Maintain effective staffing skill mix as far as possible. 	e.g 3	e.g 3	3x 3 = 9	Any actions identified from completing the risk assessment are numbered here and the action completed below

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
			<ul style="list-style-type: none"> • All staff are made aware of how to use the pinpoint alarm during induction and the response plan. • All service users have a care plan and risk assessment completed when admitted to the ward. This is communicated to all staff during team meetings and daily handover. • All patients are visited by two members of staff on their first visit and a care plan and risk assessment completed. • Incidents of violence or aggression are recorded on safeguard and staff are made aware on how to report an incident. • The ward office is situated so there is good visibility of communal areas. • All clinical / interview / treatment rooms are equipped with panic alarms and staff are aware of the response plan, should an alarm be activated. • Observation levels from staff can be reviewed and increased based on the risk posed by the patient. • Staff are aware of the DMI Clinical Holding Policy 				<ul style="list-style-type: none"> • Managing admissions to ensure a safer patient group • Regular environmental risk assessments to be completed. • Staff could receive DMI training 4 weeks after commencing in post. Staff to receive DMI training during induction. 				

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
			<ul style="list-style-type: none"> • Staff are aware of the Initiating and Responding to a Psychiatric Emergency SOP • Staff receive post incident support. • Seclusion room available for very distressed / aggressive service users • Service users are offered access to quiet spaces for 1:1 session where overstimulated. • Regular environment assessments are completed. • Only furniture approved for challenging behaviour is purchased. • Where incidents are not deescalated, staff contact security. • Staff shout for assistance if they are not near an alarm. 								
2	Staff could be abused, threatened, or assaulted by visitors.	Staff	<ul style="list-style-type: none"> • All Staff receive DMI training on a yearly basis. • All Staff are provided with a pinpoint alarm during their shift. • All staff are made aware of how to use the pinpoint alarm during induction. • Incidents of violence or aggression are recorded on 				<ul style="list-style-type: none"> • Bank / temporary staff to receive Pinpoint training during induction or handover. • Staff offices to be provided as a safe and secure area. • Office doors to be kept locked if there are no trust staff in the area. 				

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
			<p>safeguard and staff are made aware on how to report an incident.</p> <ul style="list-style-type: none"> • All clinical / interview / treatment rooms are equipped with panic alarms. • Staff are aware that the police should be contacted to report any assault on staff by a visitor. • Visitors' details are recorded and verified when entering the ward. • Visitors that are abusive or threatening are asked to leave the ward under Section 119/120 Criminal Justice and Immigration Act 2008. If they fail to leave, this is reported to the police, requesting police attendance. • Staff receive post incident support. • Where incidents are not deescalated, staff contact security. • Staff shout for assistance if they are not near an alarm. 								
3	Service users could be abused, threatened, or assaulted by visitors or other service users.	Service users	<ul style="list-style-type: none"> • All Staff receive DMI training on a yearly basis. • All Staff are provided with a pinpoint alarm during their shift. 				<ul style="list-style-type: none"> • Bank / temporary staff to receive Pinpoint training during induction or handover. 				

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
			<ul style="list-style-type: none"> • All staff are made aware of how to use the pinpoint alarm during induction. • Incidents of violence or aggression are recorded on safeguard and staff are made aware on how to report an incident. • All clinical / interview / treatment rooms are equipped with panic alarms. • Staff are aware that the police should be contacted to report any assault on staff by a visitor. • Visitors that are abusive or threatening are asked to leave the ward under Section 119/120 Criminal Justice and Immigration Act 2008. If they fail to leave, this is reported to the police, requesting police attendance. • Service users are given the option for an assault to be reported to the police. • Staff receive post incident support. • Where incidents are not deescalated, staff contact security. • Staff shout for assistance if they are not near an alarm. 								

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	
4	Visitors could be abused, threatened, or assaulted by service users.	Visitors	<ul style="list-style-type: none"> • All Staff receive DMI training on a yearly basis. • All Staff are provided with a pinpoint alarm during their shift. • All staff are made aware of how to use the pinpoint alarm during induction. • Incidents of violence or aggression are recorded on safeguard and staff are made aware on how to report an incident. • All clinical / interview / treatment rooms are equipped with panic alarms. • Staff are aware that the police should be contacted to report any assault on staff by a visitor. • Visitors are given the option for an assault to be reported to the police. • Staff receive post incident support. • Where incidents are not deescalated, staff contact security. • Staff shout for assistance if they are not near an alarm. 				<ul style="list-style-type: none"> • Bank / temporary staff to receive Pinpoint training during induction or handover. 				

Assault, Threats and Verbal Abuse Risk Assessment

No.	Description of Hazard(s)	Person's Affected	Existing Control Measures (What are you already doing?)	Risk Rating (Existing Control)			Amended Control Measures (What else do you need to do to control this risk?)	Risk Rating (Amended Control)			Action Required? If yes, complete the action plan below
				S	L	R		S	L	R	

For Risk Rating (Severity (S) x Likelihood (L) = Risk (R)), please see matrix below

Action Plan

Action Plan				
Risk No.	Action Details	Responsibility	Target Date	Actual Date
e.g 1	This is the action that needs to be completed	Who is responsible for completing the action?	The date that the action should be completed	The date that the action is actually completed

Assault, Threats and Verbal Abuse Risk Assessment

Assessor
Signature

:

Responsible Manager
Signature

:

Review Date(s):

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If you require assistance in the completion of this form please contact the Kirsten Owen via email.

Assault, Threats and Verbal Abuse Risk Assessment

Risk Grading Matrix

For the Risk Rating, consider two aspects. Impact (Severity) and Likelihood	Most likely impact (if in doubt grade up, not down):				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	<ul style="list-style-type: none"> • No injury or identifiable damage • No disruption to service or the organisation • Financial implications are negligible 	<ul style="list-style-type: none"> • Mild injury • The impact would threaten the efficiency of some aspects of the organisation • Some financial implications • e.g. absence from work, incorrectly filed documents 	<ul style="list-style-type: none"> • Some injury, ill health, damage or loss of function likely to resolve within a few months • Disruption to organisation could be managed • Moderate financial implications (>£50K) 	<ul style="list-style-type: none"> • Serious injury (emotional, psychological or physical), ill health, damage or loss of function possibly with prolonged disability • Serious disruption to the organisation • High financial implications (>£500K) 	<ul style="list-style-type: none"> • Death or significant permanent disability • Organisation unable to function • Very high financial implications (>£1million)
Likelihood:					
Rare: This will probably never happen/recur 1	LOW 1	LOW 2	LOW 3	LOW 4	LOW 5
Unlikely: Do not expect it to happen/recur but it is possible/it may do so 2	LOW 2	LOW 4	LOW 6	MODERATE 8	MODERATE 10
Possible: Might happen or recur occasionally 3	LOW 3	LOW 6	MODERATE 9	MODERATE 12	HIGH 15
Likely: Will probably happen/recur but it is not a persisting issue 4	LOW 4	MODERATE 8	MODERATE 12	HIGH 16	HIGH 20
Almost Certain: Will undoubtedly happen/recur, possibly frequently 5	LOW 5	MODERATE 10	HIGH 15	HIGH 20	HIGH 25

Assault, Threats and Verbal Abuse Risk Assessment

Appendix D Vexatious and unreasonably persistent behaviour

Overview

Vexatious and unreasonably persistent behaviour in the context of complaints or interactions often refers to conduct that is excessive, demanding, and intended to harass or cause annoyance, even if there's a legitimate issue. This can involve repeated complaints, excessive demands, or refusing to cooperate with reasonable procedures, hindering the resolution of the issue.

Characteristics of Vexatious and Unreasonably Persistent Behaviour:

- **Excessive or scattergun approach:**
This involves raising the same complaint with multiple bodies, such as the council, MPs, or other authorities.
- **Changing or denying statements:**
This can include altering the basis of a complaint or denying earlier statements made during the process.
- **Raising irrelevant information:**
This involves raising trivial or unrelated details and demanding they be taken into account, even if they are not pertinent to the issue.
- **Excessive demands on staff:**
This can include making unreasonable demands on staff time, resources, or the pace of resolution.
- **High volume of contact:**
This involves sending an excessive number of emails, letters, or phone calls.
- **Repeated complaints, FOI request or SARS:**
This involves re-submitting the same complaint or raising new but related complaints repeatedly after a resolution has been reached.

Verbal contact

Staff members are not expected to tolerate verbal abuse or excessive volumes of contact either over the telephone face-to-face. If an individual is abusive or excessively persistent either over the telephone, face-to-face, staff should advise them that they are not prepared to continue with the call or appointment if the abuse continues.

If the individual continues to be abusive, in person, or to make repeated telephone calls without giving staff adequate opportunity to respond to their concerns, staff should state "I am ending this call" or an appointment/interview should be terminated and the individual asked to leave. It is recommended that a note is recorded of all incidents, detailing what happened and the action taken with relevant details (e.g. location, date, time, witnesses, using the Incident Reporting Management System).

Written contact

Staff members do not have to tolerate abusive and / or excessively voluminous emails, letters or social media contacts when processing complaints or enquiries, or in general. Evidence of written contact will be collected in the application of this procedure. Nor should staff accept correspondence containing abusive, threatening or derogatory content.

Judgement and discretion must be used in applying this policy, application of the criteria and action to be taken in each case. The process for managing persistent/ unreasonable contacts will therefore only be used as a last resort and after all reasonable measures have been taken to try to resolve any issues, concerns raised

Assault, Threats and Verbal Abuse Risk Assessment

Standard Operating Procedure for dealing with Vexatious and unreasonably persistent behaviour

There are several stages to managing persistent and unreasonable contacts: staff will need to work through the process and move to another stage if the situation continues.

Stage 1 – Advise the service user

The member of staff receiving the contacts, or their manager, should liaise with the Head of Patient Experience and Complaints to arrange for a call* with the individual to discuss the issues raised and develop an agreement setting out a code of behaviour and process of communication in order to conclude their matter.

A code of behaviour could include the following:

- Restricting contact to a named individual
- Restricting the method of communication, e.g. by letter only
- Restricting the time allocated if contact is to be made by telephone.
- How any additional requests will be managed during this period.

This will be followed up in a letter, with and a copy of this policy, to be sent to the individual advising them that their contact is unreasonable/persistent and include an explanation of how their matter* will be managed going forward, this will include a code of behaviour

Full and accurate documentary records must be kept of all contacts with the individual, which may be shared with them if requested.

*There will be occasions when an individual is being aggressive or abusive when a call is not appropriate and in these circumstances these individuals will only receive a letter.

Stage 2 – Issue a warning.

When a formal letter and copy of the policy has been sent to the member of public and they continue to behave in a way which is perceived as persistent and unreasonable the Manager and Head of Patient Experience and Complaints will consult with the Associate Director of Corporate Governance (ADCG), or nominated deputy, to decide what action is taken.

If the ADCG agrees that the contacts continue to be unreasonable and/or persistent they will send a second formal warning letter with a copy of this policy. The warning should explain:

- Why the contacts are found to be unreasonable / persistent.
- The consequences of continuation of unreasonable / persistent contact.
- The restrictions on future contacts with SEL ICB and the consequences of persisting with unacceptable behaviours.

Where possible, warnings should be in writing as this provides a clear statement and an audit trail. If it is necessary to provide a telephone warning this should be followed up in writing

Stage 3 – Request further action

Where two warnings has been given but the individual continues to behave in a way that is unacceptable, a request to apply further action must be made to the Director of Corporate Governance (DCG)

This should include:

- A summary of evidence for applying further action from staff/ relevant Manager.
- Information about any extenuating circumstances.
- Relevant documentation.

Assault, Threats and Verbal Abuse Risk Assessment

- Proof that warnings have been provided and any other efforts made to prevent use of further action.
- What steps are considered appropriate to control any adverse effects on the service user's behaviour.

The action decided upon will be applied for a set period of time, determined by the DCG (usually 6 months).

SSOT ICB will automatically consider if unrestricted contact can resume after 6 months, dependent on the individual's behaviour over this period.

If unreasonable/ inappropriate contact resumes the DCG can invoke the restrictions previously applied, including a further review after six months.

Stage 4 – Further action

The Director of Corporate Governance (DCG) will decide if further action should be applied and what action to implement, this will be shared and agreed with the ICB Chief Executive which could be one or more of the following.

- A. Restricting the method/ type of contacts, e.g. written communications only. If SSOT ICB is to withdraw from telephone contact with the individual a suggested statement should be prepared for staff to use.
- B. Restricting the point of contact, e.g. single point of access via a generic email
- C. Decline further communications. Where SSOT ICB has responded fully to the points raised by the client and tried to resolve the issues without success, and continuing contact on the matter would serve no useful purpose, the individual will be notified that contact is at an end and any further communication will be acknowledged but not responded to.
- D. In exceptional circumstances the ICB might take legal advice or, if appropriate, refer the matter to the police. The Director of Corporate Governance will arrange for a letter to be sent to the individual notifying them why they have been classified as unreasonably persistent, the action that will be taken and date this decision will be reviewed.

Stage 5 Review of a decision to apply further action.

At the specified review date, the individual will be reviewed, and a decision made if appropriate to withdraw persistent/unreasonable status. The decision will be based on the individual's conduct during the review period and if any breaches are evident. Once a decision is reached a letter should be sent to the individual advising them of the outcome and confirming if the status has been lifted or the period of restriction extended.