
POLICY TITLE: **Zero Tolerance of Physical Assault, Non-Physical Assault & Anti-Social Behaviour**

Policy Number: OP75

Version Number: 01

Date of Issue: 12/06/2024

Date of Review: 11/06/2027

Policy Owner: Kelly Mendis-Gunasekera, Associate Director of Quality

Ratified by: Charles Young, Director of Quality

Responsible Signatory: Colin Quick, Chief Quality Officer

Outcome: This policy:

- aims to protect all colleagues and workers from all forms of violence, assault, abuse or harassment
- ensures that all colleagues and workers are aware of what steps to take to address assaultive and anti-social behaviour
- includes roles & responsibilities
- includes definitions
- provides an overview of required reporting and actions to be taken

Cross Reference: AC-SOP58A [Behaviours that Challenge Placement Breakdown](#)
AC-SOP58C [Potential Placement Breakdown](#)
AC(SR)08 [Positive Behaviour Support, Incorporating Restrictive Practice Reduction](#)
H37 [Prevention and Management of Behaviour that Communicates Distress in Adults](#)
H37.3 [Prevention and Management of Behaviour that Communicates Distress in Young People](#)
H&S45 [Prevention & Management of Violence at Work](#)
OP08.6 [Safeguarding Children and Adults](#)
OP78 [Prevention of Harassment, Bullying & Discrimination](#)

EQUALITY AND DIVERSITY STATEMENT

Priory is committed to the fair treatment of all in line with the [Equality Act 2010](#). An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics (age, disability, gender identity and expression, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex, sexual orientation), and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorigroup.com

ZERO TOLERANCE OF PHYSICAL ASSAULT, NON-PHYSICAL ASSAULT & ANTI-SOCIAL BEHAVIOUR

CONTENTS

Section		Page
1	SCOPE	2
2	INTRODUCTION	2
3	PURPOSE	2
4	EXCLUSIONS	3
5	DUTIES	3
6	DEFINITIONS	5
7	REPORTING AN INCIDENT	7
8	AFTER AN INCIDENT	8
9	APPLYING ZERO TOLERANCE	8
10	WARNINGS AND ACTION FOR ALL INCIDENTS OF PHYSICAL AND NON PHYSICAL ASSAULT	9
11	CONFLICT RESOLUTION TRAINING	12
12	MONITORING	13
13	REFERENCES	13
14	EQUALITY IMPACT ASSESSMENT	13
15	APPENDICES	14

1 SCOPE

- 1.1 This policy applies to all sites and services across England, Northern Ireland, Scotland and Wales. Where there are differences between nations, this will be clearly highlighted.
- 1.2 This policy applies to patients, service users, and residents, hereafter referred to as "service users".

2 INTRODUCTION

- 2.1 Priory has a duty to protect the health, safety and welfare of staff members 'so far as is reasonably practical' under the Health and Safety at Work Act 1974.
- 2.2 All people using Priory services should be able to do so without fear of violence, assault, abuse or harassment from other service users, colleagues, visitors, stakeholders and the public.
- 2.3 All colleagues should be able to attend work without fear of violence, assault, abuse or harassment from people using services, their relatives, carers, stakeholders or the public.

3 PURPOSE

- 3.1 As a provider of Health and Social care and in compliance with the Health and Safety at Work Act (1974), Priory has a duty to provide a safe environment for people using services, visitors and colleagues, so far as is reasonably practical. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect all who come into contact with our services.
- 3.2 The Mental Capacity Act (2005) presumes that all those aged 16-years and over have capacity. People using services who commit acts of violence or abuse will, where necessary, be referred to the police to ensure appropriate actions and consequences occur. Where the person has a mental disorder, the police may require that a robust assessment of capacity is completed to explore whether the person understood the potential consequences of their violence and abuse (such as the harm that could be caused or potential for criminal prosecution) or regarding engagement in a police enquiry.

- 3.3 Priory expects and requires all employees to demonstrate the highest standards of behaviour in carrying out their duties and responsibilities. All individuals have a clear role to play in creating a positive working environment. In particular, to achieve this standard it is essential that employees work in a supportive environment, which does not tolerate unacceptable behaviour, bullying or harassment of any kind. Priory expects all employees to demonstrate behaviours which are in line with our Priory Values and any unacceptable behaviours demonstrated will be managed in compliance with Policy HR04.2 Disciplinary Procedure.
- 3.4 Any unacceptable behaviours demonstrated by people using services, relatives, carers, visitors and the public directed at our colleagues will be managed in compliance with this policy.

4 EXCLUSIONS

- 4.1 As per the description given in the Mental Capacity Act 2005 this policy excludes any person who lacks capacity; in relation to a matter **if at the material time they are unable to make a decision for themselves, in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.** It should be noted that the Mental Capacity Act 2005 presumes capacity for all those aged 16-years and over, consequently a formal assessment of capacity is required before it can be concluded that an individual lacks capacity on the balance of probability. It is noted that such an assessment would be retrospective but will relate to the person's capacity to understand consequences of violence and abuse and their understanding of police enquiry. Where an individual is detained under the provisions of the Mental Health Act, this does not automatically lead to the conclusion that the person lacks capacity.
- 4.2 This policy does not include detail regarding predicting or preventing violence and aggression. Policies H37 & H37.1 Prevention & Management of Behaviour that Communicates Distress and AC(SR)08 Positive Behaviour Support, Incorporating Restrictive Practice Reduction for Specialist Services should be referred to for this information.
- 4.3 As referenced in section 2.3, this policy is concerned with people using Priory services together with relatives, carers, visitors and the public. The policy is not concerned with how to manage unacceptable colleague behaviour. Colleague behaviour is managed through the human resource process HR04.2 [Disciplinary Procedure](#).

5 DUTIES

- 5.1 **All Colleagues** – If a colleague experiences physical assault or non-physical aggression directly, or witnesses physical assault or non-physical aggression, where that colleague feels it is safe and appropriate, then it is the responsibility of the ward manager and/or Responsible Clinician and/or Service Manager to ensure that the individual that has instigated the assault is told as soon as possible after the event that their remarks, actions or behaviour are unacceptable and that the company may take appropriate action under the Zero Tolerance policy which may involve reporting the incident to the police.
- 5.1.1 Anyone who witnesses harassment, assault or other violence should report it to the manager of the service, or where the person instigating the behaviour is using services, the Responsible Clinician for that person or the Service Manager. An incident must be logged on the incident reporting system (DATIX) by the most appropriate person. All colleagues have a responsibility to report incidents of unacceptable behaviour and to record these in the service user's daily electronic record and adjust the risk assessment accordingly.
- 5.1.2 Witnesses should support any colleagues suffering harassment, victimisation or assault. This could include talking to the instigator at the time of the incident, helping to de-escalate the situation, taking part in debrief discussions and providing witness statements if required.

- 5.1.3 It is unacceptable in all circumstances for any colleague to physically assault or act aggressively to any other person. Any reports of physical or non-physical aggression instigated by a colleague will be dealt with in compliance with the relevant company policies, which could result in disciplinary action or dismissal.
- 5.2 **Priory Operating Boards** – The Priory Operating Boards retain overall responsibility for the health, safety and welfare of all people in contact with the company's services.
- 5.3 **Managers** – Managers support all colleagues to report local incidents of physical or non-physical assault on the incident reporting system, to the police or to any other appropriate internal or external body or agency. Managers provide local support and guidance to their colleagues and to the people using services regarding the Zero Tolerance policy and the action that will be taken if anyone is reported to have physically or non-physically assaulted another person.
- 5.3.1 People using services should not feel able to harass colleagues in the hope that a replacement colleague will treat/support them. The colleague themselves, or ultimately the manager should inform the person that they will not be able to secure a change in the colleague allocated to them through behaving in an unreasonable way.
- 5.3.2 On occasion, there may be a legitimate reason where a change in allocated colleague is not an unreasonable request in order to aid the on-going treatment, care / support and/or recovery of the person using our services. An example could include a female person using services requesting a female worker. If for any reason the request cannot be met at the current time, the person using our services cannot refuse care on the basis of a protected characteristic.
- 5.4 **People Team** – The Priory People Team support the recruitment, development and health and wellbeing of colleagues across all Priory sites. The Regional Business Partners provide support and guidance to line managers for colleagues who are absent from work, or who require reasonable adjustments, due to physical or non-physical assault received from a service user, relative, carer or member of the public while working on any Priory site.
- 5.5 **Nursing and Professions** – The Chief Quality Officer ensures that adequate safety and security management provision is made within the Healthcare and Adult Care divisions through the site Hospital Directors/Service Managers. They are also responsible for Equality, Diversity and Inclusion (EDI) in the provision of our services and ensure that appropriate monitoring and response to incidents involving people with protected characteristics is in place through the Managing Directors.
- 5.6 **Health & Safety Forum** – The forum meets on a quarterly basis and is chaired by the H&S Manager. The forum promotes co-operation between Priory and colleagues in instigating, developing and carrying out measures to ensure the health, safety and security at work of employees. Accidents and incidents statistics are reviewed and circumstances and causes of accidents, dangerous occurrences, incidents and occupational illnesses reviewed (as specified by the Health and Safety Executive) so that recommendations can be made in order to prevent recurrence.
- 5.7 **Equality & Diversity Steering Group** – This steering group is responsible for reviewing themes and trends arising from incidents of violence, aggression, assault, victimisation and discrimination against colleagues relating to a protected characteristic. The group will be responsible for targeting corporate action where it deems this is required. It will also hold services to account in the implementation of this action locally.
- 5.8 **People using services, relatives, carers, visitors and public** – All people in contact with Priory services are encouraged to report any incidents of alleged physical or non-physical assault. Any incidents should be reported as soon as possible to the Ward Manager, Service Manager or Nurse-In-Charge (ward based). While it is important for the local managers to receive reports of alleged assault, incidents can be reported to any colleague.

6 DEFINITIONS

- 6.1 **Anti-social behaviour** – Anti-social behaviour covers a wide range of unacceptable behaviours including harm to an individual, environment or community. Fear of crime or concern for public safety is included under the heading of anti-social behaviour as well as public nuisance and public disorder. While it is challenging to provide a comprehensive list of all types of incident, examples of anti-social behaviour not tolerated on Priory premises include:
- (a) Nuisance, rowdy or inconsiderate behaviour
 - (b) Vandalism and graffiti
 - (c) Drinking alcohol on the premises
 - (d) Environmental damage including littering, dumping of rubbish and damage to or abandonment of cars.
- 6.2 **Bullying** – This is behaviour which is offensive towards the person at which it is aimed or those present. This includes humiliating, offensive, degrading or abusive behaviour. This could be towards one individual or towards a group of people where they are made to feel threatened, humiliated and/or vulnerable
- 6.3 **Discrimination** – Treating someone less favourably because they have, or are perceived to have, or associate with someone who has a protected characteristic as described under the Equality Act 2010 is classed as discrimination. This relates to age, disability, race, gender, sexual orientation, religion, gender reassignment, pregnancy or maternity or marriage and civil partnership.
- 6.4 **Harassment** – Harassment can happen in different forms of physical and non-physical manners. This includes written, verbal, crude gestures and using inappropriate flags and signs. These incidents may be contained or continuous.
- 6.5 **Hate Crime** – Crimes committed against someone which is perceived to be motivated by hostility or prejudice based on their Race, Religion, Disability, Sexual Orientation or Gender Identity are hate crimes and should be reported to the police. Hate Crimes can include:
- (a) Threatening behaviour
 - (b) Assault
 - (c) Robbery
 - (d) Damage to property
 - (e) Inciting others to commit hate crimes
 - (f) Harassment
 - (g) Verbal abuse
- 6.5.1 **Reporting Crime – criminal acts must always be reported to the police.**
- (a) Call 999 if you are reporting a crime that's in progress or if someone is in immediate danger
 - (b) You can report a hate crime online – reportit.org.uk
 - (c) If the crime isn't an emergency, call 101 or contact your local police station.
- 6.5.2 Support for those experiencing Hate Crime is available through the Victims Information Service: <https://www.victimsinformation.service.org.uk/>
- 6.6 **Non-Physical Assault / Anti-Social Behaviour** - The definition of non-physical assault is: *'The use of inappropriate words or behaviour causing distress and / or constituting harassment.'*
- The definition of anti-social behaviour is: *'Any activity that impacts on other people in a negative way and the key to categorising behaviour as anti-social must be consideration of its impact on others.'*
- 6.6.1 While it is challenging to provide a comprehensive and complete list of types of incidents that are covered under this definition, some examples are provided below:
- (a) Offensive language, verbal abuse and swearing

Operational

- (b) Racist, sexist or homophobic comments
 - (c) Unwanted or abusive remarks
 - (d) Negative, malicious or stereotypical comments
 - (e) Invasion of personal space
 - (f) Branding of objects or weapons
 - (g) Near misses, i.e. unsuccessful physical assaults
 - (h) Offensive gestures
 - (i) Threats of risk of serious injury to colleagues
 - (j) Intimidation
 - (k) Stalking and harassment (including online / via social media)
 - (l) Sexual harassment
 - (m) Alcohol or drug fuelled abuse
 - (n) Incitement of others and / or disruptive behaviour
 - (o) Any of the above linked to destruction of or damage to property.
- 6.6.2 The list presented above is not exhaustive but outlines the range of behaviour that falls within the definition of non-physical assault. Such behaviour can be carried out in person, or by telephone, letter, email, social media or other forms of communication.
- 6.7 **Physical Assault** - The definition of physical assault is: 'The intentional application of force to the person of another without lawful justification resulting in physical injury or discomfort.'
- 6.7.1 While it is challenging to provide a comprehensive and complete list of types of incidents that are covered under this definition, some examples are provided below:
- (a) Spitting on or at colleagues
 - (b) Pushing
 - (c) Shoving
 - (d) Poking or jabbing
 - (e) Scratching and pinching
 - (f) Biting
 - (g) Throwing objects, substances or liquids onto a person
 - (h) Punching and kicking
 - (i) Hitting and slapping
 - (j) Sexual assault
 - (k) Use of weapons or objects
 - (l) Incidents where reckless behaviour results in physical harm to others
 - (m) Incidents where attempts are made to cause physical harm to others and fail.
- 6.7.2 The list presented above is not exhaustive but outlines the range of behaviour that falls within the definition of physical assault.
- 6.7.3 The reference to incidents within this policy encompasses all types and levels of violent, aggressive and abusive behaviours, ranging from non-physical assault such as swearing and verbal and racial abuse through to physical assault.
- 6.8 **Unacceptable Behaviour** – In relation to unacceptable behaviour, the definitions and principles adopted in this policy are in line with the Equality Act 2010 and are as follows:
- 'Unacceptable behaviour means any action, from any individual, that can be described as discrimination, harassment or bullying. It is costly, counterproductive and has a devastating effect on those involved. It drains the organisation of productive, committed people.'*
- 6.9 **Zero Tolerance** – Is used to describe physical and non-physical behaviours that will not be tolerated by an organisation. Laws and penalties may be invoked in order to reinforce appropriate behaviour and protect colleague's safety at work.
- 6.9.1 Everyone has a duty to behave in an acceptable and appropriate manner when receiving treatment or care from colleagues on Priory premises. If any person is abusive or violent

towards any colleague or any other persons on Priory premises, the company retains the right to take zero tolerance action.

6.9.2 Zero tolerance action may be taken against a person using Priory services, relative, carer or member of the public, which involves criminal justice agencies such as the police or courts, where there has been an offence of physical or non-physical assault towards a colleague.

6.10 **Effects of behaviours** – The effects of non-physical and physical assault are wide-ranging and it should be acknowledged that as well as the more evident impacts of a physical assault, such as a visible bruise or injury, there may often be non-evident impacts, such as longer lasting emotional and psychological trauma and shorter term effects such as alarm and distress. It is not necessary for there to be any physical injury as a result of the assault in order for further action to be taken. If colleagues and managers intervene when incidents occur, clarifying that certain behaviours are not acceptable, in many cases the instigator may stop without the need for further action.

7 REPORTING AN INCIDENT

7.1 Any incidents should be reported as soon as possible to the Service Manager, Team Manager, Ward Manager, or Nurse-In-Charge (ward based). While it is important for the local managers to receive reports of alleged assault, incidents can be reported verbally to any colleague.

7.2 All physical and non-physical assaults must then be formally reported on the incident reporting system (DATIX) by the colleague that experienced the incident or where they do not have access to the system, by the relevant manager. Incident reports must be accurate, should include as much detail about the incident as possible and must be recorded as soon as is practicably possible. Where the incident includes elements of discrimination, harassment or hate crime these must also be accurately recorded on the system.

7.3 All **Physical assaults** and **Hate Crimes** should be reported to the police by the colleague or the colleague should be supported to report the incident by the relevant manager acting on their behalf. **Incidents should be reported by phoning 101 to obtain a crime reference number.**

7.4 Colleagues will be supported by their line manager and any associated management structure when reporting incidents and will never be discouraged from reporting any incident of assault or hate crime.

7.5 When a **non-physical assault** takes place the following factors should be considered when deciding to report the incident to the police:

- (a) The impact on the colleague or witnesses
- (b) The assailant's behaviour is motivated by hostility towards a particular protected characteristic group, such as race, disability, religion, sexual orientation, gender, age, therefore whether this is a hate crime
- (c) A weapon (or similar other object) is used to threaten colleagues or used to damage property
- (d) The incident was an unsuccessful attempt of physical assault
- (e) This is not the first incident by this assailant
- (f) If there is a concern that threats made will be carried out
- (g) If there is a risk that the person's behaviour may deteriorate further
- (h) It is obvious or believed that the colleague (or specific colleagues) are being targeted
- (i) If it is apparent that a specific team or area are being targeted
- (j) The response to the incident has caused significant alteration to the hospital's/services security policies or caused significant additional expenditure.

7.6 Where a non-physical assault needs to be reported to the police, this should be done as soon as is reasonably practicable and full co-operation must be given to the police by colleagues to support any subsequent investigation which may take place.

- 7.7 Non-physical assault carried out as a result of a physical or mental health related problem which impairs a person's ability to make rational decisions in regards to their actions may not require reporting to the police unless there is a threat to kill or ongoing risk to a member of the public. The ultimate decision as to whether a person's mental health related problem has impaired their ability to make rational decisions will be made at a multi-disciplinary risk management meeting (Outlined in Section 10.) Such decisions can only be made following robust assessments of mental disorder and mental capacity in respect of specific actions or decisions.

8 AFTER AN INCIDENT

- 8.1 After any occurrence of serious physical assault or ongoing non-physical assault, a Team Incident Review should be arranged as soon as is practicable, The Team Incident Review meeting should include the colleague(s) who were involved in the incident, their line manager and any relevant MDT members.
- 8.2 The aim of the review is to seek to learn lessons, support colleagues and people using Priory services and encourage the therapeutic relationship between them. The review will aim to establish:
- (a) What happened during the incident
 - (b) Were there any trigger factors
 - (c) Each person's role in the incident
 - (d) What interventions were used?
 - (e) Why the interventions were used
 - (f) Their feelings at the time of the incident, at the review and how they may feel in the near future
 - (g) What can be done to address their concerns.
- 8.3 **Ongoing health support** - Where any physical or non-physical assault has taken place which is resulting in or has resulted in time away from work over 7 days a medical certificate will be required. Additionally, consideration should be given to a referral to occupational health being made by the line manager. The colleague will receive a copy of the submission to occupational health. It is also possible for the affected colleague to request their line manager refer them to Occupational Health. Advice should be sought from the Regional HR team as required.
- 8.3.1 For cases of non-physical assault only, the colleague should be asked if they wish to be referred to Occupational Health, but have the right to decline
- 8.3.2 Colleagues are also able to directly contact the Confidential Colleague Assistance Programme which operates a 24/7 service providing free and confidential information, support and counselling services.

9 APPLYING ZERO TOLERANCE

- 9.1 In Healthcare services, incidents of physical assault carried out by service users in in-patient or home settings should be reported to the police and other required authorities. This (sharing of information) will occur regardless of their legal status – such as detention under the MHA. Detained service users will however maintain their right to care and treatment under the MHA and cannot be discharged as a direct consequence of their perpetrating an act of physical or non-physical assault of others. The context of their detention may however need to be urgently reviewed – for example they may require transition to a PICU or a Secure Unit.
- 9.1.1 In Adult Care services, due to the nature of diagnoses of the service users supported, it is difficult to take a zero tolerance approach due to their levels of understanding. However, where behaviours of concern are putting the safety of other service users and colleagues at risk, Service Managers should implement the breakdown/potential breakdown processes (AC-SOP58A Behaviours that Challenge Placement Breakdown and AC-SOP58C Potential Placement

Operational

Breakdown). Where there is a diagnosis of mental health, or the service user is detained under the MHA, a zero tolerance approach will be taken and the service user may be recalled to hospital following incidents of physical assault.

- 9.2 Following any incident of physical and non-physical assault, a record should be made on the service user's risk assessment within their care record, regardless of whether or not the person had capacity at the time of the incident. The incident should also be reported on the incident reporting system.
- 9.3 A report made to the police helps ensure that a formal record is made of the service user's behaviour which is vital in ensuring that future risk assessments take these incidents into account and that they do not become 'lost'.
- 9.4 Incidents of non-physical assaults – Consideration should be given to whether the incident requires reporting to the police for further enquiries/investigation and/or to obtain a police crime number. Again, this should take place on a case by case basis and with guidance from the team/service manager and Responsible Clinician. However, where the non-physical assault is deemed to be a hate incident, reporting to the Police is always recommended.
- 9.5 Where a colleague does not want to report an incident to the police which is deemed by the team/service manager and/or RC to require reporting, the manager is within their rights to advise the police of the incident in order that a police crime number is recorded and further investigations can take place, if required.
- 9.6 Section 7 of this policy must be referred to after an incident of assault to ensure the colleague/s involved and any witnesses are properly debriefed and that any further concerns or support are identified and a plan put in place to address.
- 9.7 It may be appropriate for the team/service manager (or suitable other colleague who has worked with the service user such as the responsible clinician) to discuss the incident with the service user directly to advise them of appropriate boundaries while on the ward/in the service and to ensure they have the opportunity to give detail of the event from their perspective. These discussions will be on a case by case basis and are aimed at raising awareness of boundaries while on the ward/in the service and to ensure the service user has the opportunity to discuss the incident should they wish to do so. Where the person using services has capacity they may wish to make an advance statement about how future incidents might be managed and coping techniques that may be beneficial.
- 9.8 Following the incident, the next multi-disciplinary team meeting should include discussion regarding the most appropriate methods to manage the service users continued care and treatment, while ensuring the safety of colleagues is maintained. In Healthcare services, restrictions may be considered as part of the multi-disciplinary team discussion on a case by case basis and restrictions such as temporary cancellation of leave may be deemed necessary to ensure the safety of others. Any decisions will be clearly recorded on the service user's care record and discussed with them directly. Regular review of any restrictions will take place at multi-disciplinary meetings to ensure that any restrictions are lifted as soon as is feasible.
- 9.9 Priory may invoke the right to refuse treatment of an informal service user in their care (i.e. a service user who is not detained under the mental health act) where they have capacity and where incidents of physical or non-physical assault are so severe and consistent in their nature, that treatment is not possible and/or colleague safety and other service user's safety is compromised. In these events the police will be called to assist with de-escalation and subsequent removal of the offender from Priory property. Consideration for the assessment of detention of the service user under the Mental Health Act should also be sought where appropriate.
- 9.10 Service user aggression, abuse, violence or anti-social behaviour may be the result of mental illness. In all such cases of such behaviour the Responsible Clinician must undertake a review

of the service user's medication regime and where necessary adjust the prescription to help reduce distress e.g. paranoia and mania.

10 WARNINGS AND ACTION FOR ALL INCIDENTS OF PHYSICAL OR NON-PHYSICAL ASSAULT

10.1 **Stage 1: Verbal Warnings** - Any formal warnings and action to be taken in response to incidents of physical or non-physical assault will be agreed by Ward Manager and/or Responsible Clinician and in Adult Care, the Service Manager. All incidents will be considered on an individual basis to determine the most appropriate stage to commence.

10.1.1 Verbal warnings are the first stage in addressing unacceptable or anti-social behaviour towards colleagues. The verbal warning is issued with a view of determining the cause of the unacceptable behaviour and addressing the problem with the intention being reducing or stopping any future incidents occurring and to ensure the safety and protection of Priory colleagues.

10.1.2 Where a verbal warning is to be issued this will be done privately (wherever practicable) and at a time when all parties involved are calm and composed. The aim of the verbal warning discussion will be:

- (a) To establish the reason for the unacceptable behaviour in order to prevent future occurrences and/or to reduce the risk of a repeat incident
- (b) To ensure the instigator of the incident (service user, relative, carer, other member of the public) is aware of the consequences of further incidents of unacceptable behaviour.

10.1.3 The verbal warning discussion should take place in a fair and objective manner and a formal record made and maintained on the service user record (if applicable) and reported as an update on the original incident recorded on the incident reporting system. The manager or anyone that has been given access to the incident can return to the original incident report and update it and can also add or update actions.

10.1.4 A verbal warning will only be issued when it is safe and appropriate for colleagues to do so. The warning should be given promptly and in brief but clear terms e.g. 'You have been disrespectful and abusive towards nurse/support staff X... This is unacceptable behaviour and for this reason I am issuing you with a warning which will be recorded in your Health Care Record'.

10.1.5 Where the verbal warning discussion has little or no effect and the unacceptable behaviour continues, further alternative action must be taken.

10.1.6 There may be instances where a multi-disciplinary risk management meeting is required at the verbal warning stage (for example where the offender is an inpatient); however in most instances a multi-disciplinary risk management meeting will not be required at this stage.

10.1.7 All future warnings, including any consideration of the withholding of treatment, must be agreed through holding a multi-disciplinary risk management meeting.

10.2 **Stage 2: Multi-Disciplinary Risk Management Meeting and the Acknowledgement of Responsibilities Agreement (First Letter)** - Where a verbal warning does not cease a service user's physical or non-physical assault directed at staff, a multi-disciplinary risk management strategy group meeting must be held to plan and agree the best way forward.

10.2.1 The meeting must include the responsible clinician/Consultant or deputy, the service / team manager and other colleagues who are deemed appropriate to attend. This could include the individual being targeted, the line manager of the targeted person/ team and/or a senior manager for the service. The service user can invite a relative, carer or friend to be present to support them in the meeting. Colleagues will always ask the service user if they wish for an independent advocate to attend. This is to ensure that any **acknowledgement of**

responsibilities agreement (ARA) produced as a result of the meeting is understood by the individual and to gain agreement from those connected to them to help support the management and implementation of the agreement.

- 10.2.2 The aim of the multi-disciplinary risk management meeting is to discuss and agree:
- (a) Details of the incidents including site name/s and dates
 - (b) Confirm to the service user/offender that an acknowledgment of responsibilities agreement (ARA) will now be applied
 - (c) The desired outcome of the agreement (ARA)
 - (d) Conditions of the agreement (ARA)
 - (e) An explanation of why the behaviour is unacceptable
 - (f) A clear statement that the behaviour must stop
 - (g) A clear explanation of the consequences if the behaviour does not stop.

- 10.2.3 Once agreed, all the points above will be formed into the Acknowledgement of Responsibilities Agreement (ARA) first letter (**Appendix 1**).

- 10.3 **Sending the Acknowledgement of Responsibilities Agreement (ARA) (first letter)** - When the multi-disciplinary risk management strategy meeting has taken place to agree the conditions of an ARA, the next stage should be to apply the ARA. This stage should be taken if a verbal warning has failed to cease further incidents OR should be undertaken immediately as an intervention if the incident in question is deemed severe enough to report to the police for investigation and/or a verbal warning is unsafe to undertake.

- 10.3.1 The aim of the written ARA is to address and prevent reoccurrence of the unacceptable behaviour by requesting the offender acknowledges and takes responsibility for their actions. This written agreement can be used as an early intervention to attempt to stop unacceptable behaviour from escalating into more serious violent and aggressive behaviour.

- 10.3.2 The agreement will specify a list of behaviours in which an individual (service user, relative, carer or other member of the public) has demonstrated inappropriately, with a view to gaining agreement and co-operation from them not to continue this inappropriate behaviour any further. The content of the agreement is described in 10.2.2 and is agreed at a multi-disciplinary risk management meeting, where the service user, a relative/carer/advocate and a range of staff are present.

NB the service user/relative/carer may not be invited to attend this meeting if the risks are viewed as too high by the attendees.

- 10.3.3 Once agreed, the conditions of the written ARA must be clearly outlined, free from jargon and acronyms and presented in a formal corporate Priory format. The template ARA is provided in Appendix 1, to be adapted for each case. The standard duration of the agreement is 12 months, however this can be adjusted on a case by case basis with supporting rationale.

- 10.3.4 The ARA letter should be sent from the Hospital Director/Service Manager and/or the Responsible Clinician. The letter must include:
- (a) Details of the incidents including site name/s and dates
 - (b) Formal confirmation to the service user/offender that an acknowledgment of responsibilities agreement (ARA) is being applied
 - (c) The desired outcome of the agreement (ARA)
 - (d) Conditions of the agreement (ARA)
 - (e) An explanation of why the behaviour is unacceptable
 - (f) A clear statement that the behaviour must stop
 - (g) A clear explanation of the consequences if the behaviour does not stop
 - (h) Space for signature, name and date of the offender to agree to the conditions set out.

- 10.3.5 In rare cases when the service user/offender contacts the Priory to challenge the content of the letter, such as the offences in question or the responsibilities expected, then discussions

will take place between the offender and the manager of the service to establish a suitable agreement for both parties, wherever possible. This should be a rare occurrence as the aim of the multi-disciplinary risk management meeting is to agree these details prior to sending them to the individual involved.

- 10.4 **Stage 3: The Acknowledgement of Responsibilities Agreement (ARA) second letter** - Where the offender fails or refuses to sign the agreement within the 14 day deadline, progression to the second acknowledgement of responsibilities agreement (ARA) letter (**Appendix 2**) will be undertaken after review by the multi-disciplinary risk management group if the offences have continued.
- 10.5 **Stage 4: Final Warning** - Where the acknowledgement of responsibilities agreement (ARA) is not signed and agreed and there are further instances of physical or non-physical assault instigated by the same person, a final warning is to be issued.
- 10.5.1 The Final Warning letter should be sent from the Service Manager and/or the Responsible Clinician or nominated other. The letter must include:
- (a) Details of the incidents including site name/s and dates
 - (b) The proposed outcome
 - (c) An explanation of why the behaviour is unacceptable
 - (d) A clear statement that the behaviour must stop
 - (e) Consequences if the behaviour does not stop
 - (f) Details of who to contact if the offender believes the action is unwarranted or they have been misrepresented.
- 10.5.2 A template final warning letter is provided in **Appendix 3** and can be adapted for each case.
- 10.5.3 Where the final warning has little or no effect and the unacceptable behaviour continues, progress to the issuing of a suitable sanction must be considered – see section 13, Stage 5.
- 10.6 **Stage 5: Withholding Treatment from Violent and Abusive Service Users** - Withholding of treatment will only ever be used as a last resort following both clinical and legal advice, where all other options have been considered and there continues to be a high level risk of assault towards colleagues present.
- 10.6.1 Under no circumstances will it be implied to a service user that treatment may be withheld without an appropriate level of consultation taking place.
- 10.6.2 As with the acknowledgement of responsibilities agreement (ARA) and final warning stages, there will be a multi-disciplinary risk management strategy meeting held to determine the most appropriate method of handling the continued physical or non-physical assault. This meeting may result in the decision to withhold treatment and the conditions of this will be agreed at that meeting.
- 10.6.3 The letter (**Appendix 5**) confirming withholding of treatment once agreed by the multi-disciplinary risk management meeting will be signed and sent from the relevant Managing Director. The letter must include:
- (a) An explanation of the reason for withholding treatment
 - (b) The length of time the treatment will be withheld
 - (c) The action that the Trust will take if an excluded offender returns to Trust premises for any reason other than a clinical emergency
 - (d) Details of who to contact if the offender believes the action is unwarranted or they have been misrepresented.
- 10.6.4 Any service user who is violent or abusive as a result of a physical or mental health related condition which impairs their ability to make rational decisions with regards to their actions will not be withheld care or treatment.

11 CONFLICT RESOLUTION TRAINING

- 11.1 To assist staff in defusing potential physical assault, Priory Healthcare requires the Reducing Restrictive Intervention Training (RRIT) course to be undertaken by all new inpatient clinical colleagues prior to commencement in post and refresher training then completed every 12 months. Conflict Resolution & Breakaway Skills Training is provided to all new clinical colleagues and front facing other colleagues, e.g. reception, and is refreshed every year.
- 11.2 Priory Adult Care requires staff working in situations where there is a known risk of behaviours that present risk to others to undertake PROACT-SCIPr-UK® Training. Courses are delivered proportionately according to identified site need. Training is undertaken for identified colleagues and refresher training is then completed every 12 months. The curriculum includes de-escalation and keeping safe techniques as required.
- 11.3 Training is also offered for colleagues regarding difficult and abusive callers and how to diffuse or handle these types of phone calls. This training is available to both clinical and non-clinical colleagues.

12 MONITORING

- 12.1 Compliance with this policy will be monitored at multiple levels of the organisation.
- 12.2 Operational managers are responsible for monitoring compliance with this policy at service / team level. Regular incident and risk reporting information is provided to team managers and operational managers and is discussed at local learning from experience and governance meetings, to review and identify any action plans to reduce or mitigate future incidents occurring and identify themes and trends. Through performance reports, Priory governance boards will receive assurance and provide onward assurance to the Priory Board regarding local scrutiny and action.
- 12.3 The Health & Safety Forum will review incidents statistics and circumstances and the causes of accidents, dangerous occurrences, incidents and occupational illnesses reviewed (as specified by the Health and Safety Executive) so that recommendations can be made in order to prevent recurrence. Through the Chair the committee will work closely with the Equality, Diversity and Inclusion Steering Group to direct proactive action.
- 12.4 The Equality &, Diversity Group will review themes and trends arising from incidents of violence, aggression, assault, victimisation and discrimination against staff relating to a protected characteristic. The group will review these incidents on a bi-monthly to quarterly basis and will target corporate action where it is deemed as required. It will also hold services to account in the implementation of this action locally.
- 12.5 Acknowledgment of Responsibilities Agreements (ARAs) will be reviewed bi-annually by a panel that will report to the Equality, Diversity and Inclusion Steering Group and the Health & Safety Committee on the quality of the agreements and letters sent, the numbers being issued and any themes and trends identified during the previous six months.

13 REFERENCES

- 13.1 Assaults on Emergency Workers (Offences) Act 2018
Health and Safety at Work etc. Act 1974
Management of Health and Safety at Work Regulations 1999
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

14 EQUALITY IMPACT ASSESSMENT

14.1

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 2010)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	None	Applies equally to all	
Disability	None		
Gender identity and expression	None		
Marriage or civil partnership	None		
Pregnancy or maternity	None		
Race	None		
Religion or beliefs	None		
Sex	None		
Sexual orientation	None		
Other, please state:			
EIA completed by:			
Name:	Kelly Mendis-Gunasekera,		
Role/ Job Title:	Associate Director of Quality		
Date completed:	12/06/2024		

8 APPENDICES

- 8.1 **Appendix 1** – Letter Template: Acknowledgement of Responsibilities (First) Written Warning
Appendix 2 – Letter Template: Acknowledgement of Responsibilities (Second) Written Warning
Appendix 3 – Letter Template: Acknowledgement of Responsibilities (Final) Written Warning
Appendix 4 – Letter Template: Acknowledgement of Responsibilities (Final) Written Warning – Carer, Relative, Member of the Public
Appendix 5 – Letter Template: Acknowledgment of Responsibilities - Withholding of Treatment

Appendix 1

Letter Template: Acknowledgement of Responsibilities (First) Written Warning

Copy and paste onto Hospital/Service headed notepaper

Ref:

[Insert Date]

Strictly Private & Confidential

[Name and address]

Dear [Title & Surname]

Re: Acknowledgement of Responsibilities Agreement between [Insert name of Service user, carer, relative or member of the public] and Priory.

It is alleged that you [**Insert name**] used/threatened [**Delete as necessary**] unlawful violence/acted in an antisocial manner [**Delete as necessary**] towards a member of Priory staff whilst on our premises.

Behaviour such as this is unacceptable and will not be tolerated. Priory is firmly of the view that all those who work in or provide services to hospitals/care homes have the right to do so without fear of violence or assault. This has been made clear to you in [**insert details of previous correspondence/meetings**].

You are urged to consider your behaviour whilst on Priory premises and during any further communication you have with the Hospital / Care Home and whilst in receipt of treatment from the Hospital/Care Home [**Delete as necessary**] in the future and to comply with the following conditions as discussed at our meeting:

[List of conditions – Use bullet points if more than one]

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, Priory will have no choice but to take one of the following actions:

[to be adjusted as appropriate]

- The matter will be reported to the police with a view to Priory supporting a criminal prosecution by the Crown Prosecution Service.

or

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

Please sign the second enclosed copy of this letter and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days from the date of this letter, it shall assumed you are not in agreement with above acknowledgement of responsibilities. Any further offences will result in further action being taken by Priory as stated above.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact our Service User Advocacy Service in writing:

[Name and address and email address of Service User Advocacy Service]

Operational

The advocacy service will escalate your concerns in response to your account of the incident. You will receive a response from the Advocacy service within 5 working days.

Yours sincerely,

Name
Job Title

Cc: Clinical record

I, _____ accept the conditions listed above and agree to abide by them accordingly.

Signed:

Date:

Appendix 2

Letter Template: Acknowledgement of Responsibilities (Second) Written Warning - Copy and paste onto Hospital/Service headed notepaper

Ref:

[Insert Date]

Strictly Private & Confidential

[Name and address]

Dear [Title & Surname]

Re: Acknowledgement of Responsibilities Agreement between [Insert name of service user, carer, relative or member of the public] and Priory.

This second acknowledgement of responsibilities agreement has been sent to you **[insert name of service user]** as no response has been received from you following the initial agreement of responsibilities sent for signature and return and further offences have occurred as detailed below.

It is alleged that you **[Insert name]** used/threatened **[Delete as necessary]** unlawful violence/acted in an antisocial manner **[Delete as necessary]** towards a member of Priory staff whilst on our premises.

Behaviour such as this is unacceptable and will not be tolerated. Priory is firmly of the view that all those who work in or provide services to hospitals/care homes have the right to do so without fear of violence or assault. This has been made clear to you in **[insert details of previous correspondence/meetings]**.

You are urged to consider your behaviour whilst on Priory premises and during any further communication you have with the Hospital/Care Home and whilst in receipt of treatment from the Hospital/Care Home **[Delete as necessary]** in the future and to comply with the following conditions as discussed at our meeting:

[List of conditions – Use bullet points if more than one]

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, Priory will have no choice but to take one of the following actions: **[to be adjusted as appropriate]**

- The matter will be reported to the police with a view to Priory supporting a criminal prosecution by the Crown Prosecution Service.

or

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

Please sign the second enclosed copy of this letter and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days from the date of this letter, it shall assumed you are not in agreement with above acknowledgement of responsibilities. Any further offences will result in further action being taken by Priory as stated above.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact our Service User Advocacy Service in writing:

Operational

[Name and address and email address of Service User Advocacy Service]

The advocacy service will escalate your concerns in response to your account of the incident. You will receive a response from the Advocacy service within 5 working days.

Yours sincerely,

Name

Job Title

Cc: Clinical record

I, _____ accept the conditions listed above and agree to abide by them accordingly.

Signed:

Date:

Appendix 3

Letter Template: Acknowledgement of Responsibilities (Final) Written Warning - Copy and paste onto Hospital/Service headed notepaper

Ref:

[Insert Date]

Strictly Private & Confidential

[Name and address]

Dear [Title & Surname]

FINAL WARNING

I am writing to you concerning an incident that occurred on **[insert date]** at **[insert name of Hospital/ Care Home location]**.

It is alleged that you **[insert name]** used/threatened **[delete as necessary]** unlawful violence/acted in an antisocial manner **[delete as necessary]** towards a member of Priory staff whilst on our premises.

Behaviour such as this is unacceptable and will not be tolerated. Priory is firmly of the view that all those who work in or provide services have the right to do so without fear of violence or assault. This has been made clear to you in **[insert details of previous correspondence/ meetings]**.

This warning will remain on your clinical record for a period of one year from the date of issue. Any further incidents of unacceptable behaviour will lead to consideration of one or more of the following actions being taken:

[to be adjusted as appropriate]

- The withdrawal of Care and Treatment, subject to clinical and legal advice.
- The matter will be escalated with the police with a view to Priory supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment Priory considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care and treatment to service users. An exclusion from Priory premises would mean that you would not receive care at this Hospital/ Care Home and **[title, i.e. clinician]** would make alternative arrangements for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact our Service User Independent Advocacy Service in writing:

[Insert Name/Address & E-mail of Service User Independent Advocacy Service]

The service will escalate your concerns in response to your account of the incident. You will receive a response from the service within 5 working days.

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Name

Job Title

Cc: Clinical record

Appendix 4

Letter Template: Acknowledgement of Responsibilities (Final) Written Warning - Carer, Relative, Member of The Public - *Copy and paste onto Hospital/Service headed notepaper*

Ref:

[Insert Date]

Strictly Private & Confidential

[Name and address]

Dear [Title & Surname]

FINAL WARNING

I am writing to you concerning an incident that occurred on **[insert date]** at **[insert name of Hospital/ Care Home location]**.

It is alleged that you **[insert name]** used/threatened **[delete as necessary]** unlawful violence/acted in an antisocial manner **[delete as necessary]** towards a member of Priory staff whilst on our premises.

Behaviour such as this is unacceptable and will not be tolerated. Priory is firmly of the view that all those who work in or provide services have the right to do so without fear of violence or assault. This has been made clear to you in **[insert details of previous correspondence/ meetings]**.

This warning has been recorded on the Priory incident management system and has also been reported to the police. Any further incidents of unacceptable behaviour will lead to consideration of one or more of the following actions being taken:

[to be adjusted as appropriate]

- A ban from all Priory premises for a specified length of time
- The matter will be escalated with the police with a view to Priory supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering a ban from Priory premises cases are considered on an individual basis.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact our Service User Independent Advocacy Service in writing:

[Insert Name/Address & E-mail of Service User Independent Advocacy Service]

The service will escalate your concerns in response to your account of the incident. You will receive a response from the service within 5 working days.

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Name

Job Title

Cc: Clinical record

Appendix 5

Letter Template: Acknowledgment of Responsibilities - Withholding of Treatment - *Copy and paste onto Hospital/Service headed notepaper*

Ref:

[Insert Date]

Strictly Private & Confidential

[Name and address]

Dear [Title & Surname]

Re: Withholding of Treatment

I am writing to you concerning an incident that occurred on **[insert date]** at **[insert name of Priory location]**.

It is alleged that you **[insert name]** used/threatened **[delete as necessary]** unlawful violence/acted in an antisocial manner **[delete as necessary]** towards a member of Priory staff whilst on our premises,

Behaviour such as this is unacceptable and will not be tolerated. Priory is firmly of the view that all those who work in or provide services have the right to do so without fear of violence or assault. This has been made clear to you in **[insert details of previous correspondence/ meetings]**.

Following a number of warnings **[insert details of correspondence and meetings]** where this has been made clear to you, and following clinical assessment and appropriate legal advice, it has been decided that you should be excluded from Priory premises. The period of this exclusion is **[insert number of weeks / months]** and comes into effect from the date of this letter.

As part of this exclusion notice you are required not to attend Priory premises at any time except:

- Where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken:

[To be adjusted as appropriate]:

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the most appropriate NHS body or agency with a view to the Priory supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment **[list arrangements e.g. care arranged with another Provider/NHS]**.

In considering withholding treatment Priory considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health/social care and treatment to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact our Service User Independent Advocacy Service in writing:

Insert Name/Address & E-mail

Operational

The service will escalate your concerns in response to your account of the incident. You will receive a response from the service within 5 working days.

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Chief Executive