

Policies, Procedures, Guidelines and Protocols

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Main points the document covers	The Trust is committed to support staff to work in a safe and secure environment, safely against abuse and violence. The aim of the policy document is to provide a framework (using the Plan, Do, Check, Act approach) to develop procedures and mechanisms in order to protect service users, staff and visitors within the Trust from incidents of violence and aggression and to prevent, minimise and reduce the risk of such incidents occurring.
Who is the document aimed at?	Managers will need to ensure that they action the arrangements in this policy. All staff should be aware of the content of this Policy
Author	Ian Gingell, Health & Safety Manager
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Approved by (Committee/Director)	Health and Safety Committee
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CQC Standards		Regulation 13 – Safeguarding service users from abuse and improper treatment. Service users must be protected from abuse and improper treatment.
Other		NHS Violence Prevention and Reduction Standards 2021 Health and Safety at Work Act 1974 (HASAWA) NHS Standard Contract General Condition 5.9.3 NICE Guideline NG10 - Violence and aggression: short-term management in mental health, health and community settings
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No	Date	Amendment
1	January 2017	To include template letters for Trust staff to use
2	November 2018	Review, updates to reflect current roles
3	November 2022	Policy renamed (previously Violence and Aggression Policy). Policy re-write following extensive review of organisational and management arrangements for the reduction and prevention of Violence at Work
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Violence Prevention and Reduction Policy

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Violence Prevention and Reduction Policy

1. Introduction

Shropshire Community Health NHS Trust (The Trust) is committed to take a risk-based approach to support staff working in a safe and secure environment, safely against abuse and violence.

This policy provides a framework for the management of violence and aggression directed at staff and service users. It provides detailed guidance on:

- The Trust's approach and arrangements for violence prevention and reduction across its services.
- The roles and responsibilities of all staff in the management of violence and aggression.
- The role of Trust committees and sub-groups in ensuring that there are adequate arrangements in place to monitor the implementation and effectiveness of controls required to reduce the risk of violence and aggression to staff.
- The requirements for the training of staff to ensure that they are adequately prepared to deal with the risks associated with violence and aggression in their workplace.
- Procedures to be followed by staff to ensure that all incidents of violence and aggression are reported and dealt with appropriately.

2. Purpose

The aim of the policy document is to provide a framework (using the Plan, Do, Check, Act approach) to develop procedures and mechanisms in order to:

- Support staff to discharge their responsibilities as required under relevant H&S legislation.
- Protect service users, staff and visitors within the Trust from incidents of violence and aggression and to prevent, minimise and reduce the risk of such incidents occurring.
- Ensure that the Trust has in place adequate arrangements to monitor the implementation and effectiveness of controls required to reduce and prevent the risk of violence and aggression to staff.
- Identify causes and assess the likelihood of violence and aggression and identify response measures relative to the risk.
- Ensure that suitable and sufficient support is provided for service users and staff who are exposed to incidents of violence and aggression.
- Demonstrate compliance against the Violence Prevention and Reduction Standards.

3. Definitions

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.” This covers the serious or persistent use of verbal abuse – which the HSE says can add to stress or anxiety, thereby damaging an employee’s health.
Physical Assault	The definition of physical assault used in the 2003 directions to the NHS from the Secretary of State for Health was “ <i>the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort.</i> ”
Non-Physical Assault	The NHS definition of non-physical assault is ‘ <i>the use of inappropriate words or behaviour causing distress and / or constituting harassment.</i> ’
Disturbed/violent behaviour	A range of behaviours or actions that can result in harm, hurt or injury to another person, regardless of whether the violence is physically or verbally expressed, physical harm is sustained or the intention is clear.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Harassment	Harassment is not specifically defined in section 7(2) of the Protection from Harassment Act 1997 (PHA). It can include repeated attempts to impose unwanted communications and contact upon a victim in a manner that could be expected to cause distress or fear in any reasonable person (CPS Legal Guidance – May 2018).
Restrictive Interventions	Interventions that may infringe a person's human rights and freedom of movement, including observation, seclusion, manual restraint, mechanical restraint and rapid tranquillisation. (NICE Guidance NG10 – 2015)
Restrictive Practices	Restrictive practices refer to physical, mechanical and chemical restraint, seclusion and long-term segregation. (Positive and Proactive Care: reducing the need for restrictive interventions (Department of Health – April 2014))
Stalking	Whilst there is no strict legal definition of 'stalking', section 2A (3) of the PHA 1997 sets out examples of acts or omissions which, in particular circumstances, are ones associated with stalking. For example, following a person, watching or spying on them or forcing contact with the victim through any means, including social media (CPS Legal Guidance – May 2018).

4. Duties

Chief Executive Officer (CEO)

The Chief Executive is accountable for all health and safety matters including the prevention and management of violence and aggression. Operational responsibility is delegated to the Executive Director with responsibility for Health and Safety, and Security who must ensure that appropriate policies, procedures and controls are put in place to manage the risks and effects of violence and aggression.

Company Secretary/Director of Governance

The Company Secretary/Director of Governance is the nominated director for Health and Safety, and Security. They will oversee the work of the Health and Safety Manager, and the Local Security Management Specialist.

The Company Secretary/Director of Governance will ensure that on a risk prioritised basis, financial resources are made available to support this policy.

Local Security Management Specialist (LSMS)

The LSMS will be informed of all violent incidents and will provide advice and support on the management and, when required, the investigation of violent incidents; this will include the provision of specialist support in the pursuance of prosecutions, including private prosecutions where appropriate. They will evaluate violent incidents and will provide reports to Directors and Managers as required.

Health and Safety Manager

The Health and Safety Manager will give advice and support on the assessment of risk, arrangements to manage risk, and incidents investigation.

Line Managers / Team Leads

Line Managers of staff have a duty to prevent and reduce violence and aggression for their staff and patients and will:

- Ensure that violence and aggression risk assessments incorporate environmental considerations. See Appendix B for guidance.
- Communicate all risk issues to ensure that all staff are informed of the significant findings of the violence and aggression risk assessment.
- Enable their staff to understand and share in the process of risk identification and its prevention/reduction.
- Ensure that all members of staff in their area have received training that is appropriate and current to the risks present in their area.
- Where a risk assessment identifies the requirement for personal alarms to be used as a control measure for violence and aggression, the line manager will:
 - Ensure that equipment, materials and protective equipment are available for use and fit for purpose e.g. alarms.
 - Provide the staff member with appropriate responding alarm/device.
 - Make staff member aware of their responsibility of the equipment, the testing of the alarm and the completion of relevant auditable documentation.
- Ensure that all incidents of violence and aggression relating to their staff are reported in accordance with the Incident Reporting Policy and RIDDOR Guidance.
- Relevant risk assessments are reviewed as soon as is practicable following incidents to ensure control measures are suitable and sufficient to their line management and to staff.
- Ensure that detailed feedback is given to staff on the progress of investigations and lessons learned. This should include changes made to the physical and control environment.
- Ensure all staff should have a local de-briefing after an incident and the opportunity of being referred to Occupational Health, if deemed appropriate.
- Support will be provided in line with Trust guidance following any incident of violence and aggression.

- Service users and staff must have access to the Trust complaints / grievance procedure.

Staff

Members of staff are responsible for:

- Making themselves aware, by consulting with line managers and colleagues, of all risks relating to violence and aggression for the area in which they work. This will include reading and familiarising themselves with current risk assessments.
- Where staff have been provided with safety equipment as part of a risk assessment e.g. personal alarm/device they must:
 - Report any safety hazard or defect with equipment you identify to your line manager.
 - Use the equipment and safety devices supplied properly, in accordance with any guidance, information and instructions received e.g., testing and recording.
- Reporting all incidents of violence and aggression in accordance with the Trust's Incident Reporting Policy. Incident reports must be completed at the earliest opportunity.
- Ensuring they are up to date with the training required for their role and are familiar with and use the agreed methods for the prevention and management of violence and aggression, including de-escalation and restraint for the circumstances presented and attend the training identified for their role.
- Bring any training deficiencies to the attention of their line manager. Untrained personnel must not undertake techniques that they have not been trained to use.
- When confronted by an individual armed with a weapon, the safety of staff and service users in the immediate vicinity is paramount. Staff must only work within their limitations and not place themselves or others at risk by attempting to disarm the assailant. This does not mean that members of staff should not act in self-defence but they will be expected to justify any force used and that force must be reasonable in the circumstances.

Health and Safety Committee

The Health and Safety Committee is the overarching Committee for the management and prevention of violence and aggression towards staff within the Trust. The Committee will monitor staff incidents and the arrangements to prevent and reduce the risk of violence and aggression to staff. It will:

- Agree policies and best practice guidance in relation to violence and aggression within the Trust.
- Receive support from relevant Trust groups with the prevention of violence and aggression within the Trust.

5. Violence and Aggression Risk Assessment

Where there is a foreseeable risk of violence and aggression, or reported incidents of violence and aggression, then a violence and aggression risk assessment must be completed. The purpose of the risk assessment is to consider who could be harmed and how, to look at the existing controls, and to determine if further controls are necessary. Staff should be aware of the following factors that may provoke disturbed/violent behaviour. These include but are not limited to:

- Abuse.
- Attitudinal.
- Situational.
- organisational and environmental issues.

5.1 Environmental Considerations within the Violence and Aggression Risk Assessment

It is recognised that the environment is a major factor in the causation of violence and aggression. NICE NG10 (2015).

Within the violence and aggression risk assessment consideration is given to environmental factors. A guidance framework is provided to enable a systematic approach in Appendix A. For support and advice contact the Trust LSMS or Health & Safety Manager.

5.2 Clinical Risk Assessment

All patients receiving care from Trust staff should be assessed for violence and aggression as part of their initial clinical risk assessment. Control measures put in place are to be communicated to appropriate staff through RIO, and reviewed as part of the service user’s on-going care.

This should be supported by a plan for the recognition, prevention and therapeutic management of violence and subject to regular review. The plan must be accessible for persons whom may come in contact with the service user.

Where a violent or aggressive risk has been identified through clinical risk assessment, this will be shared with all relevant services working within the environment/service.

6. Staff Training

The training requirements for staff members for the prevention and management of violence and aggression are based on violence and aggression risk assessments, and ongoing reviews of incidents affecting staff.

Local Systems: Typically this will be in the use of local alarm systems (e.g. panic alarms) and the response to incidents. Any training of this kind should be identified as a control in the relevant local risk assessment and should be planned by the line manager of the department or area.

Mandatory Conflict Resolution Training (CRT): All Staff complete NHS Conflict resolution training, 3 yearly via ESR e-learning.

Verbal or Safety Intervention Training: Further training can be delivered to support Staff. This training, previously known as MAPA training, has been developed by the Crisis Prevention Institute (CPI)

Verbal – Physical skills not required	The specific type of training support is assessed through a Training Needs Analysis.	Training may be useful for Reception Staff, Community Hospital Ward Staff, Minor Injuries Unit Staff, Community Based Staff e.g., District Nurses.
Safety – Disengagement skills only		
Safety – Disengagement skills and holding skills		

6.1 Use of de-escalation techniques

The primary focus when dealing with aggressive behaviour should be that of recognition, prevention and de-escalation in a culture that seeks to minimise the risk of its occurrence through effective systems of organisational, environmental and clinical risk assessment and management.

This approach should also promote the least restrictive intervention, therapeutic engagement, collaboration with service users and the use of advanced directives. Services and staff should encourage mutual respect and recognise the need for privacy and dignity.

Physical intervention is viewed as a final option in a hierarchy of therapeutic interventions.

7. Incident Reporting and Recording

It is vital that all incidents of violence and aggression, verbal or physical, are reported either as part of the on-going assessment and care of an individual service user or in order to focus attention and resources on the management of potentially dangerous occurrences.

In identifying the type of words and conduct/behaviour that cause harassment, alarm or distress staff should use their judgement and sense of proportion, but never accept violence or abuse as “part of the job”.

All Incidents that involve violent behaviour must be reported using the Trust electronic incident reporting system.

RIO is used to forewarn colleagues of any apparent risk at the earliest opportunity i.e. the beginning of the shift during handover or at any time during the shift. These must also be documented in the patient care plans.

For all serious incidents a post-incident review takes place as soon after the incident as possible, using the Trust Template Physical and Non-Physical Assault Investigation Form, Appendix B. This review is led by the senior manager responsible for the ward or department concerned.

The following groups should be considered:

- All staff involved in the incident(s).
- Service users involved in the incident(s).
- Carers and family where appropriate.
- Other service users who witnessed the incident.
- Visitors who witnessed the incident.

The LSMS will be available to support the Trust in managing incidents of physical injury, or of particularly high risk. Those involved may also seek additional support from the Trust Occupational Health Department.

8. Police Involvement

Victims of violence and aggression have a right to request a formal investigation by the police in addition to any action taken by the Trust. The victim has the right to expect the Trust to support any police investigation and provide such evidence as is necessary to pursue enquiries.

In any situation where violence and aggression is beyond the control of staff in NHS premises or where a community worker is subjected to violence and aggression outside of NHS premises it must be reported to the police using (9)999 without delay.

In instances where members of staff are able to control violence and aggression in NHS premises or where community staff are able to resolve or escape from violent situations a formal complaint can be made to the police using (9)101.

Except in emergency situations, members of staff should discuss reporting incidents to the police with the senior nurse or line manager. Advice can be provided by the LSMS.

9. Unacceptable Behaviour and Withdrawal of Treatment

If a member of staff is concerned for their own safety they may need to immediately withdraw from a situation to protect themselves. Where this occurs they should inform their line manager immediately.

Under certain circumstances it may be necessary for the Trust to modify, withdraw or refuse the treatment of patients. The Trust will support such action where it complies fully with the procedure detailed in Appendix C.

The Line Manager uses the Trust's Physical and Non-Physical Assault Investigation Form, to document the concern raised, and the action taken to date to protect the staff.

An experts' panel, including the patient's GP if appropriate, is convened to discuss and agree safe, suitable and appropriate ongoing care. It is likely that other health and social care workers may be involved. There should be appropriate discussions with these colleagues and a joint agency approach is desirable. It is crucial that any serious concern is properly notified to other colleagues/agencies who may be put at risk. Where possible the patient is invited to be part of that review.

Where a patient is under the age of 18 or deemed a vulnerable adult, any decision made must take into account a full clinical assessment of the patient's condition balanced against the nature of the incident (Refer to The Trust Safeguarding Team).

Whilst not precluding individuals from the process, where a patient has a pre-existing mental health need or medical condition that can adversely affect their behaviour, it must be demonstrated and documented that a full account of that condition is taken into consideration before any action is taken.

The patient receives formal written notification of the case conference and the agreed ongoing care plan.

The care plan should be kept under review, and there should be agreement on the review date at the time of withdrawing/re-siting care. The patient/patient should be advised of the steps they would need to take for care to be re-instated.

In the event of a member of staff receiving an abusive telephone call, consideration must be given to writing to the caller using the template letter detailed under Appendix C

10. Harassment, Stalking, Social Media, Defamation and Bullying of Staff

The Trust has a Dignity at Work Policy and a Media Policy and Procedure which should be read in conjunction with this Policy.

It should be noted that bullying can involve violence, aggression and the sort of abuse described below. Members of staff subjected to such abuse are entitled to complain to the police in the same way as if they were abused by patients or other members of the public.

Whilst assault and abuse generally occurs in physical confrontations between members of staff and others, aggression can be directed against members of staff in other, indirect, ways. This can involve activity using telephone calls, faxes, email, SMS and text messages, social media and web pages.

Behaviour of this type may incur criminal liability including offences listed below:

- **Harassment** - can include repeated attempts to impose unwanted communications and contact upon a victim in a manner that could be expected to cause distress or fear in any reasonable person (ss. 2 and 4, Protection from Harassment Act 1997).
- **Stalking** - acts or omissions which, in particular circumstances are ones associated with stalking. For example, following a person, watching or spying on them or forcing contact with the victim through any means, including social media (ss. 2A and 4A, Protection from Harassment Act 1997).
- **Threats to Kill** – a threat, intending that the other would fear it would be carried out, to kill that other or a third person (s. 16, Offences against the Person Act 1861).
- **Communications** – Improper uses of public electronic communications network such as sending grossly offensive, indecent, obscene or menacing messages; messages that cause annoyance, inconvenience or needless anxiety or messages that are known to be false (s. 127, Communications Act 2003).
- **Malicious Communications** – sending a message which conveys a message which is indecent or grossly offensive, a threat, false and known to be false by the sender (Malicious Communications Act 1988).
- **Postal Services** – sending indecent or obscene items by post (s. 85 Postal Services Act 2000).
- **Social Media Hate Crime** – covers offences and sentences that are aggravated by reason of the victim's race, religion, disability, sexual orientation or transgender identity (ss. 145 and 146, Criminal Justice Act 2003).
- **Defamation** – some communications, particularly on social media or web pages, can involve false messages which affect the reputation of the individual. This is a difficult area as it affects the right of the individual to freedom of speech. In the first instance this should be dealt with at local level with advice from the LSMS and Communications Team.

The above list is not exhaustive but includes the most common criminal offences used to tackle this type of abuse. Members of staff should be aware of their right to complain to the police about this type of activity.

Where a patient or other individual can reasonably be expected to understand the nature and consequences of their behaviour the victims should be encouraged to report the behaviour to the police without delay. However, many of our patients are acutely unwell so it may not be constructive to proceed against them via the criminal law without first considering local options.

The type of incidents listed above should be reported as shown in Appendix C. It may be more appropriate to deal with such incidents at a local level. Where appropriate the issues could be discussed with the multi-disciplinary team involved in the patient's care and the clinician/manager with overall responsibility. Advice can also be sought from LSMS.

In the first instance, an immediate challenge to the alleged offender, with a witness, may be sufficient. The Manager may consider it appropriate to approach the alleged offender and/or to discuss the situation with a carer or relative. A written note of any actions should be made.

If the behaviour persists, or is unresolved a case conference should be arranged. Membership of this group should include the Trust LSMS depending on the severity of the behaviour but must initially include all Trust staff involved in the provision of care to the patient involved. This may be extended to

include other Trust staff, or staff from external agencies that are also closely involved in providing care.

The case conference will take into account details of the incidents and the seriousness and urgency of the patient’s health problems. It will consider taking formal action to prevent repetition of the patient's unacceptable behaviour.

Examples of the available options may include:

- Changing the member of staff providing care to that patient. This should never be implemented without the consultation of staff and certainly not without addressing the concerns with the patient/individual
- The issuing of a verbal warning.
- A written warning.
- A documented Acknowledgement of Responsibilities Agreement.
- A final written warning.
- Reporting the incidents to the Police: these are potentially criminal offences.
- Exploring the potential to arrange counselling for the patient.
- Withdrawal of treatment in accordance with the relevant steps outlined in Appendix C.

11.Supporting Staff

The mental wellbeing of staff can be affected by any situation where conflict is present. This will vary according to the type of event, level of conflict and the individual(s) involved.

Managers should support staff by:

- Carrying out a de-brief with the member of staff as soon as possible after the event.
- Arranging for peer support where necessary.
- Amending work patterns where appropriate.
- Using the arrangement in the Stress and Staff Support Policy where appropriate. (e.g.. consultation with Occupational Health, counselling)
- Referring to other health professionals

This support may need to be extended to other persons involved in the incident e.g. witnesses, staff from other agencies and carers.

12.Consultation

Key individuals involved in developing the document

Name	Designation
Ian Gingell	Health and Safety Manager
Terry Feltus	Local Security Management Specialist

Circulated to the following Groups for comments

Group	Designation
Health & Safety Committee	All members
Quality & Safety Committee	All members

13.Process for Review of this Document

This policy will be reviewed every 3 years, or whenever there are changes to legislation, regulation and standards relevant to this area.

14.Dissemination and Implementation

This policy will be disseminated throughout the Trust following adoption. The dissemination and implementation process is:

- The policy will be published and made available on Staff Zone.
- Staff will be made aware of this policy using existing staff comms and team briefings.
- Managers will convey the contents of this policy to their staff.

15.Monitoring Compliance

The implementation of this policy will be monitored by the Health and Safety Committee.

Compliance with this policy will be measured through management of incidents relating to violence and aggression and the actions taken to address such incidents and recommendations from lessons learned.

Process for Monitoring Compliance and Effectiveness:

- Monitoring of reported violent Incidents.
- Any issues of concern that are raised will be discussed at the Health and Safety Committee.

16.References

- Health and Safety at Work Act 1974 (HASAWA).
- Management of Health and Safety at Work Regulations 1999.
- Safety Representatives and Safety Committees Regulations 1977.
- Health and Safety (Consultation with Employees) Regulations 1996.
- Health and Social Care Act 2008.
- Violence Prevention and Reduction Standards 2021.

17.Associated Policies and Procedures

- Health and Safety Policy

- Incident Reporting Policy
- Security Management Policy
- Grievances and Concerns Policy
- Dignity at Work Policy
- Social Media Policy
- Safeguarding Adults
- Safeguarding Children and Young People

APPENDIX A Guidance for the completion of Violence and Aggression Risk Assessments

General

Issues for Consideration	Rationale	Recommended Action
Does CCTV cover the Building Entrances?	May act as a deterrent, possibility of obtaining information, but unless the station is manned this will be <u>after</u> the event.	Use of Technology e.g. CCTV is being implemented within the Trust to support the reduction and prevention of violence and aggression. If you feel the use of CCTV would be advantageous contact Estates or Security Management for assistance.
Is the procedure for managing visitors / contractors being applied? If the building is shared are all services aware of risk assessments?	This will assist in maintaining safety; also it highlights problems allowing action to be taken. Good audit tool. Uncontrolled access to all areas will expose staff to unnecessary risks.	Keypad or Access Controlled Door Receptionist at Entrance Signing in and out book. Visitors not allowed to a room unescorted. Visitors to wear ID badges. Encourage staff / visitors to report incidents.
Are emergency / “standards of behaviour” signs displayed?	Provides important information also informs people of behaviour the Trust is not willing to accept.	Contact the Health & Safety Manager regarding this.
Is the Prevention and Management of Violence and Aggression Policy, and the local risk assessments relating to violence and aggression, accessible to staff.	Helps staff to acknowledge who is responsible for what, what’s expected of them, and what commitment and support is available.	Ensure staff have access to relevant policies and assessments and have read them. Discuss relevant issues, as required.

Issues for Consideration	Rationale	Recommended Action
Do Staff know how to access external assistance if required?	Some incidents are outside of our control so links with external organisations (E.g., Police, external security provision etc) are useful.	Ensure that all staff are aware of the procedure for contacting the external organisations and how to report and record the incident.
Does the Trust / service indicate how members of the public can identify staff members?	Identifying people who can assist you in obtaining the information you require is vital and helps to reduce anxiety.	Risk assess your environment to see what would be appropriate for your patient group. Staff may need providing with ID badges that have different methods of being attached to clothing. Staff uniforms may need to be an option or some form of identification.
<p>Have all permanent staff received appropriate training to assist with prevention and management of aggression?</p> <p>Have agency and bank staff received appropriate training to assist with prevention and management of aggression?</p>	Training is appropriate for all groups of employees at risk, as it will assist them to work safely by dealing with conflict resolution.	<p>Identify different levels of training for staff members by risk assessment e.g. personal safety, breakaway, verbal intervention.</p> <p>Line manager to ensure employees attend training / updates.</p>

Lobby / Waiting Areas / Nurse Station on Wards

Issues for Consideration	Rationale	Recommended Action
<p>Is the area covered by an alarm call system?</p> <p>Are staff aware of how to use the alarm / panic button system?</p> <p>Is there a procedure for responding to the alarm?</p> <p>Are they tested daily?</p> <p>Is there a contingency plan for alarm system failure?</p>	<p>Allows help to be received quickly if required, notifies other staff members that there is a problem.</p>	<p>Choice of alarm system will depend on the nature of the work; liaise with the Estates Department in order to get the best suited.</p> <p>Do you require an audible or visual alarm? May need expert advice to assist with this decision e.g. local security management specialist.</p> <p>Provide training for the equipment provided.</p> <p>Ensure staff members are aware of the alarm response procedure.</p> <p>Document that the alarms are tested daily and by whom.</p>
<p>Is accessibility restricted to all 'staff only' areas? E.g. area available for the receptionist.</p> <p>If areas are restricted are suitable restrictions put in place e.g., access control. Are shutters or glass screens necessary for reception desks? Are reception areas designed with the safety of staff in mind?</p>	<p>Not all areas need to be open to the public; staff in these areas may be separated from other working areas leaving them vulnerable. It is also appropriate to restrict access for confidentiality and prevent members of the public or patients gaining access to dangerous substances.</p>	<p>Ensure reception area or desk is easily identifiable. Staffing of a reception area needs to reflect the level of risk. Ensure that this does not impede communication. Consider alternatives, would a wider desk be a more suitable alternative?</p> <p>Directional signs should be clear and concise.</p> <p>Are there visitor panels fitted where appropriate?</p> <p>Are there alternative exit routes?</p>

Issues for Consideration	Rationale	Reommended Action
<p>Is there sufficient space to accommodate the activity or use of that particular area? Is suitable seating provided? Is any information that has been provided for patients or visitors clear and current?</p>	<p>Layouts can be confrontational or intimidating. Areas need to be welcoming, informal clean and comfortable, this will contribute to a relaxed environment.</p>	<p>Are furniture and fittings appropriate for their use?</p> <p>Provide enough seats for the amount of people waiting if appropriate. Ensure that the temperature and lighting can be adjusted.</p> <p>Provide a system for informing patients of waiting times or any information they may need.</p> <p>Display posters and/or leaflets that maybe useful for patients and visitors.</p> <p>Possibly involve a visitor with the assessment as they could make suggestions based on their experiences.</p>

Wards – In Patient Areas

Issues for Consideration	Rationale	Recommended Action
Are all relevant staff aware of patients individual risk assessments for violence and aggression? Is there suitable space for the patients?	This highlights the history and or knowledge of previous behaviour. There should be no ethical objection to recording factual information about the need for particular precautions in the patients care plan.	All patients should have a care plan for violence and aggression if appropriate. A system should be in place e.g. Documentation for Plan of Care, enabling staff to seek a full history of the patient on admission.

Clinical Rooms / Therapeutic Facility

Issues for Consideration	Rationale	Recommended Action
Are the treatment rooms, or clinic rooms suitably located in respect of other areas? Is the clinic room designed with personal safety in mind?	If a patient's behaviour became violent or aggressive, staff should be able to exit the room.	Are furniture and fittings appropriate for their use? Layout of room taken into account activity that will occur in that room. Communication between staff particularly in an emergency is vital. Design of the room should enable staff to make an easy exit or withdraw.
Has the patient been clinically assessed for their suitability in the respect of safety?	Environmental assessments aim to ensure that the risks are reduced to the lowest possible level or removed.	Staff members working in these environments should be familiar of what is in the room. All patients should have a care plan for violence and aggression if appropriate.

Community Setting

Issues for Consideration	Rationale	Recommended Action
Is there a system of collecting information on potential risks of violence and aggression pre-visit?	<p>Other agencies may have already been involved – may indicate past issues, behaviour mood, medication of the patient which is helpful.</p> <p>It is difficult to modify the working environment. Therefore it is important to consider working arrangements.</p>	<p>Ensure communication and co-operation is maintained with other professionals; this will assist in obtaining information about the site, lodgers or pets.</p> <p>Are there cultural, diversity or gender issues that may affect the patient?</p> <p>Attitudes, traits or mannerisms which can annoy the patient?</p> <p>Should the visit be carried out at a particular time of day?</p> <p>Should first visits be carried out in pairs? Is there a possibility of combined visits?</p> <p>Is there a possibility of meeting the patient elsewhere?</p>
Is there a system in place for establishing staff whereabouts, and arrangements for providing backup if required?	As it is difficult to modify the working environment in the Community, it is important to consider working arrangements in advance.	<p>A responsible person should keep movement plans but that person should also know what to do if no contact has been made.</p> <p>The responsible person should arrange to inform senior management if communication is impeded.</p> <p>Provide provision of an alarm and or communication devices e.g. mobile phone if they are applicable for your area. Ensure maintenance of communication system e.g. charging up of the phones.</p>

Issues for Consideration	Rationale	Recommended Action
Do staff members have information and training on how to deal with an emergency situation?	Trust staff need to be aware of any foreseeable eventuality in order to protect them whilst delivering patient care in the community.	<p>Training in use of equipment provided and in defusing situations.</p> <p>Access to a first aid kit.</p> <p>Consideration of any issues which may affect staff safety; e.g; recent trainee, pregnant worker.</p>
Are the vehicles used suitable and adequately maintained?	Trust staff may encounter a variety of driving conditions, and emergency situations when visiting patients.	<p>Staff should be made aware that they are responsible for maintaining their vehicles in a legal and roadworthy condition with insurance covering business risks.</p> <p>When parking, try to park close by and in a well-lit area. Staff may want to keep a torch with them.</p>

APPENDIX B Physical and Non-physical Assault Investigation Form

DATIX Reference	
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Where and when did the adverse event happen?

Who was injured/suffered ill health or was otherwise involved with the adverse event? What injuries or ill health effects, if any, were caused?

Who was the person starting, adding to, or continuing the adverse event?

What activities were being carried out at the time?

What triggered the adverse event to happen, or what was happening at the time?

Was the risk known? If so, how was it expected to be controlled? Is there a SOP or Policy that covers the activity being carried out?

Estimated date of discharge, if relevant.

Were there any witnesses? If so, record their names here.

Obtain a statement from the injured person, and from any witnesses, using the template below.

Actions Taken following Datix Report

Further Action Planned

Follow up

Follow up

Members of the Investigation Team.		
Name	Position Held	Department or Service

The findings of the investigation need to be communicated to the injured person, the following managers and employee safety representatives		
Name	Position Held	Department or Service

Statement Date	
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Personal Statement of injured person, or witness to adverse event

Print Name:

Sign name:

Date:

Witnessed by

Print Name:

Sign name:

Date:

APPENDIX C Procedure for Withdrawal or Refusal of Treatment

There are several steps that must be taken before withdrawal of treatment can be considered to ascertain the reason for the behaviour, in order to prevent further incidents, or to reduce the risk of them reoccurring at a later date.

- Step 1 Verbal Warning
- Step 2 Written Warning
- Step 3 Acknowledgement of Responsibilities Agreement (ARA) (Behaviour Agreement)
- Step 4 Final Written Warning
- Step 5 Withdrawing of Treatment

All key stakeholders and relevant personnel, including staff union or professional representatives, the LSMS or H&S Manager attend a pre-meet to discuss the situation where a decision will be made as to the most appropriate course of action or relevant stage of the policy to implement.

The Line Manager uses the Trust's Physical and Non-Physical Assault Investigation Form, Appendix B, to document the concern raised, and the action taken to date to protect the Staff in the Team.

For patients who have a pre-existing medical condition that can adversely affect their behaviour or are not deemed to have capacity to take responsibility for their actions, medical advice must be obtained. This can include advice from the individuals GP or other medical expert.

The steps below refer to document templates which follow below.

Step 1 Verbal Warning

When a violent or abusive incident occurs or when there is evidence of continued and serious inappropriate behaviour by an individual, a verbal warning must be given to the patient concerned by a senior member of staff.

Verbal warnings may not always be appropriate and should only be attempted when it is safe to do so with at least two members of staff present. The aim of the verbal warning is twofold:

- To ensure that the patient, relative or visitor is made aware that their conduct is not acceptable
- To ensure that the patient, relative or visitor is aware of the consequence of further unacceptable behaviour.

In the interim, where on-going care is necessary, Managers must ensure that suitable contingency arrangements are made to ensure this is delivered in a safe environment.

Where possible a meeting should be arranged with the person concerned and conducted in a fair and objective manner where they must be informed of staff concerns. A formal record must be made and maintained. Any verbal warning must also be noted in the patient's notes.

Where the process has no effect and unacceptable behaviour continues, alternative action must be considered. **In serious cases it may be appropriate to issue a final warning without the need for a verbal warning or Acknowledgement of Responsibilities Agreement (ARA) process.**

Step 2 Written Warning

If a verbal warning has had no effect, or it is not deemed appropriate for such a warning to be given, a written warning must be issued to the patient by a senior member of staff and added to the patients notes. Consideration may be given to copying the warning letter to other appropriate healthcare professionals, e.g., GP.

The written warning letter must explain the reasons why the letter has been issued, including relevant information, dates and times of incidents, and give details of the mechanism for seeking a review of the issue e.g., via local patient complaints procedures.

Step 3 Acknowledgement of Responsibilities Agreement (ARA) (Behaviour Agreement)

ARAs are an option that can be considered for individuals to address unacceptable behaviour where verbal warnings and a first written letter have failed, or as an immediate intervention, depending on circumstances. An ARA is a written agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour. They can also be used as an early intervention process to stop unacceptable behaviour from escalating.

Where it is safe to do so, the patient/relative/visitor must be invited to attend a meeting where the agreement is made. If not considered safe, the communication to the individual(s) must be made in writing. Consideration must be given to a suitable venue taking into account any specific access difficulties for the individual(s). Appropriate persons must attend this meeting but careful consideration must be given to the number of staff attending as the situation could be perceived as intimidating. The individual(s) must also be given the opportunity of representation or support.

The agreement itself must specify a list of acts or behaviours in which the individual(s) has been involved in with a view to obtaining agreement and co-operation from them not to continue their behaviour.

Terms of the ARA must be confirmed in a formal written document delivered to the individual(s) concerned and any agreement must be for at least a period of six months.

Monitoring is essential if the ARA is to be effective and roles and responsibilities in respect of monitoring must be clearly understood so that further unacceptable behaviour is recorded and appropriate action can be escalated if necessary.

Agreement will be made at the outset on who will undertake responsibility for monitoring compliance with the ARA. The LSMS must be kept updated on the monitoring process.

Step 4 Final Written Warning

Before withdrawing treatment is instigated, a final written warning must be issued to the patient by a senior member of staff (either the Chief Executive Officer or Director) and must be copied to the patient's GP.

The final written warning letter must explain the reasons why the withdrawing of treatment is being considered, including relevant information, dates and times of incidents, and give details of the mechanism for seeking a review of the issue e.g. via local patient complaints procedures.

There may be instances however where the nature of any assault is so serious the Trust, having obtained legal advice, can decide to withdraw treatment immediately.

Step 5 Withdrawing of Treatment

Having obtained legal advice and where it is decided that there is no other alternative but to withdraw treatment, a written explanation must be provided to the patient or patient's representative.

This letter will be signed by the Chief Executive Officer of the Trust and copied to the LSMS, the patients GP and relevant key worker / staff group. All relevant letters and documentation will be copied to the LSMS.

The letter must state:

- The reason why treatment is being withdrawn, including specific information, dates and times of incidents.
- The period of the exclusion, which will not normally exceed 12 months.
- Details of the mechanism for seeking a review of the decision to withdraw treatment.
- The process the individual(s) must undertake to obtain further NHS treatment in the event of an emergency.
- The action the Trust intends to take if an excluded individual(s) returns to the Trust for any reason other than a medical emergency.

Treatment could be withdrawn from a patient as a result of the behaviour of a person accompanying or visiting a patient. However the Trust will seek to establish alternative arrangements to deliver care in a safe environment.

Letter template for First Warning

Dear

We have received a report that on *<insert date>* you were violent (or threatened violence) or acted in an antisocial way to a member of NHS staff while you were on NHS premises/during a home visit. *<delete whichever does not apply>*.

We will not accept this type of behaviour. We firmly believe that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

You must not repeat this behaviour and must keep to the following conditions.
<insert details>

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

- Issue an Acknowledgement of Responsibilities Agreement
- Report the matter to the police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself .

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

If you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing *<insert details advised in Trust complaints procedure>* who will review the decision in light of your account of the incident(s).

A copy of this letter will be kept with your Medical Records in accordance with Trust policy.

Yours sincerely,

Signed by Ward / Department Manager

Acknowledgement of Responsibilities Agreement

This agreement is between:

Shropshire Community Health NHS Trust

And

Insert name of Patient / Relative / Visitor with identifying details (e.g., NHS number).

- I agree to the following in respect of my future behaviour when attending premises or receiving care from Shropshire Community Health NHS Trust.
- I will treat people with courtesy and respect while on NHS premises, receiving care at other locations, or when contacting the NHS by telephone.
- I will not use violence, foul or abusive language or threatening behaviour.
- I will treat all NHS resources with respect.

(The above are for guidance only and more personalised requirements may be added to suit the needs of the department)

Declaration

I, (insert name of patient/relative/visitor), confirm that I have read and understood the attached letter and this agreement and that I accept the conditions set out above and agree to abide by them.

I understand that if I fail to apply the above conditions, the Trust will consider alternative options, which may result in either the withdrawal of treatment or my exclusion from all Shropshire Community Health NHS Trust premises.

Print name

Sign name

Date

Acknowledgement of Responsibilities Agreement Letter (meeting version)

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, relative, visitor > and Shropshire Community Health NHS Trust.

It is alleged that on the <insert date> you <insert name> used /threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises/receiving care at other location (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

This was made clear to you at the meeting you attended on <insert location and date> to acknowledge responsibility for your actions and agree a way forward.

I would urge you to consider your behaviour when receiving services from the Trust in the future and comply with the following conditions as discussed at our meeting:

<List of conditions – can include all/any one of the conditions as listed on Behaviour Agreement>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one or more of the following actions: (to be adjusted as appropriate):

- The withdrawal of NHS care and treatment at this Trust subject to clinical advice.
- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself.

I enclose two copies of this letter for your attention. I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours sincerely,

Signed by a senior staff member

Date

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

Acknowledgement of Responsibilities Agreement Letter (no meeting version)

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, relative, visitor> and Shropshire Community Health Trust

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used /threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises/receiving care at other location (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

This was made clear to you in my previous correspondence of <insert date> to you. We have attempted to contact you <insert details> to invite you to a meeting to discuss the matter and agree an acceptable conduct. However, we have not had a response from you.

I would urge you to consider your behaviour when receiving services from the Trust in the future and comply with the following conditions:

<List of conditions – can include all/any one of the conditions listed on the Behaviour Agreement>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take one or more of the following actions: (to be adjusted as appropriate):

- The withdrawal of NHS care and treatment at this Trust subject to clinical advice.
- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours sincerely

Signed by a senior staff member.

1, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated

Final Warning Letter

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used /threatened unlawful violence/acted in an anti-social manner to a member of NHS staff.

Behaviour such as this is unacceptable and will not be tolerated. The Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

This has been made clear to you in <insert details of previous correspondence/meetings>.

A copy of the Trust policy on the withdrawing of treatment from patients is enclosed for your attention. If you act in accordance with what the Trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records and will be taken into consideration with one or more of the following actions:

(To be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- Consideration may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself .

In considering withdrawing treatment the Trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients.

An exclusion from NHS premises would mean that you would not receive care by this Trust and (title e.g., clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

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

Yours sincerely

Signed by a senior staff member

Dated

Withdrawal Treatment Letter

Dear

Withdrawal of Treatment

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used /threatened unlawful violence/acted in an anti-social manner to a member of NHS staff.

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

This has been made clear to you in <insert details of previous correspondence/meetings>. A copy of the Trust policy on the withdrawing of treatment from patients is enclosed for your attention.

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 consultation, it has been decided that you will be excluded from Trust premises, or from receiving Trust services.

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 not to attend this Trust's premises at any time except:

- In a medical emergency; or
- 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 may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself .
- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withdrawing treatment the Trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

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

Yours faithfully

Signed by a senior staff member

Dated

Template for written warning following an abusive telephone call

Dear

It has been brought to my attention that, during a telephone conversation with a member of my staff on <insert date>, you were rude and abusive.

I am writing to let you know that verbal abuse to members of Shropshire Community Hospital NHS Trust staff will not be tolerated. Any member of staff who is treated in this way has permission to end the call/ meeting following a warning that they will do so if the abuse does not stop. On this occasion, you continued to be abusive following the warning.

The Trust will not accept abusive behaviour or violence towards its staff or others. If this type of behaviour is repeated in the future, further action will be taken by the Trust and could result in the police and legal services being involved.

Yours sincerely

Service Manager

Template for Exclusion from Premises

Dear

Exclusion from Trust Premises

I am writing to you concerning an incident that occurred on *<insert date>* at *<insert Location, Shropshire Community Hospital NHS Trust >*.

The Trust has evidence which suggests that you *<insert name>* used / threatened unlawful violence / acted in an anti-social manner to a member of NHS staff / whilst on NHS premises *<delete as applicable>*.

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

Following a number of warnings *<insert details of correspondence and meetings>* where this has been made clear to you, it has been decided that you should be excluded from the Trust 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 not to attend the Trust 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 may be given to obtaining a civil injunction, Community Protection Notice or Criminal Behaviour Order. Any legal costs incurred will be sought from yourself .
- The matter will be reported to the Police with a view to this Trust supporting a criminal prosecution by the Crown Prosecution Service

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment *<list arrangements>*.

In considering withdrawing treatment this Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing *<insert details of local complaints procedure>* who will review this decision in the light of your account of the incident(s).

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

A copy of this letter will also be kept with your Medical Records.

Yours sincerely,
Chief Executive

