

Violence, Aggression, & Abusive Behaviour Policy

Version:	V2.1	
Summary:	Work related violence and aggression. <i>(Violence, threatening or abusive behaviour from patients, relatives or members of the public towards Locala colleagues)</i>	
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Review and Amendment Log

Version No	Type of Change	Date	Description of Change
1.0	New Policy	19/07/2016	
2.0	Full review of existing Policy	19/12/2019	Additional clarification on definitions and strengthening of statement of commitment to reflect Health & Safety at Work Act requirements Changes to job titles
2.1	Name Change	24/03/2021	Name change from <i>Violence and Aggression Policy</i> .

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1. Statement of Commitment

“Our colleagues have the right to carry out their duties and our patients and visitors have the right to receive care, without fearing violence or aggression.

The strongest possible penalties shall apply to those who assault, threaten or abuse colleagues. Locala commits its full support to colleagues taking forward any action resulting from an act of violence or aggression.

Locala commits to informing the police of all serious incidents involving physical attack, or, serious cases of threatening or verbal abuse in the interests of protecting its entire workforce and patient community”

2. Introduction

Locala Community Partnership (Locala) takes the safety, welfare and security of its colleagues, patients and visitors very seriously.

This policy outlines the steps to be taken should a patient or member of the public is abusive, aggressive or threatening to a colleague in any way. The flow diagram at Appendix B, is used to illustrate and support the text and guide colleagues in the event of such a situation.

When a patient receives care at home or at a health centres it can be a frightening and anxiety provoking experience for them or their family; such fear and anxiety may manifest as aggression towards colleagues. Whilst understanding the root cause of such behaviour is important, Locala colleagues must never be placed at risk of harm.

The use of effective communication can often defuse potentially aggressive or violent situations. All colleagues should therefore attend Locala’s mandatory Conflict Resolution Training and any refresher training.

Work related violence and aggression is a recognised occupational hazard for health sector workers. Such professionals have been routinely identified as being at greater risk of physical assault or verbal abuse than many other public sector workers both by the Department of Health and the Health and Safety Executive.

In 2003 the National Audit Office produced a report called ‘*A Safer Place to Work – protecting NHS hospital and ambulance colleague from violence and aggression*’. From this the Department of Health Zero Tolerance Campaign was launched and has led to the current structure of the development of local policies and procedures and central reporting systems.

In 2018 the Secretary of State for Health and Social Care announcement of the NHS violence reduction strategy included role of the Care Quality Commission scrutinising violence as part of their inspection regime.

This policy complies with the Health and Safety at Work etc. Act 1974 and all other appropriate health and safety legislation. Under Regulation 4 of the Management of Health and Safety at Work Regulations 1999, employers are required to make

appropriate arrangements for the effective planning, organisation, control, monitoring and review of the preventative and protective measures. This policy sets out the arrangements to comply with this requirement.

3. Purpose

To provide guidance to colleagues in dealing with violent, threatening or abusive behaviour from patients or visitors.

To develop and enhance preventative measures, including early detection, active deterrence and diffusion, creating spaces and operating practices that do not contribute or provoke negative behaviours.

Ensuring the root causes of all incidents are identified and so far as is reasonably practicable addressed and that appropriate actions are executed where required.

To clearly set out the steps to be taken in the event of an incident. To set out Locala's expectations in terms of:

- Reporting of incidents.
- Access to training.
- Access to support.
- Management response

4. Target Population

This policy is intended for all Locala colleagues, including those on temporary contracts as well as bank colleagues and students.

5. Explanation of Terms

Locala defines work-related violence as: any incident in which an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his/her employment. This definition reflects the Health and Safety Executive's definition.

The NHS definition of physical assault used for incident reporting purposes is: 'the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.

The NHS definition of non-physical assault used for incident reporting purposes is: 'The use of inappropriate words or behaviour causing distress and/or constituting harassment

Non-physical assault:

The use of inappropriate words or behaviour causing distress and/or constituting harassment.

It is difficult to provide a comprehensive list of incident types covered however some examples are provided:

- Offensive language, verbal and swearing.
- Offensive comments related to gender, sex, racist or other such protected characteristic as defined by the Equalities Act 2010.
- Loud and intrusive conversation.
- Unwanted or abusive remarks.
- Negative, malicious or stereotypical comments.
- Invasion of personal space.
- Brandishing objects or weapons.
- Near misses (i.e. unsuccessful physical assaults).
- Offensive gestures.
- Threats or risk of serious injury to colleague.
- Intimidation.
- Stalking.
- Alcohol or drug fuelled abuse.
- Incitement of others and / or disruptive behaviour.
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours.
- Any of the above linked to destruction of or damage to property.

Colleagues should remember that the inappropriate behaviour may be, by telephone, letter, e-mail or other communication such as graffiti, or offensive online content, not just in person.

Physical assault:

The intentional application of force to the person by another without lawful justification resulting in injury or discomfort.

It is difficult to provide a comprehensive list of the types of incident that are covered; however some examples are provided:

- Spitting on / at colleagues.
- Pushing.
- Poking or jabbing.
- Scratching or pinching.
- Throwing objects, substances or liquids onto a person.
- Punching and kicking.
- Hitting and slapping.
- Sexual assault.
- Incidents where reckless behaviour results in physical harm to others.
- Incidents where attempts are made to cause physical harm to others and fail.

Effects of assault:

The effects of non-physical and physical assault are wide ranging and it should be

acknowledged that as well as the more obvious impacts of a physical assault such as a visible bruise or injury, there may often be non-evident, longer lasting impacts such as emotional and psychological distress or trauma. It is not necessary for there to be any physical injury as a result of the assault for further action to be taken.

6. Duties

6.1. Individual colleagues

Colleagues are responsible for reading, complying with and maintaining up-to-date awareness of policies as laid down in job descriptions and contracts of employment and for undertaking training as appropriate to enable them to comply with policies relevant to their roles and as colleagues of Locala. Colleagues are required to report all incidents of violence and aggression suffered by themselves or observed whilst at work.

6.2. Managers

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents.

6.3. Responsible committee

It is the responsibility of the Health and Safety Committee to monitor the implementation and effectiveness of this Policy.

6.4. Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of Locala including ensuring that the organisation's procedural documents comply with all legal, statutory and good practice requirements.

6.5. Non-Executive Director

Promote security management measures

6.6. Director of Corporate Affairs

To take responsibility for development and delivery of effective security management measures.

6.7. Locala Security Management Specialist (LSMS)

To ensure a system is in place to review all incidents of violence or aggression and to review the content of this policy to ensure its contents are up to date. Where this is not the case the policy is to be updated and returned to Policy Ratification Group for approval.

7. Practice recommendations

7.1. Risk Assessment

Locala's premises and operating practices are risk assessed in accordance with the

Requirements of the Management of Health and Safety at Work Regulations 1999. Where Locala has identifies client groups with a greater propensity towards unacceptable behaviour, it identifies and implements measures aimed at reducing the potential impacts of such behaviours and providing security back-up in a timely manner.

Whilst Locala recognises that feeling threatened or at risk can be subjective, all colleagues should have confidence that where they have risk assessed a situation and identify a need for assistance (see below) this will be provided promptly.

In the event of an incident, debriefing after the event will be used to support colleagues to identify any counselling or development needs.

Colleagues are not expected to put themselves at risk. If at any time a patient or visitor behaves, or threatens to behave, in a violent or aggressive manner, assistance may be summoned from the Police.

7.2. *Colleagues*

Colleagues should risk assess potential interactions with patients to determine whether there is a risk of violence and aggression based upon their knowledge of the patient and any previous incidents and the lessons learnt from them. This will determine whether additional controls should be put in place, such as additional colleagues in attendance or arranging to meet in a safer environment. Lone workers should also refer to Lone Working Policy

If a patient is being abusive, aggressive or threatening the following key questions are to be asked:

- Do you feel able to calm the patient?
- Is there anyone close by who can assist you?
- Do you feel able, with that assistance to calm the patient?

If the answer is 'No' to questions A, B or C the colleague should remove themselves from the situation, call for assistance and call the Police on 999 if necessary.

A senior colleague from the team will consider the requirement of sanctions. A DATIX report to be completed as soon as possible.

A DATIX report must be completed for each incident of violence and aggression if they involve the same patient.

Once the immediate situation has been managed a debriefing will be held (Appendix C).

If the patient has a probable underlying clinical cause for their behaviour then they need to be clinically assessed.

A range of sanctions are available to be used. They can only reasonably be issued to patients who are able to take responsibility for, and have the mental capacity to control their behaviour.

Sanctions do not necessarily have to be issued in order but a discussion between a clinician and manager with advice and support from the LSMS must be held to decide the most appropriate.

Verbal warning (Appendix D). This is the first step to be taken after de-escalation or resolution of the incident. It is to be issued by a senior colleague to reflect the significance. An assessment of the best time to do so should be made and rests with that manager to ensure the situation is not reignited.

Behavioural agreement (Appendix E). This is a signed, jointly agreed contract of behaviour and is used as a second stage. Clear expectations of required behaviour are made and documented and the patient signs the agreement.

First Written Warning – ‘yellow card’ (Appendix F): This is the first formal notification to the patient that clearly states our expectations and further actions that may be taken in the event of further inappropriate behaviour. This letter may be given whilst the patient is in attendance or sent to the home address. An assessment of the best time to do so should be made and rests with that manager to ensure the situation is not reignited. A violence and aggression marker will be placed on the patient’s SystmOne for up to 12 months, at the end of the sanction period a risk assessment will be completed by the manager and if no further incidents have occurred the marker will be removed.

Final Written Warning – ‘red card’ (Appendix G): This is the final formal warning that would be sent before seeking exclusion and is sent by the Chief Executive. This letter may be given whilst the patient is in attendance or sent to the home address. An assessment of the best time to do so should be made and rests with the manager to ensure the situation is not reignited. A violence and aggression marker will be placed on the patient’s SystmOne for upto 12 months, at the end of the sanction period a risk assessment will be completed by the manager with advice from the LSMS and if no further incidents have occurred the marker will be removed.

Local sanctions (Appendix H): following discussion and review of the situation it may be decided that specific local sanctions would be the best course of action. For example it may be that the aggressive family member is requested not to be in the house when a Locala colleague visits. Such decision must be made between the clinician, and their manager with advice from the LSMS to ensure that there is a balance between addressing the person’s needs as well as colleague safety and security.

Involving the Police: the Line manager will act as the liaison between Locala and the Police service and the LSMS will assist colleagues in determining whether the Police should be involved as well as the practical arrangements of contacting them.

7.3. Locala's pro-security strategies

Locala takes the safety and security of its colleagues, patients and visitors very seriously. The following corporate steps have been taken to underpin and support this:

Measuring and monitoring

All colleagues are expected to follow the required reporting process for abusive, violent or threatening incidents. This entails completion of a DATIX incident report.

Skills and knowledge

Locala is committed to providing training on Conflict Resolution for all colleagues. Colleagues have a responsibility to themselves and their colleagues to attend this training in order to ensure they have the best skills possible to recognise and resolve conflict from occurring in the first instance

Prevention

Primary prevention – action taken before violence occurs. This is through colleagues training in Conflict Resolution and de-escalation techniques.

Secondary prevention – action taken to prevent violence when it is perceived as imminent and to minimise harm. This is through swift and consistent response to incidents such as use of the flowchart.

Tertiary prevention – action taken to prevent or reduce the potential for violence, such as through debriefing, supporting colleagues to press charges, or sanctions.

Deterrence

Locala will support colleagues who have been victims of abuse, aggression or assault to press charges and will always press for the strongest possible penalties.

Colleague support

All colleagues involved in or affected by a violent or abusive incident will be seen as soon as possible afterwards by either their line manager (or nominated other in the absence of) with support of the LSMS. The manager will ensure the following:

That a debrief session has been held or is arranged, see appendix C. This document or meeting notes to be uploaded to the incident as an attachment.

- A discussion takes place to ensure the colleague feels safe and supported.
- That any training or support needs identified are arranged.
- A discussion takes place to consider the colleague's personal safety and sense of security.
- The Occupational Health Service/EAP is available to assist colleagues in dealing with any concerns or anxieties they might have after an incident.

- Assistance and support as required should criminal charges be sought.

Locala takes the support of colleagues seriously and if there is any concern raised a formal referral must be made immediately to Occupational Health Service.

8. Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

An Equality Impact Assessment Tool is used during ratification processes to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010]. Any outcomes have been considered in the development of this policy.

9. PREVENT

All healthcare employees have a role to play in protecting and supporting vulnerable individuals especially those who may be vulnerable to radicalisation. Prevent aims to stop people becoming terrorists or supporting terrorism. In carrying out their day to day work colleagues may notice unusual changes in the behaviour of someone (patient, carer or colleague) which are sufficient to cause concern. It is important that if anyone has a cause for concern, they contact their line manager, who will inform the Locala PREVENT lead.

10. Consultation Process

A consultation process was carried out with key stakeholders in the development of this policy. These stakeholders included Business Units, Quality, Customer Engagement, Workforce and Health and Safety.

11. Dissemination and Implementation

11.1. Dissemination

The policy will be communicated through colleague briefing and a targeted and comprehensive communication plan. It will be placed in the relevant section of the Policies site on SharePoint. Where a review is identified and any changes made, these will be communicated.

11.2. Competence/Training

Prior to ratification of this policy the required education and training needs for ensuring effective implementation and compliance have been reviewed.

There are no specific additional training requirements for this Policy

12. Monitoring Compliance with the Document

12.1. Process for Monitoring Compliance

This Policy should be kept under review in the light of changing circumstances and requirements. As a minimum it should be reviewed routinely every three years. If there are significant changes this should be returned to the ratifying body for approval. The processes for monitoring compliance with this procedure are outlined in the table below:

Measurable Policy Objective	Monitoring / Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported incidents and action plans
Incidents of Violence and Aggression are managed appropriately	Review of all incidents of violence and aggression	Weekly	Resolution Service LSMS	Business Units Health and Safety Committee

12.2. Key Performance Indicators

100% of violent or aggressive incidents to be reported within 24 hours. 100% of colleague victim to a violent or aggressive incident to receive a debrief within 72 hours.

13. References/Bibliography

- NICE guideline (NG10) May 2015. Violence and aggression: short-term management in mental health, health and community settings.
- Department of Health 2006 Directions to NHS bodies on measures to deal with violence against NHS colleague 2003.
- Department of Health, 2006 Directions to NHS bodies on security management measures 2004.
- Violence towards NHS Colleague From The Public (2006) NHS Counter Fraud and Security Management Service. cfa.nhs.uk
- Protecting NHS Colleague from Violence (2006) – leaflet. NHS Counter Fraud and Security Management Service. cfa.nhs.uk
- Prevention and Management of Violence Where Withdrawal of Treatment is not an Option. (2006) NHS Counter Fraud and Security Management Service. cfa.nhs.uk
- Department for Constitutional Affairs (2005) Mental Capacity Act 2005 Code of Practice.
- Criminal Injuries Compensation Authority.
www.gov.uk/government/organisations/criminal-injuries-compensation-authority
- Directions to the NHS from the Secretary of State, 2003.
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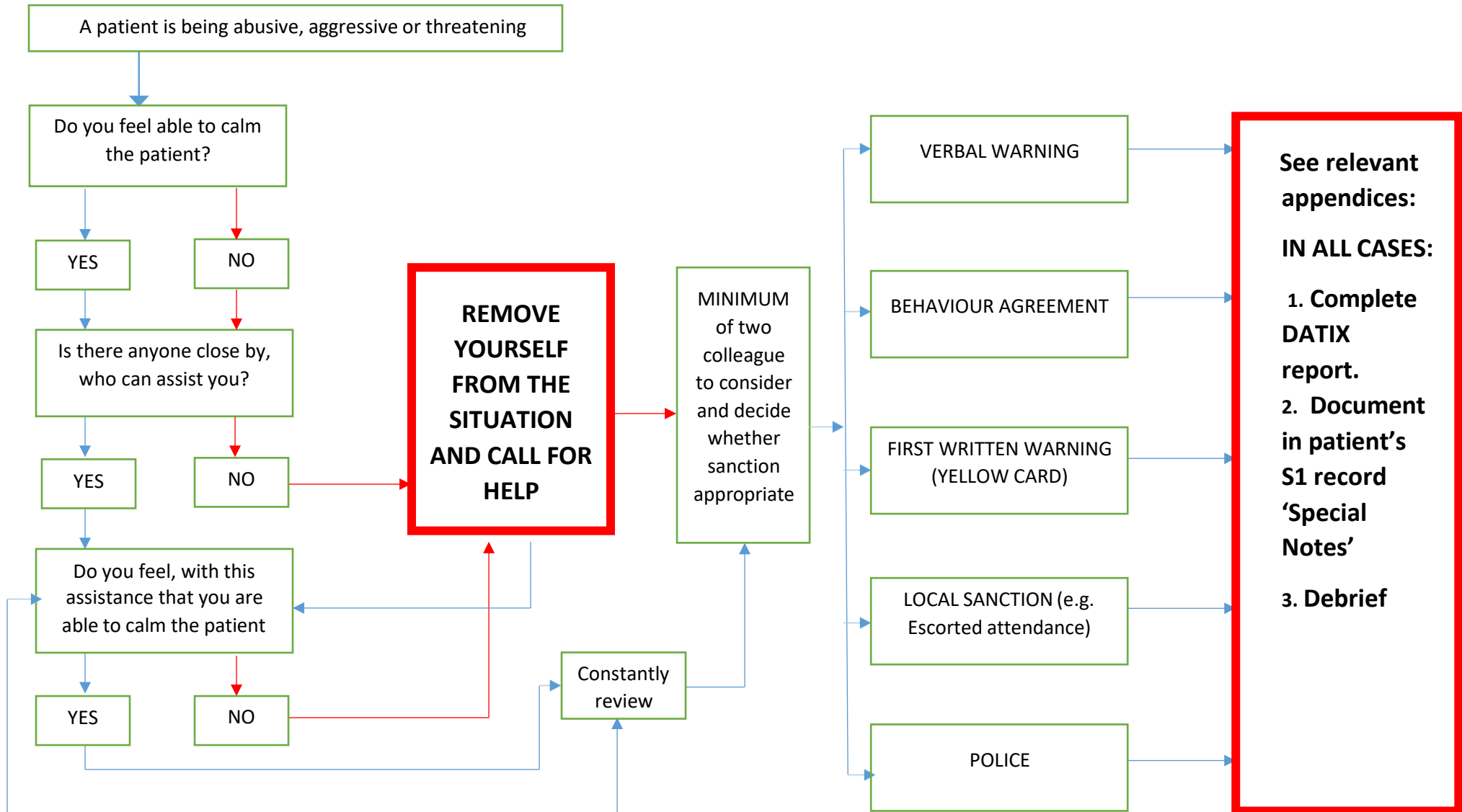
- Health and Safety at Work etc. Act 1974. www.hse.gov.uk/legislation/hswa.htm
- Health and Safety Executive. www.hse.gov.uk/
- Management of Health and Safety at Work Regulations 1999. www.legislation.gov.uk
- NHS Employers – Violence against NHS Staff. www.nhsemployers.org
- NHS Injury Benefits Scheme. www.nhsba.nhs.uk
- NHS Terms and Conditions of Service Handbook. www.nhsemployers.org
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. www.hse.gov.uk
- Royal College of Nursing. www.rcn.org.uk
- Stronger protection from violence for NHS staff 2018. www.gov.uk

14. Associated Policy Documentation

NB. There may be more recent versions of the policies or procedures named below so that these should be checked accordingly

- Locala CIC. (2013) Communications
- Locala Guidance on the Use and Management of Special Notes in SystemOne 2015.
- Dealing with Complaints 2019
- Health and Safety Risk Assessment
- Safety of Lone Workers Policy
- SOP for Bomb Threats and Suspicious Packages 2018
- SOP for Safety During Intruder Situations 2018
- Transport Policy 2016

Appendix A – Flowchart Risk Assessment for V&A Patients



Appendix B Debrief following an abusive, aggressive or threatening incident

(This completed form to be uploaded to the Incident as an attachment by the manager.

Incident date:

Business Unit:

Service:

Team:

Involving:

Key questions to ask:

1. Did we 'see this coming?'
2. Was there anything we could have done to prevent it?
3. What did we do well in managing the situation?
4. What could we have done better?
5. Was the sanction (if any) appropriate?
6. What will we do if he / she returns?
7. Checklist:
 - a. Documentation: incident form, statement, record in patients notes.
 - b. Training needs?
 - c. Team support needs?
 - d. Individual support needs?
8. Other thoughts / comments

Appendix C: Verbal warning

1. To be 'issued' by team leader, matron or manager.

2. Suggested key phrases:

Sir (Madam / Mr X / Ms X) it has been reported to me that you have behaved inappropriately and specifically (add e.g. used abusive language, threatening behaviour) and I am as such formally issuing you with a verbal warning as per Locala' Violence and Aggression Policy.

I accept that this is a difficult time for you, and I acknowledge that you have now calmed down but I need to reiterate to you that our colleagues have the right to work in an environment that is safe and non-threatening.

I hope that there will be no further episodes and as such that we can close this.

However, should that not be the case and you again behave in an unacceptable way then further measures will be taken.

A copy of this letter has been placed on your SystemOne record for a period of 12 months and a copy sent to your General Practitioner/Consultant.

3. Whilst this is a verbal warning it is important that it is still documented in the patient's S1 record 'Special Notes' so that colleagues are aware in the future that one has been issued. Should there be further episodes it will be apparent whether or not there is a history of such behaviour. (See Locala Guidance on the Use and Management of Special Notes in SystemOne (2015) on Elsie).

4. A file note of this action to be attached to the DATIX Incident Report by the team leader/manager.

Appendix D: Behaviour Agreement

(One copy to be retained in S1 patient record and one by the manager and attached to the relevant DATIX Incident report).

Agreement between Locala and

Patient name:..... DOB:.....

NHS number:..... GP:.....

Date of agreement:.....

- Locala colleagues will do everything possible to ensure the highest standards of care and support is provided to you.
- Details of any proposed treatment plan will be discussed and agreed with you.
- Any questions you have will be answered and any concerns explained before the onset of any care.
- The team responsible for your care is:.....

In return you must co-operate with the agreed treatment plan and comply with the following conditions during the period of your care:

- *Add specifics*
- *Add specifics*

Failure to comply with these conditions in whole or in part will make it difficult to continue to provide the treatment programme as agreed. Under these circumstances your care plan will be reviewed, and in the interest of colleague safety and welfare your care may be referred back to your GP or Consultant.

 Details of my treatment plan and the conditions under which my treatment plan will be provided have been fully explained to me. I agree to comply with these conditions.

I understand that if I do not meet the conditions set out above my treatment plan may be modified or may be discontinued.

Signed..... Date:.....

Witnesses:

Name:..... Name:.....
 Team leader/manager Clinician

Designation:..... Designation:.....

Signed:..... Signed:.....

Date:..... Date:.....

Appendix E: First Written Warning ('yellow card')

(One copy to be retained in S1 patient record and one by the manager and attached to the relevant DATIX Incident report).

Date

Patients full name

Address

NHS number:

Dear.....

I am writing to you concerning an incident that occurred on.....at.....

It is alleged that you (*used threatening behaviour / language etc – insert as reported*).

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

If you continue to act in an antisocial manner consideration will be given to one or more of the following actions:

Examples:

- *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 civil injunctions or an anti-social behaviour order. Any legal costs will be sought from you.*
- *Alternative arrangements may be made for you to receive your treatment elsewhere.*

I very much hope that none of these sanctions will be necessary and that we may work together with you in providing you the care that you need.

If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted please write to our Customer Liaison Service, First Floor, Becks Court, Batley, WF17 5PW who will arrange to review this decision in the light of your account of the incident.

A copy of this letter has been placed on your SystemOne record for a period of 12 months and a copy sent to your General Practitioner/Consultant.

Yours sincerely

Appendix F: Final Written Warning ('red card')

(One copy to be retained in S1 patient record and one by the manager and attached to the relevant DATIX Incident report).

Date

Patients full name

Address

NHS number

Dear.....

I am writing to you concerning an incident that occurred on at

It is alleged that on, you used unlawful violence/threatening language towards a Localacolleague during

Such behaviour is unacceptable and will not be tolerated. Locala 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 my warning on the..... whereby this has been made clear to you in writing and verbally by,

Following a clinical assessment of your care and appropriate consultation, it has been decided that you will not receive home visits/attend clinic. The period of this exclusion is..... months and comes into effect from the date of this letter.

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

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

During the period of your exclusion, the following arrangements must be followed in order for you to receive treatment:

- You contact your GP/Consultant's practice for them to arrange your

In considering withdrawing home visits/treatment, Locala considers cases on their individual merits to ensure that the need to protect colleagues is balanced against the need to provide healthcare to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please write to our Customer Liaison Service, First Floor, Becksid Court, Batley, WF17 5PW who will arrange to review this decision in the light of your account of the incident.

Any future care provided may be subject to conditions set by the alternative care provider.

A copy of this letter has been sent to your GP/Consultant and your local CCG informing them of our concerns and a copy of this letter has been placed on your SystemOne record for a period of 12 months.

Yours sincerely

Chief Executive

Appendix G: Local sanctions and involving the police

Local Sanctions

This option may come through discussion with the patient/family member and consideration of the specific circumstances.

If a person has been red carded/excluded from Locala but urgent care is requested under our duty to care a discussion will take place between clinicians and the LSMS for the best way to manage any potential situations – and ensure colleague feel safe and able to undertake their work without fear.

Involving the Police

Any member of the public has a right to call the Police if they feel they need their assistance – and colleagues have that right too.

However, Locala management and LSMS will provide immediate assistance and support and will act as the liaison should Police services need to be involved.