

## Individuals who are Violent or Aggressive

Issue Date	Review Date	Version
January 2020	January 2025	4

### Purpose

This procedure identifies the process through which the Trust gains assurance that it is responding appropriately to the recommendations and requirements arising with regard to Individuals who are violent or aggressive.

### Who should read this document?

All staff with responsibility for the delivery security standards. Key roles:

- Chief Executive
- Director of Planning and Site Services (Director of Security)
- Matrons and Heads of Department

It will be the responsibility of these staff, to ensure that the contents of this policy are brought to the attention of all Trust staff and the staff of all organisations contracted to or volunteering to deliver services across the Trust.

### Key Messages

The security of hospital site and the safety of those who use it is the responsibility of all of us.

If you have any concerns about a person or a situation, please contact Saba via the Helpdesk on 32000.

If an emergency response is required, call 3333.

The Trust is committed to supporting criminal proceedings and redress and, where appropriate, will apply sanctions to withdraw healthcare services to the perpetrator if employees are subjected to unwarranted and unsolicited anti-social behaviour and/or abuse.

Core accountabilities		
Owner	Local Security Management Specialist	
Review	Health and Safety Committee Security Strategy Steering Group	
Ratification	Trust Board	
Dissemination (Raising Awareness)	Local Security Management Specialist	
Compliance	Audit Committee	
Links to other policies and procedures		
Health and Safety Policy Risk Management Policy Trust Security Policy Trust Incident Record Form (Datix) Major Incident Plan Incident Management SIRI Procedure Supporting Staff Policy Lone Working Policy		
Version History		
1	March 2011	
1.1	SOP Format	August 2012
2	October 2015	Review and Re-issue
3	February 2018	Review and Re-Issue
4	January 2020	Review and Re-Issue

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Individuals who are Violent or Aggressive

#### 1 Introduction

This procedure is designed as an important step in improving the Trust's ability to tackle incidents involving violence and abuse. The Trust has a statutory obligation to provide a safe and secure environment for its staff and others as well as a moral duty to take all reasonable steps to protect and support its staff.

*Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors*

#### 2 Definitions

For the purpose of this policy, the following are defined as:

**Violence:** the application of force, severe threat or aggressive abuse perpetrated by members of the public against Trust employees, arising out of the course of their work, whether or not they are on duty.

**Aggression:** An act or gesture, verbal or Physical, which suggests that an act of violence may occur.

**Physical Assault:** The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

**Non-Physical Assault:** The use of inappropriate words or behaviour causing distress and/or constituting harassment.

**Perpetrator:** A person responsible for committing an offence or crime.

**Victim:** A person who is adversely affected by the actions of another.

**Acceptable Behaviour Agreement:** Agreement between lead clinician (or equivalent) and the patient or visitor with regard to the expected behaviour of the individual.

**Yellow Card:** A yellow card is a formal warning letter issued to a patient or visitor following any incident of violence or aggression whilst on Trust premises.

**Red Card:** A red card is a formal letter excluding a patient or visitor from Trust premises for anything other than emergency treatment, for one year following any incident of violence or aggression.

**Blue Light Emergency:** Where patient is brought into the hospital under a blue light, including where a patient attends with the police. (Police are required to stay with the individual during treatment until patient leaves the hospital, or lead clinician deems safe for police to leave)

### **3 Regulatory Background**

Health and Safety at Work Act

Management of Health and Safety at Work Regulations (MHSWR)

Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR)

### **4 Key Duties**

#### **Chief Executive**

The Trust Board has overall responsibility for ensuring that the Trust meets its statutory obligations and that effective security arrangements are in place and periodically reviewed.

The Trust Board have responsibility for approving the Annual Security Review and for ensuring that any changes to the Security Management Directive are notified to the NHS SMS within seven days of the change.

The Board also has responsibility for designating a non-Executive Director or non-officer member to promote and champion security.

#### **Director of Planning and Site Services (Director of Security)**

The role of the Director of Security is a statutory requirement for all Trusts as defined in the Secretary of State for Health's Directions to NHS Bodies on Security Management Measures 2004. The role is undertaken by a suitable Trust Executive Director who has responsibility for operational and/or strategic security matters. In this Trust, the Director of Planning and Site Services is the nominated Director for security.

The Director of Security is responsible for ensuring that there is a comprehensive assessment of the Risk associated with the physical premises and assets held in Datix, and that these risks are subject to a quarterly review and have appropriate mitigations and actions plans in place.

The Director of Security has final responsibility for ensuring that security risks associated with the physical security of the premises and assets are appropriately documented and managed, and that action plans are delivered to mitigate these risks.

## **Local Security Management Specialist (LSMS)**

The LSMS will:

Provide training, guidance and support to Managers on the operation of this policy.

Address queries in relation to this procedure at a local level as required.

Ensure the recording all relevant information relating to incidents involving physical and non-physical assault.

Co-operate with the police in respect of any investigation and subsequent action, including ensuring access to personnel, premises or records which may be considered relevant to an investigation.

Ensure that areas at high risk of violence and aggression are identified via the Datix reporting system and monitored by the Health and Safety Committee.

Ensure that all physical assaults are reported to the Health and Safety team for possible reporting of assaults to the Health and Safety Executive (HSE) under RIDDOR.

## **Security Manager (Saba)**

Saba is contracted by the Trust to provide manned and electronic security services across the site.

The Security Manager will:

Promote both a pro-active and re-active approach to security and to the safety of patients, staff and visitors.

Liaise with the LSMS and other relevant staff as appropriate, when incidents of violence and aggression occur.

## **Matrons and Heads of Department**

Matrons and Heads of Department will:

Ensure that appropriate risk assessments are in place and take account of the risk of violence to staff in order to ensure that appropriate systems are in place to protect the safety of individuals. Risk Assessments should take into account the level of risk to staff based on the likelihood of an incident occurring; taking into account location, patient type, staffing numbers etc. Risk Assessments should identify the types of risk that staff in a particular department or ward may encounter: i.e. patients who are suffering head injury, or are coming round from anaesthesia, or patients who may present under the influence of drugs or alcohol.

Be responsible for supporting staff involved in incidents of violence and aggression.

Liaise with the LSMS and Security Team as appropriate, when incidents of violence or aggression occur.

Ensure that staff are able to access to the appropriate training and that training is recorded in line with the Workforce Induction and Training Policy. Conflict Resolution training is mandatory for all frontline staff.

## **All Staff**

All Trust staff must conform to this policy and report any incidents of violence or aggression to both the security department and via the Trust incident reporting system (Datix).

## **5 Procedure to Follow**

### ***Procedure Statement***

Plymouth Hospitals NHS Trust will not tolerate any aggressive, abusive or violent behaviour towards employees engaged in their lawful duties. Decisive action will be taken against any individual carrying out violent, aggressive or anti-social behaviour in order to protect our patients, staff and visitors.

The Trust is committed to supporting criminal proceedings and redress, and where appropriate will apply sanctions to withdraw healthcare services to the perpetrator if employees are subjected to unwarranted and unsolicited anti-social behaviour, and/or violence or aggression.

The following procedures are divided into:

- Procedure for reporting non-physical abuse by visitors
- Procedure for reporting non-physical abuse by patients
- Procedure for reporting physical abuse

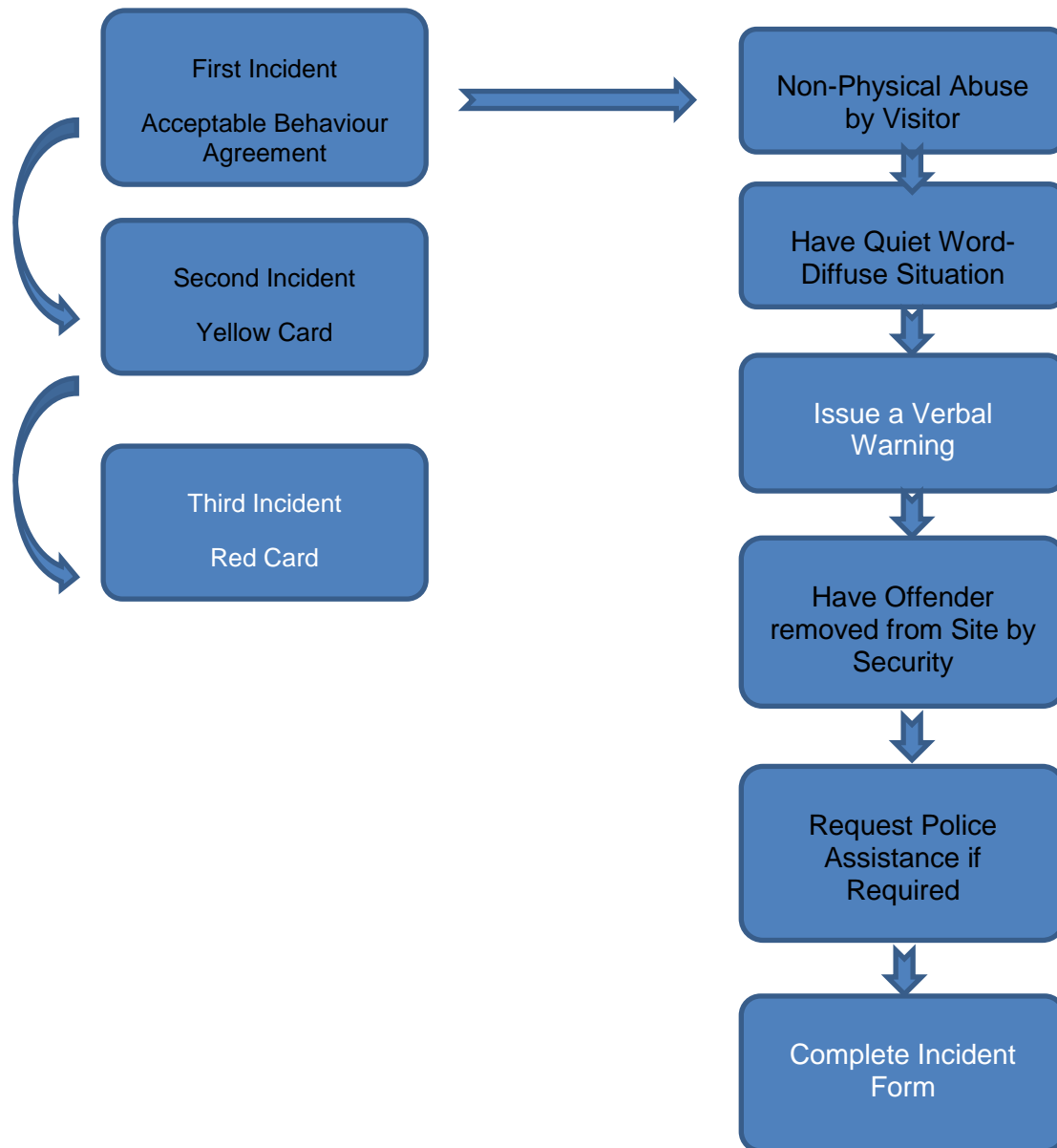
### **Procedure for Reporting Non-Physical Abuse by Visitors**

*It is primarily the responsibility of the victim(s) involved in an incident to submit a report as soon as practicable, so that action can be taken.*

Visitors who use abusive or threatening behaviour will be asked to stop and offered the opportunity to explain their actions.

Continued failure to comply with the required standard of behaviour will result in the offending individual being removed from Trust premises in line with the Criminal Justice and Immigration Act 2008, Section 119 and 120.

All persons behaving unlawfully will be reported to the police.



If non-physical abuse is repeated on more than one occasion, the Trust may escalate the response with the issue of a Yellow or Red card. Depending on the severity of the initial or subsequent incidents, the Trust may move directly to the issuing of a Red card.

### **Verbal Warnings**

Verbal warnings are often an effective method of addressing unacceptable behaviour.

Verbal warnings should be given by the ward manager or the member of staff responsible for the department. The warning should (where practicable) be in private and when all parties involved are composed.

The verbal warning should be recorded onto the Trust Incident Form (Datix), and all relevant staff should be made aware of the verbal warning issued.



The aim of the verbal warning is to:

- Ascertain the reason for the behaviour as a means of preventing further incidents.
- Ensure the perpetrator is aware of the consequences of further unacceptable behaviour.

It is important that visitors are dealt with in a demonstrably fair and objective manner, however, whilst staff have a duty of care; this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a potentially abusive situation. Where de-escalation fails, the perpetrator should be warned of the consequences.

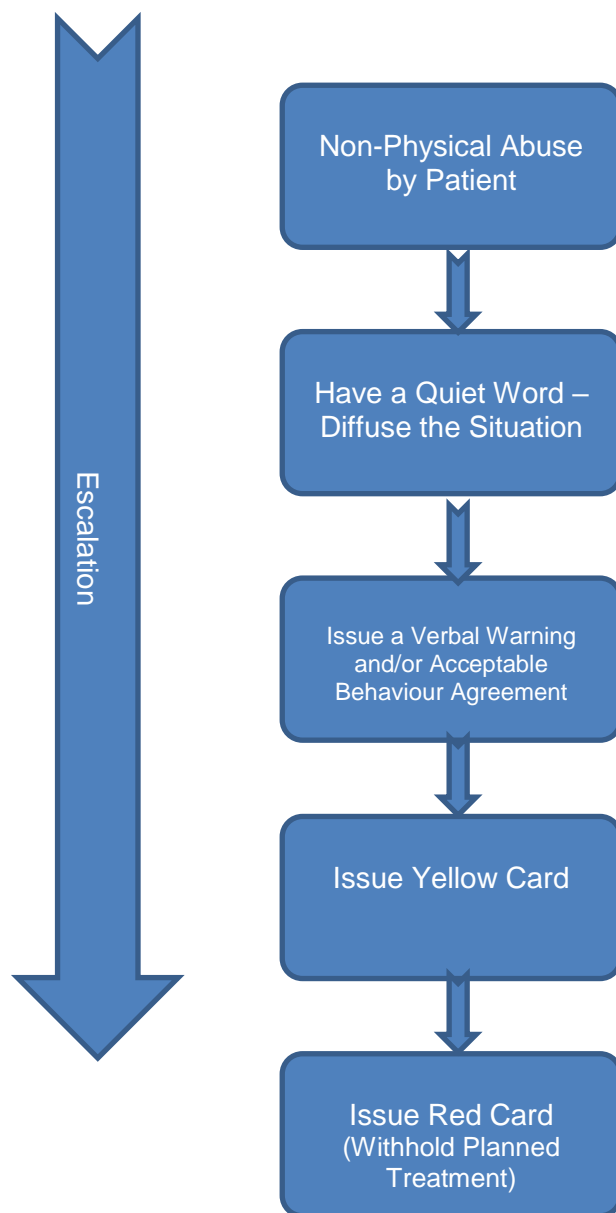
Verbal warnings are not always appropriate and should only be attempted when it is safe to do so.

Where possible, a leaflet should be provided to the offending individual (Appendix 5) which outlines the potential impact should their behaviour fail to improve.

### **Procedure for Reporting Non-Physical Abuse by Patients**

The procedure for responding to non-physical abuse by patients is similar to that described for visitors. It is crucial that each step of the escalation process is captured and recorded on Datix.

If a patient continues to behave unacceptably, then the decision may be made to start the process of excluding the patient and withdrawing all but emergency care.



### **Acceptable Behaviour Agreement**

A Behavioural agreement letter is similar to a yellow card, but can be tailored to the specific behaviour of the individual and will set down the expected behaviour of the individual. The letter should be signed by the lead clinician or equivalent and the patient or visitor is required to sign and return the agreement to the relevant department. An example letter can be found at Appendix 1

### **First Written Warning (Yellow Card)**

The Yellow Card written warning will be issued by the ward manager or member of staff responsible for the department, following consultation with all relevant parties; i.e. offenders GP, Consultant, Matron, Social Services, etc. Forms to apply to a yellow card are available from the CEO Office.

The written warning should be recorded on the Trust Incident Form (Datix), and all relevant staff should be made aware that a warning has been issued.

The written warning should specify the reasons for the issue with a view to obtaining an improvement in future behaviour.

The terms of the written warning should be outlined in a letter to the offender (Appendix 1) and a copy signed by the offender and retained by the Trust. If unacceptable behaviour ceases, it may be appropriate to acknowledge this in a further letter to the perpetrator to encourage continued good behaviour.

In cases where an incident is as a result of an underlying medical condition, the Director of Security, in consultation with clinical staff, may decide that a written warning could adversely affect the patient's well-being or recovery. However, the presence of an underlying clinical condition should not prevent appropriate action being taken.

For offenders under 16 years of age, other than in exceptional circumstances, a written warning to the child's parent(s) or guardian(s) may be appropriate (Appendix 6)

Patient notes and iPM should be posted with an Alert Notice (Appendix 7)

### **Final Written Warning (Red Card)**

It is recommended that a final written warning should be issued prior to withholding of treatment being instigated. Forms are available for the CEO Office. A final written warning will be signed by the Chief Executive only (or the deputy Chief Executive in the absence of the CEO) and must be copied to the patient's consultant and GP (GP letter example at Appendix 4) and the Local Security Management Specialist. A copy should be retained on the patient's medical records. The Chief Executive (or deputy) will only issue a final warning letter after taking advice from the Medical Director or the Director of Nursing. The written warning will:

- Explain the reasons why the withholding of treatment is being considered (including relevant information with regard to incidents; time, dates etc.
- Explain that the behaviour demonstrated is unacceptable.
- Explain the appropriate sanctions which apply to violent or abusive patients.
- Detail the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures.
- Be recorded onto the Trust Incident Form (Datix) and all relevant staff be made aware of the warning.

An example letter to escalate from a Yellow to a Red card is provided at Appendix 2. Should escalation directly to a Red card be required, an example letter is provided at Appendix 3.

Once the patient has been advised that treatment is to be withheld, they must be escorted from Trust premises and the next of kin advised.

A detailed record of the rationale for exclusion and of alternative arrangements for care should be maintained in the patient's medical notes.

The withholding of treatment should be recorded onto the Trust Incident Report Form (Datix) and all relevant staff informed.

The withholding of treatment is time limited and must be for no more than two months, after which the situation will be reviewed. Appropriate systems must be in place to flag up removal upon expiry.

If an excluded patient requires emergency treatment, this shall be given and, if necessary, security will be asked to attend.

The need for security presence should be decided in conjunction with the nurse or consultant in charge of the patient's care and the security manager (Saba).

### **Withholding of Treatment**

Any decision to withhold treatment must be based on accurate clinical assessment and the advice of the patient's consultant or senior member of the medical team on a case by case basis. Under no circumstances should it be inferred to a patient that treatment may be withheld without the appropriate consultation taking place. The withholding of treatment should always be seen as a last resort.

There may be instances of serious assault when the Trust, having obtained legal advice, may decide to withhold treatment immediately.

### **Alert Notices on Medical Records**

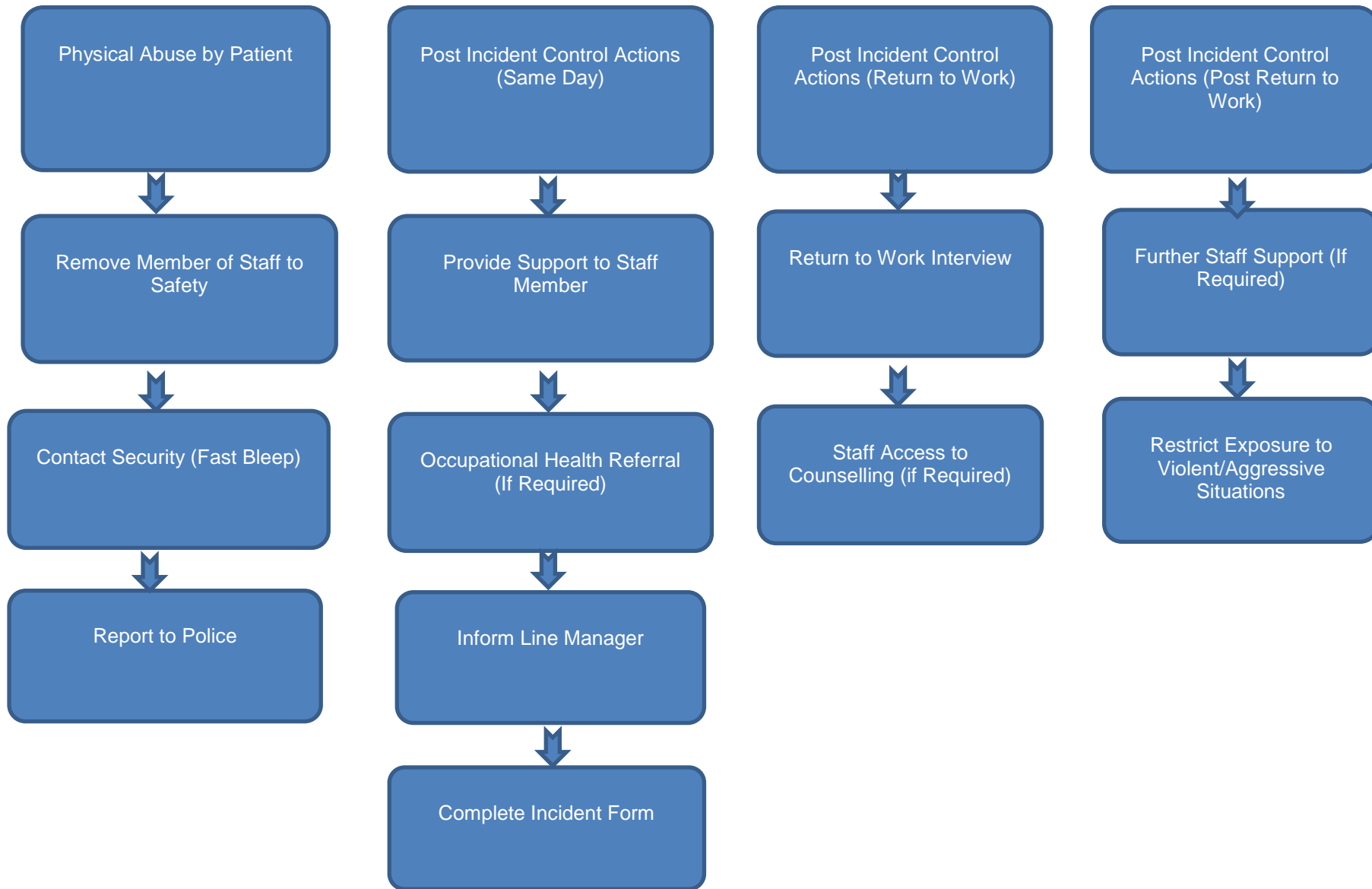
When a Yellow or Red card is issued, an alert shall be placed on the medical record.

The LSMS will send a note to the Head of Clinical Systems and Governance, advising the patient's name, hospital number, type of alert and expiry date. The Head of Clinical Systems and Governance will arrange that an alert is added to the patient's medical records. They will arrange that a 'See Inside' alert sticker is placed on the outside of the medical records file and a sticker is placed on the bottom of the inside cover as at Appendix 7.

If there is a violence and aggression notice from another Trust, then the same process applies, except that the alert sticker on the medical records file is kept separately from the Plymouth Hospitals NHS Trust alert as expiry dates may differ.

When alerts expire, the LSMS will inform all relevant parties and the alert will be cancelled by the Head of Clinical Systems and Governance.

## Procedure for Reporting Physical Abuse by Patients



## **Immediate Response to a Physical Abuse Situation**

If a member of staff is exposed to a physical assault, the primary action is to ensure the safety of that member of staff, other members of staff, patients or visitors in the vicinity. Security should be informed immediately by calling the emergency response number 3333.

If the incident is severe and cannot be contained or controlled by security staff, the police should be called on 999.

## **The Use of Physical Intervention**

The term physical intervention refers to Control and Restraint, Safe Holding and Breakaway techniques.

Physical intervention must only be used as a last resort when all other measures, including de-escalation have been used unsuccessfully. Consideration must be given to the overall context of care; therefore, staff must take into account the detrimental effect the use of physical interventions may have to all involved.

The decision to use a physical intervention must take into account the circumstances associated with the behaviour and be based upon an assessment of the risks associated with the intervention compared with the risk of not employing a physical intervention.

Physical restraint will only be carried out by security staff and nursing staff who have received appropriate training in the management of unintentional violence and aggression.

## **Actions to be Taken Following a Physical Abuse Situation**

### **Provide Support to Staff**

#### **Immediate**

When the immediate situation has been resolved, the focus should shift immediately to the staff member(s) affected.

Depending on the nature of the assault, First aid should be provided or the staff member taken to the Emergency Department.

Close colleagues should gauge how the staff member is feeling and, if appropriate, a referral to Staff Health and Wellbeing should be made. The line manager should be informed as soon as is practicable, and a decision made with the staff member about whether they are able to, or wish to, remain in work.

#### **On and Following Return to Work**

On return to work, the line manager should conduct the Return to Work interview, in order to ensure that the member of staff is sufficiently recovered from the incident to resume normal duties.

Ensure that the member of staff has access to counselling if required.

Carefully consider the working conditions of the victim and determine whether any changes are required, such as:

- Relocation of the individual
- Restructuring of the individual's working day
- Provision of support from colleagues

### **Reporting the Incident**

All parts of the Incident Report Form (Datix) should be fully and accurately completed by the victim, as close to the time of the incident as possible. Where necessary, additional records should be made and retained and if possible, any objects or equipment involved in the incident taken out of use pending further investigation.

If the member of staff is unable to complete the Datix form, it should be completed by a colleague or line manager, preferably someone who witnessed the incident.

### **Investigation**

Following a physical or non-physical assault against a member of staff, the security manager (ISaba) and/or the LSMS will:

- In all instances, whether a police prosecution is in process or not, consider in conjunction with the relevant staff and representatives, what preventative action, if any, should be taken to reduce further or related incidents.
- Keep the victim fully informed of the progress of any investigation or action taken.

The line manager will offer full support and counselling.

### **Additional Actions**

#### **Statutory Reporting**

The LSMS will take responsibility for ensuring that the assault is reported to the Health and Safety Committee and NHS Protect as required.

#### **Police Engagement**

If police attend an incident, it is important to obtain the investigating officer's information, ascertain what action is to be taken against the assailant and inform the LSMS.

If the matter has been considered under the exception, due to medical grounds, and is reported to the police, the police should be provided with information concerning the assailant's clinical condition by the Director of Security.

If the victim has stated that they do not wish for the incident to be either reported or pursued by the police, the LSMS will advise the victim if their

decision may affect the possibility of obtaining compensation from the Criminal Injuries Compensation Authority (CICA). Whilst a conviction is not essential in order for the CICA to pay compensation, the victim should be encouraged to take appropriate action.

Where the victim does not wish to pursue the matter, the LSMS and the Trust will consider whether it would be in the wider interest of the Trust to take action, as failure to do so could compromise the safety of personnel if there was a recurrence. The decision to take action with the support of the victim should only be taken after considering all available evidence.

Where the police decline to pursue the case, the LSMS should obtain full reasons, in writing from the police or the crown prosecution service (CPS) for their non-continuance. A detailed report will be prepared by the LSMS highlighting any concerns and/or recommendations. The report will be forwarded to the NHS Protect Legal Protection Unit.

Any identified risks contributing to the cause of the incident, and/or policy changes recommended as a result, should be captured in Datix and sent to the Director of Security and the LSMS.

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Health and Safety committee and ratified by the Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated author. These must be ratified by the Director of Planning and Site Services and should be reported, retrospectively, to the Health and Safety committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.



The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Planning and Site Services and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

The Health and Safety Committee is the designated Trust Committee which provides oversight and governance of Security matters. The Health and Safety Committee is Chaired by the Director of Governance.

The LSMS will provide monthly reports to the Health and Safety Committee via the Health and Safety Dashboard on incidents of violence and aggression and actions resulting.

## **9 Reference Material**

Further advice is available from the LSMS

### **Useful Telephone Numbers**

Emergency Switchboard: 3333

LSMS: 39738/37004

Saba Helpdesk: 32000



University Hospitals Plymouth NHS Trust  
Derriford Road  
Crownhill  
Plymouth  
PL6 8DH

Tel: 01752 202082  
[www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)

Date

**Name**

**Address**

Dear

I write to advise you, that further to reports of incidents where you have been abusive and aggressive toward Trust staff whilst visiting (**insert name of department**) and in line with University Hospitals Plymouth NHS Trusts zero tolerance approach to such behaviour, I am now issuing you with an Acceptable Behaviour Agreement.

Just as the NHS has a responsibility to you, so you have a responsibility to use its resources and treat its staff in an appropriate manner and I would therefore, urge you to consider your behaviour when attending NHS premises in the future and to accept the conditions as laid out in the attached Acceptable Behaviour Agreement.

A copy of this letter and the attached agreement will be forwarded to your GP.

A reference marker will also be placed on your records, which will be reviewed 12 months after the date the signed Acceptable Behaviour Agreement is received back at the Trust.

Please return the signed Acceptable Behaviour Agreement to the following address:

**Name**

**Address**

If you refuse to sign this agreement, or should you on any occasion in the future, fail to comply with the expected standards of behaviour, the Trust may have no alternative but to look into other options, including excluding you from Trust premises.

Yours sincerely

Cc GP etc

## Acceptable Behaviour Agreement

This agreement is between:

Insert name of organisation

### And

Insert name of patient/visitor with identifying details (i.e. NHS Number)

I agree to the following in respect of my future behaviour when attending University Hospitals Plymouth NHS Trust Premises, including Derriford Hospital and all peripheral sites.

- I will treat all people with courtesy and respect while on NHS premises or when contact the NHS by telephone.
- I will not use violence, foul or abusive language or threatening behaviour
- I will treat all NHS resources in the appropriate manner

### Declaration

I, (insert name of patient/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 comply by the above conditions, the Trust will consider alternative options, which may result in my exclusion from all University Hospitals Plymouth NHS Trust Premises.

Signed \_\_\_\_\_

Date \_\_\_\_\_



**Chief Executives Office**  
University Hospitals Plymouth NHS Trust  
Derriford Road  
Crownhill  
Plymouth  
PL6 8DH

Tel: 01752 202082  
Email: [plh-tr.CorporateAdminSupport@nhs.net](mailto:plh-tr.CorporateAdminSupport@nhs.net)

Date

Dear

I am writing to advise you that further to an incident which occurred on/in **(name of department or ward)** on **(date)**, whereby you **(insert details of incident here)**, that University Hospitals Plymouth NHS Trust's Procedure for Individuals who are Violent or Aggressive, has been applied to you.

This letter is confirmation that in line with that procedure, you are being issued with a Stage One warning: a Yellow Card.

A Yellow Card is notice that if your behaviour when accessing services and care at Derriford Hospital or any of its peripheral sites does not improve, your access to these services will be removed. This warning will be formally recorded in your patient notes, and related organisations will be informed.

At this stage there will be no change to the treatment and care we offer you and, if there are no further incidents, this warning will expire after 12 months.

Should you, on any future occasion fail to comply with expected standards of behaviour, you will become subject to the next stage of the procedure which will involve your exclusion from all Trust premises. Such exclusion would mean that you would not be permitted to attend Derriford Hospital for any appointments, and that your clinician will make alternative arrangements for your treatment. This may mean that you will have to travel to an alternative hospital.

Please read the enclosed leaflet which further explains the process and which provides several useful contact numbers where you may wish to access support.

Yours sincerely

Ann James

Chief Executive

cc. A&E/HAS Manager  
Security Manager UHP  
PiMS Manager UHP  
Head of Clinical Records UHP  
Police Liaison Officer UHP  
Electronic Palliative Care Co-ordination Team, Devon Doctors  
Responsible Clinician UHP  
SWASFT



Chief Executives Office  
Derriford Hospital  
Plymouth  
PL6 8DH

**Tel:** 01752 202082

**Email:** plh-tr.CorporateAdminSupport@nhs.net

Date:

Address

Dear ,

I wrote to you on **(date of yellow card letter)** advising you that University Hospitals Plymouth NHS Trust's procedure for Individuals who are Violent or Aggressive was being applied to you, further to your unacceptable behaviour whilst attending **(department or ward)**.

This letter informed you that if your behaviour did not improve, you would become subject to the second stage of this procedure.

Unfortunately, due to further incidents of violence and aggression whilst attending **(ward or department)** on **(date)**, it has been necessary to instigate stage two of this procedure: a Red Card.

This means that you are not permitted to receive any **non-emergency** treatment at Derriford Hospital or any of its peripheral sites and any **non-emergency** treatment will be deferred or carried out by another Trust, and that you are unable to return to any Trust premises as a patient or visitor, **except** in the circumstances laid down in the Policy. A copy of the policy leaflet is enclosed.

This warning will be formally recorded in your patient notes, and related organisations will be informed.

This exclusion will last for a period of one year from the date of this letter. You have the right to challenge this exclusion through the Chief Executive's Office via the established complaints procedure.

The clinician responsible for your care will make alternative arrangements for you to receive treatment if required

University Hospitals Plymouth NHS Trust operates a zero tolerance approach to any form of violence and aggression and as such, we may look to prosecute anyone who behaves in a violent or abusive manner.

Yours sincerely

Ann James

Chief Executive

Enc.

cc. A&E/ HAS Manager, UHP  
Security Manager, UHP  
PiMS Manager, UHP  
Head of Clinical Records, Central Records Library, UHP  
Police Liaison Officer, UHP  
Electronic Palliative Care Co-Ordination Team Manager, Devon Doctors  
Responsible Clinician, UHP  
SWAST



Chief Executives Office  
Derriford Hospital  
Plymouth  
PL6 8DH

**Tel:** 01752 202082

**Email:** plh-tr.CorporateAdminSupport@nhs.net

Date:

Address

Dear ,

I am writing to advise you that further to an incident which occurred on/in **(name of department or ward)**, whereby you, **(insert details of incident)**, that University Hospitals NHS Plymouth NHS Trust's procedure for Individuals who are Violent or Aggressive has been applied to you.

This letter is confirmation that in line with this procedure, you are being issued with a Stage Two warning: a Red Card. It has been agreed in this instance, due to the seriousness of your unacceptable behaviour, to bypass the initial stage one warning, and to exclude you from Trust premises with immediate effect.

This exclusion means that you are unable to return to any Trust premises as a patient or visitor, **except** in the circumstances laid down in the Policy. A copy of the policy leaflet is enclosed.

This warning will be formally recorded in your patient notes, and related organisations will be informed.

This exclusion will last for a period of one year from the date of this letter. You have the right to challenge this exclusion through the Chief Executive's Office via the established complaints procedure.

The clinician responsible for your care will make alternative arrangements for you to receive treatment if required

University Hospitals Plymouth NHS Trust operates a zero tolerance approach to any form of violence and aggression and as such, we may look to prosecute anyone who behaves in a violent or abusive manner.

Yours sincerely



Ann James

Chief Executive

Enc.

cc. A&E/ HAS Manager, UHP  
Security Manager, UHP  
PiMS Manager, UHP  
Head of Clinical Records, Central Records Library, UHP  
Police Liaison Officer, UHP  
Electronic Palliative Care Co-Ordination Team Manager, Devon Doctors  
Responsible Clinician, UHP  
SWAST



Chief Executive Office  
Derriford Hospital  
Plymouth  
PL6 8DH

**Tel:** 01752 202082

**Email:** plh-tr.CorporateAdminSupport@nhs.net

REF

Date:

Dear

**Re: (Patient Name and NHS ID)**

In line with University Hospitals NHS Plymouth zero tolerance to violence policy; it has been necessary to instigate our Procedure for Care of Individuals who are Violent or Aggressive for the above named individual.

The reasons for this are explained in the attached copy of the letter sent to **(patient name)** on **(date)** and accompanying leaflet.

Yours sincerely

Ann James

Chief Executive

Enc

## POLICY STATE

## MENT

University Hospitals Plymouth NHS Trust has a duty to provide a safe and secure environment for our staff, patients and visitors.

Violent and/or abusive behavior will not be tolerated and decisive action will be taken against any individual perpetrating violence whilst on hospital premises, or whilst being cared for at any location by our staff.

Violence against our staff is a



University Hospital Plymouth NHS Trust

Derriford Hospital  
Derriford Road  
Plymouth  
PL6 8DH

Phone: 01752 202082  
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## PROCEDURE FOR INDIVIDUALS WHO ARE VIOLENT AND

*University Hospitals Plymouth NHS Trust has a Zero Tolerance approach to violence and aggression. This leaflet explains what happens if you have been violent or aggressive toward our staff and/or patients and visitors.*

## ZERO TOLERANCE

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Plymouth Hospitals NHS Trust will not tolerate violent or abusive behaviour toward its staff, patients and visitors and as such; the following behaviour will not be accepted:

- Physical or verbal violence
- Threats or threatening behaviour
- Threatening or abusive language, including excessive swearing or offensive remarks
- Derogatory, racial or sexual remarks
- Malicious allegations
- Offensive sexual gestures or behaviours
- Abusing alcohol or drugs whilst on Trust premises
- Dealing drugs
- Wilful damage to Trust property
- Theft
- Excessive loud noise or shouting
- Spitting

## What happens if I get a Yellow Card?

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A Yellow Card is a warning that your behaviour must improve if you are to continue to be permitted to access services and care at Derriford Hospital or any of its peripheral sites. This warning will be recorded in your hospital notes and related organisations will be informed. At this stage, your access to healthcare is not affected.

## What happens if I get a Red Card?

A Red Card means that you are not permitted to receive any non-emergency treatment at Derriford Hospital, or any of its peripheral sites. Any non-emergency treatment will be deferred or carried out at another Trust.

## How to appeal

If you do not think your yellow or red card is justified, you may appeal in writing, to the Chief Executive at the address on the back of this leaflet.

## Help and Advice

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### Harbour Alcohol and Drug Services:

Hyde Park House, Mutley. 01752 434343

### Livewell Drug and Alcohol Support:

01752 2680115

**Shekinah Mission** (help for the homeless): Bath Street. 01752 203480

### Plymouth Access to Housing:

Harwell Centre, 28-42 Harwell Court. 01752 255889

### SEAP Advocacy Services:

0300 343 5719 email: [plymouth@seap.org.uk](mailto:plymouth@seap.org.uk)



## Procedure for those under 18 years old

### Persons aged between 16 and 18

If the individual who is violent or aggressive is between 16 and 18 years old then consideration should be given to contacting their parents or carers and discussing the offending behaviour with them. Respect and judgement will be necessary for those who are independent from their parents/carers.

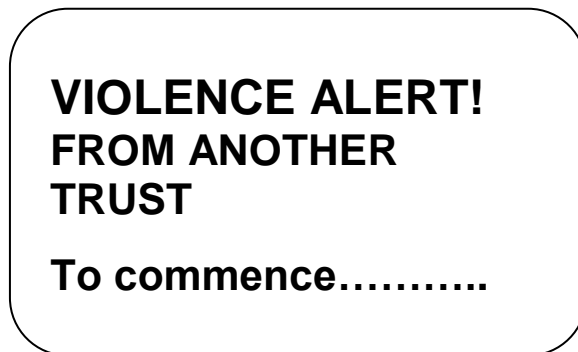
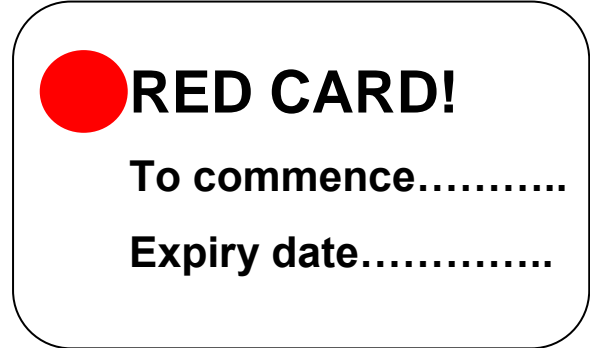
Generally the principles of this procedure should be applied and yellow or red cards issued.

### Persons aged under 16

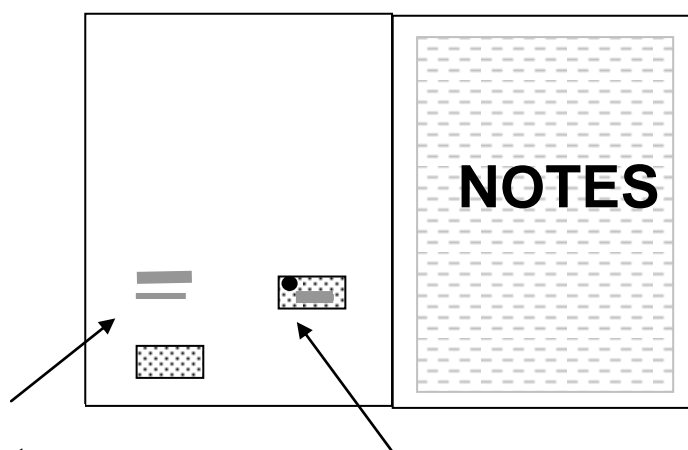
If the individual who is violent or aggressive is under 16 then contact should be made with their parents or carers and the offending behaviour discussed with them. This is best done through an appropriate nurse or key worker who knows the family.

It is less likely that the yellow/red card procedure will be appropriate.

Alert stickers



Location of stickers inside front cover of medical records :



Alerts from other Trusts

UHPT alerts