The Newcastle upon Tyne Hospitals NHS Foundation Trust

Placing a Risk of Violence Alert on Patient Records

Version No: 1.0
Effective From: 26 September 2013
Expiry Date: 1 April 2016
Date Ratified: 14 May 2013
Ratified By: Health and Safety Committee

1 Introduction

This Policy has been developed to ensure appropriate safeguards are in place to protect staff and patients from risk of violence. It has been developed in line with national guidance and with multi-professional input.

2 Policy Scope

The purpose of this Policy is to provide an early warning to Trust staff of a particular individual or situation that represents a risk to themselves, colleagues, patients or other members of the public. This is not to attribute blame but is intended to alert staff to the risk of violence and enable the Trust to provide security warnings and advice to staff to avoid or minimise risk, and to ensure their safety. The Policy ensures that key staff within the Trust are aware of potential risks and able to assist in creating a safe and secure environment for staff, patients and visitors.

This Policy is applicable to clinical and non-clinical staff who have direct contact with patients, or staff who are involved in making patient care arrangements, which include direct contact with Trust staff. The Policy covers the provision of alerts in relation to actual or potential risk in relation to physical, non-physical assault including threats.

3 Aim of the Policy

The aim of the policy is to enable the Trust to manage and prevent workplace violence and aggression and fulfil the Trust’s duty to the health and safety of its staff, patients, visitors and other users of Trust Services. The Trust recognises that patients may, due to clinical condition, be abusive, threaten or assault individuals and due consideration will be given to the nature of any aggression in applying this policy.

4 Duties, Roles and Responsibilities

4.1 The Trust Board

The Trust Board is ultimately responsible for fulfilling all Health and Safety duties as an employer, including all statute health and safety law requirements. The Executive Team is responsible to the Trust Board for ensuring compliance with this Policy.
4.2 Portering/Security Manager

The Portering/Security Manager /Local Security Management Specialist (LSMS) will receive (when applicable) alerts via NHS Protect, they may also receive local intelligence regarding risks posed by individuals. This information will from time to time alert of threats posed to NHS staff by individuals, some of these individuals may be our patients.

The Portering/Security Manager (LSMS) will disseminate this information to those identified as being a member of the panel which will decide if a Violent Patient Indicator (VPI) should be placed on the patient’s file.

The Portering/Security Manager is Chair of the Violent Patient Indicator Panel (VPI Panel) and will meet with the panel to decide if it is necessary to have a VPI placed on record.

The Portering/Security Manager will communicate any recommendations made under the Exclusion of Treatment for Violent or Abusive Patients to issue a warning to the appropriate Directorate Manager.

4.3 Clinical Governance and Risk Department

The Clinical Governance and Risk Department will ensure that appropriate risk assessments are completed and advise the panel on the level of risk and, together with Portering/Security Manager, advise on appropriate strategies to minimise risk. Health and Safety Lead is member of VPI panel and will meet with panel members to contribute to discussion and decision making regarding placement of risk alert.

The Legal Services Manager will provide in-house advice when necessary and also obtain specialist legal advice when that is required.

The Legal Services Manager will maintain an electronic file of decisions which he/she will receive from the Chair of the VPI panel.

4.4 Safeguarding Adults Team

The Safeguarding Adults team is the Trust’s Single Point of Contact (SPOC) for Multi-Agency Public Protection Arrangements (MAPPA).

- Where requested through MAPPA process or by the Trust’s Portering/Security Manager, to place an alert on individual’s medical records they will be responsible for placement of alert on:-
- E-Record and SystOne (within reminder function) and any other Trust Systems. Comment alert will only be on Electronic Systems.
- Reviewing alerts on a 12 monthly basis to ensure these remain appropriate.
- Removal of alert at the request of MAPPA or Portering/Security Manager.
• Provision of advice to staff in hours regarding security risk and measure required once alert has been tagged.

4.5 Patient Services Co-ordinators

Patient Services Co-ordinators are the out of hours contact for clinical or non clinical staff that require further information with regard to a security alert. Patient Co-ordinators will:

• Receive e-mail alert when security flagged patient is admitted / has contact with Trust via the generic Patient Services Co-ordinator e-mail which is reviewed every shift.

• Access the MAPPA / Security database to ascertain the details of security alert and measures required.

• Contact staff within appropriate departments and Security to ensure appropriate sharing of information and management plans to reduce risk are put in place.

4.6 Senior Clinicians

Consultant medical staff or their designated deputy will provide advice as required where an individual’s medical condition or medication has led to or contributed to incident of violence or aggression.

4.7 Violent Patient Indicator Panel

Within the Trust a range of individuals will contribute to decisions to apply a risk of violence alert to a patient record where no formal process has led to a request to place such an alert (formal processes are defined as MAPPA, MARRAC, NHS Security Alert). This is to ensure that any such decision making process is objective, transparent and fair. These include:

• Portering/Security Manager (Chair in capacity of LSMS).
• Legal Services Advisor.
• Named Nurse Vulnerable Adults.
• Matron Patient Services/Manager Patient Services.
• Health and Safety Lead/Clinical Governance and Risk representative.

In absence of Portering/Security Manager role of Chair will be delegated to another standing member. Panel is quorate with minimum 4 members.

The process the panel will undertake is outlined in Appendix 1. The decision will be made within 10 working days of receipt of an alert.

The panel will consider the requirements of the Exclusion from Treatment of Violent and Aggressive patients and where appropriate make a recommendation for a warning to be given to the perpetrator if required.
4.8 Directorate/Departmental Managers

Directorate Managers are responsible to the Executive Team for ensuring compliance with this policy.

Directorate/Departmental Managers have responsibility to work with Security, Patient Services Co-ordinators and as necessary Safeguarding staff to ensure that patient care is delivered as required and that any risk of violence is appropriately managed during any episode of care once the potential for violence has been alerted to them.

It is important that Directorate/Departmental Managers ensure a planned, proportionate response is co-ordinated ensuring that this is underpinned by a non-judgmental approach which does not apportion blame or potentially exacerbate a situation.

Managers need to ensure that front line staff are aware of this Policy and carry out responsibilities in line with the Policy.

4.9 Staff

Staff are responsible for ensuring compliance with this policy. Front-line clinical or non-clinical staff or those staff involved in making arrangements for direct clinical care need to be able to:

- Utilise E-Record to respond to alert “yellow star”.
- Follow instructions to gain further information as directed within alert.
- Report the situation to departmental / line manager.
- Maintain professional non-judgmental approach throughout delivery of patient care in line with Violence and Aggression training.
- Follow advice for preventative measures to manage risk / potential risk.
- Maintain confidentiality or share information as appropriate to the situation.

4.10 External Bodies

As part of the risk assessment there will be consideration made to the requirement to inform other organisations or clinicians (e.g. General Practitioners). This will be documented within decision making and is the responsibility of Portering/Security Manager. A Template Letter attached Appendix 6.

5 Definitions

Work related violence is defined as any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical.
Physical Assault is defined as “the intention of application of force against the person without lawful justification resulting in physical injury “or personal discomfort”.

Non-Physical Assault is defined as “the use of inappropriate words or behaviour causing distress or constituting harassment”. This may include:

- Brandishing weapons, or objects which could be used as weapons.
- Attempted assaults.
- Threats
- Intimidation.

The use of threats or intimidations may lead to consideration of an alert being made without a documented “incident” having taken place but in response to a perceived risk of an incident occurring.

6 Criteria for Marker

6.1 Types of Marker

Markers may be placed when an individual presents a risk (or perceived risk) to patients, or staff or any users of Trust Services including the public in relation to physical or non-physical assault, intention act of violence and aggression.

6.2 Decisions to Apply an Alert

The decision making process for the application of alerts can be different as they are generated from a number of sources:

6.3 Formal Request

The Trust may be requested to apply an alert to a patient’s record following a number of external processes including:

- Multi-Agency Public Protection Arrangements (MAPPA).
- Multi Agency Risk Assessment conference (MARAC).
- NHS Security Alerts

The details of any request must be documented within the Safeguarding Risk Management database.

Following receipt of a request to place an alert the alert will be applied by the Safeguarding Adults Team who will enter details of concern and recommendations for risk management into Safeguarding Risk Management database.
6.4 Informal Request / Local Intelligence

If Trust staff feel a patient needs flagged this needs to be requested via e-mail to Head of Security. The Trust may be in receipt of an informal request to apply an alert (for example from Local Police or Neighbouring Trust Security Manager) or have local intelligence relating to actual or potential risk of violence.

Clinical Governance and Risk department will review incident data to identify concerns or intelligence regarding ongoing risks of violence and escalate this to the Chair where appropriate.

In these circumstances a risk assessment will be undertaken and a review of the request to place an alert will be undertaken by the Violent Patient Indicator Panel.

Following a positive decision the Safeguarding Adults Lead will place alert, enter the details and recommendations for risk management onto MAPPA/security database.

6.5 Risk Assessment

Risk factors to be included will include:

- Nature of the incident (i.e. physical or non-physical).
- Degree of violence or threatened by the individual.
- The level of risk of violence that the individual poses.
- The medical condition and medication of the individual at the time of the incident.
- Whether an urgent response is required to alert staff.
- Impact on the provision of services.
- History of any previous incidents and/or the likelihood of repeat that the incident will be repeated.
- Any time delay since the incident occurred.
- The individual has an appointment scheduled in the near future.
- Whether staff are due to visit a location where the individual may be present.
- Whether the individual is a frequent or daily attendee (e.g. to a clinic or out-patients) or an in-patient.
- Whether staff may come into contact with the individual while working alone.
- Whether the incident, while perhaps not serious itself, is part of an escalating pattern of behaviour.
- Should the individual be informed.
- Should any other organisations or clinicians be informed of risk.

A risk assessment (Appendix 2) regarding the placement of an alert within the records should include these factors, as well as additional information provided by Health and Safety staff or staff-side/union representatives.
6.6 Decision Making Process

The Trust may be requested to apply an electronic flag by a number of formal decision making bodies such as MAPPA, MARAC, a Safeguarding Board or NHS Security. In those circumstances the Trust will comply with these requests. Where no formal request is made but the Trust has knowledge of actual or potential risk the panel will consider the information available and make a decision based on the risk assessment (Appendix 2). The Chair of the panel is responsible for co-ordinating and documenting the decision and informing Safeguarding Team, the individual (if appropriate) and any external bodies.

6.7 Placing an Alert on Records

6.7.1 Access to Patient Records

The Safeguarding Adults Team has ready access and necessary permissions to apply an alert to the Trust e-Record system and add information to the reminder function in SystOne and will be responsible for application of electronic alerts.

6.7.2 Essential Information

The essential information regarding risk and actions required to mitigate risk will be documented within the Safeguarding Risk Management database as per Appendix 3. The electronic alert will ask staff to contact the Safeguarding Team in hours and the Patient Services Co-ordinators out of hours. Details of risk will not be included in electronic alert to ensure care is not prejudiced.

6.7.3 Community Records

The only alert will be held in electronic records (SystOne).

6.7.4 Patients Associate

If a known patient associate presents a risk to staff visiting patients in their own home consideration of placing an alert on the patients record can be requested. This decision would be the responsibility of the VPI panel.

6.7.5 Dangerous Animals

The presence of dangerous animals in patient’s household can be flagged through this process.
6.8 Notifying the Individual

Consideration of the rights of the individual to be notified of the placement of an alert on the record, and the risk that this may exacerbate the situation will be considered within the risk assessment process and panel decision.

6.9 Notification Letter

The Portering/Security Manager is responsible for sending a notification letter to the individual following the decision to place a marker on their records by the Trust’s panel in accordance with the decision at 6.8 above.

Where a request to flag to records has come from an external body it is that body’s responsibility to make decisions to inform individuals that outcome of their process is flagging of records.

The individual must be made aware that information associated with a marker may be shared with Trust staff to ensure the safety of staff.

A sample is attached at Appendix 4 which may be amended according to needs.

6.10 Decision not to Notify

There are circumstances where it would not be appropriate to notify the individual. Information Commissioners Office (ICO) guidance ‘Data Protection Good Practice Note’ – The use of violent warning markers’, which recommends not notifying the individual in the following situations:

- Where informing the individual may provoke a violent reaction and put staff at further risk.
- Where notification of a marker may adversely affect an individual’s health.

The Trust panel making any decision regarding placing an alert is responsible for making and documenting this decision. This will be minuted and records held by Legal Services Department.

6.11 Reviewing a Marker

Safeguarding Adults Team will be responsible for reviewing alerts on an annual basis, this will be 12 months after application of the alert.

6.12 Management Information

6.12.1 Storage of Risk Management Information / Care Plan
Safeguarding Risk Management database is held by Adult Safeguarding Team and is available to Safeguarding Adults Team, Patient Services Co-ordinator’s, Portering/Security Manager.

Each Risk of Violence Alert will be entered onto the database which will also hold the required risk management handling plans. This will be specific to the individual and will include:

- Specific area of risk.
- Trigger factors.
- Guidance on how to manage the individual.

It is important that the handling of information can be followed by staff and does not impede patient care.

6.12 Information Sharing

The Safeguarding Team (in hours), and the Patient Services Co-ordinators (out of hours) are responsible for access to the database and sharing appropriate information with clinical staff and co-ordinating any required response from Security staff.

6.13 Data Subject Notices

Under the DPA, the individual whose records have been marked has the right to issue a ‘Data Subject Notice’ to the data controller (the health body) to prevent information sharing which would cause unwarranted damage or distress. These should be dealt with under the Trust Clinical Records Management.

6.14 Record Keeping

Portering/Security Manager is responsible for maintaining records related to NHS Security Alerts and local decisions made under this Policy which will be held by Legal Services Department.

Safeguarding Adults Team are responsible for the maintenance of the MAPPA/Risk of Violence database and ensuring that information within this is maintained.

7 Training

Directorate/Departmental Managers are responsible for ensuring staff have appropriate training to ensure compliance with this policy. Awareness of this policy will be integrated into Safeguarding and Health and Safety Induction.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their
individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Number of markers applied</td>
<td>Report</td>
</tr>
</tbody>
</table>

10 Consultation and Review

The policy has been circulated to:
- H&S
- Trust Health and Safety Committee
- Violent Marker Panel Members
- Safeguarding Adults Named Professional
- CPG.

This Policy will be reviewed by Trust Health and Safety Committee tri-annually or earlier if guidance/policy requires this

11 Implementation

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Portering and Security Manager.

12 References

The Policy reflects relevant legislation and statutory regulations which are related to operating a marker system.

- Data Protection Act (DPA) 1998 plus the Information Commissioner’s Office (ICO) guidance on the DPA and use of violent warning markers.
- Secretary of State Directions to health bodies on dealing with violence against NHS staff (2003) and security management measures (2004).
- Safety Representatives & Safety Committees Regulations 1977 and Health & Safety (Consultation with Employees) Regulations 1996.
- Legal framework from MAPPA.
• The Corporate Manslaughter and Corporate Homicide Act 2007.
• Criminal Justice Act
• Occupiers Liability Act

13 Associated Documentation

There are existing local policies and procedures in place within the Trust related to the risk of violence marker system:

• Child Protection: Policies and Guidelines
• Clinical Record Keeping.
• Exclusion from Treatment of Violent and Abusive Patients Policy
• Health and Safety Operational Policy
• Information Governance Policy
• Information Security
• Lone Workers Safety Policy
• Management and Reporting of Accidents and Incidents Policy
• MAPPA Policy
• Risk Management
• Safeguarding Adults Policy
• Violence and Aggression at Work Policy

The above policies direct staff to contact the Safeguarding Adults team if information becomes known about individual(s) who are considered to pose a risk of violence towards staff and patients and a marker on patient’s e-record may be considered (see Appendix 7).
Within 2 Working Days

Alert received and circulated to VPI panel

Does the individual pose a threat to Staff / Trust users

Yes

Risk Assessment carried out including risk of informing individual

Panel meet to discuss case, does risk warrant VPI to be placed on patient’s records
Legal Services informed of discussion outcome

Yes

No NFA

Alert placed on patients records, relevant staff informed – entry made on MAPPA/Security Alert Database summarising risk and detailing required guidance/actions for staff to take

GP, Social Care and other Trusts informed

VPI panel recommendation that patient should be informed

Yes letter to patient

No NFA

Within 5 Working Days

No but concerns raised, relevant staff informed of concerns but no VPI on record

Copies of Check List, Risk Proforma and Outcome to be forwarded to Legal Services
Risk Factors Checklist

The following checklist provides the main risk factors which should be considered when determining whether a record should be marked. It should be based on all intelligence known to the Trust including local/national intelligence, Datix reports clinical information. This could be incorporated as part of the risk assessment process and should be completed by the Health and Safety Lead, in collaboration with the LSMS, Senior clinicians and / or other managers and staff as appropriate, following an incident of physical or non-physical violence or aggression against a member of staff. (Please note that this list is not exhaustive, and it is likely that other factors will come into play when assessing the level of risk of violence that an individual poses.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes / No/ Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the individual an out-patient, in-patient or community client? (to check E-Record and System One)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the incident of a physical nature?</td>
<td></td>
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<tr>
<td>3</td>
<td>Is there a perceived risk of physical violence/aggression</td>
<td></td>
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<tr>
<td>4</td>
<td>Does the individual or associate have a history of previous incidents of a violence or aggression?</td>
<td></td>
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<tr>
<td>5</td>
<td>Did the victim sustain injury?</td>
<td></td>
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<tr>
<td>6</td>
<td>Did the victim (or witness) require medical and / or psychological attention following the incident?</td>
<td></td>
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<tr>
<td>7</td>
<td>Was / were the incident / incidents reported via Datix?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>What is / are the Datix reference numbers?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is an urgent response required to alert staff?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the incident involve a patients associate (relative or Friend)?</td>
<td></td>
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<tr>
<td>11</td>
<td>Was the aggression directed towards a particular individual / group?</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>If yes please indicate who / which group?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the incident involve a dangerous animal?</td>
<td></td>
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<tr>
<td>14</td>
<td>Does the individual have a medical condition or was the individual taking medication at the time of the incident which may have influenced his / her actions? (requires advice from a senior clinician)</td>
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<tr>
<td>15</td>
<td>Is it likely that the incident will be repeated?</td>
<td></td>
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<td>16</td>
<td>Is the incident, if not serious itself, is it part of an escalating pattern of behaviour?</td>
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<td>17</td>
<td>Does the individual have an appointment scheduled in the near future?</td>
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<tr>
<td>18</td>
<td>Does the individual attend (e.g. a clinic or out-patients) frequently or daily?</td>
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<tr>
<td>19</td>
<td>Are staff due to visit a location where the individual (and associate where applicable) maybe present in the near future?</td>
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<tr>
<td>20</td>
<td>Are staff likely to come into contact with the individual while working alone?</td>
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<tr>
<td></td>
<td>Are there any other potential risks?</td>
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</tr>
</tbody>
</table>

21
# Pro-Forma for Risk of Violence Markers

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Datix Reference Number(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Datix Incidents</td>
<td>NHS Number:</td>
</tr>
<tr>
<td>Name of Individual Accused of Incident:</td>
<td>Relationship to Patient:</td>
</tr>
<tr>
<td>Dangerous Animal: Yes ☐ No ☐</td>
<td>Date of Incident(s):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Incident/Perceived Threat</th>
<th>Physical ☐ Non-Physical ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury Sustained: Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>Review Date</td>
</tr>
</tbody>
</table>

## Handling Information and Advice for Staff

In the event of a further incident:

- Complete incident form
- Contact LSMS
- Contact Police
- Other Contact: __________

Relevant medical conditions or medications?

Referral for marker to be applied from

<table>
<thead>
<tr>
<th>MARAC</th>
<th>NHS Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPPA</td>
<td>Trust panel decision (date of panel)</td>
</tr>
</tbody>
</table>

Patient and / or associate to be notified

<table>
<thead>
<tr>
<th>Patient and / or associate to be notified</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes date informed</td>
<td>If No rationale for not informing</td>
</tr>
<tr>
<td>/</td>
<td>/</td>
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</table>

Other organisations to be informed

<table>
<thead>
<tr>
<th>Other organisations to be informed</th>
<th>Yes ☐ No ☐</th>
</tr>
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<tbody>
<tr>
<td>Who: Date informed</td>
<td>/</td>
</tr>
</tbody>
</table>

Other Comments: __________
Template for marker notification letter

Dear (individual’s name)

Notification of risk of violence marker being placed on an NHS record

I am writing to you from The Newcastle upon Tyne Hospitals NHS Foundation Trust, where I am the Portering Security Manager (or other job title). Part of my role is to protect NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you.

(Insert summary of behaviour complained of, include dates, effect on staff/services and any police/court action if known)

Behaviour such as this is unacceptable and will not be tolerated. Newcastle upon Tyne Hospitals NHS Foundation 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, threats or abuse.

The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives, friends, animals, etc).

A copy of the Trust Policy on risk of violence markers is enclosed/can be obtained from [insert details]

I, with appropriate colleagues (or the panel – insert panel name) have carefully considered the reports of the behaviour referred to above and have decided that a risk of violence marker will be placed on your records. This information may be shared with other NHS bodies and other providers we jointly provide services with (e.g. ambulance trusts, social services and NHS pharmacies) for the purpose of their health and safety.

This decision will be reviewed in (6/12) months’ time (insert date if known) and if your behaviour gives no further cause for concern this risk marker will be removed from your records. Any other provider we have shared this information with will be advised of our decision.

If you do not agree with the decision to place a marker on your record, and wish to submit a complaint in relation to this matter, this should be submitted in writing to:

(Insert complaints department contacts/panel details. N.B. Even if a panel is being used details of complaints process should still be included).

Yours sincerely/faithfully,

Head of Portering and Security, (contact details).
Template for notification of the removal of a marker

Dear (individual’s name)

Notification of risk of violence marker being removed from an NHS record

I am writing to you from The Newcastle upon Tyne Hospitals NHS Foundation Trust, where I am the Portering and Security Manager (or other job title).

I wrote to you previously on (date/reference) concerning the placement of a risk of violence marker on your records after careful consideration of an incident…

(Insert summary of behaviour complained of, include dates, effect on staff/services and any police/court action if known)

This risk of violence marker was recently reviewed after a period of (6/12) months. After careful consideration, I (or the panel – insert panel name) have decided that there is no further cause for immediate concern.

(State specific reasons for the decision, if any).

Therefore, the risk of violence marker has been removed from your records. Any other provider with whom we have shared this information will also be notified of our decision to remove the marker.

However, you should be advised that any future incidents in which you are involved, and which indicate a risk to staff or physical or non-physical violence or abuse, may result in a risk of violence marker once again being placed onto your records. Behaviour such as this is unacceptable and will not be tolerated.

The Newcastle upon Tyne Hospitals NHS Foundation Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do without fear of violence, threats or abuse. The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

A copy of the Trust Policy on risk of violence markers is enclosed/can be obtained from [insert details].

Yours sincerely/faithfully,

Head of Portering and Security, (contact details).
Appendix 6

Template for notification to GP – other NHS organisation security advisors

Dear (individual’s name)

Risk of Violence Assessment
(Patient details)

I am writing to you from The Newcastle upon Tyne Hospitals NHS Foundation Trust, where I am the Portering and Security Manager. Part of my role is to protect NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you.

(Insert patient details) has given cause for concern in relation to the security of NHS staff following unacceptable behaviour/threat of behaviour within this organisation (insert summary of behaviour). We have alerted our information systems in order to protect our staff. We believe this patient accesses your services and we are sharing this information with you so you can consider what actions you wish to take.

We will review this decision in (6/12) months time and if we decide to remove the alert we will advise you of our decision.

Yours sincerely/faithfully,

Head of Portering and Security, (contact details).
Statement for inclusion in other relevant policies

In the context of this policy information may become known about an individual(s) who are considered to pose a risk of violence towards staff or patients. The Safeguarding Adults Team should be contacted for advice with regard to placement of electronic alert through the processes outlined in the Placing a Risk of Violence Alert or Patient Records Policy.
The 8 Principles of the Data Protection Act 1998

a. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless:
   i. at least one of the conditions in Schedule 2 of the Act\textsuperscript{1} is met, and
   ii. In the case of sensitive personal data, at least one of the conditions in Schedule 3\textsuperscript{2} is also met.

b. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose of those purposes.

c. Personal data shall be adequate, relevant and not excessive in relation to the purpose of purposes for which they are processed.

d. Personal data shall be accurate and, where necessary, kept up to date.

e. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

f. Personal data shall be processed in accordance with the rights of data subjects under this Act.

g. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing and of personal data and against accidental loss or destruction of, or damage to, personal data.

h. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

\textsuperscript{1}The text can be found at \url{http://www.legislation.gov.uk/ukpga/1998/29/schedule/2}

\textsuperscript{2}The text can be found at \url{http://www.legislation.gov.uk/ukpga/1998/29/schedule/3}
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Placing a Risk of Violence Alert on Patient Records</th>
<th>Policy Author: Mick Brannen</th>
<th>Yes/No?</th>
<th>You must provide evidence to support your response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)</td>
<td>Yes/No?</td>
<td>You must provide evidence to support your response:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Race *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nationality</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Culture</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religion or belief *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual orientation including lesbian, gay and bisexual people *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health problems *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender reassignment *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marriage and civil partnership *</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(a).</td>
<td>Is the impact of the policy/guidance likely to be negative? (If &quot;yes&quot;, please answer sections 4(b) to 4(d)).</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(b).</td>
<td>If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(c).</td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(d).</td>
<td>Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: N/A

Action Plan due (or Not Applicable): N/A

Name and Designation of Person responsible for completion of this form: Mick Brannen Date: 30.08.13

Names & Designations of those involved in the impact assessment screening process: Mick Brannen, Portering and Security Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.

IMPACT ASSESSMENT FORM A

October 2010