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**Acceptable Behaviour Policy**

**Inc. ICB Violence and Aggression Charter**

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| **Authorship:** | Head of Corporate Affairs and System Support |
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**The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.**

**AMENDMENTS**

Amendments to the policy may be issued from time to time. A new amendment history will be issued with each change.

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Acceptable Behaviour Policy

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# Introduction & Purpose

1.1 As an employer, NHS Humber and North Yorkshire Integrated Care Board, (hereafter referred to as ‘the ICB’) has a duty of care for the health, safety and wellbeing of its staff. The ICB also has a legal responsibility to provide a safe and secure working environment for staff.

All patients and staff have the right to be treated with consideration, dignity and respect and are expected to behave in an acceptable manner.

1.2 This policy sets out expectations around how people should behave towards staff during any contact with the ICB and incorporates the ICB Violence Charter and Unacceptable Behaviour Statement. The policy also outlines the ICB commitment to maintaining the Violence Prevention and Reduction Standard.

1.3 Preventing and responding to acts of violence, aggression, intimidation, bullying, harassment, discrimination, or victimisation, perpetrated by another ICB employee against a member of ICB staff is not covered by the policy, however, the principles of conflict resolution are transferable. In these instances, staff and managers should refer to the ICB Dignity and Respect Policy. Other policies are equally relevant and linked to the violence prevention agenda – see Section 9 for a list of related policies and documentation.

1.4 In order to promote a safe and respectful working environment the ICB has a zero-tolerance policy and will not tolerate violence, aggression, intimidation, bullying, harassment, or discrimination in any form against its employees. We recognise that when these kinds of behaviour are not addressed, it can lead to increased levels of stress, absence, and staff turnover, together with lower productivity and staff morale. Therefore, promoting positive behaviours will produce better outcomes and improve the well-being of all those involved in the work of the ICB.

1.5 The ICB is also a signatory to the Sexual safety in healthcare – organisational charter, committing to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

1.6 The ICB regards any incident of violence, aggression, intimidation, bullying, harassment, discrimination or victimisation against staff as a serious matter and will respond promptly and sensitively to support and protect staff. Where serious or persistent incidents occur, this may result in withdrawal of service or prosecution.

1.7 The purpose of the policy is to:

* + Protect ICB staff from violence, aggression, intimidation, bullying, harassment, discrimination or victimisation.
  + Outline the ICB’s expectations around the behaviour of patients, their relatives, carers, the public and visitors to the ICB.
  + Provide examples of negative behaviours so that staff know what is/is not acceptable.
  + Ensure that occurrences of violence, aggression, intimidation, bullying, harassment, discrimination and victimisation are taken seriously and dealt with promptly and with due sensitivity.
  + Provide practical advice to managers and staff about how to prevent, report and address incidents, in line with this and other relevant ICB policies.

# Supporting principles

**ICB Unacceptable Behaviour Statement**

The ICB is committed to:

* Ownership and responsibility of staff safety and wellbeing.
* Introducing preventative measures to minimise risks to staff.
* Ensuring relevant staff are appropriately trained.
* Promoting and maintaining public awareness of our unacceptable behaviour approach.

2.1 All staff have the right to feel safe at work and not be subjected to violence, aggression, intimidation, bullying, harassment, or discrimination.

2.2 All incidents of violence, intimidation, bullying, harassment, or discrimination must be reported using the ICB online reporting tool and will be responded to by the line manager in the first instance - see section 10.

2.3 Verbal abuse, harassment, bullying or intimidation, physical attacks, and threats of violence may be deemed a hate incident and / or a hate crime. If you’ve experienced a hate incident or hate crime, you should report it to the police as well as follow the guidance in this policy.

2.4 Managers have a responsibility to proactively assess risk of staff facing these behaviours and put in place measures to reduce harm, and to review these measures following an incident.

2.5 The ICB recognises that experiencing violence, aggression, intimidation, bullying, harassment, discrimination or victimisation can have a significant impact on an individual’s mental health and wellbeing. We therefore make advice, support and confidential counselling available to staff through the [Humber and North Yorkshire Resilience Hub (hnyresiliencehub.nhs.uk)](https://www.hnyresiliencehub.nhs.uk/)

# Scope and Definitions

## Scope

The policy applies to:

* + Members of staff from other organisations and how they treat ICB employees.
  + Patients, carers, members of the public and visitors in relation to how they treat ICB employees.

Incidents arise primarily because the work involves contact with a wide range of people in circumstances, which may be difficult. People receiving care and their relatives may be anxious and worried; some may be predisposed towards violence. Employees involved in the following activities are at increased risk of violence and aggressive behaviour:

* working alone.
* working after normal working hours.
* working and travelling in the community.
* handling valuables or medication.
* providing or withholding a service.
* exercising authority.
* working with people who are emotionally or mentally unstable.
* working with people who are under the influence of drink or drugs.
* working with people under stress.

## Examples of Behaviour

The ICB expects people to:

* + Respect others by being courteous and polite, even when disagreeing.
  + Not make inappropriate or unacceptable remarks including any abusive remarks related to an individual's:
    - age
    - disability
    - gender reassignment
    - marriage or civil partnership
    - pregnancy
    - race
    - religion or belief
    - sex
    - sexual orientation
  + Not undertake any form of threatening abuse or violence towards any individual.

The following are examples of unacceptable behaviours that are further supported in Appendix A:

* Bullying
* Harassment.
* Physical violence.
* Excessive noise e.g., recurrent loud or intrusive conversation or shouting.
* Threatening or abusive language involving swearing or offensive remarks.
* Unwanted personal comments.
* Aggressive, forceful tone and/or language that upsets staff.
* Allegations made in bad faith relating to members of staff, other patients or visitors.
* Offensive gestures or behaviours.
* Abusing alcohol or drugs on ICB premises.
* Wilful damage to property.
* Threatening behaviour, intimidation or victimisation.
* Persistent and/or unrealistic demands on the service.
* Vexatious behaviours
* Repeated derogatory comments about the organisation or individuals either verbally, in writing/digitally or on social media platform (cyber bullying).

## Hate Incident and Hate Crime

A hate incident is any incident which the victim, or anyone else, thinks is based on someone’s prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.

# NHS Violence Prevention and Reduction Standard

4.1 Operational responsibility –All NHS commissioners and all providers of NHS-funded services operating under the NHS Standard Contract should have regard to the [NHS Violence Prevention and Reduction Standard](https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf) and are required to review their status against it and provide board assurance that they have been met it twice a year.

4.2 The NHS Violence Prevention and Reduction Standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence. The Standard confirms that security of NHS staff and assets is underpinned by the Health and Safety at Work Act 1974.

4.3 The Violence Prevention and Reduction Standard employs a Plan, Do, Check, Act (PDCA) approach which is a four-step iterative management process to validate, control and achieve continuous improvement of security processes.

4.4 Operational responsibility for the implementation and reporting of the key indicators within the NHS Violence Prevention and Reduction Standard sits with the ICB Local Security Management Specialist (LSMS) provided by Audit Yorkshire. All security matters and violence against staff issues should be notified to the LSMS immediately as well as through the ICB reporting system.

# Roles and Responsibilities

## ICB Board responsibility

The ICB Board has overall responsibility to ensure that policies, procedures, systems and environments are in place that promote dignity and respect and reduce the risk of violence, aggression, bullying, harassment, and discrimination. Through the Chief Executive ICB Board will ensure that:

* Provide safe working conditions for staff and appropriate and adequate security arrangements based on risk assessment.
* Staff are appropriately trained to ensure they are competent to provide high quality care and / or services, and deal with members of the public in a sensitive and courteous manner.
* Arrangements are in place which are clear and understood by all staff on how to deal with situations where patients or visitors act in an unacceptable or violent manner.
* Support is provided where a member of staff has been the victim of an assault or attack by a patient, relative or member of the public.

## Executive Director/ Director responsibilities

* The Executive Director Corporate Affairs with have overall responsibility for the policy supported by the Deputy Director of Legal and Regulatory Services. This involves management of the LSMS responsibilities.
* All Directors will:
  + - * Ensure that they and all persons reporting to them are aware of, and undertake their responsibilities under, this Policy and other related policies and will request additional support or legal advice as required.
      * Give prompt and appropriate attention to matters brought to their attention.
      * Ensure proactive and reactive reporting to the ICB Risk Management Lead of any compliance issues and incidents and support any investigations undertaken.

## Line manager responsibilities

In relation to incidents of verbal abuse, the threat of, or actual violence and aggression by a patient, relative or member of the public against a ICB employee, the line manager must:

* Ensure that the incident is promptly reported via the ICB’s Incident Reporting System.
* Ensure that all significant incidents receive investigation into root causes and that these are reported to the risk management lead.
* Organise the department, section or workplace so that operations or work carried out results in minimal risk of violence or aggression.
* Carry out risk assessments and reduce the risks identified.
* Ensure that staff are provided with full support following any violent incident, including referral to Occupational Health and support for access to counselling if required.
* Act upon any information regarding violence or aggression received and provide feedback to the staff about these actions.

## All staff

5.4.1 All staff must treat each other with respect. Staff must also treat staff from other organisations, patients, members of the public and visitors with respect.

All staff may be able to reduce the risk of incidents of violence, aggression, bullying, harassment or discrimination by:

* Treating others with dignity and respect.
* Be aware of how their behaviour may affect others, being open to feedback and changing it, if necessary.
* Taking a stand if they think inappropriate jokes, comments or gestures are being made.
* Intervening, if possible, to stop violence, aggression, harassment or bullying and giving support to recipients.
* Reporting any incidents of violence, aggression or bullying, harassment or discrimination that they experience or witness and co-operating with ICB investigations into bullying harassment and / or victimisation.
* Making it clear to others when they find their behaviour unacceptable.
* Participating in training or organisational development initiatives identified by their manager.
* Adhering to the principles set out in this policy and setting a good example in their own attitudes and behaviour.

5.4.2 In relation to incidents of verbal abuse, threat of, or actual violence or aggression staff must:

* Have an awareness of the triggers of conflict in their own area, and to try to minimise the impact of these.
* Identify his / her own high-risk situations and agree action plans with line managers.
* Undertake identified training in conflict management skills.
* Individual employees have a responsibility to take all practicable steps not to place themselves, colleagues, or members of the public at risk and to communicate known problems as and when they become aware of them.
* Employees have an obligation to comply with the ICB’s Incident Reporting policy and Risk Management policy (see Section 10). This includes the completion of incident reporting forms on the Incident App after each incident of verbal abuse, threat of, or actual violence or aggression by a patient, relative or member of the public against a ICB employee.
* Employees are required to identify to their manager situations which they believe to be potentially hazardous or environmental issues that may increase the risk of violence.
* All employees should be aware of how their behaviour might be perceived by others and ensure that they do not behave in a way that is aggressive or violent.

## ICB Local Security Management Specialist

In accordance with the NHS Standard Contract and NHS Protect Standards, the ICB is required to nominate an individual as an accredited Local Security Management Specialist (LSMS). The specific responsibilities of the LSMS are to:

* Develop, implement and maintain an effective Security Management Polic and plan, and other security related documents, in consultation with staff representatives, ensuring compliance with current guidance.
* Assist local managers in carrying out investigations into security related incidents, liaising as required with local Police, the Criminal Justice Unit and where necessary preparing case files for submission to Court as part of the prosecution process.
* Instigate regular campaigns to highlight the importance of security and the responsibilities of all ICB employees.
* Advise the ICB of any statutory requirements, and other by the preparation of procedures, for dealing with crime prevention, supply of security systems and maintenance.
* Ensure effective reporting and monitoring systems are in place and undertake the annual assessment against the NHS Violence Prevention and Reduction Standard and six-monthly review providing assurance to the Board via the Executive Director Corporate Affairs report.

## ICB Risk Management Lead

The ICB Risk Management Lead will work closely with the managers and the LSMS to ensure effective reporting, management, and response for incidents.

# Training

6.1 All staff dealing with service users/ patients across the ICB are required to undertake an on-line Conflict Resolution module available through ESR.

6.2 Staff in higher risk roles, including the Complaints team, Continuing Health Care staff, the Communications team and any other identified roles at risk will have access to more specific conflict resolution training. The training will focus on defusing and managing aggressive and potentially volatile situations.

# Monitoring the effectiveness of policy

## ICB reporting in relation to this policy will include:

* Records concerning the number, nature and location of incidents reported.
* Take-up and effectiveness of training programmes.
* Learning from investigation/ root cause analysis and implementation of control measures.

## The Annual Staff Survey

Findings from the annual staff survey will also be used to monitor the effectiveness of this policy i.e.:

* Percentage experiencing physical violence from patients, relatives, or the public in last 12 months.
* experiencing physical violence from staff in last 12 months.
* experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.
* experiencing harassment, bullying or abuse from staff in last 12 months.

## Action plans

Action plans in response to staff survey results will be developed and monitored through the relevant employee groups.

# Review

8.1 This document will be reviewed every four years but may be reviewed at any time at the request of either staff side or management, or where legislation has changed.

# Reference and links to other documents

9.1 This policy should be read in conjunction with the following ICB policies where relevant, note the exact title may vary between individual organisations:

* + - Disciplinary Policy
    - Attendance Management Policy
    - Whistleblowing Policy
    - Incident Policy & standard Operating Procedure
    - Lone Working Policy
    - Dignity & Respect Policy
    - Equality, Diversity and Human Rights Policy
    - Domestic Violence/Abuse Policy
    - Social Media Guidelines.
    - Grievance Policy
    - Management of Concerns and Complaints Policy
    - Sexual safety in healthcare – organisational charter

# Process / Requirements

## Standards of behaviour

10.1.1 Whilst staff often deal with very personal and sensitive situations, the ICB expects patients, relatives, the public and visitors to treat ICB employees with courtesy, dignity, fairness, and respect at all times. The ICB is committed to protecting its staff from violence, aggression, intimidation, bullying, harassment, and discrimination - all forms of which are unacceptable and will not be tolerated.

10.1.2 Where a patient or service user is violent or aggressive towards a member of ICB staff, this will result in the member of staff reporting an incident to the ICB and may result in the incident being reported to the Police and a criminal prosecution being pursued.

10.1.3 Where an individual displays behaviour that may be considered vexatious or unreasonably persistent, this will result in the member of staff reporting an incident to the ICB and may trigger the ‘Designating Vexatious/ Unreasonably Persistent Contact Process (see Appendix D)

## Records

10.2.1 All instances of concerns about and / or incidents of violence, aggression, bullying, harassment, discrimination or potential vexatious/ unreasonably persistent behaviours should be reported using the ICB Incident Reporting System found on the Desktop of all ICB computers.

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Ideally the individual employee raising the concern should report the incident including the following information:

* Date, time, and location of incident.
* What was said and done by whom.
* Detail of any witnesses to the incident.
* Any other information that is relevant to the incident i.e., how it made them feel.
* Possible resolutions.
* Reasons why they are considered vexatious/ unreasonably persistent

10.2.2 Information should be anonymised at this stage and any name(s) of the accused individual(s) if known should be provided as part of the investigation.

10.2.3 If a concern or incident is raised verbally with a manager or in consultation with HR, employees should be supported and encouraged to complete an incident report.

## Avoiding and dealing with violence and aggression risk assessment

10.3.1 Staff who may be in a position where they may be exposed to violent, aggressive, or unacceptable behaviour should be trained effectively to see the signs and de-escalate a situation (see section 6 - Training).

10.3.2 When dealing with a known or suspected violent or abusive individual, under no circumstances should staff meet with them on their own. They should seek advice from their line manager before face-to face or telephone/ video meetings are arranged and refer to the Lone working policy.

10.3.3 Whenever there is a reasonably foreseeable risk of violence, line managers must ensure that risk assessments are completed. All risk assessments relating to violence and aggression should be added to the Team risk register and must be reviewed on a six-monthly basis by the relevant manager or when there is a change in circumstances. See Appendix C for a risk assessment. Further useful information is available on the Health and Safety Executive website: [[Health Services - Workplace violence: What you need to do](https://www.hse.gov.uk/healthservices/violence/do.htm)](http://www.hse.gov.uk/healthservices/violence/do.htm)

10.3.4 In undertaking a risk assessment the following may indicate that there is a risk of violence:

* + - * Dealing with intoxicated, under the influence of drugs or distressed members of the public.
      * Dealing with members of the public suffering from mental illness or stress.
      * Dealing with members of the public who are confused, disorientated, suicidal or have a known criminal history.
      * High risk areas such as contentious issues or complaints or staff working alone.
      * Tasks where money, drugs or other valuables may be targeted for theft.
      * When withholding or withdrawing a service.
      * Irregular situations such as where persons known to be potentially violent are referred to other disciplines, services, or Trusts.

The list shown above is not exhaustive and managers must take care to assess all possible personal security risks within their responsibility.

10.3.5 Police assistance should be sought where the presence of drugs or weapons has been detected or to deal with violence or threatened / suspected violence. Where an individual’s behaviour may be affected by their mental health the use of an advocate should be considered.

10.3.6 The Lone Worker policy should also be implemented to reduce risks for employees with roles that involve patient and carer home visits.

# Process for staff following violent or abusive behaviour

11.1 All instances of verbal abuse and actual or threatened violence and aggression must be reported in accordance with the ICB’s incident reporting processes. Incident reporting will be used to ensure that staff are fully supported, and incidents are investigated to inform future policy, process and system developments. Sharing experiences also helps frame training so it is realistic and relevant.

11.2 All staff who are subjected to violent or abusive behaviour should discuss with their line manager whether a referral to the Police is required.

11.3 Incidents of violence and aggression can have a profound effect on the victim and managers should ensure that staff are properly debriefed and supported immediately after the incident, or as soon as is reasonably practicable.

11.4 Witnesses to a violent crime are also likely to be disturbed by the incident from seeing the attack take place to reliving the incident afterwards. There may also be an impact on staff doing similar roles. It is important that people are assessed for whether they need additional support from the Resilience Hub and are informed as soon as possible of the basic details of the incident and any counter measures planned.

11.5 The ICB is committed to supporting the health and wellbeing of all our colleagues and provides a range of wellbeing services through Occupational Health and the Resilience Hub. The Resilience Hub staff are trained mental health professionals with extensive experience of working with people who have experienced traumatic and distressing events. The team works with individuals, as well as teams to develop and promote resilience and can also support family members if required.

# Actions following violent or abusive behaviour

## ICB Incident Response

Effort should be made by all parties to resolve any complaint regarding unacceptable behaviour informally, however, this does not prevent employees raising a concern or complaint and requesting action in line with any stage of this policy depending upon the severity of the unacceptable behaviour.

Where a patient, relative or member of the public is alleged to have carried out an act of violence, abuse or aggression the incident will need a full investigation by the line manager, with support from the ICB Local Security Management Specialist if appropriate:

Shaun Fleming| Anti-Crime Specialist | Audit Yorkshire

Mobile: 07484 243063

[shaunfleming@nhs.net](mailto:shaunfleming@nhs.net)

The ICB reserves the right to respond to the incident, as deemed appropriate and dependant on the severity of the incident. The potential responses or actions available to the ICB include:

* + - * Verbal warnings.
      * Recommendation to use advocacy services.
      * Written warnings from the ICB.
      * Warning flag applied to patients’ notes.
      * Withdrawal of services.
      * Reporting a hate incident and / or hate crime to the police.
      * Involvement of the police.
      * Criminal prosecution.
      * Civil Prosecution.

## Dealing with abusive telephone or video calls

12.1.1 The ICB recognises that some staff may be more likely to experience verbal abuse and aggression as part of telephone call handling (for example Continuing Health Care and Complaints Team members). Staff have the option to terminate a telephone call if after asking a caller politely to stop any negative behaviour (for example shouting or verbal abuse), this behaviour continues (see [Appendix B](#_bookmark24) of this policy for further advice).

12.1.2 Recognising the emotional impact and stress these calls may have on staff, team managers should provide a debrief session as soon as possible after the event. Such incidents should be recorded on the ICB Incident Reporting System.

# Impact Assessments

## Equality

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It 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.

There is a potential for people with protected characteristics to be subject to violence and aggression and this policy recognises that this is unacceptable putting in place mechanisms to support individuals. The EIA will be monitored as part of the routine work to monitor compliance with the policy.

## Bribery Act 2010

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document. The ICB follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. Under the Bribery Act 2010 there are four criminal offences:

• Bribing or offering to bribe another person (Section 1)

• Requesting, agreeing to receive or accepting a bribe (Section 2);

• Bribing, or offering to bribe, a foreign public official (Section 6);

• Failing to prevent bribery (Section 7).

## General Data Protection Regulations (GDPR)

The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. All personal data collected and managed in relation to this policy will be done through individual consent.

# Appendix A Definitions

**Aggression**

Aggression is defined as behaviour that is hostile, destructive, and / or violent.

**Assault**

There are two legally based definitions of assault for the NHS:

* **Physical assault** is defined as the intentional application of force to the person of another, 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 and / or constituting harassment. This can include the use of actions or words in such a way as to coerce the victim to make them feel uncomfortable, fearful, or unsafe.

**Bad faith**

To raise an allegation in bad faith is to do so dishonestly, maliciously, negligently or with the intention to deceive or mislead.

**Bullying**

Bullying is not specifically defined in law, but ACAS (2014) gives the following definition:

“Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.”

In line with recent research the ICB is adopting a broader definition which includes a range of behaviours under the banner of ill-treatment, unacceptable and unwanted behaviours. Examples of ill-treatment and bullying can include:

* + Spreading malicious rumours, or insulting someone by word or behaviour (for instance, copying memos that are critical about someone to others who do not need to know, ridiculing or demeaning someone – picking on them or setting them up to fail)
  + Shouting at people
  + Ignoring or excluding people
  + Unpredictable behaviour
  + Criticism and / or personal insults
  + Misuse of power or position
  + Making inconsistent demands
  + Misuse of social media, email, or mobile phones to send aggressive messages and threats (cyberbullying)

**Cyberbullying**

Bullying which is not carried out face-to-face, for example, through an internet service such as email, social networking sites, chat rooms, discussion forums or instant messaging. It can also include bullying through mobile phone technologies such as text messages.

**Discrimination**

Discrimination is defined in the Equality Act 2010. Direct discrimination is where someone is treated less favourably because of a protected characteristic such as sex, marital status, sexual orientation, race, pregnancy, religion, belief, gender reassignment, age or disability, or because they are perceived to have that characteristic or because they associate with someone who has that characteristic.

Indirect discrimination occurs where the effect of certain requirements, conditions or practices has an adverse impact disproportionately on one group or other. Indirect discrimination generally occurs when a rule or condition, which applied equally to everyone, can be met by a considerably smaller proportion of people from a particular group. The rule is to their disadvantage, and cannot be justified on other grounds.

**Facilitation**

Facilitation is a process of working together with a neutral person who helps the people involved to have a constructive discussion about an issue without taking any side of the argument. The facilitator seeks to help the people involved to communicate effectively about the issue(s), to make progress and reach agreement on a way forward. The facilitator may be an independent person from within the ICB or from an external organisation – they would not have a close relationship with any of the parties directly involved in the issue.

**Harassment**

Harassment is defined in the Equality Act 2010 as:

“Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.”

Harassment can occur on the grounds of one or more of the following protected characteristics defined in the Equality Act. In addition, the Equality Act 2010 prohibits harassment based on association with someone with a protected characteristic and perception that someone has a protected characteristic.

Harassment may be an isolated occurrence or repetitive, and it may occur against one or more individuals. Harassment may be, but is not limited to:

* Physical contact: ranging from touching (including of a sexual nature, related to gender re-assignment or sex) to serious assault, gestures, intimidation, aggressive behaviour.
* Verbal: unwelcome remarks, suggestions and propositions, innuendo, malicious gossip, jokes and banter, offensive language. This may be based on prejudice or stereotypes.
* Non-verbal: offensive literature or pictures, graffiti and computer imagery, obscene gestures, isolation or non-co-operation and exclusion or isolation from social activities.

Indirect harassment is also defined in law. It is where the harassment is not directed to the person concerned, but in their hearing. The legislation also refers to less favourable treatment because an individual has rejected or submitted to the defined conduct.

First-time conduct which unintentionally causes offence is unlikely to be harassment, but is likely to become harassment if the conduct continues after the recipient has made it clear, by words or conduct, that such behaviour is unacceptable to him or her.

**Hate incident/Hate crime**

Verbal abuse, harassment, bullying or intimidation, physical attacks, and threats of violence can be a hate incident and / or a hate crime if the victim or anyone else thinks it was motivated by hostility or prejudice based on one of the following characteristics: Disability; Race; Religion; Transgender identity; Sexual orientation.

Hate incidents and hate crimes are acts of violence or hostility directed at people because of who they are or who someone thinks they are. Anyone can be the victim of a hate incident. For example, you may have been targeted because someone thought you were gay even though you’re not, or because you have a disabled child.

**Intimidation**

To intimidate someone is to behave in a way which makes them fearful or timid, usually to influence them to do something or to stop them from doing something by use of fear or threats.

**Mediation**

Where an independent person works with two or more people who are involved in a dispute to facilitate a resolution to the disagreement and come to an agreed outcome.

Mediation may first involve the mediator speaking to the people involved separately and then bringing them together to discuss the issue face-to-face. Mediation is different from facilitation in that the objective of mediation is to help the parties deal with a particular conflict that they have been unable to resolve. The objective of facilitation is to provide a structure and process to enable parties to solve their problems themselves.

**Psychological abuse**

Bullying can also take the form of mental or psychological abuse and may be subtle and hidden, for example exclusion, silent treatment or withdrawal.

**Respect**

This is to treat someone with consideration, politeness and courtesy. There can often be cultural differences in how respect is shown, for example, in body language, eye contact and ways of speaking; therefore staff should be sensitive to cultural differences.

**Risk assessment**

Risk assessment is a process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to employees and others. It is the first step in deciding what prevention or control measures need to be taken to protect staff from harm.

**Sexual harassment**

Employees are protected against sexual harassment, which is unwanted conduct that is of a sexual nature and / or relates to the protected characteristics of sex and / or gender reassignment. Examples may be either verbal or physical, and may include staring or leering, or a display of explicit material.

It would have the purpose or effect of violating the employee’s dignity, or creating an environment for the employee which is intimidating, hostile, degrading, humiliating or offensive. It also applies where an employee is treated ‘less favourably’ because they have rejected sexual harassment or been the victim of it.

## 

**Taking a stand**

Taking a stand against inappropriate behaviour is an important responsibility shared by all staff. It means politely challenging inappropriate behaviour, explaining that the behaviour is unacceptable and asking the individual to stop. It does not mean being aggressive or confrontational.

Vexatious and unreasonably persistent

Threatening and abusive behaviour is readily identifiable, but it is recognised that persistent or vexatious behaviour may be more difficult to identify. The dictionary definition of vexatious is of limited use. This is because the circumstances surrounding the situation and behaviours is paramount. However, by dictionary definition, vexatious means difficult to deal with and causing a lot of anger, worry or argument. The Information Commissioner concludes that vexatious could be defined as manifestly unjustified, inappropriate, or improper use of a formal procedure.

Vexatious behaviours could be, but are not limited to:

* Persist in pursuing a complaint, case, request or issue when the ICB’s formal procedures have been fully and properly implemented and exhausted.
* Do not clearly identify the precise issues that they wish to be investigated or considered, despite reasonable efforts by staff, and where appropriate, the relevant advocacy services who could assist to help them.
* Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g., insist on responses to complaints or cases being provided more urgently than is reasonable or is recognised practice.
* Continue to focus on a ‘trivial’ matter to an extent that it is out of proportion to its significance. It is recognised that defining ‘trivial’ is subjective and careful judgment must be applied and recorded.
* Change the substance of a complaint/ case/ request or issue or seek to prolong contact by continually raising further issues in relation to the original complaint, case, request or issue. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
* Consume a disproportionate amount of time and resources.
* Threaten or use verbal, written or physical abuse towards staff.
* Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g., emails).
* Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
* Make excessive telephone calls or send excessive numbers of emails or letters to staff, placing unreasonable demands on its staff.
* Recording of meetings of face to face or telephone without the prior knowledge and consent of the parties involved
* Display unreasonable demands or expectations and fail to accept that these may be unreasonable.
* Conduct complex, parallel communications (Experience Team, MP, Media, NHSE).

**Victimisation**

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or because they are suspected of doing so. Under the law an employee is not protected if they have maliciously made or supported an untrue complaint, as this would not meet the definition of victimisation.

**Violence**

Violence is defined as the application of force, serious abuse or severe threat, which is judged likely to turn into actual violence. The Health and Safety Executive (HSE) defines violence at work as any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.

# Appendix B Procedure for Dealing with Difficult Telephone Calls from Clients

**Understanding**

*‘Seek first to understand, then to be understood’.*

Never start making your point until you have really listened, heard and understood the caller’s point of view.

Always let the callers know you want to **listen** and **understand**.

**Listening**

Listening will make the caller feel valued and help you get all the information you need:

* + Do not interrupt.
  + Use encouraging words or sounds by saying things like ‘I see’ ‘yes’ ‘A- ha’ ‘please continue’.
  + Paraphrase – repeat back relevant sections of what the caller is saying to confirm you understand.

Offer an **apology**. This is important as it shows empathy and ownership of the problem. Remember – an apology on behalf of an organisation or individual is not an admission of any guilt.

**Escalating anger, swearing or abusive language**

Remember, if a person is angry, it is likely to be about a situation or NHS process failure - not at you personally.

Direct the conversation by indicating you want to help them. ‘Thank you for letting me know about and giving me the chance to try to help’

**If swearing or shouting:**

* + ‘I understand you are upset / frustrated. I really would like to help you with this, but the shouting / swearing is making this impossible’, or ‘Would you like me to phone you back in ten minutes to allow you time to gather your thoughts’.
  + Issue a warning: ‘I really do want to help you, but I am unable to do so if you continue to shout or swear at me’
  + If swearing, abuse continues – terminate the call: ‘I am sorry; I am terminating this call now.’

**Handling difficult calls**

* + Take a long slow breath.
  + Listen, remain calm, apologise, paraphrase, problem solve.
  + Focus on the positive: ‘I can help by ’
  + Defuse repetition or conversation on issues unrelated to ICB: ‘Is there anything else I can do for you?’
  + Report the incident to your line manager
  + **Remember – these calls are not personal.**

# Appendix C Risk Assessment for Violence and Aggression Risk Assessment Form

This sample risk assessment was produced by NHS England:

[sample-risk-assessment-form.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F11%2Fsample-risk-assessment-form.docx&wdOrigin=BROWSELINK)

|  |
| --- |
| **Section A: Administration Details** |
|  |
| **Primary Location:** |
|  |
| **Secondary Location:** |
|  |
| **Exact Location within the premises** |
|  |
| **Name of Assessor:** |
|  |
| **Designation:** |
|  |
| **Date of initial assessment:** |
|  |
| **Date of review:** |
|  |
| **Name of reviewer:** |
|  |
| **Designation of reviewer:** |
|  |
| **Section B: Task or Activity** |
|  |
| **Description of task or activity which could lead to a risk of violence and aggression:** |
| **Personnel involved (e.g., receptionist, telephone operators, clinicians – nurse- doctor, security staff, contractor, etc.):** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section C: Assessment of Risk** |  | | |
|  | **YES** | **NO** | **N/A** |
|  | | | |
| **Is there any historical evidence of verbal or physical aggression to staff?** |  |  |  |
|  | | | |
| **Verbal abuse (with intent/directed at staff)** |  |  |  |
|  | | | |
| **Verbal abuse (abusive remarks not directed at staff)** |  |  |  |
|  | | | |
| **Punch/strike/slap** |  |  |  |
|  | | | |
| **Wounding** |  |  |  |
|  | | | |
| **Kicking** |  |  |  |
|  | | | |
| **Biting** |  |  |  |
|  | | | |
| **Scratching** |  |  |  |
|  | | | |
| **Harassment / Stalking** |  |  |  |
|  | | | |
| **Victimisation** |  |  |  |
|  | | | |
| **Intimidation** |  |  |  |
|  | | | |
| **Threat with / use of weapon (e.g., knives, needles, etc.)** |  |  |  |
|  | | | |
| **Harassment** |  |  |  |
|  | | | |
| **Telephone Abuse** |  |  |  |
|  | | | |
| **Offensive Messages** |  |  |  |
|  | | | |
| **Other please specify:** |  | | |
|  | | | |
| **Is it perceived that there could be a risk of any of the above points?** |  |  |  |
|  | | | |
| **Please specify:** |  | | |
|  | | | |
| **If there is no perceived or known risk of verbal or physical aggression there is no need to continue with this**  **assessment.** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How often do violent incidents occur?** |  | | |
|  | | | |
| **What injuries have occurred because of any recent attacks?** |  | | |
|  | | | |
| **Following attacks or incidents of aggression, has this led to time off work? Hours, Days, Weeks, Months** |  | | |
|  | | | |
| **What times are violent incidents more likely to occur?** |  | | |
|  | | | |
|  | **YES** | **NO** | **N/A** |
|  | | | |
| **Which day are violent incidents more likely to occur?** |  | | |
|  | | | |
| **Is the workplace overcrowded? If so, please specify how:** |  |  |  |
|  | | | |
| **Is the lighting adequate? If not please specify why:** |  |  |  |
|  | | | |
| **Are the following readily available for patients?** |  | | |
| **Toilets** |  |  |  |
| **Refreshments** |  |  |  |
| **Information services** |  |  |  |
| **Magazines** |  |  |  |
| **Music** |  |  |  |
| **Television** |  |  |  |
|  | | | |
| **Internal environmental issues** |  |  |  |
| **Are there excessive noises which could cause distraction?** |  |  |  |
| **Are there isolated areas such as treatment rooms, offices?** |  |  |  |
| **Are the room laid out in such a way as to allow staff to exit in an emergency?** |  |  |  |
| **Could the aggressor be situated between the employee and the door?** |  |  |  |
| **Are there designated waiting areas?** |  |  |  |
| **Are these adequately supervised?** |  |  |  |
|  | **YES** | **NO** | **N/A** |
| **Are there corridors/areas where aggressors could hide/congregate?** |  |  |  |
| **Is there adequate signage displaying the ICB’s Unacceptable Behaviour stance?** |  |  |  |
| **Are staff protected by additional security measures where required e.g. screens, security locks, intercoms, internal**  **CCTV?** |  |  |  |
| **Is money/valuables kept in the work area?** |  |  |  |
|  | | | |
| **Are there potentially dangerous fixtures and fittings?** |  |  |  |
| **Tables** |  |  |  |
| **Waste bin** |  |  |  |
| **Seats** |  |  |  |
| **Sharp corners** |  |  |  |
| **Medical equipment** |  |  |  |
| **Office equipment** |  |  |  |
| **Other** |  |  |  |
| **Please specify:** |  |  |  |
|  | | | |
| **Is there a room available to speak privately with:** |  |  |  |
| **Patients** |  |  |  |
| **Visitors** |  |  |  |
| **Other members of staff** |  |  |  |
|  | | | |
| **External environmental issues** |  | | |
| **Are there adequate parking spaces?** |  |  |  |
| **Is there adequate lighting?** |  |  |  |
| **Is it distant from the work area?** |  |  |  |
| **Have routes to parking areas/external walkways been surveyed for safety?** |  |  |  |
|  | | | |
| **Is there CCTV coverage of routes?** |  |  |  |
| **Are these cameras monitored?** |  |  |  |
| **Is there a security escort service?** |  |  |  |
|  | | | |
| **Are there any times when tasks are undertaken alone?** |  |  |  |
| **If yes, please specify:** |  |  |  |
| **Are there any procedures in place to help ensure safety?** |  |  |  |
| **If yes, please specify:** |  |  |  |
|  | | | |
| **Are there alarm systems in place by which you can summon help?** |  | | |
| **If yes, please state type of system:** |  |  |  |
|  | **YES** | **NO** | **N/A** |
| **Are alarms fitted in rooms used for interviewing potentially aggressive/violent individuals?** |  |  |  |
| **Are these alarms accessible to staff?** |  |  |  |
| **Are the alarms easy to activate?** |  |  |  |
| **Are staff trained in their use?** |  |  |  |
| **Do others know how to respond if the alarm is raised?** |  |  |  |
| **Are there documented procedures in place for ensuring this?** |  |  |  |
| **Can the alarm be heard in all areas of the ward/department?** |  |  |  |
|  | | | |
| **Have members of staff attended the appropriate training?** |  |  |  |
| **Level of training and number of staff identified in Training Needs Analysis as requiring each level of training** |  |  |  |
| **What procedures are in place to ensure that all members of staff has information and access to violence and aggression**  **training?** |  |  |  |
|  | | | |
| **Is there a contingency plan if violence is threatened or breaks out toward:** |  | | |
| **Patients** |  |  |  |
| **Visitors** |  |  |  |
| **Staff** |  |  |  |
| **Please specify arrangements:** |  |  |  |
| **Are staffing levels adequate to ensure that contingency plans can be followed?** |  |  |  |
|  | | | |
| **Is any information sought highlighting previous/known risks associated with the patient?** |  |  |  |
| **Where joint stakeholder working takes place are there**  **protocols for sharing information regarding known risks of violence and aggression?** |  |  |  |
| **Are individual risk assessments undertaken?** |  |  |  |
| **Are mobile phones provided together with training in their use?** |  |  |  |
| **Are personal safety alarms provided and information given**  **on their use?** |  |  |  |
|  | | | |
| **Policy/Procedures** |  |  |  |
| **Is the Organisations Policy easily accessible to all staff?** |  |  |  |
| **Is there an Information Leaflet available to all staff?** |  |  |  |
| **Do you have a departmental Policy/Procedure?** |  |  |  |

**Control measures currently in use:**

**Section D: Current Risk Control Measures (see Section C)**

**= Risk Rating Figure**

**x Potential Severity Rating**

**Probable Likelihood Rating**

**Initial Risk Rating Figure (to calculate see Risk Matrix):**

**Section E: Initial Risk Rating Figure**

|  |  |
| --- | --- |
| **Section F: Additional Risk Control Measures Required** | |
| **Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks**  **within the location and will form part of a prioritised risk register.** | |
| **No.** | **Risk Reduction Measures/Further Action** |
| **If the above control measures are implemented, calculate the New Risk Rating Figure:**  **Probably Likelihood Rating x Potential Severity Rating**  **= Risk Rating Figure:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section G: Action Plan Agreed with Manager**  **Manager’s Name Manager’s Signature Date** | | | | |
| **No.** | **Action Plan** | **Responsible Person** | **Projected**  **Completion Date** | **Date**  **Completed/ Signature** |
|  |  |  |  |  |
| **Once the above action plan has been implemented, calculate the Final/Residual Risk Rating Figure:**  **Probable Likelihood Rating x Potential Severity Rating**  **= Risk Rating Figure** | | | | |
| **Additional Comments** | | | | |

**Appendix D Designating Vexatious/ Unreasonably Persistent Contact Process**

It is expected that this process will only be used as a last resort and when all reasonable measures have been taken and there are a number of considerations to be mindful of when considering imposing restrictions upon an individual, in line with this process. For example, consideration should be given to:

* Ensuring the case is being, or has been dealt with appropriately, in line with the relevant process and policy.
* Confidence that the individual has been kept up to date and that communication has been adequate with them prior to them becoming unreasonable or vexatious.
* Checking that new or significant concerns are not being raised, that require consideration as a separate case.
* Applying criteria with care, fairness and due consideration for the individual’s circumstances bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the individual’s lifestyle, quality of life or life expectancy.
* Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff
* Ensuring that the individual has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.
* Consideration should also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent. This might include:
  + Raising the issue with a director with no previous involvement, in order to give an independent view.
  + Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed).
  + Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach.
  + Consider whether the assistance of an advocate may be helpful.
  + Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

* Time limits on telephone conversations and contacts.
* Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
* Requiring contact to be made with a named member of staff and agreeing when this should be.
* Requiring contact via a third party, for example, an advocate.
* Limiting the individual to one mode of contact.
* Informing the individual of a reasonable timescale to respond to correspondence.
* Informing the individual that future correspondence will be read and placed on file, but not acknowledged.
* Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the individual provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation.
* Ask the individual to enter into an agreement about their conduct.
* Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.

Implementation of this process can be made about one complaint or issue only. Any new matter must be considered on its merits.

1. Before looking to implement this procedure, the individual should be warned that the behaviour is unacceptable and asked to change or desist. Evidence that the above considerations have been reviewed and changes implemented must be demonstrated.
2. If the behaviour does not change staff should, with the support of their line manager, seek to implement this process. They should refer an account, with documentary evidence where available, of why it is thought to apply, to the Head of Regulatory Functions.
3. The Head of Regulatory Functions and the Director of Corporate Affairs and/ or the Deputy Director of Legal and Regulatory Functions will consider the evidence. If it is accepted that the behaviour fulfils the relevant criteria, a record should be made of why the individual has been classified as vexatious or unreasonably persistent.
4. Once it has been determined that an individual has been classified as vexatious or unreasonably persistent, they should be informed in writing by the Chief Executive Officer. A copy of the relevant section of the Policy/guideline should accompany any such letter and advise the individual to take account of the criteria in any further dealings with the ICB.
5. In determining an individual as vexatious or unreasonably persistent, the ICB may apply the following measures:

* Decline contact with the individual in person, by telephone, letter, e-mail, or any combination of these provided one form of contact is maintained or alternatively restrict contact to liaison through a third party.
* Notify the complainant in writing that the ICB has responded fully to the points raised and considers that all methods of resolving the matter have been exhausted and either there is nothing more to add or continuing contact on the matter will serve no useful purpose. Further, explaining that correspondence is at an end and that any further letters etc. on the specific or closely related matter that are received will be acknowledged but not responded to
* Inform the complainant that in extreme circumstances the Trust reserves the right to pass on unreasonable or vexatious files to its solicitors; or that it will temporarily suspend all contact with the individual, or investigation of a complaint, whilst it seeks legal advice or guidance from some other relevant agency.

1. Where contact with the individual continues and/ or where they demonstrate a more reasonable approach, the status of being vexatious/ unreasonably persistent must be reviewed by the Head of Regulatory Functions and the Director of Corporate Affairs and/ or the Deputy Director of Legal and Regulatory Functions.