

CRIMINAL BEHAVIOUR WITHIN A HEALTH ENVIRONMENT (ZERO TOLERANCE) POLICY

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AUTHOR:	Local Security Management Specialist	
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POLICY SUMMARY		
This policy sets out the Trust’s commitment and arrangements for the management of any alleged criminal or abusive behaviour from persons against Trust staff, property and assets, and must be used in conjunction with CPG22 guidelines Criminal Behaviour within a Health Environment (Zero Tolerance) Procedure and RM05 Restrictive Practice Policy and Procedures.		
The Trust monitors the implementation of and compliance with this policy in the following ways:		
Implementation will be monitored by review of incidents and policy audit. This policy will be available to all staff on the Trust Intranet in the policy library. All new Trust staff will be advised of this policy and associated Procedural Guidelines (CPG22) via Trust Induction training, e-News and Briefings. This policy will be reviewed every three years and additionally when there is new relevant national guidance.		
Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
The Chief Executive Officer**

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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SAMPLE ONLY

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1.0 INTRODUCTION

- 1.1 This policy sets out the Trust's commitment and arrangements for the management of any alleged criminal or abusive behaviour from persons against Trust staff, property and assets, and must be used in conjunction with CPG22 Guidelines Criminal Behaviour within a Health Environment (Zero Tolerance) Procedure and RM05 Restrictive Practice Policy and Procedures.
- 1.2 This policy sets out the process of dealing with incidents involving challenging behaviour, violence and aggression which results in criminal acts like assault, threats to kill, anti-social behaviour, racial abuse and criminal damage and a zero tolerance approach to unacceptable behaviour, especially bullying and harassment, etc.
- 1.3 The philosophy of the Trust, reflected in this policy is that patients will be treated with compassionate care and dignity and staff will be supported if they are a victim of crime. Criminal acts and abusive behaviour (verbal and non-verbal) committed by others will not be tolerated and prosecution will be pursued where appropriate.
- 1.4 In Mental Health and Learning Disability Services the expectation will always be that challenging or threatening behaviour by patients will be managed in the first instance through the clinical risk management process involving the Multi-Disciplinary Team (MDT) and that care plans and risk assessments are in place and reviewed appropriately following changes in behaviour.
- 1.5 In Mental Health and Learning Disability services, where an incident is beyond the bounds of safe management of care planning and staff skills, (for example, an assault), not necessarily related to the patients diagnosis or condition, flow charts are provided to inform a course of action to be agreed by the clinical team.
- 1.6 Further advice is available, such as the Trust Search Policy and Procedure and local operational protocols which provide an effective tool to reduce some of the causes of challenging and violent and aggressive behaviours, where appropriate.
- 1.7 On occasion aggressive behaviour, verbal abuse and other abusive behaviour may be experienced from visitors and relatives. This Policy makes provision for the management of these incidents. The Zero Tolerance Procedure CPG22 directs staff in how to deal with these situations.

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2.0 RESPONSIBILITIES

2.1 Chief Executive

- The Chief Executive is ultimately responsible for implementing the requirements of this Policy and complying with the NHS Security Management Standards.

2.2 Security Management Director (SMD) will:

- Ensure there is adequate security management provision made in the Trust to prevent and manage challenging behaviour, violence and aggression as specified in the NHS Security Management Standards.
- Ensure the emphasis on the security management needs of the Trust at Executive Board level.

2.3 Non-Executive Director lead for security management will:

- Promote and champion the security management agenda at Board level.

2.4 Executive Directors/Clinical Directors/Service Directors will:

- Ensure compliance with this Policy, Procedural Guidelines and associated policies throughout their areas of responsibility.
- Ensure that CLP30 CPA & Non-CPA Policy / CLP28 Clinical Risk Assessment & Management are included within their directorate's risk assessment processes.
- Ensure the appropriate provision of resources and training is made available to address the outcomes of assessments or incident investigations. The Trust will attach a high priority to supporting investments put forward as a result of the risk assessment process whilst recognising the financial constraints of the organisation.

2.5 Associate Director of Risk and Compliance will:

- Monitor that all incidents of criminal activity are reported and that investigations into incidents are undertaken in accordance with this Policy and Procedural Guidelines in relation to the severity of the incident and its possible implications. The investigations will be in line with the Adverse Incident/SUI Policy and Procedure CP3.
- Collaborate with Workforce Development Team in ensuring there is a comprehensive package of training on prevention and management of challenging behaviour and violence and aggression issues, for all identified Trust employees.

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- Monitor incidents of criminal activity and report to the Health, Safety & Security Sub-Committee and local H & S Directorate Sub-Groups.
- Identify hotspots and areas of good practice and feedback to the appropriate service Director.
- Ensure that Lessons Learnt or Service Changes made following investigations and incident trend analysis are shared with those involved in the incident and staff members via the Trust Intranet and Trust publications and will be shared externally.
- Ensure that where a risk has been identified either following an investigation or from incident analysis that cannot be mitigated against within reasonable timescales, that the risk will be added to the appropriate risk register. This will then be monitored by the appropriate service Management Team.

2.6 Local Security Management Specialist will:

- Ensure the Associate Director or Risk and Compliance and the SMD are kept fully informed on issues relating to incidents of criminal activity and security breach which may affect the Trust, its staff, patients or the levels of service which it offers.
- Analyse statistics and trends identifying areas of good practice and hot spots using the information taken from incident reports.
- Ensure investigations are comprehensive and action is taken to learn lessons and implement improvements to minimise the risk of recurrence.
- Provide a regular report on security issues including assaults against staff to the Trust Health Safety & Security Sub-Committee.
- Advise staff on how to report a crime or security incident via Datix if and when they occur, so accurate information can be recorded on the Trust incident recording system.
- Provide support, advice and guidance to all staff on measures to deal with incidents.
- Act as the EPUT central point of contact for the Police and other external agencies in respect of criminal investigations and security management, to ensure that relevant information is communicated and effective action is taken in the detection and prevention of crime and disorder.
- Monitor effectiveness of any local physical security arrangements in collaboration with the Physical Security Advisor.

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- Have an overview of security surveys and risk assessments (undertaken by the Physical Security Advisor) as is necessary to protect staff, service users, visitors and property.
- Work collaboratively with the Workforce Development Team to ensure that effective training in the prevention and management of violence and aggression is available to all staff and non-executives who require it.

2.7 Departmental Managers/Team Leaders and other Persons in Charge will:

- Ensure that local security protocols and prevention and management of violence and aggression contribute to a safe and secure environment. This will include all staff attending mandatory, core training and other relevant training as prescribed by the Trust.
- Ensure that suitable and sufficient workplace risk assessments regarding challenging behaviour and violence and aggression are carried out within their ward/department.
- Ensure that local security procedures are in place in regards to work activities and type of environment.
- Ensure that all staff adhere to Trust policies, procedures and guidelines.
- Ensure that all staff adhere to the Trust incident reporting policy and procedures.
- Ensure that all staff are made aware of adverse incident analysis reports.
- Ensure that they carry out investigations in regards to all incidents and recommend and co-ordinate appropriate corrective action.
- Complete appropriate Risk Assessments for staff where necessary.
- Complete work place Risk Assessments for security in their locations.
- Ensure location security devices are monitored on a monthly basis at a local level by the manager or nominated deputy.
- Ensure criminal incidents are reported via Datix and investigated initially at local level by the manager.
- Ensure recommendations from the investigation will have completion dates and the names of the people responsible completion of any identified actions.
- Liaise with the Trust Local Security Management Specialist to ensure all criminal incidents are investigated and appropriate action arising from the investigations is taken.

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- Ensure staff are complying with Trust Policy in regards to all risk management issues.

2.8 Workforce Development & Training team will:

- Ensure suitable and sufficient PMVA training is provided by the Trust Workforce Development and Training Department.
- Ensure conflict resolution/avoidance training is provided to all front line staff in accordance with the Security Management Standards regarding violence against NHS staff.
- Work with the Risk Management Department in periodically undertaking a training needs analysis of staff within EPUT in relation to security incidents.

2.9 All staff will:

- Ensure they comply with all principles contained within this policy and associated guidelines.
- Report all incidents of abusive behaviour, acts of violence and other inappropriate acts.
- Assist managers and the Police as required in any investigations with regards to this policy.

3.0 DEFINITIONS

Definitions of Types of Behaviour

3.1 Non - physical assaults

The NHS defines a non – physical assault as:

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

Examples of such behaviour are:

- Offensive language, verbal abuse, swearing
- Unwanted or abusive remarks of a sexual nature
- Racist, sexist, homophobic or other discriminatory remarks
- Offensive gestures
- Threats, whether verbal or physical
- Bullying or intimidating behaviour
- Attempted assaults where contact is not made, including spitting
- Brandishing weapons or objects which could be used to cause harm
- Throwing a weapon or object and missing
- Stalking

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- Harassment

3.2 Physical assaults

The NHS defines a physical assault as:

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

Physical assaults are assessed and can be investigated by the Trust LSMS where appropriate, where the perpetrator knew what they were doing at the time of the assault (*non-clinical assault*); the assault must be reported to the police for prosecution.

A *'clinical assault'* or *'assault resulting from clinical factors'* is an assault that is directly caused by the patient's clinical condition. Management of this kind of assault will generally be via clinical risk review and management plan in conjunction with support provided for staff victims. However, where there is a history of violence or the severity and impact of the assault is high and prosecution is in the public interest, the assault must be reported to the police.

Examples of this type of behaviour would be:

- Punching
- Kicking
- Head butting
- Striking with an object or weapon
- Throwing an object or weapon where contact is made
- Spitting where a person or their clothing is struck
- Strangulation
- Bear hugs
- Slapping
- Pinching
- Scratching

3.3 Antisocial and nuisance behaviour (ASB)

The statutory definition of ASB is:

'Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household' (Crime & Disorder Act 1998).

Behaviour that causes a nuisance or otherwise interferes with the safe and effective provision of health services could be termed ASB. ASB acts may be criminal offences in their own right and the Trust LSMS can advise you.

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Examples of antisocial and nuisance behaviour include:

- Abandoned cars
- Climbing on buildings
- Damage to EPUT staff, patient or visitors property
- Dealing or misusing substances or alcohol on EPUT premises
- Discarding needles/drug paraphernalia
- Disregard for visiting times
- Dropping litter/dumping rubbish
- Hoax/prank/inappropriate calls to emergency services
- Fly posting/Fly tipping
- Following people
- Trespass
- Inconvenient or illegal parking
- Inappropriate sexual contact or indecent exposure
- Letting down tyres
- Other vehicle related nuisance or damage
- Loud music or excessive noise
- Misuse of air guns
- Obscene/nuisance/offensive telephone calls, texts, fax or email messages
- Pestering people
- Refusal to leave premise/grounds when asked
- Smoking in NHS buildings or external restricted areas
- Spitting or vomiting in public
- Taking photos/videos or making sound recordings without permission
- Uncontrolled animals
- Voyeurism
- Urinating in public

3.4 Theft

The legal definition of theft is:

'A person is guilty of theft, if he dishonestly appropriates property belonging to another with the intention of permanently depriving the other of it'.

All incidents or suspected incidents of any kind of theft must be reported via Datix and the LSMS will investigate and where appropriate report the incident to the police for criminal investigation and prosecution of offenders. Staff can raise concerns directly with the Trust LSMS on 01268 739862 ext. 1262.

EPUT will always pursue prosecution where theft is identified and will seek to hold perpetrators to account and recover any losses.

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3.5 Criminal Damage

The legal definition of criminal damage is:

'Without lawful excuse, intentionally or recklessly to cause damage to another's property.'

As with assaults, clinical assessment of a patient who has caused damage to ascertain whether or not they had capacity to know what they were doing at the time of the incident is essential. All incidents of damage must be reported on Datix and the LSMS will report to the police for criminal investigation and prosecution if appropriate.

4.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

4.1 Policy implementation

- Successful implementation of this policy and its associated Procedural Guidelines (CPG22) is dependent on all Trust staff meeting their responsibilities.
- Implementation will be monitored by review of incidents and policy audit.

4.2 Dissemination

- This policy will be available to all staff on the Trust Intranet in the policy library.
- All new Trust staff will be advised of this policy and associated Procedural Guidelines (CPG22) via Trust Induction training, e-News and Briefings.

4.3 Review of this policy

- This policy will be reviewed every three years and additionally when there is new relevant national guidance.

5.0 POLICY REFERENCES AND ADDITIONAL GUIDANCE

- NICE Guidelines NG10 Violence and Aggression: Short term management in mental health, health & community settings 2015
- The Management of Health and Safety at Work Regulations (1999) ISBN0110856252.
<http://www.opsi.gov.uk/SI/si1999/19993242.htm>
- The Health and Safety at Work Act (1974)
<http://www.hse.gov.uk/legislation/hswa.htm>

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- Prevention & management of violence when withdrawal of treatment is not an option

http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/prev_man_violence.pdf

6.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- CLP28 – Clinical Risk Assessment & Management Policy and Procedure
- CLP30 – CPA & Non CPA Policy and Procedure
- CP3 – Adverse Incident and Serious Untoward Incident Policy and Procedure
- CP11 – Fraud & Bribery Policy
- CP28 – CCTV Policy and Procedure
- CP50 – Information Governance & Security Policy and Procedure
- FP09/02 – Patient Property & Money Procedure
- FP09/02a – Welfare Department Procedure
- RM05 – Restrictive Practice Policy and Procedure
- RM09 – Security Policy and Procedure
- RM11 – General Workplace Risk Assessment Policy and Procedure
- RM17 – Lone Worker Policy and Procedure

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