

CRIMINAL BEHAVIOUR WITHIN A HEALTH ENVIRONMENT (ZERO TOLERANCE) PROCEDURE

POLICY REFERENCE NUMBER:	CPG22	
VERSION NUMBER:	2	
KEY CHANGES FROM PREVIOUS VERSION:	n/a – 2 year review	
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CONSULTATION GROUPS:	Police Liaison Committee Clinical Service Boards Health, Safety & Security Sub-Committee	
IMPLEMENTATION DATE:	August 2018	
AMENDMENT DATE(S):	N/A	
LAST REVIEW DATE:	May 2020	
NEXT REVIEW DATE:	May 2023	
APPROVAL BY HEALTH, SAFETY & SECURITY SUB-COMMITTEE:	April 2020	
RATIFICATION BY QUALITY COMMITTEE:	May 2020	
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PROCEDURE SUMMARY		
This Procedure 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 CP22 Criminal Behaviour within a Health Environment (Zero Tolerance) Policy and RM05 Restrictive Practice Policy and Procedures.		
The Trust monitors the implementation of and compliance with this procedure in the following ways:		
Implementation will be monitored by review of incidents and policy audit. This procedure will be available to all staff on the Trust Intranet in the policy library. All new Trust staff will be advised of this procedure and associated Policy (CP22) via Trust Induction training, e-News and Briefings. This procedure 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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1.0 INTRODUCTION

- 1.1 The Trust takes its responsibility to ensure staff and service user safety and security seriously. In order to achieve this, the Trust will take all reasonable steps to ensure the safety of staff whilst working on Trust premises or off site whilst on official Trust business, and any premises deemed to be Trust property or part thereof. This procedure applies to all staff employed within the Trust either permanently or on a temporary basis and includes volunteers.
- 1.2 This procedure will assist staff in ensuring that the delivery of healthcare takes place in a safe and secure environment, free from the risks of abusive behaviour, crime, verbal/physical abuse, unacceptable behaviour or racial abuse, harassment etc. which may arise when providing healthcare services.
- 1.3 This procedure will ensure that staff are aware of action they should take in regards to para 1.2 and how to report such incidents on the Trust incident reporting system (Datix) and or to the Police.
- 1.4 There are elements in this procedure that are specific to Mental Health & Learning Disabilities services, which are not relevant to Community Health Services. These elements are highlighted throughout the procedural guidelines and related Appendices.
- 1.5 Where a criminal act has been perpetrated by an individual who is not a patient, it should be immediately reported to the police and on the Trust Incident Reporting System. Appropriate action will be taken by the Trust and Police as necessary.
- 1.6 The clinical team should consider whether or not a violent patient marker should be placed on a patient's record (refer to Violent Patient Markers Protocol, RMPG05) and an alert placed on the relevant electronic system as part of any post incident risk assessment/review. If a marker/alert is required the LSMS must be contacted to facilitate this.

2.0 POST INCIDENT PROCEDURE

2.1. WHEN THE INCIDENT IS CONTAINED

- 2.1.1 The Manager/Nurse in charge must assess whether staff members (if assaulted/distressed) are fit to remain on duty or if they require immediate medical attention.
- 2.1.2 Any injured persons should be advised to attend or be escorted to the A&E department or see their GP.

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2.1.3 It is likely that if the incident occurs in the community the Police may already be present. If this is not case the Police should be contacted and the Police reference number recorded on the Trust Incident Reporting System (Datix).

2.2 CLINICAL REVIEW OF PATIENT

2.2.1 This will take place following any serious incidents and should take place as soon as possible, but within a maximum of 24 hours. All other parties involved in care provision, including other agencies/carers that may be at risk, must be informed. The review considers:

- Physical and mental health of patient – whether there was capacity at the time of the incident.
- Consider any necessary adjustments to care plan.
- Risk assessment and management plan to be reviewed and updated.
- Key Events Chart to be updated for mental health patients.
- Levels of observation and medication at the time of the incident and post incident.
- Consider appropriate placement of patient.

2.2.2 Once these considerations have been agreed, discuss possible involvement of Police and liaise with the LSMS.

2.2.3 Referral for de-brief/counselling for those involved in the incident if required.

2.2.4 A clinical assessment of whether or not the patient is fit to be interviewed by the Police must be undertaken if the incident is reported to the Police. See appendix 1 for guidance.

2.2.5 Where a Health and Safety Representative has been involved, their assessment should be incorporated into the review.

3.0 ACTION TO BE TAKEN FOLLOWING CLINICAL REVIEW

3.1 IF POLICE ARE NOT GOING TO BE INVOLVED

3.1.1 If the incident is a direct result of the patient's current mental health, the incident is known as a 'clinical incident' and it is likely not to be reported to the police. However this does not preclude the involvement of the Police. Consideration should always be given in reporting incidents to the Police and this should always be at the discretion of the injured/affected staff member.

- Complete all necessary documentation as per Trust policy.
- Site/bleep holder (inpatient areas)/Line Manager (community) to liaise with injured party, notifying them of the team decision and advising them of their rights.

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3.2 REPORTED TO THE POLICE WITH CONSENT OF INJURED PERSON

- 3.2.1 Notify Police by telephone and acquire incident number.
- 3.2.2 Notify patient of decision and gain consent to notify nearest relative (if detained under Mental Health Act 1983).
- 3.2.3 Seek affected staff members permission to contact their relatives if required or facilitate the staff member contacting their own relatives if the situation requires it.
- 3.2.4 Statements should be collated as soon as possible by the manager in conjunction with Risk Management & Police as requested.
- 3.2.5 LSMS should be consulted and informed if not already involved.

3.3 REPORTED TO THE POLICE WITHOUT THE CONSENT OF INJURED PERSON

- 3.3.1 Site/bleep holder (inpatient areas) / Line Manager (community) to collate information and contact Service Director or Duty Manager to agree decision to proceed against a patient where the injured person does not wish to proceed.
- 3.3.2 Site/bleep holder (inpatient areas) / Line Manager (community) to advise team and proceed with notifying Police if applicable.
- 3.3.3 Statements should be collated as soon as possible by the manager in conjunction with the LSMS & Police as requested.
- 3.3.4 LSMS should be consulted and informed if not already involved.
- 3.3.5 Injured person must be informed that the decision has been taken to report to the Police and the rationale for this.

<p>4.0 REFERRAL TO HEALTH AND JUSTICE LIAISON AND DIVERSION TEAM (HJLDT) MENTAL HEALTH SERVICES ONLY</p>

- 4.1 Where a decision to involve the police has been made, a referral to the Health Justice Liaison & Diversion Team must be made. They will only offer screening if the alleged perpetrator is interviewed in police custody. This referral will be made by telephone. Monday – Friday during office hours.
- 4.2 It is the responsibility of the ward team to ensure the referral is phoned through to the HJLDT. A record of this referral should be made in the patient's notes.
- 4.3 Information passed to the HJLDT should be factual and taken from the incident forms and records of the person concerned.

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**5.0 RESPONSIBLE CLINICIAN / DUTY DOCTOR RESPONSIBILITIES
MENTAL HEALTH SERVICES ONLY**

- 5.1 The Responsible Clinician (RC) or Duty Doctor will attend the clinical area following a Psychiatric Emergency call, or as a call during or following the effective management of the incident.
- 5.2 A decision must be made with regard to whether the patient/perpetrator is presently fit for interview, or whether it is more appropriate for the patient/perpetrator to be interviewed at a later date.
- 5.3 A decision must also be made as to whether the patient is fit to be conveyed to the police station for the interview.
- 5.4 This assessment should be done by the RC and in their absence, by the junior doctor or the on call doctor.
- 5.5 The decision as to the patient's fitness to be interviewed should be clearly documented in the patient's health care record. The police may call upon the RC to provide a written report.

6.0 TEAM RESPONSIBILITIES

- 6.1 A risk management plan must be put in place following all incidents, including those involving damage to property or assault on staff, immediately after the incident.
- 6.2 The Care and Risk Management Plans for the individual must be reviewed within 24 hours.
- 6.3 The review must be clearly documented in the medical and nursing notes and should include all people involved in the review.
- 6.4 All incidents must be reported on Datix - refer to policy on Adverse Incidents (including Serious Incidents) (CP3).

**7.0 SITE/BLEEP HOLDER (INPATIENT AREAS) / LINE MANAGER
(COMMUNITY) RESPONSIBILITIES IN MENTAL HEALTH**

- 7.1 The site/bleep holder (inpatient areas) / Line Manager (community) will facilitate reassuring of individuals involved, including patients or other witnesses. This must be documented. (File notes, health care records, ward report book, site log – whichever is appropriate).
- 7.2 The site/bleep holder (inpatient areas) / Line Manager (community) will liaise with all parties to assist in managing the incident. They will collate all the information required and ensure that all documentation is completed appropriately.
- 7.3 The site/bleep holder (inpatient areas) / Line Manager (community) will be responsible for passing information to the relevant persons giving the information required in a concise and factual manner.

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- 7.4 The site/bleep holder (inpatient areas) / Line Manager (community) will seek the views of the injured or aggrieved person regarding police involvement.
- 7.5 The site/bleep holder (inpatient areas) / Line Manager (community) will ensure the person/team is aware of the counselling services provided by the Trust both internally and externally if required and facilitate the arrangements for staff to see the councillors if required.
- 7.6 The site/bleep holder (inpatient areas) / Line Manager (community) will liaise with the Police (where appropriate) and give factual information about the incident and if further action is to be taken.
- 7.7 The site/bleep holder (inpatient areas) / Line Manager (community) will liaise with the Service Director or out of hours Duty Manager on call if required. (See Adverse Incidents Policy CP3)
- 7.8 The site/bleep holder (inpatient areas) / Line Manager (community) will notify the person/s directly involved in the incident of any action that may be taken and the reason for this action. The site officer/bleep holder will ensure relatives are informed, where appropriate, of the person/s involvement in the incident, and whether the Police are to be involved.
- 7.9 The site/bleep holder (inpatient areas) / Line Manager (community) will advise the relatives of a point of contact. This will be the Ward Manager or their deputy (inpatient areas) / Line Manager (community). This person will be the only person to whom the family should liaise with regarding the incident. This is to ensure continuity of care and the flow of information.
- 7.10 Affected staff/service users must be informed by the site/bleep holder (inpatient areas) / Line Manager (community) of the outcome of the clinical review and of their right to take independent action.
- 7.11 The site/bleep holder (inpatient areas) / Line Manager (community) will co-ordinate any staff support required. Following an incident the line manager or designated person will update the Datix incident report and pass the information to:
- injured or aggrieved parties as required
 - the Service Director and LSMS
 - other personnel within the team as required

8.0 LINE MANAGER ON DUTY/CALL IN COMMUNITY HEALTH SERVICES

- 8.1 The Line Manager will facilitate the management of the incident and support staff and service users during and post incident. This must be documented. (File notes, health care records, ward report book, site log – whichever is appropriate).
- 8.2 The Line Manager will liaise with all parties. They will collate all the information required and ensure that all documentation is completed appropriately. This information must be available on request as required.

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- 8.3 The Line Manager will ensure that staff are aware of de-briefing or counselling either through the Trust Well Being Service or Occupational Health Procedure HRP26C internally and externally if required and facilitate the arrangements for staff to see the counsellors if required.
- 8.4 The Line Manager will liaise with the police (where appropriate) and provide available information about the incident.
- 8.5 The Line Manager will escalate the incident to Service Manager or Director, if required. Out of hours this would be the on call service management team. (See Adverse Incidents Policy CP3)
- 8.6 The Line Manager will ensure that relatives/carers/staff are kept informed as appropriate. An individual staff member will be nominated to act as the single point of contact to which the family should liaise with regarding the incident. This is to ensure continuity of care and the flow of information.
- 8.7 The Line Manager must ensure that the patient/client/staff and relatives are notified of action to be taken if the incident has been reported to the Police and any outcomes following the investigation
- 8.8 Following an incident the line manager or designated person will update the Datix incident report and pass the information to:
- injured parties
 - the Service Director and LSMS
 - other personnel within the team as required

9.0 SERVICE DIRECTOR OR DELEGATED SENIOR STAFF MEMBER RESPONSIBILITY FOLLOWING AN INPATIENT INCIDENT

- 9.1 The service director upon receiving notification of the incident and the action that has been taken will:
- Liaise with the Service Manager and LSMS regarding the incident.
 - Liaise with the LSMS about sending appropriate warning letters (Appendices 2 - 4) to those involved.

10.0 LSMS RESPONSIBILITIES

- 10.1 The LSMS will inform the staff of their right to take independent action. They will also:
- Liaise with the management team who were involved in the incident.
 - Liaise with the injured parties who were involved in the incident.
 - Liaise with the police or other services as necessary.
- 10.2 Give advice to management in relation to decision making in regards to possible sanctions e.g. warning letters for perpetrators or potential legal proceedings as appropriate.

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- 10.3 The LSMS will, in consultation with the Service Director, arrange for the Security Management Director to issue warning and/or barring letters and acknowledgements of responsibility letters as appropriate.
- 10.4 The LSMS will facilitate issuing violent patient markers onto patient records as appropriate.

11.0 SANCTIONS BY EPUT

11.1 WARNING LETTERS

Warning letters can be sent following an incident and as a checklist – letters should include but not restricted to:

- Name and role of person sending the letter.
- Brief description of the behaviour or incident.
- Details of any previous steps taken to address the behaviour.
- Say why the behaviour is unacceptable and the impact it has had on both people and the EPUT service.
- Set out what will happen if the behaviour is repeated.
- Say who will be informed or is copied in.
- Advise if the health record will be marked with a violent patient marker.
- Give the date when the warning and/or marker will be reviewed and removed from the record.
- Provide information on how the decision may be challenged and details of the Trust Complaints process.

11.2 EXCLUSION FROM PREMISES/ENTRY WITH CONDITIONS LETTERS

Letters should include:

- Name and role of person sending the letter.
- Brief description of the behaviour or incident.
- Details of any previous steps taken to address the behaviour.
- Say why the behaviour is unacceptable and the impact it has had on both the people involved and the EPUT service.
- State precisely what premises the person is not permitted to attend.
- Set out under what conditions (if any) future entry to premises will be permitted.
- Set out what will happen if exclusion or entry conditions are breached or if behaviour repeated.
- Say who will be informed or copied in.
- Advise if the health record will be marked with a violent patient marker.
- Give the date when the exclusion and/or marker will be reviewed and removed from the record.
- Provide information on how the decision may be challenged and details of the Trust Complaints process.
- If the exclusion is part of an acceptable behaviour agreement, include the agreement as a separate document.

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11.3 ACCEPTABLE BEHAVIOUR AGREEMENT LETTERS

Letters should include:

- Name and role of person sending the letter.
- Brief description of the behaviour or incident.
- Details of any previous steps taken to address the behaviour.
- Say why the behaviour is unacceptable and the impact it has had on both the people involved and the EPUT service.
- Set out what type of behaviour is expected/not acceptable and if appropriate the conditions (if any) placed upon future entry to premises.
- Set out what will happen if conditions are breached or if behaviour repeated.
- Say who will be informed or copied in.
- Advise if the health record will be marked with a violent patient marker.
- Give the date when the agreement and/or marker will be reviewed and removed from the record.
- Provide information on how the decision may be challenged and details of the Trust Complaints process.

Behaviour agreements are also used by the Police and Local Authorities as part of the process to manage Anti-Social Behaviour (ASB) in some cases it may be appropriate to issue joint/inter-agency agreements at a Police Station.

11.4 PROVISION OF SERVICES AT AN ALTERNATIVE LOCATION OR BY AN ALTERNATIVE PROVIDER

In exceptional circumstances where, following risk assessment and the implementation of control measures, the residual risk rating remains high – it may be necessary to continue to provide services; but at an alternative location where the environment is safe with additional resources.

The refusal of further service provision should only ever be considered as a last resort, when all other means of tackling the problem have been sought – including Police intervention and advice. Where this is necessary, an agreement for an acceptable risk controlled course of action will need to be coordinated between the GP, the CCG and the Trust.

11.5 ADDITIONAL ACTIONS

It is essential that staff are kept informed of what action is being taken. This will not only show that EPUT takes unacceptable and criminal behaviour seriously but will allow staff to anticipate any adverse reaction to the action that has been taken against the perpetrator.

It will also be necessary to review any relevant risk assessment in light of any action taken against a perpetrator.

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11.6 INFORMATION SHARING

It may be necessary to share information with others within EPUT and externally e.g. partner providers that are involved with the perpetrator to manage any risk to people and property.

Staff should check what information sharing agreements are in place with other agencies and seek advice from the Information Governance Team on best practice if they are unsure how to share the information.

12.0 ASSOCIATED 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 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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