

Unreasonable and Persistent Behaviour Policy

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VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
October 2024	1.0	New policy: amalgamation of the Management of Unreasonable and Persistent Behaviour Policy; and Violence, Aggression, Abuse and Harassment Management Policy, updating links to ICB policies, updated policy names referred to. titles of staff updated	

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1. Scope

- 1.1. This policy applies to all employees of the Integrated Care Board (ICB) and addresses the issue of persistent and unreasonable behaviour directed at staff members by individuals such as patients, patients' families, or members of the public.
- 1.2. This policy document aims to reduce, insofar as is reasonably practicable, the risks to staff from unreasonable and persistent behaviour.
- 1.3. If a member of staff feels that they are experiencing persistent and unreasonable behaviour by another member of staff, they should refer to the ICB's Resolution Policy.

2. Introduction

- 2.1. If an employee experiences any form of violence, aggression, or abuse from a member of the public, they are encouraged to report the incident in accordance with the procedures set forth in this policy. The ICB is committed to providing a safe and respectful working environment and will take appropriate action in response to such behaviours.
- 2.2. We understand some people may experience upset and frustration and will treat them compassionately. However, if their behaviour is considered to be becoming unreasonable or persistent (see 4.6), we may inform them verbally and/or in writing that their behaviour is at risk of being classified as unreasonably persistent and what the outcome of this would be.

3. Statement of intent

- 3.1. The aim of the policy is to provide a framework (using the Plan, Do, Check, Act - PDCA - approach) to develop procedures and mechanisms to:
 - Support our staff to discharge their responsibilities as required under relevant Health and Safety legislation.
 - Protect staff and visitors within the ICB from incidents of persistent or unreasonable behaviour and to prevent, minimise, and reduce the risk of such incidents occurring.
 - Ensure that the ICB has adequate arrangements to monitor the implementation and effectiveness of controls required to reduce and prevent the risk of persistent or unreasonable behaviour to staff.
 - Identify causes and assess the likelihood of persistent or unreasonable behaviour and identify response measures relative to the risk.
 - Ensure that suitable and sufficient support is provided for staff who are exposed to incidents of persistent or unreasonable behaviour.
 - Demonstrate compliance against the Violence Prevention and Reduction Standard.
 - Ensure that the ICB can continue to provide high-quality services that are not hindered by unreasonable demands.

4. Definitions

- 4.1. The following terms are used in this document.
- 4.2. **Persistent and unreasonable behaviour** refers to actions or conduct that are ongoing, excessive, or unfair, and which cause harm, distress, or disruption to others.
- 4.3. **Persistent behaviour**- Behaviour that occurs repeatedly over a period of time, often despite efforts to address or stop it. It can include continued verbal abuse, threats, or harassment, even after being asked to stop.
- 4.4. **Examples of Unreasonable and Persistent Contact/Requests**- Persons who are unreasonable and persistent in their contact and requests for information may:
- Adopt an excessively 'scattergun' approach, contacting multiple organisations/individuals.
 - Make an excessive number of contacts with the ICB, placing unreasonable demands on staff.
 - Repeat the same point, perhaps with minor differences, after the point has been addressed.
 - Seek to prolong contact by changing the substance of a correspondence or by continually raising new issues/questions.
 - Refuse to accept facts or display unreasonable demands or expectations.
 - Pursue a process that has already been completed.
- 4.5. **Unreasonable Behaviour**- Unreasonable behaviour is unjust, irrational, or beyond what can be expected in a reasonable context, including actions that are disproportionate or that violate established boundaries.
- 4.6. **Violence at Work**- The ICB defines acts of violence as:
- Any incident where staff are abused, threatened, or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being, or health.
 - This is a very broad definition of 'violence'; however, it is important to acknowledge that violence can be either physical or non-physical, and the two must be distinguished and recorded as different from one another.
 - Violence includes behaviour or language (written, oral, or in tone or otherwise) that may cause staff to feel afraid, threatened, or abused.
- 4.7. **Physical Assault**- The NHS defines physical assault as:
- "The intentional or unintentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort," and non-physical assault as "the use of inappropriate words or behaviour causing distress and/or constituting harassment."
 - This definition replaces any other definition that may currently be in use within the NHS for reports of physical assault.

- 4.8. **Non-Physical Assault / Unreasonable Behaviour-** Non-physical assaults on NHS staff are now defined as:
- The use of inappropriate words or behaviour causing distress and/or constituting harassment.
 - This definition replaces any other definition that may currently be in use within the NHS for reports of non-physical assault.

It is difficult to provide a comprehensive description of all types of incidents covered under this policy. However, examples of behaviour include but are not limited to:

- Loud and intrusive conversation.
- Offensive language, verbal abuse, and swearing, which prevents staff from doing their job or makes them feel unsafe.
- Unwanted, derogatory, or abusive remarks.
- Negative, malicious, or stereotypical comments.
- Rudeness, racist, sexist, homophobic, transphobic, disablist, or other harassment based on personal characteristics.
- Invasion of personal space.
- Offensive gestures.
- Threats or risk of serious injury to a member of staff.
- Bullying, victimisation, or intimidation; stalking.
- Unreasonable or persistent requests for information.
- Alcohol or drug-fuelled verbal abuse.
- Unreasonable behaviour and non-cooperation or any of the above linked to destruction of or damage to property.
- Inappropriate use of social media.
- Repeatedly demanding disciplinary action against staff.
- Behaviour perceived by ICB staff as bullying, threatening, or obsessive.

Such behaviour can occur in person, by telephone, letter, email, social media, or other forms of communication, such as graffiti on NHS property.

- 4.9. **Inflammatory Statements and Unsubstantiated Allegations** Inflammatory statements and unsubstantiated allegations can amount to abusive behaviour. Abusive or aggressive language refers to correspondence whose tone or content goes beyond the level of criticism the ICB or its employees should reasonably expect to receive.
- 4.10. **Harassment** Persons who harass or have been abusive, aggressive, or threatening on one or more occasions towards ICB staff, their families, or associates—directly or indirectly—will be considered unreasonable. Harassment includes repeated attempts to impose unwanted communications and contact upon a victim in a manner likely to cause distress or fear (CPS Legal Guidance – May 2018).

- 4.11. **Plan, Do, Check, Act (PDCA)** PDCA is an iterative four-step management method used to validate, control, and achieve continuous improvement of processes. It allows the trial of innovations which can then be assessed, adapted, improved, and adopted where appropriate.
- 4.12. **Risk Assessment** Risk assessment is a process of identifying hazards in the workplace and assessing the likelihood of 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.

5. Duties and Responsibilities for Managing Persistent Behaviour

- 5.1. **Employees-** All employees have a common law duty of care to cooperate with their employer to comply with the ICB's policy, follow their service, departmental, and local procedures governing violence, aggression, and abuse, and abide by any risk assessment.
- 5.2. **Chief Executive Officer-** The Chief Executive Officer has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory, and good practice guidance requirements.
- 5.3. **Local Security Management Specialist (LSMS)** The LSMS will provide support to managers and staff affected by incidents of violence or aggression. This includes liaison with criminal justice agencies to ensure appropriate sanctions are in place.

The LSMS will provide support and advice aimed at preventing and mitigating incidents of violence or aggression.

The LSMS is available to support staff involved in or victims of physical assaults through the legal process, including attending court as victims or witnesses.

Following incidents of actual harm to staff, the LSMS will:

- Provide clear and meaningful guidance to staff.
- Provide clear and meaningful guidance to service users and carers.
- Collaborate with relevant agencies, particularly the police, to ensure effective handling and resolution of incidents.
- Investigate all incidents of actual and potential violence or aggression and identify trends.
- Support managers in completing risk assessments for the prevention and management of violence and aggression.

- 5.4. **Director of Corporate Governance** The Director of Corporate Governance is responsible for the implementation of this policy and will work with the EPRR (Emergency Preparedness, Resilience and Response) Team and LSMS to ensure that appropriate strategies and systems are in place to manage the ICB's health and safety risks.
- Information governance (e.g. the unauthorised or inappropriate disclosure of person identifiable data or the loss of unencrypted IT equipment)

- Health and safety (e.g. an accident that occurred during working activities or unsafe working practices).
- Security (e.g. theft or unauthorised access to premises)
- Aggression (e.g. verbal abuse).

6. Complaints

- 6.1. NHS Coventry and Warwickshire Integrated Care Board (the ICB) is committed to dealing with all complaints fairly and impartially and to providing a high-quality service to complainants. All staff are actively encouraged to assist people in resolving concerns or complaints in accordance with the ICB's complaints procedure. However, there are times when there is nothing further that can reasonably be done to help people achieve resolution of their complaint. The aim is to identify situations where the complainant could be considered unreasonably persistent and to suggest ways of responding to such situations.
- 6.2. Complainants (and/or anyone acting on their behalf) and other members of the public may be deemed to be unreasonably persistent where current or previous contact with them shows that they have met at least two of the following criteria. However, once it is clear that a complainant meets any one of the criteria, it would be appropriate to inform them verbally and/or in writing that they are at risk of being classified as habitual/ unreasonably persistent and what the outcome of this would be. A copy of this policy should be provided to the person.

Where the complainant:

- Has insufficient, or no grounds for their complaint and are making it for reasons that they do not admit or make obvious.
- Refuses to co-operate with the complaint investigation process, whilst still wishing their complaint to be resolved.
- Insists on their complaint being dealt with in ways that are incompatible with NHS procedure or good practice or are disproportionate to the complaint.
- Adopts an excessively 'scattergun' approach, for instance, in pursuing a complaint with multiple organisations/individuals.
- Makes the same complaint repeatedly, perhaps with minor differences, after the complaint has been investigated. This would include where people insist that the minor differences constitute new complaints.
- Persists in pursuing a complaint where the ICB's Complaints Management Policy has been fully and properly exhausted.
- Seeks to prolong contact by changing the substance of a complaint or by continually raising new issues and/or questions whilst the complaint is being addressed. Care must be taken to recognise new issues which may arise and should be dealt with under the ICB's Complaints Management Policy.
- Is unwilling to accept evidence of treatment given as being factual, e.g., clinical records. The Subject Access request policy should be observed in patients right to rectify.

- Denies receipt of a response, despite evidence of the ICB specifically answering their questions/concerns.
- Does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Does not identify clearly the precise issues they want investigated, despite reasonable efforts by staff to help them to do so and/or the Independent Complaints Advocacy Service (ICAS).
- Has identified concerns outside the jurisdiction of the ICB and does not accept this when it is explained.
- Focuses on a peripheral matter to an extent that is out of proportion to its significance with regard to the complaint and continues to focus on this point. It should be recognised that determining what is peripheral can be subjective and careful judgement must be used in considering this aspect.
- Uses physical violence or threats towards staff or their families/associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidents should be documented and reported via the Incident Reporting procedure and to the police after consultation with the appropriate senior management staff. Please refer to the ICB's Violence Aggression Abuse and Harassment Management Policy.
- In the course of pursuing a complaint, has made an excessive number of contacts (or made multiple complaints) with the ICB, placing unreasonable demands on staff. Such contacts may be in person, by telephone, letter, fax or electronically. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, using judgement based on each case.
- Has harassed or been abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint – directly or indirectly – or their families and/or associates. If the nature of the harassment or aggressive behaviour is sufficiently serious, this could in itself be sufficient reason for classifying the complainant's behaviour as unreasonable. It must be recognised that complainants may sometimes act out of character at times of stress, anxiety, bereavement or distress and reasonable allowances should be made for this.
- Displays unreasonable demands or expectations and fails to accept that these may be unreasonable after a clear explanation has been provided about what constitutes an unreasonable demand. For example, insisting on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice.

7. Implementation

- 7.1. The Chief Executive Officer (or Deputy) will decide what actions to take. Prior to action being taken, the Chief Executive Officer (or Deputy) should first consider:
- If the complaints procedure has been correctly implemented so far as is possible and if any material element of a complaint been overlooked or inadequately addressed.

- The stage at which a complainant became or is developing into a persistent complainant where the complaint and responses have become repetitive, or persistent (following a review of the available information). There should be evidence available to demonstrate the persistent nature of the complaint. The purpose of this procedure is to ensure that any restrictions placed on complainants should be the result of a fair and consistent process. The procedure will be applied only in the absolute circumstances outlined, not because the complainants are forceful and determined.
- The individual should be reminded about their right to contact the Health Service Ombudsman if they are dissatisfied with the way the ICB have processed their complaint.

8. Legal Requirements

8.1. There are four main pieces of health and safety law which are relevant to violence at work:

8.2. The Health and Safety at Work Act 1974

Employers have a legal duty under this act to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of their employees.

8.3. The Management of Health and Safety at Work Regulations 1999

Employers must assess the risks to employees and make arrangements for their health and safety by effective:

- Planning.
- Organisation.
- Control.
- Monitoring and review.

The risks covered should, where appropriate, include the need to protect employees from exposure to reasonably foreseeable violence.

8.4. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in:

- Death.
- Major injury.
- Incapacity for normal work for seven or more consecutive days.

This includes any act of non-consensual physical violence done to a person at work.

8.5. Safety Representatives and Safety Committees Regulations 1977 (A) and the Health and Safety (Consultation with Employees) Regulations 1996 (B)

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either:

- Appointed by recognised trade unions under (A above), or
- Elected under (B above),

may make representations to their employer on matters affecting the health and safety of those they represent.

- 8.6. Serious incidents must be reported in accordance with the ICB's Serious Incident Policy and Procedure.
- 8.7. All incidents will be logged onto the incident log. Once an incident is logged an appropriate individual will be allocated to lead an investigation.
- 8.8. All incidents should be risk assessed by the investigating manager using the matrix set out in [Appendix B](#), taking advice from internal specialist staff dependant on the nature of the incident.
- 8.9. Once an investigation has concluded the results, any actions and lessons learned must be recorded. It is the responsibility of the investigating manager to ensure that adequate feedback has been given to the person reporting the incident.
- 8.10. An incident may only be closed when authorised by the ICB's Director of Corporate Governance.
- 8.11. Investigations will vary in terms of their complexity, but are important for the purposes of:
 - Establishing the cause
 - Initiating such corrective action as may be necessary to remove the possibility of such an event recurring; and
 - Ensuring that, where necessary, formal reports are made to relevant external bodies.

9. Violence Prevention and Reduction Standard

- 9.1. The Violence Prevention and Reduction Standard¹ provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence.
- 9.2. At the core of the policy is the recognition that all violence, prevention and reduction work must be based on clear and unambiguous risk identification and assessments. A safe and secure environment will be improved, and incidents reduced by targeting work effectively and building in anti-crime measures in all ICB processes and procedures and reflecting the wider NHS initiatives where appropriate.
- 9.3. The violence prevention and reduction standard follows the PDCA approach, an iterative four-step management method to validate, control and achieve continuous

¹ [Violence Reduction and Prevention Standard version 2, NHS England, 2024](#)

improvement of processes.

9.4. Four Key Principles of PDCA

Plan

- The ICB will review against the violence prevention and reduction standard and identify future requirements.
- Understand what needs to be completed and how/who will be responsible for key actions.
- Define measures to evaluate success.

Do

- The ICB will assess the management of risks.
- Organise and implement the processes and communication of plans to NHS staff and key stakeholders.
- Provide adequate resources and supported training.

Check

- The ICB will assess how well the risks are controlled.
- Determine if the aims have been achieved, assessing any gaps and corrective action taken.

Act

- The ICB will review the performance of related actions to facilitate Senior Management direction in relation to policies or plans.
- Include responses to any localised lessons learnt and incident data collected concerning violence prevention and reduction.
- Critical findings will be shared with internal and external stakeholders.

9.5. All NHS commissioners operating under the NHS Standard Contract should have regard to the NHS violence prevention and reduction standard and are required to review their status against it and provide board assurance that they have been met it twice a year.

9.6. Commissioners are also expected to undertake compliance assessments as part of their regular contract reviews, twice a year as a minimum or quarterly if significant concerns are identified and raised.

10. Risk Management Process

10.1. The ICB is legally obliged to have a risk management process, incorporating risk assessments. Please see Appendix A. The risk assessment process should be:

- For the identification of violence and aggression risks.
- For evaluating violence and aggression risks.

- To agree action plans.
 - To implement, monitor, and review measures to reduce risk.
- 10.2. Managers should focus on:
- **Environment** – The layout of the building and rooms, reception areas, access arrangements, identifying potential weapons.
 - **Working Practice** – Lone working, support services, administration staff.
 - **Individual Employee** – Does the employee have relevant experience and training to cope with potential situations?
- 10.3. The manager will be responsible for actioning any remedial measures identified and bringing to the attention of their Senior Manager any remedial measures that are not within their remit to action.

11. Sanctions

- 11.1. It should be remembered that the ICB has a very low rate of incidents relating to violence, aggression, abuse, and harassment. In all incidents, where possible, staff should in the first instance:
- Attempt to deescalate the situation if they feel confident or safe to do so. If they feel frightened, threatened, or not in control of the situation, they should leave or walk away.
 - The patient, relative, or member of the public are to be told clearly and calmly that violence, aggression, abuse, or harassment against staff is not tolerated and they need to stop immediately.
 - Contact the LSMS for advice.
 - Staff need to assess the person's intent and capacity to understand the instruction to stop.
- 11.2. If the perpetrator is unwilling to desist, then this policy should be enacted. Please refer to the below Appendices for appropriate actions to be taken:
- **Appendix B:** Action to be taken when intentional physical assault has taken place.
 - **Appendix C:** Action to be taken when verbal abuse incident has taken place.
 - **Appendix D:** Action to be taken during an abusive telephone call.
 - **Appendix E:** Action to be taken when a person has been identified as exhibiting "Persistent or Unreasonable Behaviour."
 - **Appendix F:** Sanctions.
 - Ensure that the actions described in Appendix A & B are carried out.

- Ensure any necessary documentation in relation to behavioural letters, etc., is carried out.

12. Staff Compliance Statement

- 12.1. All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

Managers' Responsibilities

- 12.2. All managers are responsible for:
- Implementing this policy and developing local procedures for the management of violence, aggression, and abuse in agreement with the Local Security Management Specialist and reviewing them accordingly.
 - Ensuring that staff receive the necessary training, including conflict resolution training, relevant to the level of identified risk.
 - Managing any incidents or staff concerns that are reported to them.
 - Ensuring that violence and aggression hazards are adequately identified, and relevant controls and measures are put in place.
 - Ensuring employees are involved or aware of risk assessments.
 - Maintaining an awareness of advice and the support available to reduce the risk.
 - Ensuring that employees are aware of available means of advice and support.
 - Taking all reasonable steps to reduce the risk of both physical and non-physical assault.
 - Ensuring appropriate contact is maintained with the employee following an incident.
 - Ensuring that the employee is aware of counselling services available and referring the employee where appropriate.
 - Ensuring that all incidents of physical and non-physical assault are reported in line with the Counter Fraud and Security Management Service guidance and ICB Incident Reporting policy, including notifying the Director of Corporate Governance (see Appendix G).
 - Ensuring that potential violent/aggressive patients are highlighted to staff, other Team Managers, and, where appropriate, other partner agencies.

Staff Responsibilities

- 12.3. All staff, including temporary and agency staff, are responsible for:

- Compliance with relevant processes. Failure to comply may result in disciplinary action being taken.
- Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards, and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training/awareness sessions when provided.
- Reporting concerns and completing incident forms for incidents/near misses.

13. Dissemination and Implementation

- 13.1. This policy will be available to all staff.
- 13.2. All managers are responsible for ensuring that relevant staff within the ICB have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

14. Training

- 14.1. The training required to comply with this policy is that all managers must ensure that all staff attend necessary events, e.g., Conflict Resolution Training, every three years.

15. Monitoring and Compliance Table

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews)	Individual/department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Individual Incidents raised	Reviewed	LSMS	Quarterly	H&S Forum	H&S Forum
Policy	Reviewed	LSMS	Minimum Every 3 years	H&S Forum	H&S Forum /Audit Committee

16. Equality and Diversity Statement

- 16.1. In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion

or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

17. Ethical Considerations

- 17.1. The ICBs recognise its obligations to maintain high ethical standards across the organisation and seek to achieve this by raising awareness of potential or actual ethical issues through the Policy Procedure Strategy consultation and approval process.

18. References and Bibliography

- Health and Safety at Work Act 1974 (HASAWA)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Safety Representatives and Safety Committees Regulations 1977
- Health and Safety (Consultation with Employees) Regulations 1996
- The Corporate Manslaughter and Corporate Homicide Act 2007
- Protection from Harassment Act 1997 – Legislation.gov.uk
- Assaults on Emergency Workers (Offences) Act 2018
- Equality Act 2010 - Legislation.gov.uk
- Offences against the person legislation
- Section 39 Criminal Justice Act 1988
- Violence Prevention and Reduction Standards 2024

19. NHS ICB Associated Records

- Complaints Management Policy
- Incident Reporting Policy
- Health and Safety Policy
- Resolution Policy
- Security Management Policy
- Subject Access Request Policy

APPENDIX A Violence & Aggression Risk Assessment Forms

GUIDANCE ON COMPLETING THE FORM

WHAT IS VIOLENCE?

Violence and aggression at work is defined by the Health and Safety Executive as any incident in which an employee is abused, threatened, or assaulted by a member of the public, pupil, service user or their family in circumstances arising out of the course of their employment. This may include verbal abuse, threatening behaviour, serious or persistent harassment and physical assault.

HAZARD = source of potential harm or damage or a situation with potential for harm or damage.

RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

Under Regulation 3 of the Management of Health and Safety at Work Regulations 1999 there is a statutory requirement to assess work related risk to staff. This includes violence and/or aggression.

This form is used to determine the likelihood of violence occurring. It takes the assessor and/or manager through a structured process using checklists and a risk assessment. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff in the Department.

The completed form must be kept in the Health and Safety file and a copy at the location/base where the work activity is carried out. A copy of the assessment must be available at all times.

The ICB's 5 x 5 matrix must be used to assess the level of risk.

DESCRIPTION OF THE ACTIVITY WHERE VIOLENCE ETC. COULD OCCUR

Write down a description of the activity, for which the assessment applies, written protocol or safe system of work may support this. The 'Identifying Violence and Home Visiting Checklist' tables with the Yes/No tick box are aimed at obtaining an overview for the potential or not of violence and/or aggression. In the box for the number of people exposed list names where appropriate or job titles e.g., in the community it may be Social Workers or Home Carers etc. Consider what staff and the number likely to be involved in the work activity, remember to consider other staff involved e.g., reception, School auxiliaries etc. Consider the frequency of exposure and tick the most appropriate box. The frequency of an activity might identify the need for additional control measures.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK

List the controls already in use e.g., safe system of work, provision of mobile phones, pagers, wiggly amps, staff training, client/relative information packs, 'buddy system, etc.

ADDITIONAL CONTROL MEASURES REQUIRED

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the 'Additional Control Measures required' may take some time to implement. The request for these controls should form part of the Health and Safety Plan.

ASSESSORS

The risk assessor should be a 'senior member' of staff who is competent in the Management of Conflict and Violence. The activity should be reviewed whenever there is a change in the process, equipment etc., or following an incident.

CONTINGENCY PLAN FOLLOWING AN ASSAULT

It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place.

IDENTIFYING VIOLENCE CHECKLIST

Tables 1 and 2 (overleaf) form part of the initial risk assessment process for identifying potential of violence and aggression for staff. Before the 'Risk Assessor' completes the Form, they should satisfy themselves that they are able to answer the questions raised in Table 1 and should check with staff that they are able to answer the questions in Table 2.

TABLE 1			
	Yes	No	N/A
Are your staff:			
In your department in contact with the public where violence may or is likely to occur?			
Aware of whether violence has been identified as a problem in the department?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc.?			
Given all available information about the client from all relevant agencies?			
That verbal aggression by telephone could be perceived as a problem?			
Provided with a sound grasp of the departments preventative strategy or similar?			
Provided with training appropriate to the risks for managing potential violence and/or aggression?			
Do they:			
Have access to forms for reporting incidents.			
Appreciate the need for this procedure?			
Use the forms?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department e.g. Police liaison, counselling, etc.?			

TABLE 2			
	Yes	No	N/A
Have you:			
Had appropriate training regarding violence and aggression to staff?			
A sound grasp of ICB's safety policy?			
A clear idea about the area into which you are going to work?			
Carefully previewed today's work? Any potentially violent client's?			
Do you have:			
Access to forms to record and report incidents			
A personal alarm (where appropriate)? Does it work? Is it handy?			
Are you:			
Aware that your approach, body language or mannerisms may influence the clients/customers behaviour?			
Aware of the security mechanisms provided in the department?			

HOME VISITING CHECKLIST

These tables form part of the initial risk assessment process for staff working in the community. Before the 'Risk Assessor' completes the form the Line Manager should satisfy themselves that they are able to answer the questions raised in Table 3 and should check with staff that they are able to answer the questions in Table 4.

TABLE 3			
HOME VISITING: CHECKLIST FOR MANAGERS	Yes	No	N/A
Are your staff who visit:			
Trained to an appropriate level to help them identify, prevent and manage the potential for violence and/or aggression?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms, which can annoy clients etc.?			
Given all available information about the client from all relevant agencies?			
Have they:			
Understood the importance of previewing cases?			
Left an itinerary?			
Made plans to keep in contact with colleagues?			
The means to contact you – even when the switchboard may not be in use?			
Got your home telephone number (and have you got theirs)?			
A sound grasp of your department's preventative strategy or similar?			
Authority to arrange an accompanied visit, security escort or use of taxis?			
Do they:			
Carry forms for reporting incidents			
Appreciate the need for this procedure?			
Use the forms?			
Know your procedure for premature termination of interviews?			
Know how to control and defuse potentially violent situations?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the department?			

TABLE 4			
HOME VISITING: CHECKLIST FOR STAFF WHO MAKE HOME VISITS	Yes	No	N/A
Have you:			
Had relevant training about violence to staff?			
A sound grasp of the ICBs safety policy re visits?			
A clear idea about the area into which you are going?			
Carefully previewed today's work? Any potentially violent clients?			
Asked to 'double up', take an Escort or use a taxi if unsure?			
Made appointment(s)?			
Left your itinerary and expected departure/ arrival timers?			
Told colleagues, manager, etc., about possible changes of plan?			
Arranged for contact if your return is overdue?			
Do you have:			
Forms to record and report incidents			
A personal alarm, mobile phone or radio? Does it work? Is it handy?			
Out-of-hours telephone numbers etc. to summon help?			

VIOLENCE RISK ASSESSMENT FORM

Ref

Work Base Department

Staff Group Location

Description of activity where violence and/or aggression could occur:

Number of people exposed to the risk of violence or aggression	Staff – list job titles, roles, experience, permanent etc.
---	--

Frequency of Exposure

Infrequently	Annually	Monthly	Weekly	Daily	Hourly	Constantly
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Control measures already taken to reduce risk of violence and/or aggression:

Initial Risk of Violence and/or Aggression has been perceived as:

Low Risk Medium Risk High Risk

Additional Control Measures Required to reduce further the risk of violence and/or aggression:

If the above action is implemented the perceived new residual risk is:

Residual Risk Remaining Low Risk Medium Risk High Risk

Assessors

Name	Signature	Position
Date of Assessment	Review Date	

Contingency plan and arrangement for counselling following an assault?

APPENDIX B ACTION TO BE TAKEN WHEN INTENTIONAL PHYSICAL ASSAULT HAS TAKEN PLACE

- 1 Police to be contacted immediately by the person assaulted, manager or relevant colleague.
- 2 Director of Corporate Governance to be contacted as soon as practicable by the person assaulted, their line manager or a colleague.
- 3 Director of Corporate Governance will:
 - Contact, as soon as is reasonably practicable the Local Security Management Specialist (LSMS) with specific information on the assault.
 - Arrange for full co-operation to be given to the police or the LSMS and any subsequent action.
 - Ensure those details of the incident are recorded on the ICB's incident recording system.
 - Arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
 - Ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
- 4 The line manager will:
 - Contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the LSMS.
 - offer support on an on-going basis as appropriate.
 - ensure that details of the incident have been recorded on the ICB's appropriate incident reporting system to comply with Health and Safety legislation.
- 5 The LSMS will:
 - determine if the police are going to lead the investigation.

- if the police are handling the case, ensure that the case is regularly monitored as to progress, make sure the person assaulted and the ICB is kept updated, and ensure both are informed of any outcomes.
- The Crown Prosecution Service (CPS) should undertake any criminal prosecution if the police are handling the case.
- if the police are not handling the case, the LSMS will carry out an initial investigation.
- progress the investigation with all speed, including recording all details relating to the investigation on a locally held file
- update the person affected by the physical assault and Director of Corporate Governance on a regular basis, as to progress and outcomes.

If the police are not handling the case or the Crown Prosecution Service are unwilling to undertake a criminal prosecution, then the ICB's Solicitor may, if appropriate, consider a private prosecution.

APPENDIX C ACTION TO BE TAKEN WHEN A VERBAL ABUSE INCIDENT HAS TAKEN PLACE

The seriousness of the incident should be taken into account in deciding whether the police should be involved, but where the incident is believed to be as a result of a protected characteristic the incident should always be reported to the police.

The line manager will:

- Ensure that details of the incident have been recorded on the ICB's appropriate incident reporting system to comply with Health and Safety legislation by the employee.
- Ensure that and acknowledgement of the report is sent to the injured party and ensure that any necessary support arrangements, such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be appraised of progress and outcome.
- Ensure the person subject to the verbal abuse is informed of the outcome of any action taken.

APPENDIX D ACTION TO BE TAKEN DURING AN ABUSIVE TELEPHONE CALL

The staff member should:

- Stay calm and polite throughout the conversation.
- Avoid getting into an argument.
- Stay professional and be patient as the abuse may stop shortly.
- If the caller does not calm down, clearly advise them that unless they are able to continue the discussion in a civil manner, the call will be terminated.
- If the caller is not satisfied with the answers to their questions, offer to pass them to a colleague or a manager (if possible), or to take their number and return the call when further investigations have been made.
- Advise them again if they continue to be abusive, that their behaviour is unacceptable, and you will terminate the call.
- If, despite the above warnings, behaviour does not improve, use the following statement: -
“Your behaviour is abusive and intimidating and this is unacceptable to the NHS, as you have persisted in this approach, I am terminating the phone call, Goodbye”
- Terminate the call.
- Take a short break or speak to a colleague or manager about the call if this would help you recover.
- All calls of this nature must be logged with your manager.
- **YOU MUST COMPLETE AN INCIDENT REPORT.**
- Report persistent abusive callers to the Local Security Management Specialist.

APPENDIX E ACTION TO BE TAKEN WHEN A PERSON HAS BEEN IDENTIFIED AS EXHIBITING “PERSISTENT UNREASONABLE” BEHAVIOUR

The precise nature of the action the ICB take in relation to unreasonably persistent behaviour should be appropriate and proportionate to the nature and frequency of the individual's contacts with the ICB.

The following list is a 'menu' of options for managing an individual's involvement with the ICB from which one or more might be applied, if warranted. It is not exhaustive and often local factors will be relevant in deciding what might be appropriate action.

- Consider whether there are any relevant equality considerations that may be linked to the persistency of the contact. It is the responsibility of the manager reviewing each individual case to recognise that some individuals (for example, individuals with speech/hearing impairment, learning disability or other permanent or temporary cognitive impairment or service users for whom English is not their first language) may need the ICB to implement relevant adjustments to minimise communication issues and barriers.
- Offer a meeting to attempt to resolve outstanding issues.
- Notify the complainant in writing that the ICB has responded fully to the points raised and there is nothing more to add and continuing contact on the matter will serve no useful purpose. The individual should also be notified that the correspondence is at an end and that further letters received might be acknowledged but not responded to.
- Restricting the number of telephone calls that will be accepted (for example, one call on one specified morning/afternoon of any week).
- Requiring any personal contacts to take place in the presence of a witness.
- Decline contact either in person, by telephone, by fax, by letter, by email or any combination of these, provided that one form of accessible contact is maintained or alternatively to restrict contact to liaison through a third party.

- An agreement relating to appropriate behaviour and conduct. Any such agreement should normally not extend beyond six months.
- If the arrangement implemented is not adhered to and an individual persists in communicating with the ICB, contact with that individual may be terminated. The individual will be informed that future correspondence will be read and placed on the file but will not be acknowledged. A designated officer will be identified who will read future correspondence to determine whether any new concerns are raised.
- The individual should be informed that in extreme circumstances, the ICB reserves the right to seek legal advice where people are unreasonably persistent in their requests for information and, if appropriate, to contact the police. All contact with the individual, will be suspended whilst the ICB seeks legal advice or guidance from relevant agencies.
- In making a decision to determine an individual as a persistent complainant, the ICB's Chief Executive Officer (or Deputy) will need to be satisfied that:
- In the ICB's handling of an individual's contact/correspondence, all necessary and reasonable practical steps have been taken (seeking professional advice as applicable) to minimise or overcome any barriers that individuals might experience as a result of relevant equality factors (for example, disability).
- Any planned actions do not constitute unlawful victimisation.

APPENDIX F SANCTIONS

The ICB takes abuse or violence against staff very seriously and therefore acts of discrimination, violence or aggression will not be tolerated. Where any a member of the public, patient, visitor or relative is being abusive towards a member of staff, and have failed to stop when asked, in conjunction with the LSMS one or more of the following sanctions may be put into place, regardless of the police is involved:

Verbal warning

The aggressor can if it is deemed suitable receive a verbal warning. This would involve informing the person that any future incident would result in further sanctions being issued, the person would also be advised on how they would be expected to behave towards all staff they are being treated by i.e. NHS staff should be treated with respect, they should never be subject to incidents that cause them harm and distress.

Formal Caution Letter

Where the aggressor's actions have not ceased then this may result in the issuing of a formal caution letter. The Caution letter will be signed by either the LSMS or a nominated person in their absence. This letter will be affective for 12 months. The Caution card will be reviewed. after one year.

Expectation Letter / Yellow Card

Failure to comply with the formal caution will result in an expectation letter / Yellow Card being sent to the aggressor. This will be completed by the LSMS and authorised by Director of Corporate Governance, this letter will be live for 12 months.

A copy of the letter will be sent to their GP informing them that the yellow card has been instigated.

The letter will stipulate expected behaviour:

- To treat all NHS staff/contractors with respect.
- Not to display Intimidating or disruptive behaviour toward staff/contractors.
- Not to cause harassment, alarm or distress to any person within NHS Coventry and Warwickshire ICB.

Red Card / Exclusion Letter

Failure to comply with a to comply with the Yellow Card/ Expectation letter will, a red card / Exclusion letter will be completed by the LSMS and authorised by Director of Corporate Governance, resulting in potential exclusion from the ICB.

The letter will be reviewed after one year and be removed by the LSMS if appropriate. A letter will be sent to their GP informing them that the red card / Exclusion letter has been instigated. The patients name MUST be "flagged" on the ICB's patient alert system.

Any patient / relative behaving unlawfully will be reported to the police and the ICB will seek the application

of the maximum penalties available in law. The ICB will prosecute all perpetrators of crime on or against ICB property, assets, and staff.

APPENDIX G ADVICE/GUIDANCE FOR MANAGERS

This guide will not provide an answer to every situation, and your own experience will be a crucial factor along with following the policy in deciding appropriate action. It will, however, hopefully increase awareness of the problem and provide practical advice.

Why Must I Take Action?

Legislation

- The Health and Safety at Work Etc. Act 1974 requires employers to take reasonable steps to ensure the health, safety and welfare of their employees while at work.
- The Management of Health and Safety at Work Regulations 1999 specifically requires the assessment of risks to employees.

Efficiency

The effects of violence can have serious operational costs and include: -

- Sickness absence
- Impaired performance
- De-motivation of other employees
- Negative effect on other customers/clients

Responsibility

- As a manager, you are the employer's representative and thereby charged with the execution of the employer's responsibilities within your area of control.

What Action Should I Take?

In considering what action to take never accept violence as "part of the job".

Assess the Risk

- Ensure a risk assessment has been carried out (include in General Risk Assessment)
- Consider the individual employee:
 - Perpetrators been reported to appropriate authorities i.e., police.
 - Customer handling skills
 - Previous training/experience
 - Relationships with customers/clients
 - Previous incidents

- Monitor and analyse reported incidents Reduce the Risk

In reducing the risk several factors need to be considered.

Employees

- Ensure that employees have been on the conflict management training and have access to a copy of this policy and the employee guidance at Appendix D.
- Consider training needs in the light of the level of risk faced.
- Be willing always to offer support and advice and sources of advice (Health and Safety Team, Local Security Management Specialist, Police) and ensure that you communicate this to employees.
- Never dismiss or ignore signs of apprehension.
- Ensure that employees are aware that they are advised to leave dangerous situations even when their task is not completed. This includes disengaging from an abusive and or threatening phone call.
- Encourage staff to adopt a “Customer First” approach, but never put themselves at risk.
- Assist employees in developing action plans (not necessarily a written document but an understanding of what to do in particular situations).
- Ensure that employees are aware of their responsibilities in supporting colleagues.
- Watch out for signs of bullying/intimidation.

Working Methods

- Arrange appointment times to minimize risk, e.g. morning meetings where alcohol abuse is a potential problem, avoid overlong delays by providing sufficient interval between appointments
- Minimize staff isolation in dangerous situations,
 - limit visits to those, which are unavoidable,
 - arrange for employees to work in pairs in potentially dangerous situations.
 - For office staff, having virtual contact, ensure a clear escalation route is in place and staff are empowered to disengage from phone calls/virtual meetings.
- Ensure staff use the lone worker system in operation at the ICB and abide by any risk assessments and local procedures.

Location

- Arrange interview areas to provide an easy escape route and ready support/back- up
- Eliminate potential weapons wherever possible (any loose/moveable object is a potential weapon)
- Ensure that any reception/waiting areas are designed to minimize frustration e.g.:

- comfortable seating
- soothing colours
- magazines etc.
- children's amusements (quiet toys)
- signs to explain/apologize for delays.
- Ensure adequate lighting in and around buildings.
- Restrict public access to necessary areas.
- Provide door answering safeguards (e.g., viewers, chains, C.C.T.V.) where appropriate.
- Utilise sources of advice on environmental issues e.g. Local Security Management Specialist
- Consider alternative locations for the provision of care where necessary.

What Should I Do If An Incident Occurs?

Immediately

- Ensure appropriate medical attention is given if required.
- In all cases the victim should be treated with sensitivity and offered support by managers and colleagues. Where particular anguish/trauma has been suffered, they should be advised of
- the availability of counselling from their General Practitioner or Occupational Health.
- Ensure that the victim is not blamed for contributing to the incident (self-blame is particularly common amongst victims of violence). Where you consider that the victim's actions may have contributed, this should be dealt with as a training and development issue and not through criticism.
- Call for professional medical help, if necessary.
- Follow the procedure laid down on the policy and where necessary contact the police if an assault has taken place.

Follow Up

- At the earliest opportunity, ensure that a violence at work report form is completed (keep a copy or other record of the incident to assist in the identification of high-risk situations).
- Ensure and check that the incident is investigated appropriately.
- In more serious cases, discuss with the individual whether he/she feels able to return to particular work situations and consider what, if any, support, advice or training might be beneficial.
- In cases of harassment at work (sexual, racial, or other), Advisors are available to provide counselling for the victim. Refer to the Dignity at Work Policy for further information.

When an employee suffers actual physical injury, he/she might be entitled to compensation through the Criminal Injuries Compensation Board. The employee can apply for such compensation by contacting the C.I.C.B (see website link below)

- <https://www.gov.uk/government/organisations/criminal-injuries-compensation-authority>

NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life								
	Ensuring people have a positive experience of care								
	Preventing people from dying prematurely								
	Helping people recover from episodes of ill health or following injury								
	Treating and caring for people in a safe environment and protecting them from avoidable harm								
Patient services Could the proposal impact	A modern model of integrated care, with key focus on multiple long-term conditions								

positively or negatively on any of the following:	and clinical risk factors								
	Access to the highest quality urgent and emergency care								
	Convenient access for everyone								
	Ensuring that citizens are fully included in all aspects of service design and change								
	Patient Choice								
	Patients are fully empowered in their own care								
	Wider primary care, provided at scale								
Access Could the proposal impact positively or negatively on any of the	Patient choice								
	Access								
	Integration								

following:									
Compliance with NHS Constitution	Quality of care and environment								
	Nationally approved treatment/drugs								
	Respect, consent and confidentiality								
	Informed choice and involvement								
	Complain and redress								

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

If an employee experiences any form of violence, aggression, or abuse from a member of the public, they are encouraged to report the incident in accordance with the procedures set forth in this policy. The ICB is committed to providing a safe and respectful working environment and will take appropriate action in response to such behaviours.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Staff and members of the public.

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.		Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used
<p>What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.</p>
<ul style="list-style-type: none"> • Health and Safety at Work Act 1974 (HASAWA) • Management of Health and Safety at Work Regulations 1999 • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 • Safety Representatives and Safety Committees Regulations 1977 • Health and Safety (Consultation with Employees) Regulations 1996. • The Corporate Manslaughter and Corporate Homicide Act 2007 • Protection from Harassment Act 1997 – Legislation.gov.uk • Assaults on Emergency Workers (Offences) Act 2018 • Equality Act 2010 - Legislation.gov.uk • Offences against the person legislation • Section 39 Criminal Justice Act 1988 • Violence Prevention and Reduction Standards 2024
2. Impact and Evidence:
<p>In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.</p>
<p>Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)</p>
<p>N/A</p>
<p>Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry</p>

out normal day-to-day activities
N/A
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
N/A
Marriage and civil partnership: A person who is married or in a civil partnership.
N/A
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
N/A
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
N/A
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
N/A

Sex: A man or a woman		
N/A		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
N/A		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
N/A		
Other disadvantaged groups:		
N/A		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have	N/A

	their needs met and identified?	
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	N/A
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone’s right to life? How?	N/A
Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A		

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

N/A

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

N/A

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
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N/A			

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley, Corporate Governance Manager	19 December 2024
Which committee will be considering the findings and signing off the EA?	Audit Committee	January 2024
Approved by the Policy Procedure and Strategy Assurance Group.		19 December 2024

Once complete please send to the