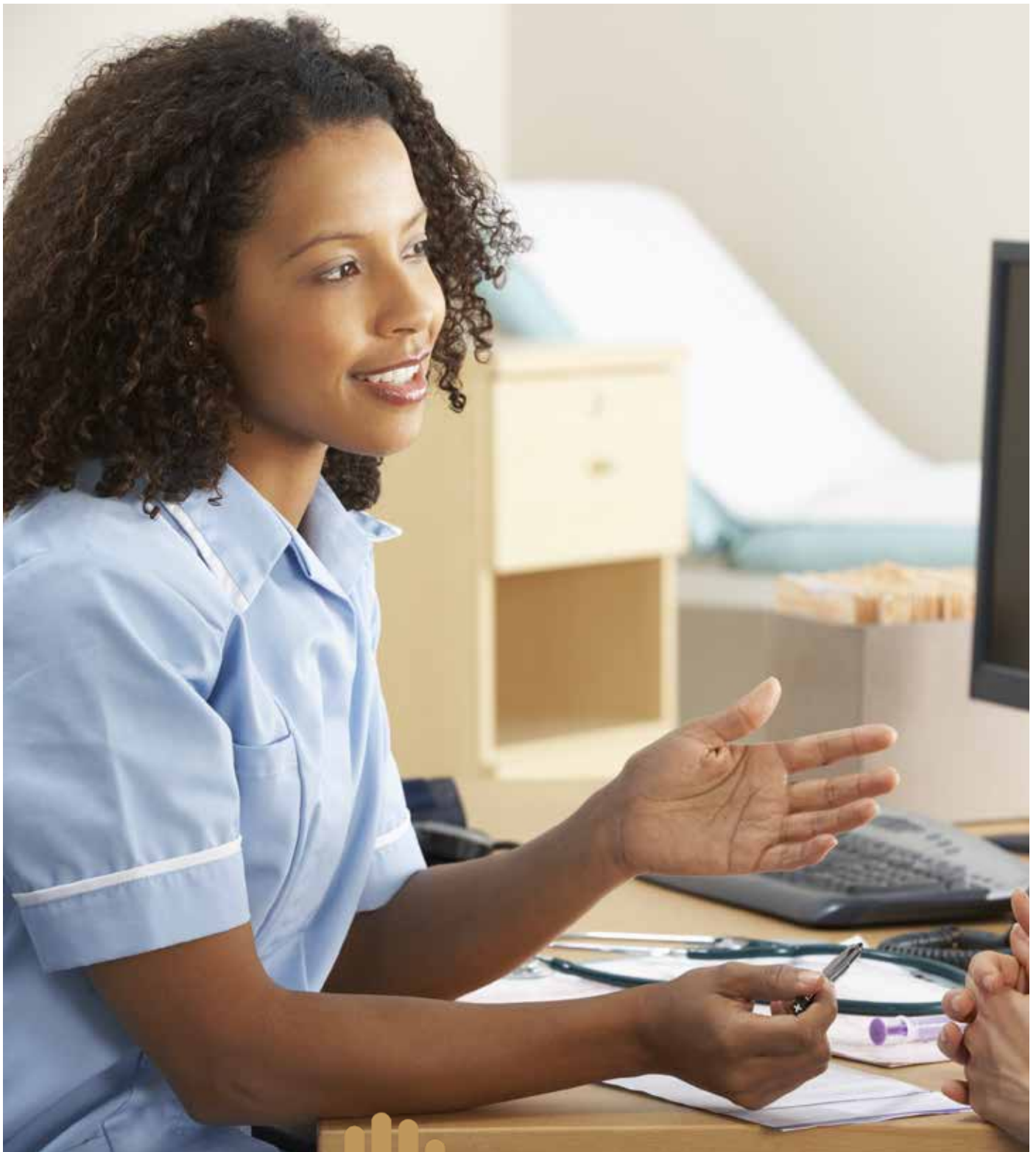


Anti-Violence Collaborative Wales

Guidance for NHS staff



Partneriaeth
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Gwasanaethau Cronfa Risg Cymru.
Shared Services
Partnership
Welsh Risk Pool Services



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Anti-Violence Collaborative Wales

Anti-Violence Collaborative Wales (AVC)

Guidance for NHS staff

For full guidance please refer to AVC agreement 'Obligatory Responses to Violence in Healthcare' (ORV).

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Scan this QR code with your mobile device to find out more about the Anti-Violence Collaborative Wales



1. No Excuse for Abuse

REPORT IT, DON'T ACCEPT IT

One Page Guide for NHS staff

Guidance for victims of violence and aggression (V&A) in the workplace.

R

Report incident to your manager and to police via 999 (urgent), 101 (non-urgent) or online reporting.

E

Ensure a Datix Cymru incident form is completed by you, or by your manager if you need support. Where appropriate ensure the Safeguarding Team in your Health Board or Trust are informed.

P

Provide any information needed about the incident to the NHS Wales V&A Case Manager in your Health Board or Trust or equivalent member of staff.

O

Once an incident is reported to the police, they will contact you to investigate further.

R

Referral will be made to the CPS by the police in appropriate cases where there is sufficient evidence.

T

Take time to recover and access any support you feel will be helpful to you, such as your GP, Occupational Health, Wellbeing Services, Trade Union.



2. No Excuse for Abuse

REPORT IT, DON'T ACCEPT IT

Full Guide for NHS staff

Full Guidance for victims of violence and aggression (V&A) in the workplace

Report incident to your manager and to police via 999 (urgent), 101 (non-urgent) or online reporting

You should report an incident of V&A as soon as possible by speaking to your manager. You can also alert colleagues and contact security. The Health and Safety Executive (HSE) defines work-related violence as: 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.' This includes incidents which are sexually or racially motivated and can involve verbal abuse or threats, including face to face, online and via telephone.

If you believe that urgent police assistance is required then you can call 999. For non urgent matters contact can be made by calling 101 or using online reporting.

What should I report to the police?

There is no complete guide on what to report to the police, however there are instances of verbal and physical abuse, criminal damage and theft which occur. NHS health bodies positively support the reporting of criminal matters to the police. Reporting these matters helps to create a safer working environment for staff and a safe place for patients and visitors.

What sort of report should I make?

In simple terms there are two types of reports you can make to the police:

- Reporting for information only - An incident may occur within the Health Board where staff feel the need to inform the police, but no individual member of staff has become a victim of crime.
- Making a criminal complaint.

Example Incident A - Reporting for information only

Staff working on a ward caring for the elderly, park their cars in the main hospital car park and have to walk across and pass a few buildings to get to the ward. Over the past few weeks local youths have been hanging around the car park drinking beer, shouting and swearing. Staff have started to feel vulnerable.

There are some internal actions the Health Board could take, but in terms of a police report, staff could make a call to 101 (the non-emergency number) and inform them that staff are becoming concerned and ask for some assistance.

On hearing this type of report, the police should inform their local neighbourhood policing team to take a look at the matter. In this instance the likely outcome would be that Police Community Support Officers (PCSOs) would be tasked to carry out some high visibility patrols and speak to any youths where appropriate.

This is not making a criminal complaint, it is simply reporting an issue to the police of anti-social behaviour which is causing an issue to staff.

Example Incident B – Making a Criminal Complaint

A patient has become aggressive and punches a nurse on the ward. There is no clinical reason for the behavior. Contact is made with the police who arrange for a statement to be taken.

You should report the incident of V&A as soon as possible using the Datix Cymru system.

Ensure a Datix Cymru incident form is completed by you, or by your manager if you need support. Where appropriate ensure the Safeguarding Team in your Health Board or Trust are informed.

There is an individual obligation on you to report an incident internally to your employer.

Once you have reported the incident to your manager, they should ensure that a Datix Cymru report has been completed and help you to do this if you haven't already.

All Datix forms involving violence upon staff are reviewed by the Health Board or Trust in order to identify repeated problems and use this information to **manage risks and prevent further assaults**. This is why it is important that you report an incident if you are a victim of an assault in work.

If the incident suggests there are safeguarding concerns, you should ensure that your health board's Safeguarding Team are made aware, and that internal processes are followed. Your manager should help you with this if you need support. One course of action for the Safeguarding Team is to refer to Multi-Agency Public Protection Arrangements (MAPPA).

Provide any information needed about the incident to the NHS Wales V&A Case Manager in your Health Board or Trust or equivalent member of staff.

You and/or your manager should liaise with the Health Board or Trust's NHS Wales V&A Case Manager or equivalent staff to provide further details required of the incident of V&A.

NHS Wales V&A Case Managers or equivalent staff, are based within Health & Safety (H&S) Department within Health Boards and Trusts. Where there isn't a specific H&S Department, staff should contact their manager in the first instance.

Please ensure you provide any further information to the NHS Wales V&A Case Manager in your Health Board or Trust to support the investigation of the incident.

The NHS Wales V&A Case Manager will monitor the process and can act as a point of contact between you, the police and CPS.

Once an incident is reported to the police, they will contact you to investigate further.

Having received an account of what happened, the police will investigate further.

Making a Criminal Complaint - Continued

A Police Officer comes to see the nurse the day after the incident and takes a **witness statement** from them. Witnesses include the victim and any other person who can give relevant information, such as another person who saw the incident.

A witness statement is the main document used to build a criminal case. It is a factual account of what happened, written down and signed by the witness to be true.

The Police Officer explains that the suspect will be interviewed. They may arrange for photographs to be taken of the victim's injuries, and carry out other actions which will assist in building a case file.

Note that some cases are police charged and not referred to the CPS. Sometimes, the police may feel that the public interest could be properly served by instead offering the offender the opportunity to have the matter dealt with out of Court. The seriousness and consequences of the offence will be considered when making this decision. The offender will still receive a sanction, but it may be in the form of early intervention. These alternatives are used as they have been shown to prevent re-offending and may be more appropriate in crimes involving mental health or dependencies. If the victim is unhappy with this outcome; then there may be an investigation into the reasons why the decision was made not to proceed with the case.

There are many occasions where an assault at work is carried out by someone who may have a mental disorder. This is defined as somebody who has 'any disorder or disability of the mind.' If the offender has a mental disorder then, this does not automatically mean that there won't be a prosecution, although there is more detailed guidance to be followed in these circumstances. If clinical advice is given which confirms that the assault was not intentional then sometimes the police will not become involved.

However, this should not discourage staff from reporting an assault carried out by someone who may have a mental disorder, especially if the offence is serious enough and is likely to be repeated. If it is felt that intervention by the criminal justice system would protect NHS staff and the wider public then the police and CPS may still pursue a case dependent on its facts.

Victims have the right to request a review of the decision of the police not to prosecute.

Refer to flowchart in Annex A at end of the guide.

Referral will be made to the CPS by the police. Police will refer in appropriate cases where there is sufficient evidence.

If the matter is referred to the CPS, they will consider the evidence and if there is sufficient evidence for a realistic prospect of conviction. If there is sufficient evidence, the prosecutor must consider where a prosecution is in the public interest.

Example Incident B Continued – CPS

Police may submit a case file to the CPS. They will apply the Code for Crown Prosecutors to determine if there is sufficient evidence and a public interest in a prosecution.

Where a decision is made not to prosecute or stop a prosecution, the complainant can ask for a review of that decision. This can be raised within the Victims Right to Review Scheme, details can be found on the following link:

[Victims' Right to Review Scheme | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/victims-right-to-review-scheme)

What happens at court? Does Nurse A have to give evidence?

The nurse is made aware that if the defendant admits the offence they may not need to attend court to give evidence. If the offence is denied a trial will be listed and witnesses asked to attend.

Will the Police Officer update me?

The police are obliged to update victims of crime on a regular basis, discuss with the officer how you would like to be updated, for example by text.

Police reference numbers

Similar to the Datix Cymru reporting system the police systems will generate reference numbers. You can ask the police to provide a reference number relating to your case.

How do I get back in touch with the officer?

The officer will provide you with their contact details. Obtaining their collar number, which is unique to each officer, will also assist you in identifying who is completing the investigation.

If a staff member makes a criminal complaint to the police, the NHS Wales V&A Case Managers can offer advice and give support, however the NHS cannot make a complaint for someone or take away any of the responsibility of being a witness and potentially attending court.

Take time to recover and access any support you feel will be helpful to you, such as your GP, Occupational Health, Wellbeing Services, Trade Union.

It is important that you take time for yourself after the incident. The effect of an incident is different for each person.

There are lots of resources available to support you as a member of NHS Wales staff if you are a victim of crime in the workplace, including Occupational Health, Counselling and Trade Union expertise and support.

Please see the NHS Wales Colleague Health and Wellbeing webpages for up to date sources of support: <https://heiw.nhs.wales/support/colleague-health-and-wellbeing/>

Canopi offers a free, confidential service that provides NHS and social care staff in Wales with access to self-help, guided self-help, peer support, and virtual face-to-face therapies with accredited specialists: <https://canopi.nhs.wales/>

3. Guidance for NHS staff on Completing Mental Health Initial Guidance Form G

When a criminal complaint is made to the police, for example an assault, NHS staff should be aware that the police may ask for an opinion as to the mental state of the offender at the time the incident occurred.

Health professionals are able to do this simply and effectively by completing the form known as **Mental Health Initial Guidance Form G** which is contained within the Anti-Violence Collaborative (AVC) agreement **Obligatory Responses to Violence in Healthcare** (ORV), Part 2, Annex D.

NHS staff have been provided with the following information on 'Form G', in terms of what it is and how to complete it.

Why are the police asking me about the mental state of the offending person?

When a complaint is made to the police about an offence, e.g. an assault, the role of the police is to gather evidence about what happened. The police will consider the evidence and where relevant refer it to the Crown Prosecution Service (CPS). The CPS will assess the material and determine if there is sufficient evidence and a public interest to commence a prosecution.

While gathering evidence the police may wish to know if the offending person had an understanding of what they were doing and whether they had any control over their actions at the time of the incident. **The reason they ask this is because the information is key to the CPS when they assess the file of evidence the police has sent to them and are deciding whether to prosecute or not.**

What is Form G?

Form G is a form devised by the CPS, the Police and NHS bodies across Wales to help NHS staff when making a criminal complaint to the police. Form G is Annex D to a larger policy document called the **Obligatory Responses to Violence in Healthcare** (ORV) Part 2, which is an agreement signed by NHS bodies, Police Forces and the CPS. This agreement governs the responses organisations should have when dealing with violence against staff.

Who completes the form?

Registered Health Professionals can complete the form. The person completing the form ideally should have been present, but not the victim of the incident. However, if the victim was on their own, then they could complete the form. The reason for this is to try to keep some impartiality in the process.

How do I complete the form?

This is a short form, which requires basic information about the incident and those involved. The information is to be completed in the sections provided. It then asks four short questions where a 'Yes' or 'No' is requested, along with any supporting information the person completing wishes to provide. **This is not a full report on the mental health of the individual concerned.** The form purely lets the police know, in the opinion of the person completing, whether the person had an understanding of what they were doing and/or control over their actions **at the time of the incident.**

What is the purpose of the form?

The form is not a medical report, however it is a useful document to help with decisions on how to proceed with the case. To note, further information may be required and this may include a full medical report to be provided at a later stage.

What do I do with the completed form?

The original form should be given to the police.

Where do I find a copy of the form?

A copy of Form G, can be found in **Obligatory Responses to Violence in Healthcare** (ORV), Part 2, in Annex D.

Appendices

Appendix A – Provides an example of a completed Form G with key points highlighted.

4. Appendix A

Example Mental Health Initial Guidance form (FORM G)

Mental Health Initial Guidance Form G is within the 'Obligatory Responses to Violence in Healthcare' (ORV) agreement, Part 2, Annex D.

Police Investigation: guidance where the mental health condition of the suspect should be assessed.

To be provided to the police by appropriate NHS staff member.

HS Incident Reference No/Datix:

ABHB1234

Alleged Offence:

Physical Assault

Incident Date: 01.01.24

Incident Time: 01:35

Victim Name(s): *Jane Miggins*

Location of Incident: *C Bay, Ward B, Hospital*

Details of Incident: *Patient Joe Bloggs assaulted Jane Miggins by pulling their hair and punching them in the face with their right fist witnessed by two members of staff.*

Name(s) of witnesses: *Marie Jones and Faith Olugwe*

Does victim consent to contact from NHS Wales V&A Case Manager or equivalent staff member: *Yes / No*

If yes, provide contact no: *07123456789*

HEALTHCARE PROFESSIONAL COMPLETING THE FORM

Name: Paul abcd

Job title: Ward Manager

Contact No: 01633 123123

Email address: paul.abcd@wales.nhs.uk

SERVICE USER DETAILS

Name: Joe Bloggs

Date of Birth: 01/01/1987

Service User No: 124 432 123

Address if not in-patient: 123 High St, Town, NP80 1AB

Detained under Mental Health Act 1983?

Tick yes no

Yes

No x

If Yes, Section 2 or Section 3 etc:

Strictly Confidential— incident medical report

This part of the form is for use by the police/CPS in making initial investigation/prosecution decisions and is not intended to replace the need for witness statements and reports should the matter proceed to court. This completed form has the potential to be disclosed to a court.

Service User's Mental State: please use your professional judgement and opinion to answer the questions below related to the service user above. This form can be completed by a Registered Nurse or Doctor.

Would you consider the service user at the time of the alleged offence was capable of understanding their actions?

Tick yes or no and give opinion/example why:	Yes x	No
--	----------	----

Comment:
e.g. 'Before the incident patient told nurse he was going to hit them and leave the ward and the police won't do anything, he said: 'I'll deny it because I can!'

Would you consider the service user at the time of the alleged offence was capable of controlling their actions?

Tick yes or no and give opinion/example why:	Yes x	No
--	----------	----

Comment:
e.g. 'Patient was calm during the shift, had taken XXX medication and was saying he wanted to go home.'

Would you consider the service user is capable of understanding the legal process if a prosecution is sought (such as what they are being accused of and giving a lawyer instructions should the matter be referred to court?)

Tick yes or no and give opinion/example why:	Yes x	No
--	----------	----

Comment:
e.g. 'Patient has the ability to understand what is being said to them because....'

Would you consider that a prosecution of the service user would be detrimental to their care plan?

Tick yes or no and give opinion/example why	Yes	No x
---	-----	---------

Comment:
e.g. 'Prosecution of the patient wouldn't affect their care plan because.....'

Signed: P.abcd

Print Name: Paul Abcd

Job Title: Nurse xyz

Date: 02/01/24

Attending Police Officer Details -		
Name: <i>Jones</i>	Collar Number: <i>PC 234</i>	
Name: <i>Evans</i>	Collar Number: <i>PC 4321</i>	
Police Event / Reference Number:		
e.g. log no. 123 of 01/01/24 and/or incident no. 24000056789		
NHS Wales Case Manager details or equivalent staff		
Mobile:	Desk:	Email:

Please ensure a copy is provided to the police.

5. Explanatory Notes for Mentally Vulnerable Offenders Form

1. These notes outline why the police are requesting the information overleaf and how this information is relevant to the consideration of whether to arrest and/or prosecute a mentally vulnerable offender.
2. Whether or not a formal diagnosis has been reached is relevant to determining whether a prosecution occurs. If the CPS lawyer knows that a formal diagnosis has been reached, which may satisfy the criteria for various sections of Part III of the Mental Health Act 1983 then they may consider those Part III outcomes in considering the benefits of a prosecution. This may not be possible if the diagnosis was unclear.
3. The opinion of the Physician or Psychologist is vital, not only because legal decisions to prosecute should include consideration of the impact of a prosecution on the offender's mental health, but also because it may be relevant to consider their opinion on:
 - The context of the offence
 - Impact on the ward/hospital
 - Impact on other patients
 - Relevance of previous non-prosecution based attempts to manage behaviour
 - Relevance of any previous similar incidents
 - Any escalation in seriousness of behaviour
 - Whether or not the Physician or Psychologist views the offending as related to or caused by the mental disorder or co-incidental to it
 - The presence of any clinical barrier to criminal prosecution; e.g. medication. (Any clinical barriers to prosecution are matters for the relevant psychiatrist (i.e. high levels of medication that would affect the ability to foresee consequences of actions or particularly acute psychotic states that would affect the ability to prove mens rea.)
4. A prosecution decision is the careful balancing of many potentially complex factors. This must by law, include consideration of whether it is in the public interest to prosecute. The public interest test is affected by the psychiatric management plan for that offender and any alternatives to prosecution that may be available at that time.
5. If an offender is being investigated now for assaulting staff having previously done so (whether or not reported/prosecuted), such information is directly relevant to the prosecution decision. If for example, it has occurred before it is easier to demonstrate that a prosecution is required to prevent further offending and risk to staff and patient.
6. Whether or not a patient is attempting to comply with their management plan and co-operating with professionals is relevant. If they are absenting themselves (repeatedly) from hospital, the confidence with which a non-formal sanction would be sought is diminished.

6. Mentally Vulnerable Offenders Form

This form can be found within the 'Obligatory Responses to Violence in Healthcare' (ORV) agreement, Part 2, Annex E.

Police request for information from the health service.

In order to make a full assessment of whether an individual accused of offending should be arrested, charged or diverted from the criminal justice system, the following information is sought by the police where available from the NHS (or other healthcare provider).

Insert details of alleged offender and incident:

Investigating Officers should delete, if not appropriate to the investigation:

- What is the Physician's or Psychologist's opinion on prosecution? Are there any clinical barriers to it? Provide an outline of the care management plan should a prosecution not occur.
- Any known previously unreported offending, relevant to the current investigation.
- Any previous history of absconding from psychiatric care.
- Any known failure to return from s17 MHA leave.
- Any known relevant failure to comply with care plans, including any medication programme.
- Information concerning any intended criminal offending.
- Information concerning any continued threats to the health and safety of any person.
- What is the person's legal status under the Mental Health Act 1983?

This information is requested in furtherance of a criminal investigation into an offence of **[please state]**. This information is directly relevant to whether or not criminal charges are brought and/or whether bail is appropriate; decisions which are required of **[insert name of police force]** by the Police and Criminal Evidence Act 1984. **Provide any additional relevant information/reasons, including confirmation of why disclosure is required now:**

Reference No (custody/crime):

Officer's signature.....

Further notes in support of the request (Investigating Officer)

Reference No (custody/crime):

Officer's signature.....

Notes from Physician or Psychologist in response to the request:

Signature:.....Time/date:.....

Name:.....

Professional Position:.....

7. Annex A—Flowchart

