

# NHS Anti-Violence Collaborative

## *Obligatory responses to violence in healthcare*



Llywodraeth Cymru  
Welsh Government



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Cyfreithiol a Risg  
Shared Services  
Partnership  
Legal and Risk Services



GIG  
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NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

@NHSAntiViolence  
#EmpowermentThroughPrevention



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## PART TWO

Operational Guidance – Available at <http://www.nwssp.wales.nhs.uk/page/97264>

## PART 3 ANNEXURES – Available in secure portal link

at <http://www.nwssp.wales.nhs.uk/page/97264>

A	Advice for Victims in 'Plain English'
B	Publicity Materials and Posters
C	Training Presentation for Police
D	Single Points of Contacts for NHS, Police and CPS
E	(i) Role of NHS V&A Case Manager
	(ii) Victim Consent form for Disclosure of Information
F	Code for Crown Prosecutors
G	Proforma – Information required for Perpetrators with Mental Disorder
H	Example Service Impact Statement
I	Proforma Bail Conditions
J	Range of Alternative Proposals to Prosecution
K	Protocol for Timely Provision of A&E records for all assaults
L	Glossary M.Example Case Management Annual Report

## 1. (i) Statement of Intent

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It is recognised that NHS staff (Hospital, Ambulance, Community, Primary Care, Dentistry, Special Health Authorities and all Public sector staff undertaking caring duties) (Collectively referred to as "NHS Staff") are among those most likely to face violence and abuse during the course of their employment. There is a strong public interest in prosecuting those who verbally and physically assault NHS staff deliberately. All parties to this Agreement will encourage Police services, Crown Prosecution Service areas and NHS bodies to seek the strongest possible action in appropriate cases. The NHS acknowledges the validity of restorative justice and the range of non-custodial disposals that are available

- **The NHS has first responsibility to identify and respond to violent incidents in order that this agreement can be energised.**
- **Improved incident reporting is crucial to our success, All incident forms involving violence upon staff should be reviewed by the Health Body in order to inform improvement in risk management initiatives and to reassure staff that reports are reviewed and worthwhile. Where an incident of Violence or aggression occurs and no DATIX form is completed, a report must be made to the NHS case Manager, so it can be logged for statistical purposes.**

### (ii) Purpose

This document sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff. Its focus is on those incidents which need to be addressed by the criminal justice system and how they can be prevented. It builds on three previous agreements in Wales.<sup>1</sup>

### (iii) Parties

The Agreement is between the four Police services in Wales (Welsh Chief Officer Group), the Crown Prosecution Service, the NHS in Wales and partner organisations such as staff side and victim support.

The Agreement aims to bring:

- Effective and efficient communication across partners, including the exchange of information at all levels
- A clear understanding of the respective roles, responsibilities, processes and legal constraints
- A Clear statement on prosecution policy which will help NHS staff to understand the criminal justice system, and have confidence in it
- Board level/Service leads for violence and aggression will endeavour to provide community service impact statements and sign them for sentencing purposes.

### (iv) Help for Victims

The victims of violence and aggression covered by this agreement include all staff working in the varied health and social care sector. Our aim is to make victims central to this agreement.

**Appendix A in Part 3** outlines the wide range of individuals covered and explains in 'plain English' the help and support available.

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1. This document replaces three previous agreements: one signed on 22 March 2007, a second one on 14 September 2009, and a Third in 2013.

## PREVENT

**NHS Prevent assaults using effective risk management procedures**

## CAPTURE

### **Assault on NHS Victims**

(Includes Ambulance, Paramedics, Hospital Staff, Primary Care i.e. GP Staff, Pharmacy, Podiatry, Dentistry, Ophthalmology, Special Health Authorities)

Incident Reported to Manager and to Police via 999 if ongoing

Incident report (Datix) completed

Manager or Victim contacts NHS V&A Case Manager or equivalent in Primary Care NHS

## INVESTIGATE

### **V&A Case Manager**

Investigates (Supports NHS Manager to investigate)

- Contacts Police via 101 promptly. Also scope for online crime reporting, Shares information with Police

### **Police – having received an accurate account**

- Respond
- Investigate – obtain victim consent
- Apply sanction / out of court disposal or;
- Refer to CPS

### **CPS**

- Consider Prosecution
- Proceed with Prosecution

## PROSECUTE

**NHS V&A Case Manager facilitates information sharing, supports victim**

**Prosecution – Victim supported throughout by victim focus**

## DETER

**Health Body provides Director Level Service Impact statements and Victim statements in conjunction with Police**

**Sentence Passed**

**Media informed**

**NHS reflect & refine preventative risk Management initiatives**

### 3. Implementation, Publicity and Review

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#### Implementation

Earlier iterations of this agreement have not been well known enough at NHS staff, or constable level, meaning its full effect has been lost. Publicity is crucial and the parties undertake to pro-actively implement with gusto and vigour. Resources to support implementation including a wide range of informative posters are available at **Part 3 Annex (B)**.

The ongoing development of 'APPS' for the Police and for NHS staff is encouraged to better implement the practical advice in this agreement. A training presentation to assist officers has been prepared by Superintendent Claire Evans of South Wales Police and is available at **Part 3 Annex (C)**.

Technology is increasingly used to capture evidence and the use of body worn videos is presently being used by security staff within Wales and is being considered by the Welsh Ambulance Service.

Any Substantive amendments to this document should be agreed in writing by the Parties and must be consistent with the nationally agreed protocols and standards.

### 4. Commencement

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This agreement will take effect on 21 November 2018. The Assault on Emergency Workers (Offences) Act 2018 has come into force and sentences for assaults in this arena are effectively doubled. This act should be applied where possible and contains a wide definition of Emergency workers. All public facing NHS Staff are potentially Emergency Workers.

### 5. Communication and Single Points of Contact (SPOCs)

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Effective communication is pivotal to the success of this Agreement in order to:

- Improve the reporting of violent incidents
- Strengthen the investigation and prosecution process, by improving the quality and timeliness of shared information
- Improve victim and witness care and confidence
- Raise the public's awareness of the issues of violence and aggression as well as the action that will be taken by all parties.

The parties agree that individuals from their organisations will be nominated to act as single points of contact (SPOCs), simplifying the communication routes for operational implementation, monitoring and reporting of the agreement.

**The S.P.O.C's are identified for each organisation in Part 3 Annex (D)**

## i. NHS V&A Case Managers

All health bodies in Wales have a board-level violence and aggression lead. *Primary Care have their equivalent leads*. These leads will, with Heads of Health and Safety, oversee the role of the NHS V&A Case Manager, who will act as SPOC. The V&A Case Manager's role is to make themselves visible and available to:

- Support and guide victims through to the criminal justice system and signpost them to wellbeing support available within the NHS
- Pro-actively publicise the agreement its aims and pathways within their organisation
- Report comprehensively on a monthly basis to their lead Director for violence and aggression the numbers of assaults by patients, Police attendances and completed and pending criminal prosecutions
- Liaise with partners to the agreement in order to create effective local pathways of communication and understanding
- Health bodies, the CPS and the Police will provide a six monthly report to the NHS Anti-Violence collaborative for review and reflection.

It is recognised that case management may be provided differently in each of the NHS organisations. Throughout this Agreement, the term case manager will be used to denote the person or persons who fulfil the role described above. A fuller description of the role of V&A Case Manager is set out at **Appendix E (i)** to this agreement and the Health Bodies agree to emulate this as best practice.

## ii. Police Forces

The relevant Chief Constable will ensure that a SPOC is designated at strategic and operational levels. The SPOC will oversee the implementation and publicising of the agreement.

## iii. CPS – Crown Prosecution Service

District Crown Prosecutors will act as SPOCs for the CPS at an operational level. Police and V&A Case Managers should contact the District Crown Prosecutors for the relevant geographical area where the alleged criminal activity has taken place.

The names and contact details for the SPOC will be made available to the parties and updated on a regular basis as required and, at least, on an annual basis. This information can then be promulgated within NHS Wales.

# 6 Liaison

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All parties are committed to encouraging regular, local liaison to:

- Encourage publicity of the agreement
- Encourage wider Police/CPS/NHS/Publicity
- Ensure effective contact and sharing of information
- Embed the concept of mutual support in tackling crime within the NHS.

# 7 Escalation

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If dissatisfaction arises in individual cases, the Case Manager should seek resolution with the Police SPOC or the CPS SPOC. If resolution is not achieved then the V&A Case Manager should contact the current Chair of the NHS Anti-Violence Collaborative, presently Mr. Andrew Hynes, Senior Solicitor of NWSSP Legal and Risk Services, for review and consultation. The victim may also consider "the victim's right to review process".

## 8. Review of Implementation

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The NHS Anti-Violence Collaborative will organise meetings between the parties on a six monthly basis to review the implementation and effectiveness of the agreement. Health bodies will provide data on their areas' experiences.

Six monthly review meetings with Welsh Magistrates to review their perceptions of the agreement's visibility are to take place.

## 9. Annual Report

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The parties undertake, to gather and provide statistics as well as anecdotal evidence demonstrating the effectiveness and shortcomings of this agreement on an annual basis to the Anti-Violence Collaborative, who will produce a report for distribution to all interested parties (subject to appropriate information governance) NHS Bodies will present an individual annual report to their Board confirming and demonstrating compliance with this agreement. (Annex M provides an example Report Template)

## 10. Criminal Intent and the Public Interest in Prosecution

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**This agreement contains revisions which seek to assist officers attending NHS premises to recognise that the first step in assessing whether a prosecution will go forward is to assess the factual evidence in a case. Officers should be re-assured that questions concerning the patient's intention to commit a crime are complex and will be reviewed and explored as the case proceeds.**

**Officers should be extremely cautious in making findings at the scene which forestall further action, as mistakes at that stage are often impossible to reverse and serious miscarriages of justice can result, threatening public safety. The term capacity is a concept in civil not criminal law and has been used in this arena as a proxy term for mens rea, this needs to end.**

# 11. Signatories to the Agreement

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The signatories agree to implement the provisions of this memorandum and any arrangements set out in the attached documents

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**South Wales Police**

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**North Wales Police**

.....  
**Gwent Police**

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**Dyfed-Powys Police**

.....  
**Chief Crown Prosecutor Crown Prosecution Service**  
**Cymru/Wales**

.....  
**Dr Andrew Goodall**  
**Director General – Health and Social Services and**  
**Chief Executive**  
**For and behalf of NHS Wales**

**Date:**

