



# Management of Unacceptable Behaviour Policy

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Ratifying committee or executive director	Trust Clinical Governance Committee	
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Executive director	Executive Director of Operations	
Policy lead	Local Security Management Specialist	
Policy author (if different from above)		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

## Policy context

To provide standards for the management of unacceptable behaviours of all types that are of a discriminatory or abusive nature. It aims are to establish the principles and procedures for the recognition of, response to and treatment of discrimination and abuse that could arise in connection with the services and activities provided by Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

## Policy requirement

To detail how such incidents are managed in a structured and cohesive manner that underpins the ability of staff to work in a safe and secure environment, whilst also recognising that each and every situation would need to be assessed on an individual basis to ensure the effective management and prevention of such behaviours towards Trust staff members.

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## **1. Introduction**

### **1.1 Rationale**

1.1.1 The purpose of this policy is to provide standards for the management of unacceptable behaviours of all types that are of a discriminatory or abusive nature. Its aims are to establish the principles and procedures for the recognition of, response to and treatment of discrimination and abuse that could arise in connection with the services and activities provided by Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). It provides a framework and guidance for all employees and others within the organisation who could be exposed to aggressive, threatening discriminatory behaviours so that they are better supported and equipped to avoid and minimise the risks of such behaviours.

1.1.2 Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), hereinafter referred to as the Trust has a duty to:

- Provide a safe and secure environment
- Establish basic principles for the recognition of, response to and appropriate management of aggressive, abusive, and discriminatory behaviour within the Trust in order that its staff may be better equipped to deal with a potential or actual situation.

1.1.3 Managing such incidents in a structured and cohesive manner underpins the ability of staff to work in a safe and secure environment. Abusive, discriminatory, or antisocial behaviour by any person is not acceptable. However, given the broad range of services provided by the Trust and the diverse nature of the individuals we engage with, each and every situation would need to be assessed on an individual basis to ensure the effective management and prevention of such behaviours towards Trust staff members.

1.1.4 Abusive, discriminatory, or antisocial behaviour towards Trust staff may also constitute a criminal offence, so in addition to the processes outlined within this policy, it may also be necessary to report such incidents to the police for consideration of criminal investigation and prosecution where appropriate.

1.1.5 Where such conduct is by a staff member, such behaviours would be managed wholly within the Trusts' disciplinary procedures, although where such conduct constitutes a criminal or civil offence, this would also be reportable to the police and/or the relevant professional body where applicable.

### **1.2 Scope**

1.2.1 This Policy is intended to cover all activities of the Trust and the areas where Trust activities are carried out, including home visits by community staff, and staff working in premises that are not owned or managed by the Trust. This Policy is also applicable to the Prison Healthcare services currently provided by Trust staff. However, variations in the application of the outlined processes may be required to ensure compliance with HMP guidelines.

- 1.2.2 The aim of this policy is to address abusive, discriminatory, and aggressive behaviours towards Trust staff and those undertaking official duties on behalf of the Trust and to mitigate the associated risks of such behaviour from:
- Members of the public
  - Service users
  - Carers/relatives and associates of service users
  - Visitors
  - Contractors and third parties on Trust premises
- 1.2.3 The policy supports the delivery of high quality clinical and non-clinical services through the provision of a safe, supported, and secure environment.
- 1.2.4 The policy considers relevant legislation, such as the Equality Act 2010, Health & Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 1.2.5 In addition to the general and statutory duty and specific acts and regulations, employers have a duty to take responsibility for the care and safety of their employees.
- 1.2.6 Equally, employees have a corresponding obligation to take reasonable care of their own safety and that of others whilst at work. They have a duty to cooperate with their employer to enable compliance with statutory obligations. An example of this would be working in accordance with training and instructions that have been provided and to report hazardous situations or concerns in a timely manner. This would include incidents of abuse, discrimination, harassment, and antisocial behaviour whilst in the workplace, be this on Trust premises, or undertaking official duties on behalf of the organisation elsewhere, for example a community setting.

### **1.3 Principles**

- 1.3.1 The principles of this policy are to promote and support effective working practices and the provision of services that are fair, accessible and that meet the needs and requirements of all individuals, and to support and enable its staff to do so in a safe and secure environment, without fear of abuse, discrimination, threats and antisocial behaviours directed towards them.

## **2. Policy**

- 2.1.1 This policy has been developed to support staff undertaking their duties as an employee of the Trust when they are confronted with abusive, discriminatory, threatening, and antisocial behaviours. Every member of staff must be aware of their responsibilities in the context of this policy and take appropriate measures for the safety of themselves and others.
- 2.1.2 This policy aims to achieve this by providing a process that enables such behaviours to be recognised together with a structured response that enables the described behaviours towards Trust staff to be managed appropriately. Several informal and formal sanctions are available up to and including the withdrawal of clinical care and/or criminal prosecution where deemed appropriate. These procedures are set out at Appendix 2 of this policy.

Individual members of staff when confronted with the behaviours described in this policy will report such incidents using the Trust incident reporting system, ECLIPSE. Staff with managerial responsibilities will ensure that all necessary steps are taken to support staff reporting abuse, discrimination, threats and antisocial behaviours risks when these are

notified, and that all reports are assessed, documented and communicated to ensure that all possible actions are taken to mitigate such risks and that the safety of those to whom such behaviours have been directed is maintained. Whilst every situation will differ, some examples of unacceptable behaviours are set out in Section 8 (Glossary), of this policy. However, these examples are not exhaustive.

- 2.1.3 Staff who experience or encounter unacceptable behaviours, in addition to reporting the incident to their line manager, can also contact the staff network groups, Human Resources, Inclusion Advisors, their Trade Union representatives, PAM Assist and the Trust Local Security Manager should they wish to seek additional support or discuss any concerns they may have.
- 2.1.4 All actions taken should be updated on the appropriate RIO clinical records together with any identified risks to personal safety where appropriate and the ECLIPSE incident report. It is also important that all risk information be shared with other agencies as necessary in accordance with the Information Sharing Protocols developed by the Trust.

### **3. Procedure**

- 3.1.1 The procedures for the implementation of this policy are set out at Appendix 2, but examples of the various sanctions that can be applied in response to abusive, discriminatory, threatening, and antisocial behaviours are as follows:
- Consultation/discussion with the service user/carer/relative/visitor to highlight unacceptable behaviours and minimise/dispel potential incident
  - Escalation to manager for intervention
  - Manager to liaise with Trust Local Security Management Specialist (LSMS), to identify appropriate response and support with reported incident
  - Use of a verbal warning by service manager
  - Issue of an unacceptable behaviour letter (where appropriate)
  - Issue of a warning letter (i.e. Yellow Card)
  - Expulsion/Exclusion from Trust premises and/or withdrawal of clinical services (Temporary or Permanent basis via Red Card).
  - Report to West Midlands Police for criminal investigation and consideration of prosecution where appropriate.
- 3.1.2 The above is not an exhaustive list, and all situations and responses should be assessed on an individual basis.
- 3.1.3 There will be situations where such interventions could be inappropriate. For example, a clinician may assess an individual as not having any understanding of the impact of their behaviour. In such situations, the responsible manager will need to undertake a risk assessment and implement all possible measures to minimise risks to staff and others to enable the continuation of their care.
- 3.1.4 However, in such situations, the appropriate control measures should be developed with the support of a Multidisciplinary Team, including the LSMS, Trust Legal, Complaints/PALS, and Safeguarding teams as required.

#### 4. Responsibilities

Post(s)	Responsibilities	Ref
<b>Chief Executive</b>	The Chief Executive has overall responsibility for the effective implementation of this policy.	
<b>Clinical and Corporate Directors, Clinical Service and Nursing Managers, Ward/Team Managers, Advance Nurse Practitioners</b>	Are responsible for ensuring that all appropriate risk assessments are completed for their areas of responsibility and that immediate action is instigated for the reporting and response to incidents. Where appropriate, in the first instance they are to attempt to control such incidents sufficiently that the risk is reduced to enable the continued provision of care. They are also to be the liaison point for the police or other agencies if they are requested to attend. Line managers are responsible for ensuring that staff are supported following incidents.	
<b>All Staff</b>	All staff have a responsibility to behave in an acceptable and professional manner, in both their professional and personal undertakings whilst on Trust premises and when representing the Trust. Where an incident occurs, all staff have a responsibility to document and follow the incident reporting process (Eclipse), in accordance with Trust Policies and Procedures.	
<b>Policy Lead</b>	The LSMS is responsible for the content of the policy and that the processes therein are followed. The LSMS will also provide support to staff and managers in deciding and formulating an appropriate response to any reported incidents. Where criminal behaviours are identified, ensuring that effective working partnerships are maintained and that victims of inappropriate behaviours are supported.	
<b>Legal Services</b>	Will support team managers and LSMS in the process of formulating an appropriate response to reported incidents and the issues of warning letters (Yellow and Red Card), where deemed appropriate on behalf of the Trust.	
<b>Complaints/PALS Team Manager</b>	Will be notified of all reported incidents and support team managers and LSMS in decisions as to the appropriate level of response to reported incidents.	

	Complaints/PALS team to retain a copy of all warnings issued because of implementing the guidance within this policy.	
<b>Trust Health &amp; Safety Committee</b>	The Trust Health & Safety Committee will provide a reporting structure for the LSMS and will review submitted reports that incorporate actions taken under this policy, providing oversight and assurance that appropriate actions are being taken.	

## 5. Development and Consultation process

<b>Consultation summary</b>		
<b>Date policy issued for consultation</b>	4th September 2020	
<b>Number of versions produced for consultation</b>	1	
<b>Committees / meetings where policy formally discussed</b>	<b>Date(s)</b>	
<b>Trust Health &amp; Safety Committee</b>		
<b>Trust Policy Management Development Group</b>		
<b>Where received</b>	<b>Summary of feedback</b>	<b>Actions / Response</b>
Policy Development Group		
Trust Executive		
Trust Wide Consultation		
Staff Networks	Inclusion of reference to Trade Union Equality Act inclusion Changes to wording	Document amended to reflect comments.
Positive and Proactive Care Group membership		
Human Resources	Clarity on community settings Aligning of Appeals Process	Document amended to reflect comments
Joint Strategic Operating Group membership		
Health & Safety Committee membership		

(\*Add rows as necessary)

## **6. Reference documents**

### **Health & Safety at Work Act 1974**

Management of Health & Safety

### **Equality Act 2010**

### **RS01 Risk Management Policy**

### **RS02 The Reporting, Management and Learning from Incidents Policy**

### **RS16 Trust Health & Safety Policy**

## **7. Bibliography**

### **RS14 Police Intervention Policy**

### **RS04 Lone Working Policy**

### **RS25 Security Management Policy**

### **CG06 Complaints Policy**

### **HR02 Grievance & Disputes Policy**

### **HR01 Disciplinary Policy**

NHS Protect A Professional Approach to Managing Security in the NHS 2003

NHS Protect Directions to NHS Bodies on measures to deal with Violence against NHS staff 2006

Not Alone – Guidance for the better protection of Lone Workers in the NHS 2003

## **8. Glossary**

Discrimination - the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, disability, sexual orientation, and gender

Abusive behaviour – The use of harsh or insulting language, and/or involving physical violence and/or emotional cruelty

Violence – any incident involving the use of, or threat of physical force towards another in circumstances relating to their work.

Harassment – Unwanted, unsolicited, and inappropriate words or conduct that causes significant distress or affecting the dignity of another person.

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

Anti-Social Behaviour – Acting in a manner that causes or is likely to cause harassment, alarm, or distress to one or more persons. This includes, intrusion into personal space or aggressive behaviours such as finger pointing, offensive gestures, damage to property, such as graffiti and vandalism. Uncontrolled pets and animals, intimidation, smoking, alcohol, and solvent/drug abuse.

## 9. Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Number of Verbal threats/abuses reported	Service Managers	Eclipse	Quarterly	Local Health & Safety Committees
Number of Verbal Warnings, Yellow Cards and Red Cards issued	Service Managers/ LSMS	Total letters issued	Quarterly	Local Health & Safety Committees
Incident & Correspondence totals	LSMS	Local H&S Committee Reports	Six Monthly	Trust Health & Safety Committee Report

## 10. Appendices

Appendix 1 Equality & Diversity Assessment

Appendix 2 Procedure for the Management of Unacceptable Behaviours

Appendix 3 Unacceptable Behaviour Warning Letter (Example)

Appendix 4 Yellow Card Warning Letter (Example)

Appendix 5 Red Card Warning Letter (Example)

Appendix 6 Temporary Red Card Warning Letter (Example)

## Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Proposal</b>	??00 Management of Unacceptable Behaviours Policy			
<b>Person Completing this proposal</b>	Stephen Laws	<b>Role or title</b>	Local Security Management Specialist	
<b>Division</b>	Operations	<b>Service Area</b>	Acute and Urgent Care	
<b>Date Started</b>	27/08/2020	<b>Date completed</b>		
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>				
To provide policy guidance for the management of unacceptable behaviours of all types that are of a discriminatory or abusive nature. It aims are to establish the principles and procedures for the recognition of, response to and treatment of discrimination and abuse that could arise in connection with the services and activities provided by the Trust and how such incidents are managed in a structured and cohesive manner that underpins the ability of staff to work in a safe and secure environment, whilst recognising the need to consider each and every situation on an individual basis to ensure the effective management and prevention of such behaviours towards Trust staff members.				
<b>Who will benefit from the proposal?</b>				
The organisation, its staff, and service users				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
<b>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			
Including children and people over 65				
Is it easy for someone of any age to find out about your service or access your proposal?				

Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

<b>Transgender or Gender Reassignment</b>	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
<b>Human Rights</b>	X			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
				X
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				
No impact identified because of this policy.				
How will any impact or planned actions be monitored and reviewed?				

No impact identified because of this policy.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [bsmhft.hr@nhs.net](mailto:bsmhft.hr@nhs.net) . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

## Procedure for The Management of Unacceptable Behaviours

Following any incident, staff involved must report this to their line management. This will allow for the incident to be fully assessed and, decisions made in relation to the next steps as to how the individual responsible will continue to receive any care from the Trust.

Such incidents must be fully recorded on Eclipse and any associated risks fully documented on RIO to ensure that all staff are made aware of any potential risks associated with that service user.

The manager/staff should seek advice and support from the Trust LSMS at the first opportunity to ensure that all possible risks and possible resolutions are identified, discussed, and considered.

If appropriate to do so, the service user can be spoken to immediately to explain that their behaviours towards Trust staff are not acceptable, and the possible consequences of continuing to behave in such a manner towards Trust staff. However, staff must never engage in any challenge that would put them at immediate risk of further violence or abuse and should always withdraw from any situations where behaviours displayed towards them may compromise the safety of themselves and colleagues.

When unacceptable behaviours are reported, subsequent actions are:

- Report all incidents via Eclipse
- Update any risks on RIO
- Discuss with Line manager
- Seek support from LSMS
- Consider behaviours reported and appropriate level of response (informal discussion, verbal warning, a warning letter, how/if continued care will be provided and/or withdrawal of care provision temporarily or permanently).
- All responses to inappropriate behaviours should involve the team providing care, LSMS, Trust Complaints/PALS team and where appropriate, Trust Legal team.
- Any criminal offences should be reported to the police as appropriate.
- Appropriately share any identified risks/threats with other agencies that are currently or may be providing care and support – this should include agencies such as ambulance, police, acute and social healthcare services.

Where unacceptable behaviours are demonstrated towards Trust staff by carers, relatives, visitors, and members of the public, they should be asked to stop, and staff should explain the reasons for asking them to do so. If the unacceptable behaviour continues, then depending on the setting (i.e Trust building or community location such as the home of a service user), in addition to the above steps, the individual(s) responsible should be asked to leave immediately (Trust premises), or if in the community, staff should immediately

withdraw to safety and if necessary seek immediate police assistance. Trust staff should not put themselves at any unnecessary risk in terms of their personal safety and should call 999 if there is any refusal to leave a Trust building and/or activate their lone working device if in a community setting to get immediate assistance.

The steps outlined above should be followed in the same way to highlight and address any risk and response to unacceptable behaviours from the carers, relatives, visitors, and members of the public.

## Types of Response to Unacceptable Behaviour

### **Verbal Warning**

A verbal warning can be issued to anyone who is acting in a rude, aggressive, or abusive manner which is offensive, or causes upset to staff or others who maybe present.

Anyone who is a service user of the Trust can be issued with a verbal warning.

Where given, a verbal warning should be recorded on an Eclipse Incident Report that outlines the behaviour/incident that was subsequently resolved with the verbal warning, together with a note recorded within the relevant RIO case notes.

### **Unacceptable Behaviour Warning Letter**

An unacceptable behaviour warning letter is issued following incidents that have been deemed inappropriate or unacceptable that has caused distress to staff, service users or others.

This is a formally documented action but is used as an internal Trust process only. However, such letters may be shared with the police or other partners as necessary under the Trust Information Sharing Protocol and/or for evidential purposes.

There are different levels of Warning letter, which for the purposes of this policy are classified as Yellow Card and Red Card warnings. The Red classification would also incorporate bans and withdrawal of services temporarily or permanently and can be issued to Service Users, their carers, relatives, visitors, members of the public and contractors.

### **Yellow Card Warning Letter**

A Yellow Card Warning Letter is an official warning issued for incidents of excessive aggressive, abusive, or repeated unacceptable behaviours towards Trust staff. To receive a yellow card warning, the individual must have received a verbal warning about similar behaviours previously prior to escalation to a Yellow Card warning.

The Yellow Card warning process is primarily used for service users, but could extend to their relatives, carers, and visitors where appropriate.

The Yellow Card warning is issued in the form of a letter that has been formulated with the relevant service manager, LSMS, Complaints Manager and Legal team. The agreed final draft will then be issued on behalf of the clinical team via the (complaints/legal team), from the Trust HQ address.

A copy of the Yellow Card warning letter must be uploaded to RIO together with the Eclipse incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

A copy of the letter issued to the person, should also be shared with partners such as GP's (if a service user), West Midlands Ambulance, and other agencies that may be involved in the provision of care for the individual concerned.

### **Red Card Warning Letter**

Red Card Warning Letters are issued for acts of extreme aggression, abuse, violence, unacceptable or inappropriate behaviours. Such letters will usually be issued because of a Yellow Card warning having been issued and the unacceptable behaviours have continued. However, where it is considered that an individual behaves in such an unacceptable manner, then it would be appropriate to escalate to a Red Card Warning letter as a first and final warning.

Red Cards are primarily issued to service users but can equally be issued to their carers and relatives where deemed necessary.

This warning is issued in the form of a letter and will clearly set out the reasons as to why it has been issued.

Such letters will be formulated with the relevant service manager, LSMS, Complaints Manager and Legal Team. The agreed final draft will be issued on behalf of the clinical team via the Trust Senior Solicitor and or the Legal Team on their behalf, from the Trust HQ address.

A copy of the Red Card warning letter must be uploaded to RIO together with the Eclipse incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

A copy of the warning letter issued together with details of all possible associated risks, must be shared with partners such as GP's (if a service user), West Midlands Ambulance, and other agencies that may be involved in the provision of care for the individual concerned in the same manner as a Yellow Card warning letter.

It may be necessary following the issue of a Red Warning Card Letter, for BSMHFT to liaise with other healthcare providers for the transfer of an individual's care as the Trust is unable to continue as a care provider.

Where care is to continue to be provided, the Trust will consider all the known and potential risks of doing so, and a multidisciplinary and/or professionals meeting will be held to determine how and where this can be done safely. This may involve the provision of care at an alternative facility.

All actions and taken as part of this process should be fully documented on the relevant RIO record (where a service user), and a copy of all supporting evidence retained by the Trust Complaints Manager.

Where a Red Card warning letter is issued and results in any dispute, the recipient should be directed to the Trust's formal complaints procedure.

### **Temporary Red Cards**

A Temporary Red Card may be issued where there are felt to be significant risks to vulnerable service users. This process can be used for service users to allow them to reflect on unacceptable behaviours that may be out of character, as well as for visitors/carers of service users during their stay at a Trust inpatient facility.

Such letters will be formulated with the relevant service manager, LSMS, Complaints Manager and Legal Team. The agreed final draft will be issued on behalf of the clinical team via the (Trust Senior Solicitor/Complaints Manager?), from the Trust HQ address.

A copy of the Red Card warning letter must be uploaded to RIO together with the Eclipse incident reports, that provide the supporting evidence for the issue of a warning letter. A copy of all such correspondence must be retained by the Trust Complaints Team.

In extreme situations, a verbal Red Card Warning can be delivered verbally by a senior Trust manager, to request an individual leave Trust premises and exclude them from any return. This must be immediately followed up in a written form following the processes previously outlined within this policy.

Examples of where a temporary red card warning would be appropriate are as follows (this is not exhaustive):

- Where a service user is at risk by a visit from a carer/relative and/or friend/associate
- Where a service user is an out of area patient, specifically for the reasons of safeguarding a vulnerable adult/child

- When guidance from the Trust Safeguarding Lead/MARAC group has deemed that exclusion is necessary
- When a staff member has been threatened by any form of violence, and a warning has been issued for the protection of staff.

If a decision is made to excluded visitors, then this must be explained to them so far as reasonably practicable based on the circumstances and any such decision will be subsequently confirmed in writing.

In the event that any individual seeks to breach the conditions imposed by the issue of a Red Warning Card, and attempts to gain entry to a Trust premises or behaves in an aggressive, abusive or unacceptable manner towards Trust staff, then this should be reported and, where appropriate, any criminal behaviour should be reported to West Midlands Police via 101, or 999 if there is an immediate and apparent threat, in accordance with the Police Interventions Policy.

Where a Temporary Red Card has been issued, and this relates specifically to the visiting of relatives/friends whilst an inpatient at a Trust facility, and results in any dispute, the recipient should be directed to the Trust's formal complaints procedure.

Where a Temporary Red Card has been issued to a visitor, this is specifically relates to their attending Trust premises as a visitor, not as a service user, meaning any necessity for them to attend a consultation as a service user would not be impacted by the use of a temporary red card.

Temporary Red Cards issued to services users, in relation to a temporary exclusion from a location and/or services, will be reviewed after an agreed period time. The timing of any such review will be determined by the MDT/professionals meeting when deciding the actions to be taken in respect of this policy and any review period will be included within the temporary red card letter when issued.

A temporary red card letter will only be rescinded following a review by an MDT/professionals meeting, where they decide that no further risks are posed by the recipient. Equally, if the risks are deemed to be still present, the temporary red card exclusion period can be extended for a further agreed period or escalated to a permanent exclusion red card warning letter.

## **Process for Appeal**

As a Trust, the honesty and integrity of staff is not in doubt. Therefore, where they have reported that they have been abused or targeted, then an appropriate response would be to implement the actions set out within this policy regarding the alleged incident.

To investigate the validity of a staff members report, as often the incidents occur on the phone or without witnesses, would undermine their decision to report what can often be extremely upsetting incidents.

All warning letters will be composed with input from the relevant team, the LSMS, complaints and legal colleagues, and then issued and sent on behalf of the team involved by the Trust Legal team. This process will help to ensure that the therapeutic relationship between the clinical team and the recipient is not affected.

Whereby persons are not happy to have received a letter and threaten to complain or that they are to seek legal advice etc., they should be directed towards the Trust process of making a complaint via PALS.

## **Exceptions**

In exceptional circumstances a warning letter or verbal warning may not be appropriate, as there may be overriding clinical reasons for the cause of behaviours that would in normal circumstances be deemed inappropriate and unacceptable. In such circumstances an MDT/Professionals meeting would need to identify the most appropriate method to address and manage the risks presented by such an individual.

There may be an emergency where an individual who is subject to warning letter/exclusion presents to Psychiatric Liaison or at the Place of Safety in crisis and requiring emergency treatment. In such circumstances the overwhelming clinical need for a therapeutic intervention would be the priority and any appropriate care and treatment should be provided. The staff providing care need to make themselves fully aware of any risks as documented in clinical records and manage these risks appropriately.

Where possible, discharge from service should be made as soon as it is safe to do so. Where further care is required, then guidance should be sought from the local CCG as to which healthcare provider will be able to do this.

If an admission to an inpatient facility is unavoidable, then arrangements should be made as soon as possible for a transfer to an alternative healthcare provider by the clinical care team and Bed Management. The individual should then be transferred out of Trust services as and when a suitable placement has been identified.

The Trust is committed to the provision of services and care that is fair, accessible and meets the needs of all individuals irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief (including lack of belief), sex (i.e gender), and sexual orientation.

[Name & Address]

[NHS Number & Hospital Number – if appropriate]

[Date]

Dear [name],

### Unacceptable Behaviour Warning Letter

This letter has been issued following an incident where your behaviour whilst on Trust property has been unacceptable.

You were spoken to about this on [date], by [name of Trust staff], who highlighted that your behaviours, specifically [details of incident shouting, rude, spitting for example] and verbally warned that such behaviour is unacceptable.

The purpose of this letter is to notify you that such behaviour is unacceptable. Should there be any further incidents of this nature whilst on Trust premises, or whilst in receipt of care from Trust staff, then it may be necessary to issue you with a formal warning letter in accordance with our Policy.

It is therefore requested that you consider your behaviours when engaging with Trust staff and services, be this face to face, indirectly, on Trust premises or in your home.

The Trust has an obligation to its staff and service users to ensure that care and services can be provided in safe environment.

Should you continue to behave in what the Trust considers an unacceptable manner, then further sanctions may be considered.

Yours sincerely

[Name & Address]

[NHS Number & Hospital Number – if appropriate]

[Date]

Dear [name],

### Yellow Card Warning Letter

I regret to have to advise you that following your violent and /or antisocial behaviours on [date] at [location], which specifically included [details of incident shouting, rude, spitting for example].

The purpose of this letter is to notify you that this Trust finds such behaviour unacceptable and that you are now subject to a “special agreement”. Under this agreement, if you stop being abusive, discriminatory, violent, or antisocial, then the Trust will continue to provide you continuing care without any alteration to the existing arrangements. This sanction will remain on file and will last for a period of one year from the date of this letter.

Should there be any further incidents of this nature whilst on Trust premises, or whilst in receipt of care from Trust staff, then it will be necessary to escalate matters to the next stage and issue you with a Red Card formal warning letter in accordance with our Policy.

This process may also include your immediate exclusion from Trust premises, and the involvement of West Midlands Police. This could also mean that you would not receive any treatment or care (other than emergency care), and that alternative arrangements would have to be made for your treatment.

It is therefore requested that you consider your behaviours when engaging with Trust staff and services, be this face to face, indirectly, on Trust premises or in your home.

The Trust has an obligation to its staff and service users to ensure that care and services can be provided in safe environment and behaviours such as have been demonstrated by you are unacceptable.

Yours sincerely

[Name & Address]

[NHS Number & Hospital Number – if appropriate]

[Date]

Dear [name],

### Red Card Warning Letter

On [date] you were written to and informed of the “special arrangement” to which you are subject. Following a further incident where you behaved in a violent and /or antisocial manner, specifically on [date] whilst at [location], where you [details of incident shouting, rude, spitting for example].

The purpose of this letter is to notify you that this Trust finds such behaviour unacceptable and because you have been unable to behave in what the Trust considers to be an acceptable manner, that you are now subject to the next stage of the procedure, a Red Card warning.

This red card means that you are not allowed to attend or enter any Trust premises and will not receive any treatment or care, other than in an emergency situation. The team responsible for your care will try to make alternative arrangements for you to receive treatment elsewhere if possible and will notify you of this accordingly.

Under this agreement, if you attend any Trust premises other than for emergency care, then the police will be immediately called. Any unacceptable behaviours that have resulted in the issue of this red card warning, where deemed criminal will also be reported to West Midlands Police for their consideration of criminal prosecution.

The Trust has an obligation to its staff and service users to ensure that care and services can be provided in safe environment and behaviours such as have been demonstrated by you are unacceptable.

This sanction will remain on file and will last for a period of one year from the date of this letter.

Yours sincerely

[Name & Address]

[NHS Number & Hospital Number – if appropriate]

[Date]

Dear [name],

### Temporary Red Card Warning Letter

This letter is to inform you that you are not allowed onto the premises of Birmingham and Solihull Mental Health NHS Foundation Trust for a period of 60 days from the date of this letter.

The Red Card means that you may not enter any Trust premises and that you will not receive treatment or care, other than emergency care. The team in charge of your emergency care will try to make alternative arrangements for you to receive treatment elsewhere where possible, you will be notified of this.

This warning letter is a result of an incident where you behaved in a violent and /or antisocial manner, specifically on [date] whilst at [location], where you [details of incident shouting, rude, spitting for example]. Such behaviours are unacceptable and have resulted in the decision to exclude you for a period of 60 days.

If during this period you attend any Trust premises other than for emergency care, then the police will be immediately called. Any unacceptable behaviours that have resulted in the issue of this red card warning, where deemed criminal will also be reported to West Midlands Police for their consideration of criminal prosecution.

The Trust has an obligation to its staff and service users to ensure that care and services can be provided in a safe environment and behaviours such as have been demonstrated by you are unacceptable.

This sanction will remain on file and will last for a period of one year from the date of this letter.

Yours sincerely