Department of Health

Counter Fraud and
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To: Chairs/Chief Executives: NHS Trusts
Primary Care Trusts
The Mental Health Act Commission
The National Blood Authority
The National Treatment Agency
The Retained Organs Commission
The Prescription Pricing Authority
The Counter Fraud and Security Management Service

cc: Chief Executives Strategic Health Authorities

20 November 2003

Dear Chair/Chief Executive

**Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide services to the NHS**

Attached are Secretary of State Directions that will put in place a number of key practical measures to deal with the issue of violence in the NHS. These have been developed at the request of Ministers - in the context of a new approach to of the management of security within the NHS - and were announced by the previous Secretary of State in April this year. These Directions represent the first stage in a series of initiatives designed to deliver an environment for those who work in or use the NHS that is properly secure, so that the highest possible standards of clinical care can be made available to patients. They also define roles and responsibility of health bodies and the Counter Fraud and Security Management Service (CFSMS).

**Background**

Following the work of the Zero Tolerance campaign the awareness of violence, as an issue in the workplace, has been considerably heightened. Reports of violent incidents – ranging from verbal abuse to serious injury - have increased from 65,000 in 1998/99 to 115,000 in 2002/03.

We now need to move to the next stage of this work - tackling the substance of the problem itself and reducing the level of violence faced by staff and professionals working in the NHS. Ministers have charged the newly formed Special Health Authority, the CFSMS, to take this work forward. In developing this work, the CFSMS have worked closely with key stakeholders, including the British Medical Association, the Royal College of Nursing and UNISON.

## The Counter Fraud and Security Management Service (CFSMS)

The CFSMS was launched on 1 April 2003 with a remit encompassing "the policy and operational responsibility ..... for the management of security in the NHS" (Statutory Instrument 2002/3039).

## Directions

These Directions cover:

- The legal requirement for health bodies to have a nominated Executive Director leading work to tackle violence against staff

- A national incident reporting system for recording physical assaults, and a consistent local reporting system for non-physical incidents, using clear and legally based definitions, and with the ability to track cases from start to conclusion, allowing for monitoring and intervention where necessary, to ensure the best possible outcome for the person assaulted.

- The use of the CFSMS Operational Service to investigate cases of physical assault where the police are not investigating. These arrangements will continue until Local Security Management Specialists (LSMS) are trained and in place within each health body.

- A new Legal Protection Unit (LPU) to work with health bodies and provide them with advice on cost-effective methods of pursuing a wide range of sanctions against offenders. The LPU will work with the police and the Crown Prosecution Service in order to increase the prosecution rate of individuals who assault staff and professionals working in the NHS.

## Next Steps

**Annex 1 to Directions** concerns the information required by the CFSMS about the nominated Executive Director. That information must be e-mailed to Francesca.Wigginton@doh.gsi.gov.uk by **Friday 5 December 2003**.

**Annex 2 to these Directions** are instructions on reporting procedures for cases of physical assault; and at

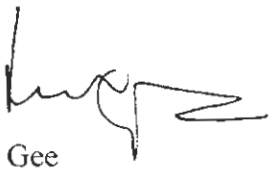
**Annex 3 to these Directions** are instructions on reporting procedures for cases of non-physical assault.

These Annexes describe the support health bodies can expect to receive from the CFSMS in dealing with physical assault cases.

Attached at Appendix 1 to this letter is the information required by CFSMS Operational Managers when the nominated Executive Director reports cases of physical assault (as per Annex 2 of Directions). The contact numbers for the CFSMS Operational Managers, along with details of the health bodies they are responsible for is attached at Appendix 2. These contact details should remain confidential to the nominated Executive Director or the person covering their work, if the former is on leave or unable to perform their duties.

Lastly, at Appendix 3 is a question and answer sheet. Further advice can be sought from the Directorate of Security Management at the CFSMS. Enquiries can be emailed to Alex.Nagle@doh.gsi.gov.uk.

Yours faithfully



Jim Gee
Director of Counter Fraud and Security Management

# NATIONAL HEALTH SERVICE ACT 1977

## Directions to NHS bodies on measures to deal with violence against NHS staff

The Secretary of State for Health, in exercise of the powers conferred by sections 16D, 17 and 126(4)of the National Health Service Act 1977 and of all other powers enabling him in that behalf, hereby makes the following Directions: -

### Application, commencement and interpretation

**1.** (1) Subject to sub-paragraph (4) , these Directions apply to all NHS bodies in England and come into force on 21st November 2003.

(2) In these Directions –

"CFSMS" means the Counter Fraud and Security Management Service" established as a Special Health Authority([a]);

"nominated director" means the executive director nominated to be responsible for security management matters as provided in paragraph 2;

"NHS body" means a Primary Care Trust, an NHS Trust and those Special Health Authorities listed in paragraph (3);

"NHS staff" means any person who is employed by or engaged to provide services to an NHS body.

(3) The Special Health Authorities referred to in the definition of "NHS body" in paragraph (1) are the Counter Fraud and Security Management Service, the Mental Health Act Commission([b]), the National Blood Authority ([c]), the National Treatment Agency ([d]), the Retained Organs Commission ([e]) and the Prescription Pricing Authority ([f]).
(4) In the application of these Directions to the CFSMS, paragraph 2(b), 3(b) and 4(c) shall not apply.

### Nominated Director

**2.** Each NHS body must -

(a) nominate one of its executive directors to take responsibility for security management matters, including in particular responsibility for measures to deal with violence towards NHS staff; and

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([a]) See the Counter Fraud and Security Management Service (Establishment and Constitution) Order 2002, S.I 2002/3039,
([b]) S.I. 1983/892.
([c]) S.I. 1993/585.
([d]) S.I. 2001/713.
([e]) S.I. 2001/743.
([f]) S.I. 1990/1718.

(b) In accordance with Annex 1 to these Directions inform the CFSMS of the name and contact details of the executive director so nominated.

**Monitoring and compliance**

3. Each NHS body must -

(a) monitor and ensure compliance with these Directions and in particular ensure that all NHS staff are informed of the content of these Directions and what is required of them to ensure compliance;

(b) take into account any other guidance or advice on measures to deal with violence against NHS staff which may be issued by CFSMS([8]).

**Physical assault**

4. In the event of physical assault on a member of NHS staff as described in Annex 2, the nominated director must ensure that the instructions contained in paragraph 4 of Annex 2 are complied with, that is to say he must put in place effective arrangements to ensure that in all cases -

(a) he is informed of the incident;

(b) the police are contacted immediately either by the person assaulted or by an appropriate manager or colleague and that full co-operation is given to the police in any investigation;

(c) the CFSMS is informed of the incident and that full co-operation is given to it in any investigation or subsequent action which it considers appropriate;

(d) the details are recorded in accordance with the NHS body's incident reporting system; and

(e) the victim of the assault is informed of the investigation's progress and offered such support as is necessary or desirable in the circumstances.

**Non physical assault**

5. In the event of non-physical assault on a member of NHS staff as described in Annex 3, the nominated director must ensure that the instructions contained in paragraph 4 of Annex 3 are complied with, that is to say he must put in place effective arrangements to ensure that -

(a), he is informed of the incident;

(b) in appropriate cases, assessed by reference to their nature and seriousness, the police are contacted as soon as reasonably practicable and that full co-operation is given to the police in any subsequent investigation;

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([8]) See HSC 2000/001"Tackling violence toward GPs and their staff" and HSC 2001/18, "Withholding treatment for violent and abusive patients in NHS trusts".

(c) in any case where the police decide not to prosecute, the NHS body considers what action, if any, it should take, and in particular considers whether private prosecution or civil proceedings would be appropriate;

(d) the details of the incident are recorded in accordance with the NHS body's recording system; and

(e) the victim of the incident is informed of the progress of any investigation and is offered such support as is necessary or desirable in the circumstances.

Signed by authority of the Secretary of State for Health
Date: 20.11.03

Senior Civil Servant

**Appendix 1**

**Guidance on Information Required to be Provided to Counter Fraud and Security Management Service Operational Managers when Reporting an Incident of Physical Assault.**

1. As per the guidance issued in Annex 2 accompanying directions to health bodies for the investigation of incidents involving physical assault in the NHS, the following information will be required when contact is made by the nominated Executive Director with the CFSMS Operational Manager.

2. The nature of the information required can be split into five separate areas;

   - Victim details
   - Incident description
   - Police details
   - Witness details
   - Assailant details

3. **Victim details** should include information about the name, date of birth, staff number, job title and workplace and contact numbers.

4. **Incident description** should include as much detail as possible about the location, time and severity of the incident, including any injuries received and current location of the victim.

5. **Police details** should include the time that the call was made to the police and by whom, and the name of the officer/s attending the scene, their collar numbers and contact details.

6. **Witness details** should include the name, address and contact numbers, and also whether they are staff members or members of the public.

7. **Assailant details** if they are known the name, address and contact details. Where they may be unknown, as full a description of the assailant as possible.

8. Once this information has been obtained it should be passed on to the CFSMS Operational Manager at the earliest practicable time. Earliest practicable time may be interpreted as the next working day, although this does not preclude the potential need in exceptional circumstances for the contact to be made at an earlier stage.

## Appendix 3

## Measures to Tackle Physical and Non-Physical Assault

**Q1. Why are these new measures being introduced?**

A1. Following the recommendations of the [1]NAO report on violence in the NHS Ministers and in particular, the then Secretary of State, were concerned that there was an inconsistent approach to this issue across the NHS. In introducing these measures staff and professionals will be able to see that the NHS is taking this issue extremely seriously and that by reporting incidents something is done and is seen to be done in dealing with those who assault them. This, along with proactive measures such as the provision of Conflict Resolution Training, should lead to a greater feeling of security in the workplace, help reduce the number of incidents that occur and help retain and recruit the much needed expertise to deliver NHS health care.

**Q2. Should not the police and the Crown Prosecution Service (CPS) be dealing with this issue?**

A2. The Department and the CFSMS are firmly of the belief that the police and the CPS are the most appropriate bodies to deal with cases of violence against staff and professionals when they occur. These initiatives *are not* designed to replace the police as the first point of contact in any incident – in fact we are clear that in all cases of physical abuse they *must* be contacted immediately. However, experience has shown that the NHS also needs to improve its own arrangements for tackling this issue, so that it can work with the police and CPS to ensure an effective response.

**Q3. What happens in cases of non-physical assault?**

A3. In the case of non-physical assault the health body may need to consider the seriousness of the incident before involving the police. For example, someone swearing at a member of staff could be dealt with administratively through warning letters about their behaviour, but where the verbal abuse involves threats or the use of a weapon the police should always be called.

**Q4. Why involve the CFSMS?**

A4. We do recognise that the police do not or are unable to investigate some cases of assault for a variety of reasons. Staff who report incidents feel frustration that nothing is done and that the offenders are 'getting away with it'. For an interim period, the CFSMS is offering health bodies the use of its highly trained and professional operational service in investigating incidents of physical assault. This will only apply in cases where the police response is deemed unsatisfactory, or they are not able to progress an investigation, for whatever reason and where the health body and the person assaulted still want to pursue the matter. This service will be at no cost to the relevant health

[1] *"A Safer Place to Work – Protecting NHS hospital and ambulance trust staff from violence and aggression"*, published in March 2003.

body.

**Q5. What is being done to address matters with the police?**

Q6. The CFSMS is in contact with the Association of Chief Police Officers (ACPO) with the aim of reaching agreement on the development of a Memorandum of Understanding (MOU) about NHS security management and, in particular, tackling violence in the NHS - so the police and the NHS are clear about what is expected from each other.

**Q7. What further support is the CFSMS providing?**

A7. As well as providing investigative expertise to look at cases that the police, for whatever reason, have decided not to pursue, the CFSMS has created a Legal Protection Unit (LPU) to provide health bodies with cost-effective and consistent advice on a range of sanctions that can be taken against those who assault staff and professionals in the NHS. This will include taking forward private criminal [2]prosecutions, where appropriate, and civil action to obtain injunctions and redress, where these are practicable. Advice on obtaining Anti-Social Behaviour Orders (ASBOs) will also be available, where these are felt to be applicable. The Unit will be staffed by experts, including experienced lawyers and legal staff. Any action taken will be in consultation with the relevant health body and the person subjected to the assault.

**Q8. Will health bodies have to pay for the LPU?**

A8. The CFSMS, for an interim period, will provide the investigative function at nil cost to health bodies. The CFSMS is happy to meet all the cost of employing the LPU, but clearly can not meet all the costs of pursuing legal action, whether criminal or civil. Indeed, as employers, health bodies should bear some responsibility in taking action against those who assault their personnel. By directly employing staff in the LPU the CFSMS anticipate that the cost to health bodies of taking action will be dramatically reduced, as well as having the reassurance that the advice and support offered will be consistent. Where the LPU consider that there is sufficient evidence to pursue legal action this will be taken forward in consultation with the relevant health body and, of course, the person who has been assaulted. The CFSMS will discuss with health bodies in individual cases what proportion of legal costs should be borne by the health body.

**Q9. Does the proposed new reporting definitions and process duplicate the existing reporting processes?**

A9. At present there are a number of different definitions of violence applied in the NHS. This has led to variable reporting of incidents of violence. Most do not differentiate between physical or non-physical assault or allow clear action to be taken where an incident occurs. By separating these two issues out they are

[2] There were 51 private prosecutions by health bodies in 2002/03

not any the less serious, but it will allow legal action to be taken about a problem which is defined in accordance with the law.

**Q10. How will it save my organisation time and effort?**

A10. The new reporting system on physical assault will reduce the burdens of health bodies as it will be operated by the CFSMS for an interim period, until Local Security Management Specialists (LSMS) are in place. By making the process more relevant and by using technology we will be able to ensure better analysis and the provision of better quality information. For non-physical incidents the use of a standard definition will allow greater clarity over reporting and in the longer-term the CFSMS will look to streamline and harmonise this area, again using the latest technology to best effect. In the longer-term the CFSMS will develop the reporting system to incorporate the requirements to report certain violent incidents to the Health and Safety Executive under "Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 1995"

**Q11. What are the longer-term arrangements?**

A11. The CFSMS is charged with driving up the standards of security management across the NHS. Although the CFSMS will not be responsible for day to day operational management of security within health bodies - this will remain the responsibility of the Board, the Chief Executive and the lead Executive Director - it will create the strategic approach and legal framework in which security management work will take place. It will provide professional training for those leading this work, and guidance and support to ensure that outcomes are delivered locally to high standards.

**Q12. What are the next steps?**

A12. The CFSMS will create a network of highly trained and professionally accredited Local Security Management Specialists (LSMS) across the NHS to lead local security management work, in particular tackling violence. As these LSMS are trained and start to be in place in health bodies they will assume the investigative responsibility on assault cases from the CFSMS Operational Service, and some of the responsibilities in these Directions from the nominated Executive Director. The NHS Security Management Strategy is due to be published shortly and will give more detail about the LSMS role.

**Annex 1**

**Nomination of Executive Director for Security Management Lead**

**Information to be supplied to the CFSMS by Email to sms@cfsms.nhs.uk no later than Friday 23 January 2004**

Name of Health Body:

Address of Health Body:

Postcode:

NHS Organisational Code:

Full Name of Nominated Executive Director:

Daytime Contact Number:

Mobile Number (if any):

E-Mail Address:

**Annex 2**

## Instructions on Dealing with Physical Assault involving Staff and Professionals who work in, or who provide services to, the NHS

1. **Background**

1.1. The NHS is committed to tackling violence and aggression against staff and professionals who work in, or provide services to, the NHS, however it occurs and in whatever form.

1.2. This annex deals with a national standard approach to tackle physical assaults that can occur in the NHS and is mandatory for all health bodies to follow. It describes the interim process, pending new security management arrangements in the NHS, which will start to take effect from April 2004. Further detail on these new arrangements will be available later this year.

2. **Physical Assault - General Baseline Definition**

2.1. The following baseline definition of a physical assault will be applied from the date these directions come into force, and replaces any other definition that may currently be in use.

2.1.1. ***"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort."***

2.1.2. Legal case references: Eisener v. Maxwell 1951, Kaye v. Robertson 1991

3. **Specific remedies**

3.1. There are a range of sanctions that can be considered when dealing with those who physically assault NHS staff and professionals. These include:

3.2. **Civil proceedings**

3.2.1. Proceedings based on the tort of Battery

3.2.2. Anti-social behaviour orders: these are civil orders but may also be obtained in the Magistrates' court (applied for by the police or local authority).

3.3. **Criminal Prosecution (Public or Private)**

3.3.1. Common assault contrary to the Criminal Justice Act 1988, s.39

3.3.2. Actual bodily harm contrary to the Offences against the person Act 1861, s.47

3.3.3. Wounding or inflicting grievous bodily harm contrary to the Offences against the person Act 1861, s.20

3.3.4. In relation to 3.3.1, 3.3.2 and 3.3.3 above, the Crime and Disorder Act 1998, s.29, creates a racially or religiously aggravated form of these offences and increases the maximum penalties.

3.3.5. Wounding or causing grievous bodily harm with intent contrary to the Offences against the person Act 1861, s.18

3.4. **Administrative/Procedural**

3.4.1. Action uuder guidance issued on withdrawal of treatment in secondary care (HSC 2001/18) or removal from a General Practitioner's list in primary care (HSC 2000/001).

4. **Action to be taken when physical assault has taken place**

4.1. The interim arrangements will apply until new security management arrangements, concerning Local Security Management Specialists (LSMS) within health bodies, are in place from April 2004 onwards

4.2. ***Interim – Health Body Action (See paragraph 4 of these Directions)***

4.2.1. Police to be contacted ***immediately*** by the person assaulted, their manager or relevant colleague. The police or CFSMS should be given information about the assailant's clinical condition (if known), if this could be seen as a contributory factor leading to the physical assault taking place. However, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This should be a matter for the appropriate investigatory authority.

4.2.2. Nominated Executive Director (for the NHS body) to be contacted, as soon as is practicable, by the person assaulted, manager or relevant colleague

4.2.3. Nominated Executive Director will:

4.2.3.1. contact, as soon as is practicable, the relevant CFSMS Operational Manager (OM) with specific information about the physical assault (relevant contact points for your health body are included with these Directions, along with information that will be need to be provided).

4.2.3.2. ensure full co-operation is given to a police or a CFSMS investigation, and any subsequent action, into a case of physical assault, including access to personnel, premise and records (electronic or otherwise) considered relevant to the investigation.

4.2.3.3. ensure that details of the incident are recorded on the health body's appropriate incident reporting system to comply with Health and Safety legislation.

4.2.3.4. ensure that an 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.

4.2.3.5. ensure that all possible preventative action is taken to minimise the risk of a similar incident reoccurring.

4.3. ***Interim - CFSMS Action***

4.3.1 The CFSMS OM will act as the initial liaison point with the health body's nominated Executive Director to obtain specific information, which will be recorded on the national reporting system for physical assault (PARs).

4.4. The CFSMS OM will undertake:

4.4.1. to determine if the police are going to lead the investigation.

4.4.2. <u>if the police are not handling the case</u>, designate CFSMS Specialist to handle the case.

4.4.3. <u>if the police are handling the case</u>, to ensure that the case is regularly monitored as to progress, make sure the person assaulted (and the relevant health body) are kept updated, and ensure both are informed of any outcomes.

4.4.4. to complete the CFSMS Intranet Violence against Staff database (PARs) with initial details.

4.5. Where the CFSMS investigate the incident the CFSMS Specialist Officer will:

4.5.1. progress the investigation with all speed, including recording all details relating to the investigation on a locally held file (using the standards in the CFSMS OS Manual of Guidance).

4.5.2. update the CFSMS Intranet Violence against Staff database (PARs) with relevant developments and outcomes on both police and CFSMS cases.

4.5.3. update the person affected by the physical assault and the nominated Executive Director of the relevant health body on a regular basis, as to progress and outcomes.

4.6. A criminal prosecution should be undertaken by the Crown Prosecution Service (CPS) if the police are handling the case. If the police are not handling the case or the CPS are unwilling to undertake a criminal prosecution, then the CFSMS Legal Protection Unit (LPU) will, if appropriate, consider a private prosecution.

4.7. Civil proceedings, if appropriate, will be considered by the CFSMS LPU in consultation with the person subject of an assault and the health body concerned.

4.8. **Longer term** – from April 2004 when trained and accredited LSMS begin to take up duties.

4.9. Police to be contacted ***immediately*** by the person assaulted, their manager or relevant colleague.

4.9.1. LSMS to be contacted by the person assaulted, their manager or relevant colleague.

4.10. LSMS to:

4.10.1. complete the CFSMS Intranet Violence against Staff database (PARs) with initial details.

4.10.2. ensure that details of the incident are recorded on the health body's appropriate incident reporting system to comply with Health and Safety legislation.

4.10.3. ensure that an 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.

4.10.4. where the police are handling the investigation, regularly monitor its progress and update the person assaulted and the relevant health body accordingly on that progress and any outcomes.

4.10.5. progress the investigation with all speed where the police are not handling the investigation, including recording all details relating to the investigation on a locally held file (using the standards in the NHS Security Management Manual). Refer appropriate cases to the CFSMS LPU for consideration of sanctions.

4.10.6. update the CFSMS Intranet Violence against Staff database (PARs) with relevant developments on both police and LSMS cases, including outcomes.

4.10.7. update the person affected by the physical assault and the relevant health body on a regular basis on progress and outcomes.

4.10.8. ensure that all possible preventative action is taken to minimise the risk of a similar incident reoccurring.

4.11. A criminal prosecution should be undertaken by the Crown Prosecution Service (CPS) if the police are handling the case. If the police are not handling the case or the CPS are unwilling to undertake a criminal prosecution, then the CFSMS (LPU) will, if appropriate, consider a private prosecution.

4.12. Civil proceedings, if appropriate, will be considered by the CFSMS LPU in consultation with the health body concerned.

**Annex 3**

## Instructions on dealing with Non-physical Assaults involving Staff and Professionals who work in the NHS

1. **Background**

1.1. The NHS is committed to tackling violence against staff and professionals who work in, or provide services to, the NHS, however it occurs and in whatever form.

1.2. This annex deals with a national standard approach to be applied locally to tackle non-physical assaults that occur in the NHS and is mandatory for all health bodies to follow. It describes the interim process, pending new security management arrangements in the NHS, which will start to take effect from April 2004. Further detail on these new arrangements will be available later this year.

2. **Non-physical Assault - General Baseline Definition**

2.1. The following baseline definition of a non-physical assault will be applied from the date these directions come into force, and replaces any other definition that may currently be in use.

2.1.1. ***"The use of inappropriate words or behaviour causing distress and/or constituting harassment."***

3. **Specific remedies**

3.1. There are a range of sanctions that can be considered against those who carry out non-physical assaults against staff and professionals. These include:

3.2. **Administrative/Procedural**

3.2.1. Action under guidance issued on withdrawal of treatment in secondary care (HSC 2001/18) or removal from a General Practitioner's list in primary care (HSC 2000/001).

3.3. **Civil Proceedings**

3.3.1. Proceeding based on the tort of Assault

3.3.2. Anti-social behaviour orders: these are civil orders but may also be obtained in the Magistrates' court (applied for by the police or local authority).

3.4. **Criminal Prosecution (Public or Private)**

3.4.1. Any use of threatening, abusive or insulting words or behaviour with intent to cause someone to believe that immediate unlawful violence will be used against him or another by another person contrary to the Public Order Act 1986, s.4.

3.4.2. Intentionally using threatening, abusive or insulting words or behaviour or disorderly behaviour, with intent to cause a person harassment, alarm or distress contrary to the Public Order Act 1986, s.4A.

3.4.3. Using threatening, abusive or insulting words or behaviour or disorderly behaviour, which is likely to cause a person harassment, alarm or distress contrary to the Public Order Act 1986, s.5.

3.4.4. Carrying out a course of conduct leading to intentional harassment contrary to the Protection from Harassment Act 1997, ss.1&2.

3.5. The Crime and Disorder Act 1998, ss. 31 & 32, have created a racially or religiously aggravated form of all of the above criminal offences.

## 4. Action to be taken by a health body when a non-physical assault has taken place

### 4.1. Interim Action

4.1.1. The interim arrangements will apply until new security management arrangements, concerning Local Security Management Specialists (LSMS) within health bodies, are in place from April 2004 onwards

4.1.2. Where appropriate the police should be contacted, as soon as is practicable, by the person subject of the non-physical assault, their manger or relevant colleague. The seriousness of the incident should be taken into account in deciding whether the police should be involved, but where the incident falls into 3.5 above the matter should always be reported to the police. The police should be given information about the assailant's clinical condition (if known), if this could be seen as a contributory factor leading to the non-physical assault taking place, however, the presence of a clinical condition should not necessarily preclude appropriate action being taken. This should be a matter for the police or the health body concerned.

4.1.3. The nominated Executive Director (for the NHS health body) must be contacted, as soon as is practicable, by the person suffering the abuse, their manager or relevant colleague.

4.1.4. The nominated Executive Director will arrange:

4.1.4.1. to consider action under guidance issued on withdrawal of treatment in secondary care or removal from a General Practitioner's list in primary care (see paragraph 3.2.1.).

4.1.4.2. to liase with, co-operate with and monitor cases of non-physical assault that have been referred to and are being handled by the police.

4.1.4.3. to, where the matter has been reported to the police and the police have decided not to pursue the matter, consider whether the health body should initiate private prosecution and/or civil proceedings, where appropriate.

4.1.4.4. to ensure that details of the incident are recorded on the health body's appropriate incident reporting system to comply with Health and Safety legislation.

4.1.4.5. to ensure that an 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.

4.1.4.6. to appraise the person subject of the non-physical assault of the outcome of any action taken.

4.2. **Longer term** – from April 2004 onwards when trained and accredited Local Security Manager (LSMS) begin to take up duties.

4.2.1. The LSMS will assume responsibility, once trained and accredited, from the nominated Executive Director for the action to be taken as described in paragraphs 4.1.2 – 4.1.4.6.

4.2.2. The LSMS will progress this action in accordance with the guidance that will be contained in the NHS Security Management Manual.