

# Violence, Aggression, and Discrimination Prevention and Reduction Policy

Version:	Owner:	Created:
1.0	Mike Duncan (Director of People.)	12/07/2024
Published:	Approving Director:	Next Review
14/08/2025	Rhys Hancock (Director of Nursing, AHPs and Governance.)	14/08/2026

Violence, Aggression, and Discrimination  
Prevention and Reduction Policy V1.0

# Contents

<b>Summary .....</b>	<b>3</b>
<b>Introduction.....</b>	<b>3</b>
<b>Context .....</b>	<b>3</b>
<b>Scope.....</b>	<b>4</b>
<b>Definitions .....</b>	<b>4</b>
<b>Zero Tolerance .....</b>	<b>5</b>
<b>Governance.....</b>	<b>5</b>
<b>Policy Commitments .....</b>	<b>6</b>
<b>Accountabilities .....</b>	<b>6</b>
<b>Prevention Measures.....</b>	<b>7</b>
<b>Response to Incidents .....</b>	<b>8</b>
<i>Considerations .....</i>	<i>8</i>
<i>Right to Refuse Care.....</i>	<i>9</i>
<i>Response Guide .....</i>	<i>9</i>
<i>Debriefing .....</i>	<i>12</i>
<i>Reporting .....</i>	<i>12</i>
<i>Recording – Electronic Patient Record Alerts.....</i>	<i>13</i>
<i>Wellbeing Support.....</i>	<i>13</i>
<b>Appendices .....</b>	<b>15</b>
<i>Appendix 1 – Response Flowchart.....</i>	<i>15</i>
<i>Appendix 2 – Warning Letter Template .....</i>	<i>16</i>
<i>Appendix 3 – Good Behaviour Agreement Template.....</i>	<i>17</i>
<i>Appendix 4 - Special Allocations Scheme Referral Guidance.....</i>	<i>19</i>
<i>Appendix 5 – Equality Impact Assessment.....</i>	<i>22</i>
<b>Version Control.....</b>	<b>23</b>

# Violence, Aggression, and Discrimination

## Prevention and Reduction Policy V1.0

### Summary

This policy outlines BrisDoc's framework for the prevention and reduction of violence, aggression, and discrimination within its services. It establishes a zero-tolerance approach, defines key behaviours, and details procedures for incident reporting, classification, and response. The document assigns responsibilities across organisational levels and integrates measures such as training, risk assessments, and monitoring. Aligned with NHS standards, the policy aims to ensure a safe environment for colleagues, patients, and visitors.

### Introduction

BrisDoc is dedicated to upholding the highest standards of safety for our colleagues, patients and visitors across all of our services and locations. Violence, aggression, discrimination, and harassment in any form, including verbal, that intimidates, degrades, humiliates, or otherwise harms another person will not be tolerated.

This policy outlines our commitment to preventing and reducing incidents of violence, ensuring the well-being of everyone within our organisation through a risk-based framework.

### Context

The World Health Organisation defines violence as: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (Global status report on violence prevention 2014).

According to the WHO, psychological violence involves "insults, belittling, constant humiliation, intimidation (e.g., destroying things), threats of harm, threats to take away children, isolation from friends and family, and restriction of movement." This can encompass various forms of verbal abuse and aggression. Verbal violence and aggression, therefore, can be understood as forms of psychological violence that use language to cause harm, intimidation, or humiliation to others.

Discrimination involves treating someone with a protected characteristic less favourably than others, putting them at an unfair disadvantage. Harassment comes under this definition as "unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them" (GOV.uk). There are nine protected characteristics: age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, and sexual orientation.

BrisDoc, as an employer and as the provider of a workplace, has a legal and moral duty of care to ensure the safety and well-being of our workforce. Our legal duty of care is primarily encompassed in the Health and Safety at Work Act 1974, which requires employers to ensure the health, safety, and welfare of employees and workers.

All NHS commissioners and all providers of NHS-funded services operating under the NHS Standard Contract should have regard to the violence prevention and reduction standard, and are required to review their status against it and provide board assurance that they have met it

# Violence, Aggression, and Discrimination

## Prevention and Reduction Policy V1.0

twice a year. Our Violence Prevention and Reduction policy is designed to align with the NHS Violence Prevention Standards.

### Scope

This policy applies to all Co-owner employees, Honorary Contract holders, Self-employed workers, Contractors, and Volunteers. In this policy all of the above categories of employee and worker will be referred to as 'colleagues'.

This policy covers both physical and psychological violence, aggression, and discrimination perpetrated by patients, service users, or visitors towards BrisDoc staff, other patients, and visitors to BrisDoc. While it does not specifically cover incidents between colleagues, such behaviours are not tolerated and will be addressed through appropriate HR procedures. Incidents between colleagues should be reported through Freedom to Speak Up Guardians, the People Team, or a trusted manager for escalation.

While BrisDoc's Sexual Safety Policy outlines the organisation's commitment to creating a safe environment, incidents of sexual harassment or violence perpetrated by patients or service users should be managed under the Violence Prevention and Reduction Policy.

### Definitions

1. **Marginalised Groups:**

Individuals or communities who experience social exclusion, discrimination, or reduced access to opportunities due to characteristics such as race, ethnicity, religion, disability, sexual orientation, gender identity or expression, age, or socioeconomic status. This includes, but is not limited to, LGBTQ+ people, people from racial or ethnic minority backgrounds, and others who may face systemic barriers or unequal treatment. Many of these characteristics are legally protected under the Equality Act 2010.

2. **Violence:**

Any incident, physical and/or verbal, in which a person is abused, threatened, or assaulted in circumstances related to their work. This includes acts motivated by prejudice or discrimination related to identity or personal characteristics.

3. **Aggression:**

Hostile or violent behaviour or attitudes toward another person, including behaviour driven by bias or intolerance toward marginalised groups or protected characteristics.

4. **Harassment:**

Unwanted conduct that affects the dignity of individuals in the workplace, including actions, threats, or communications that are unwelcome, offensive, or discriminatory — particularly when targeting someone due to personal characteristics such as race, disability, sex, gender identity, or sexual orientation.

5. **Verbal Violence and Aggression:**

Any form of communication that is abusive, discriminatory, threatening, or offensive. This includes language that targets individuals or groups based on identity — such as racism, homophobia, transphobia, ableism, or other forms of prejudice — and can occur in person, over the phone, or through written or digital communication.

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

### 6. Racism:

Prejudice, discrimination, or antagonism directed at individuals or groups based on their race or ethnicity. This can be individual, institutional, or systemic in nature, and may be overt or subtle in its expression.

## Zero Tolerance

Zero Tolerance historically refers to a strict stance that enforces predetermined consequences for specific behaviors or violations – usually focusing on racial abuse – regardless of circumstances or severity.

At BrisDoc, we are committed to providing safe, respectful, and compassionate care to everyone who accesses our services. We recognise that many of our patients face intersecting challenges – such as mental ill-health, trauma, deprivation, discrimination, and social exclusion – which can affect how they experience and engage with healthcare.

BrisDoc's definition of Zero Tolerance is that all incidents of aggression, violence, racism, or discrimination will lead to appropriate action – ranging from verbal or written warnings, agreed support plans, or even removal from premises or police involvement, depending on the nature and severity of the incident. This means no incident will go without action.

BrisDoc is committed to the ongoing work of being an anti-racist organisation, and supporting all staff to live these values. We all have a responsibility to uphold BrisDoc's anti-racism approach: challenging racism is not solely the responsibility of those who experience it, nor only of managers or global majority colleagues. Be an active bystander – silence in the face of racism is complicity.

We recognise that racism and racial harassment have a profound and lasting impact on the health, wellbeing, and professional experience of our global majority colleagues. These behaviours are not just individual acts – they are rooted in broader systems of inequality and exclusion, and can lead to feelings of isolation, distress, and harm.

We also acknowledge that colleagues with visible/tangible characteristics or expressions of identity – such as wearing a hijab, being Black or Asian, being neurodivergent, or having a physical or visible disability – may be more frequently targeted with discriminatory behaviour. These individuals may face disproportionate scrutiny, bias, or harassment, and we are committed to recognising and addressing this injustice wherever it occurs.

At BrisDoc, we are committed to actively listening, taking concerns seriously, and creating a culture where colleagues belonging to protected characteristic groups, and indeed all colleagues, feel safe, valued, and supported.

## Governance

BrisDoc's Senior Leadership and the Board, through the Chief Executive, are collectively accountable for and endorse BrisDoc's Violence Prevention and Reduction Policy, with delegated accountability assigned to the Director of People.

We will review our performance against this policy to enable the senior management team to direct and inform changes to policies and/or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. We will share critical

# Violence, Aggression, and Discrimination

## Prevention and Reduction Policy V1.0

findings with internal and external stakeholders as deemed appropriate by the Senior Leadership team.

### Policy Commitments

Our policy commitments for Violence Prevention and Reduction define the priorities that will create a secure and respectful environment for both staff and patients. Aligned with the NHS Violence Prevention and Reduction Standards, these commitments guide BrisDoc's approach to violence prevention and reduction.

**Risk Assessment and Management:** We will conduct regular assessments of potential

violence risks within our healthcare facilities. We will focus on the identification, mitigation, and communication of risks to relevant stakeholders to prevent harm.

**Senior Management Accountability:** We acknowledge senior management's responsibility, including the Chief Executive and the board, in implementing strategies for violence prevention and reduction.

**Violence Prevention and Reduction Plans:** We will document comprehensive plans to prevent and reduce violence and the risk of violence, providing regular updates based on lessons learned and risk assessments, and make these accessible to stakeholders.

**Resource Allocation and Workforce Engagement:** Vital for success is providing adequate resource and regular communication of objectives and priorities to our workforce, including engagement with our Co-Owners Council.

**Clear Roles, Responsibilities, and Training:** We will ensure all our workforce have access to appropriate training and support that will keep them and our patients safe from violence.

**Process for Corrective and Preventative Actions:** Essential for maintaining a safe environment, we will promptly address incidents, recording corrective actions, and updating risk registers to prevent future occurrences.

### Accountabilities

1. Risk Assessment and Management:	
Risk assessments are conducted each year to identify and address potential areas of concern.	Service Leads*
Identified risks associated with violence are shared with LOBs and Leadership Board.	Director of Nursing, AHP, and Governance
2. Senior Management Accountability:	
Accountability for the Violence Prevention and Reduction policy is delegated to a member of the senior leadership team.	Director of People
Service Directors are accountable for all plans and risk assessments within their service areas and for making informed decisions about violence prevention and reduction actions.	Service Leads

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

<b>3. Violence Prevention and Reduction Plans:</b>	
Detailed plans are developed and documented to achieve violence prevention and reduction objectives.	Service Leads
Plans are updated annually to consider improvements, lessons learned, and updated risk assessments.	Service Leads
<b>4. Resource Allocation and Workforce Engagement:</b>	
Service leads ensure adequate resources are allocated for violence prevention and reduction objectives.	Service Leads
Regular communication on objectives and priorities is provided to all staff groups.	Service Leads
<b>5. Clear Roles, Responsibilities, and Training:</b>	
Organisational roles and responsibilities for violence prevention and reduction are clearly defined.	Director of People
Training needs analysis informed by risk assessments is conducted, with suitable training accessible to all staff.	Director of People
<b>6. Process for Corrective and Preventative Actions:</b>	
All incidents are logged, reviewed, and corrective actions recorded within acceptable timeframes.	Director of Nursing, AHP, and Governance
Violence prevention and reduction risk registers are updated accordingly.	Director of Nursing, AHP, and Governance

\* Service Leads are Service Directors, Heads of Service, and Practice Managers.

### Prevention Measures

The minimisation of risk and early intervention are key in reducing or preventing incidents of violence, aggression, and discrimination. Some key actions include:

**Policy and Process:** This policy and associated policies are readily accessible on Radar.

**Risk Assessments:** All services have completed a violence and aggression incident risk assessment, with measures in place to ensure the design of the workplace is safety-focused. Some services have produced Lockdown and Evacuation Plans. These are all reviewed regularly and after any incidents to ensure effectiveness.

**Training:** Completion of mandatory training on health and safety, safeguarding, equality, diversity, and human rights, and preventing radicalisation is required by all staff. Training on 'managing difficult conversations', intercultural communication, racial literacy, understanding neurodiversity, and implicit bias is also available for all staff on the Development Hub.

**Patient Education:** Practices display patient information posters on expected behaviours.

**Leadership Behaviours:** Managers and leaders model inclusive, calm, and professional behaviour at all times, and support team members who have experienced incidences of violence, aggression, and discrimination. The BrisDoc Code of Conduct and Expectations is a



## Violence, Aggression, and Discrimination

### Prevention and Reduction Policy V1.0

contractual part of working at BrisDoc, included within the Co-Owners Handbook, promoting a core set of values and standards of behaviours that ensures BrisDoc remains a “good and safe place to work”.

**Reasonable Adjustments:** BrisDoc ensures accessibility and inclusivity by making reasonable adjustments for those who may be vulnerable to discrimination or distress, and by reviewing environments to ensure they are supportive for all.

## Response to Incidents

In healthcare settings, violence and aggression can vary significantly in severity and impact and the response will be largely dictated by the nature of the aggression, clinical context, and the environment within which it occurs.

### Considerations

**Impact on Wellbeing and Wellness at Work:** It is important to recognise that even incidents rated as Level 1 or ‘low severity’ can have a significant and lasting impact on the emotional wellbeing of co-owners who experience or witness abusive behaviour. Such events may lead to feelings of anxiety, distress, or diminished confidence at work, and can contribute to a culture of fear or disengagement if not addressed appropriately. The role of the manager is therefore crucial – not only in offering immediate (where possible) support and reassurance, but also in ensuring ongoing wellbeing through debriefing, signposting to support services, and fostering a psychologically safe working environment.

**Supporting Students and Trainees:** Trainees, students, and early-career professionals may be especially vulnerable to violent, aggressive, or discriminatory behaviour from patients and may feel less confident in challenging it. Line managers and clinical supervisors should ensure these individuals are briefed on their rights and response options.

**Respect for Reasonable Cultural Requests:** A distinction must be made between discriminatory behaviour and legitimate cultural or religious preferences (e.g. requesting a clinician of a particular gender for intimate care). If unsure whether a request is discriminatory or respectful of religious observance, staff should seek guidance from their manager.

**Patients with Diminished Capacity:** Some patients may exhibit offensive behaviour due to underlying conditions or pathology such as dementia, delirium, brain injury, substance abuse issues, or complex mental health issues. It is important to recognise that whilst this may reflect the patient’s current state, it may not reflect their personality or character, however this does not negate harm caused to staff. When such situations occur, the patient’s capacity should be assessed with clinical oversight and safeguarding referrals considered. The response guidance below should take into account the patient’s current mental state and, where relevant, any history of contrasting or previous behaviours, to support a proportionate and appropriate response.

**Trauma-Informed Practice:** A trauma-informed approach recognises the widespread impact of trauma, seeks to understand its effects, and creates safe, supportive environments that avoid re-traumatisation and promote recovery. BrisDoc is committed to a trauma-informed approach, recognising that both patients and colleagues may have past experiences that influence how they respond to stressful or challenging situations. In the context of violence and aggression, this means approaching incidents with empathy, seeking to understand underlying factors, and



## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

avoiding responses that may inadvertently re-traumatise individuals. Staff are supported to de-escalate situations compassionately, while maintaining firm boundaries to ensure safety for all.

### Right to Refuse Care

BrisDoc affirms that colleagues have the right to withdraw from providing care to patients who exhibit discriminatory, harassing, or abusive behaviour – except in situations where the care is immediately life-saving or where refusal would result in serious harm. This includes verbal abuse, racist language, sexual harassment, or other forms of discrimination based on protected characteristics.

Healthcare professionals have a duty of care to patients, but this is not absolute and must be balanced against their own safety and wellbeing. In accordance with guidance from the British Medical Association and the Health and Safety at Work Act 1974, staff are not obliged to provide care in circumstances that would compromise their own health, safety, or dignity. Where a patient poses a risk to staff through sustained discrimination or abuse, and where the situation is not an emergency, staff may appropriately decline to continue treatment.

In such cases, staff should:

- Withdraw from the situation where it is safe and appropriate to do so
- Seek immediate support from a manager or senior colleague
- Ensure that the patient receives appropriate clinical care from another provider where required
- Record the incident in the Learning Events portal and, where possible, in the patient's clinical record

BrisDoc will support colleagues in making these decisions and will not expect staff to tolerate discriminatory behaviour under the guise of professional obligation.

### Response Guide

As a guide it can be useful to classify these incidents to ensure an appropriate response that safeguards patients, colleagues, and visitors. Here are descriptions for three levels of violence and aggression incidents along with guidance on corresponding levels of response.

**Responding managers can categorise an incident according to the level they feel is most appropriate** – the behaviour examples listed in each level below are not prescriptive.

See **Appendix 1** for a flowchart to aid in the response decision process.

Local measures do take priority when determining the appropriate response as they have been developed with regards to the local environment and risks.

#### Level 1 Incidents

**Definition:** Level 1 incidents include behaviours such as

- Shouting, swearing, or using disrespectful language without physical threats or actions
- Frustration or anger expressed verbally by patients, visitors, or even colleagues
- Microaggressions about a person's protected characteristic
- Online abuse including by email or on social media

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

### Response:

**De-escalation** techniques should be used if possible. Active listening, empathy, and calming techniques may defuse the situation. Reminding the patient of **acceptable behaviours** when interacting with services is important.

A **verbal warning** should be issued, with clear consequences stated (escalation to Level 2 incident procedures or permanent exclusion from services) for repeat offences. An opportunity for **reflection on behaviour** should be offered alongside this.

Service specific responses		
<b>Severnside</b>	If the patient requires face to face assessment, discuss options with the Clinical Coordinator and consider whether face to face in a treatment centre with more than one clinician is appropriate, alternatives include referring the patient to ED and phoning ahead to advise of their arrival.	
<b>Practice Services</b>	Practice services will follow the guidance in the national Primary Medical Services Policy. An alert will be added to EMIS if the patient has a history of violence, aggression, racism or harassment.	
	<b>Charlotte Keel Medical Practice</b>	During a face to face assessment, if the situation cannot be deescalated, a Team Leader will be asked for assistance.
	<b>Broadmead Medical Centre</b>	The situation will be reviewed with a manager on duty and call security requested to be present, if the patient is thought to be at risk of violent or aggressive behaviour. The use of a management chaperone may be considered during the consultation. The manager would discuss the rationale for this with the patient at the start of the consultation.
	<b>Homeless Health Service</b>	On site security services are made aware if there are concerns about a person's behaviour.

### Level 2 Incidents

**Definition:** Level 2 incidents include behaviours such as

- Repeated Level 1 incidents or behaviours despite opportunity for reflection and behaviour correction
- Throwing small objects (without intent to cause harm)
- Non-compliance with instructions
- Making rude gestures or threatening behaviour
- Minor physical aggression ( e.g. pushing or stepping into someone's personal space)
- Using racial slurs, derogatory terms, or offensive and targeted language used to discriminate
- Psychological threats of harm to the patient's self or others, for example "if I harm myself this weekend it's your fault"
- Damaging estates and property (e.g. by graffiti)
- Indecent exposure or 'flashing' in public areas

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

### Response:

**Immediate action** is required to maintain safety, utilising security personnel or trained staff if available to intervene and separate the aggressor from others. If security or trained colleagues are not available colleagues should remove themselves quickly and calmly from the presence of the perpetrator. The Police should be called immediately.

It may be necessary to implement **temporary safety measures**, such as increased monitoring or temporary removal of the aggressor from the area, to prevent further incidents.

A **written warning** should be issued, along with the practice or service policy – see a template warning letter in **Appendix 2**. A **Good Behaviour Guidance Agreement** may be put in place (see **Appendix 3**) which outlines the code of conduct expected from patients when interacting with BrisDoc services.

### Level 3 Incidents

**Definition:** Level 3 incidents include behaviours such as

- Actions like punching, kicking, or using weapons
- Any physical assault that causes significant injury or has the potential to cause serious harm, including self-harm
- Any incident where there is a direct threat to life, such as the use of weapons or severe physical assault
- Any threatened incident that could escalate to serious harm e.g. bomb threats or threatening to harm others
- Sexual harassment or assault, misconduct, or violence (as defined in the Sexual Safety Policy)

### Response:

In the event of a violent incident, the first priority is **to ensure the immediate safety of all individuals involved**. This includes removing the victim from the threat, which may entail evacuation of an area if the threat is significant, securing the area, and calling security or law enforcement. **Medical assistance should be provided promptly**, and the incident should be reported to a supervisor or manager without delay.

- Remove victim to safety
- Provide first aid or call emergency services
- Secure the area
- Contact security and Police
- If an evacuation is required then evacuation protocols will be followed
- Document initial details
- Report the incident to management
- Follow Safeguarding procedures for incidents of self-harm or where a patient is identified to be highly vulnerable

Following higher severity incidents or repeated incidents of violent, aggressive, or discriminatory behaviour, **removal of the patient from the service** may be considered. In practices, this involves referral to the Special Allocation Scheme. If a patient commits an act of violence or has behaved in such a way that people have feared for their safety, a request can be made to the

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

ICB for immediate removal of the patient from the practice list. In this circumstance it is then the ICB's responsibility to consider placing the patient on the Special Allocation Scheme (SAS). The BNSSG SAS provides primary care services in a safe and secure environment for patients who have been removed from their usual practice list as a result of violent behaviour. Please note a police incident number will be required. See **Appendix 4** for guidance on referring to the SAS.

Due to the episodic nature of Severnside services, where patient contact is typically one-off rather than continuous, decisions regarding removal must account for the limited opportunity to build ongoing clinical relationships or implement behaviour management strategies.

**A thorough and impartial investigation** should be conducted to understand the incident fully. This involves collecting statements from all parties, gathering physical evidence, and maintaining strict confidentiality. Detailed records of the investigation process and findings should be kept.

- BrisDoc will appoint an impartial investigator
- Collect statements from all parties involved
- Gather physical evidence
- Maintain confidentiality
- Document all findings and evidence

### Debriefing

An **immediate debriefing conversation** with the member of staff involved should take place by telephone or face-to-face after any incident. This should occur within the first 24 hours.

Following incidents and any investigation, the incident should be analysed by management and at team-level to **identify gaps in preventive measures**, and improvements will be made to policies and procedures. Teams should be invited to input on the debriefing, especially affected colleagues. Some tips for debriefing:

- Encourage access to wellbeing and EAP services for colleagues
- Determine and implement disciplinary actions if necessary
- Review the incident to identify gaps in prevention, collecting feedback from colleagues
- Use data collected through systems to identify and prevent further incidents
- Update risk assessments, policies, and procedures as necessary
- Implement additional training if needed

### Reporting

**All incidents must be reported** as soon as possible – this should be to a manager, or colleagues can report to a Freedom to Speak Up Guardian confidentially.

Any incident of violence, aggression, or discrimination **must then be reported as a Learning Event**. Reporting via Learning Events allows for identification of causes, patterns, and trends in order to prevent further incidents.

Details of the incident should be included on **patient notes** if possible, and the patient's GP Practice notified if appropriate.

# Violence, Aggression, and Discrimination

## Prevention and Reduction Policy V1.0

### Recording – Electronic Patient Record Alerts

#### SevernSide

Learning events relating to violent or abusive behaviour are generally managed by the high intensity user team in SevernSide.

Following a learning event relating to a violent or aggressive SevernSide patient contact, a special note will be added to the electronic patient record. This will be visible when ever the patient record is accessed. Below is a template.

*This person was verbally abusive on the phone to a SevernSide colleague on (add date). If this person is verbally aggressive on the phone:*

- Give a verbal warning and attempt to deescalate.
- If the behaviour continues, terminate the call
- Phone the shift manager to make them aware, and so you can be supported
- Submit a learning event, to trigger consideration of a zero-tolerance letter being sent to the patient
- If the patient requires face to face assessment, discuss options with the CC and consider whether face to face in a treatment centre with more than one clinician is appropriate
- Consider referring them to ED and phoning ahead to advise of their arrival

The High intensity user team will consider contacting the patient's usual GP to share information. The case may be discussed at the high intensity user group. The group will consider colleague safety and risk assess whether a decision is made for the patient to be referred to ED should they require face to face assessment. This will be documented in their special notes with a review date. See the Special Patient Notes SOP for further detail. The least restrictive option that supports colleague safety will always be considered.

#### Practice Services

Following a learning event relating to a violent or aggressive patient contact at our practices, an alert will be added to EMIS. This will be visible when the patient record is accessed.

### Wellbeing Support

**Initial support** for colleagues will be offered by their line managers, who should check in promptly following an incident to provide reassurance, listen actively, and offer a safe space to discuss what happened. Colleagues affected by any level of violence, aggression, or discrimination – whether directly involved or as witnesses – must be treated with compassion and dignity, and must not be expected to "move on" without acknowledgement or support.

All affected individuals should be signposted to confidential counselling and support services through BrisDoc's **Employee Assistance Programme (EAP)**, which offers professional advice, mental health resources, and emotional wellbeing support. This offer of support should be clearly communicated and not made dependent on the perceived severity of the incident.

**Follow-up wellbeing sessions** should be arranged at an individual, team, or service level as appropriate. These sessions provide space to reflect, debrief, and process the emotional impact

## **Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0**

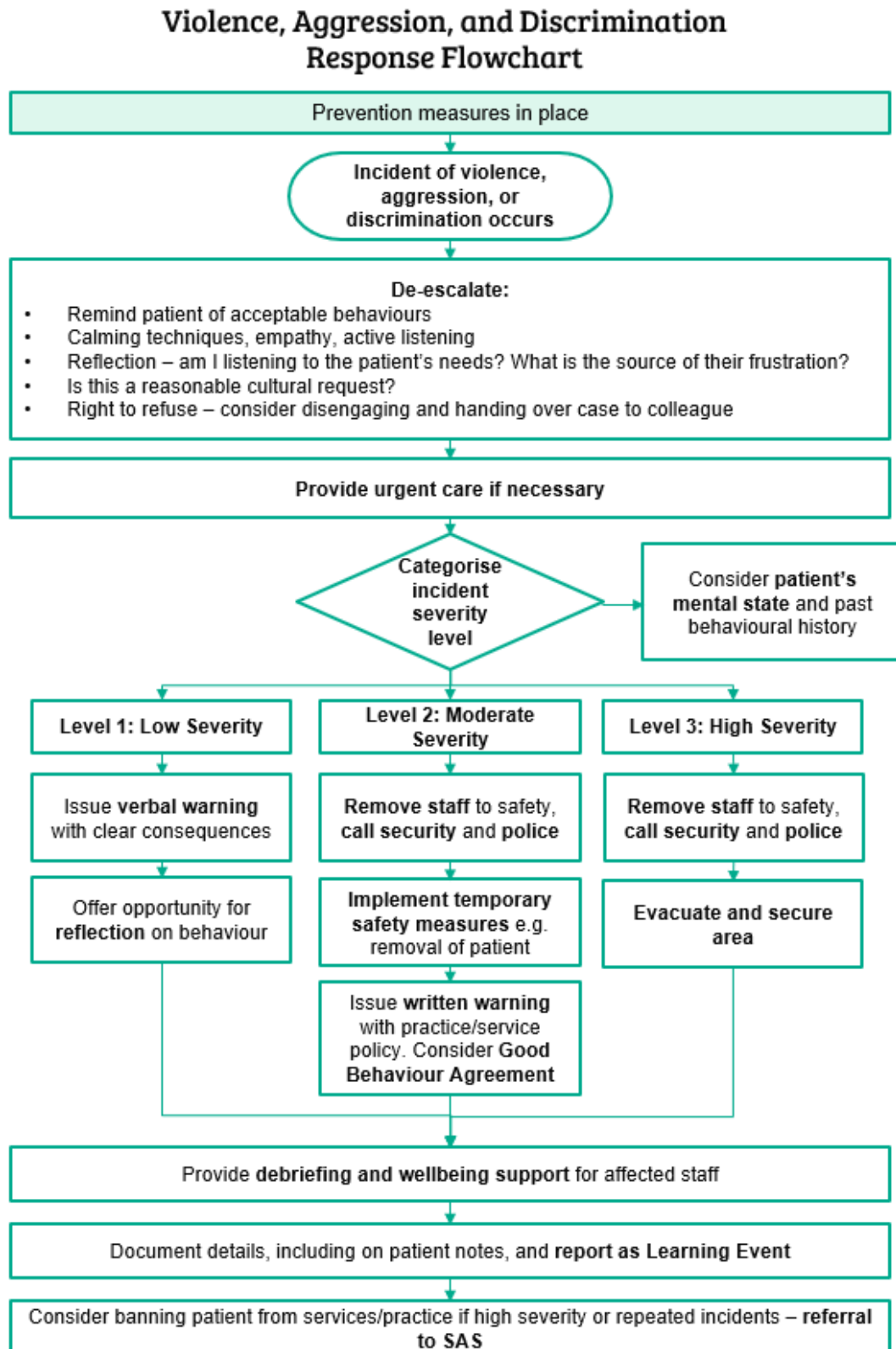
of the incident. They may include structured debriefs, peer support conversations, or facilitated discussions. Regular check-ins should also be considered to ensure colleagues continue to feel psychologically safe and supported over time.

A trauma-informed approach should underpin all wellbeing support, recognising that different individuals may experience and process incidents in varying ways, and that some may be reluctant to speak up initially. Managers must remain sensitive to signs of distress and be proactive in checking in, particularly with students, trainees, and colleagues from minoritised or marginalised groups who may experience additional emotional burdens.

# Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

## Appendices

### Appendix 1 – Response Flowchart





# Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

## Appendix 2 – Warning Letter Template

### BrisDoc Healthcare Services

[Practice / Service Address]

[Date]

### Private and Confidential

[Patient Name]

[Patient Address]

Dear [Patient Name],

### Re: Unacceptable Behaviour in BrisDoc Services

We are writing to you following an incident that occurred on [insert date], during your interaction with [insert service, e.g. the Out of Hours GP service / your GP surgery]. It has been reported that your behaviour included [briefly describe the behaviour, e.g. the use of offensive language towards staff / raised voice / racially discriminatory comments].

At BrisDoc, we are committed to providing a safe and respectful environment for our colleagues, patients, and visitors. We have a Zero Tolerance policy towards any form of violence, aggression, or discriminatory behaviour, whether verbal or physical. While we understand that medical situations can sometimes be distressing or frustrating, this does not excuse behaviour that puts others at risk or causes emotional harm.

This letter serves as a formal warning that such behaviour is unacceptable and will not be tolerated. Should a similar incident occur in the future, further action may be taken, which could include:

- Implementation of a Good Behaviour Guidance Agreement
- Temporary or permanent exclusion from services
- Referral to the NHS Special Allocation Scheme (SAS), which provides care in a controlled environment for patients who pose a risk to staff

We strongly encourage you to reflect on this incident and to engage with our services appropriately in future. If you would like to discuss this matter or raise any concerns, please contact [insert manager's name and contact information].

Thank you for your attention to this matter.

Yours sincerely,

[Service or Practice Name]

**BrisDoc Healthcare Services**

# Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

## Appendix 3 – Good Behaviour Agreement Template

### BrisDoc Healthcare Services Good Behaviour Agreement

At BrisDoc we are committed to ensuring everyone is treated with respect and dignity including all patients, their families, carers, and our practice team.

In order to be registered with our practices, we are providing this guide to set out the type of conduct that is expected of all patients.

All patients are expected to behave in the following manner:

- To be polite and respectful towards all individuals (staff and other patients).
- To not make inappropriate or unacceptable remarks to any staff or other patients at the practice including any abusive remarks related to any individuals:
  - age
  - disability
  - gender reassignment
  - marriage or civil partnership
  - pregnancy
  - race
  - religion or belief
  - sex
  - sexual orientation
- To not undertake any form of threatening abuse or violence towards any individual (staff and other patients) at the practice.
- To use our services responsibly including:
  - To book routine appointments in accordance with the practice's policy
  - To request urgent appointments only for genuine urgent conditions
  - To engage with any remote appointments, we may offer over the telephone (or video)/
  - To attend face-to-face services where it is important to be seen in person, (including when physically able to do so, rather than requesting a home visit)
  - Attend all appointments on time
  - Cancel any booked appointments that are no longer required
  - Request repeat prescriptions in good time, ensuring that all items are ordered together rather than in individual lots
  - Use our health care professionals' time in an appropriate manner e.g. do not seek appointments for minor ailments that can be self-treated in the first instance.
- To raise only genuine concerns or complaints you may have about your care or the services we provide you.
- To respect surgery premises and property.
- To attend the surgery premises for the purpose of engaging with our services.
- In return, as a patient you can expect to:
  - Continue to access all our services, to be provided with respect, dignity and confidentiality
  - Raise any concerns or complaints about your care or our services and that these will be investigated and responded to.

## **Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0**

We would remind that all patients are free to register with a practice of their choice, as long as the practice has an open patient list for new registrations and the patient lives within the practice area.

Any patients who commit any inappropriate or unacceptable behaviours towards Practice staff, other patients or the surgery premises or property risk being removed from the practice list with 8-days' notice. We will normally provide a warning letter which will be held on record for 12 months before issuing such a notice.

Any threatening abuse or violent incidents will not be tolerated. Any such incident will be reported to the police and will mean your immediate removal from the practice list and your care transferred to a special allocation scheme which manages violent and aggressive patients.

We invite patients to agree to the terms of this guide as a commitment to our ongoing relationship.

### **Declaration**

I, \_\_\_\_\_, agree to comply with the above conditions and wish to remain registered at the practice. I understand that if I commit any inappropriate or unacceptable behaviours as illustrated by this guidance, I will be removed from the practice patient list.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Violence, Aggression, and Discrimination

## Prevention and Reduction Policy V1.0

### Appendix 4 - Special Allocations Scheme Referral Guidance

If a patient commits an act of violence or has behaved in such a way that people have feared for their safety, a request can be made to the ICB for immediate removal of the patient from the practice list. In this circumstance it is then the ICB's responsibility to consider placing the patient on the Special Allocation Scheme (SAS). The BNSSG SAS provides primary care services in a safe and secure environment for patients who have been removed from their usual practice list as a result of violent behaviour.

The full details of the process of patient removal from the practice list can be found in chapter 7 of NHS England's [Primary Medical Services Policy and Guidance Manual](#).

Details of how to request a removal can be found on the BNSSG ICB Remedy site:  
<https://remedy.bnssg.icb.nhs.uk/bnssg-icb/special-allocation-scheme/>

#### Referral Criteria

A patient may be referred to the SAS if they have committed an act of violence or behaved in such a way that staff feared for their safety. This includes behaviour directed towards doctors, staff members, visitors, or other patients on the premises. The main types of behaviour that would justify immediate removal and referral to the SAS are:

- Assault
- Threatening behaviour
- Behaviour resulting in damage to property

It's important to note that the practice's judgement is necessarily subjective, and there is no exhaustive list of behaviours.

#### Referral Process

The decision to refer should be based on documented incidents and evidence will be required upon referral. **Request removal via PCSE** <https://pcse.england.nhs.uk/contact-us/patient-registrations-enquiry-categories/patient-removals>

- 8-day removal – where the patient is deducted and asked to register with a new practice
- Immediate removal - where the patient is deducted and added to the Special Allocation Scheme (SAS)

More information on this process: <https://pcse.england.nhs.uk/help/patient-registrations/patient-removals>

To remove a patient, you will need to provide the following information:

- Practice code and full practice address
- Full patient details
- Reason for removal
- Date of prior written warning(s) or Reason for not issuing a warning

or immediate removals, you will also need to provide:

- Date of Incident
- Location of Incident
- Type of Incident
- Date Incident reported to police
- Police log number (if held)
- COM authorisation (in exceptional circumstances)

#### Contact Details:

SAS email for any queries: [bnssg.specialallocationscheme@nhs.net](mailto:bnssg.specialallocationscheme@nhs.net)

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

Telephone: 0117 953 9430

### Patients on the SAS List

The Special Allocation Scheme sends a password-protected list of registered patients to practices in BNSSG and Severnside IUC on a monthly basis.

The list is given to the Health Navigation Team, and when paper registrations are received, the list is checked and if the prospective patient isn't on the list then registration can proceed. If the potential patient is on the list, then a check is made to the SAS Team using the details below.

Special Allocations Scheme  
Bristol Royal Infirmary  
PO Box 2317  
Bristol BS3 9XQ  
Tel: 0117 953 9430  
Email: [bnssg.specialallocationscheme@nhs.net](mailto:bnssg.specialallocationscheme@nhs.net)

If the patient is removed from the scheme an email will be issued. A patient cannot return to the practice that they were removed from due to the breakdown in a previous relationship.

If the patient is on the SAS list, they will contact the patient to explain the next steps and how they access healthcare going forward. The patient will have previously been sent a letter by the scheme.

Healthtech are the platform that automated registrations are added to Optum (EMIS), and this will not have a visual check against the list.

When the SAS list is received, Health Navigation will go into the Healthtech system and into the Hub Settings. A check is made against the list held in the Removed Patients list. Any new patients are manually added to the list by adding:

- NHS Number
- First Name
- Surname
- Reason (which will always be "SAS")

Any removals from the SAS list will be deducted from Healthtech by pressing the delete option.

A six-monthly check against the list and the names listed will be completed by Health Navigation Team Leaders.

### Severnside

The SAS patient list is received by the Severnside care plan team. The team add the following special notes to the electronic patient record:

*This patient has a history of violence / aggression in a health care setting and has been removed from their GP practice list. They are registered with the Special Allocation Scheme (SAS).*

*DO NOT arrange a face-to-face assessment at a treatment centre or arrange a home visit. It is recommended you review the EMIS record.*

*Please manage the case remotely where appropriate and safe to do so. If the patient needs a face-to-face assessment and can wait for routine review, they should be advised to ring the SAS in hours to*

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

*request an appointment (the service runs a pre-booked surgery on a Tuesday afternoon at the Secure Unit at the BRI). If the medical problem requires face to face assessment during the OOH period, patients must be advised to attend ED. Please contact the relevant ED to advise them of the patient's attendance.*

*If this person is verbally aggressive on the phone:*

*Give a verbal warning and attempt to de-escalate.*

*If the behaviour continues, terminate the call*

*Phone the shift manager to make them aware, and so you can be supported*

*Submit a learning event, to trigger consideration of a zero-tolerance letter being sent to the patient*

Special Patient Note for patients who have previously been registered with the Violent Patient Scheme:

*This patient was previously registered with the Special Allocation scheme following an episode of violent or aggressive behaviour in a health care setting. Following a risk assessment, they were removed from this scheme on ADD DATE and advised to register with a local GP surgery. Check EMIS for any recent information about the patient. If the patient requires face-to-face assessment during the OOH period, make the shift manager aware, so they can be seen at a treatment centre where more than one clinician is working. If this is not possible consider assessment in ED.*

*If this person is verbally aggressive on the phone:*

*Give a verbal warning and attempt to de-escalate.*

*If the behaviour continues, terminate the call*

*Phone the shift manager to make them aware, and so you can be supported*

*Submit a learning event, to trigger consideration of a zero-tolerance letter being sent to the patient*

*If the patient requires face to face assessment, discuss options with the CC*

*Consider referring them to ED and phoning ahead to advise of their arrival*

### Additional Resources

- NHS Violence Prevention <https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/>
- BMA advice <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/removing-violent-patients-and-the-special-allocation-scheme>
- Patient advice <https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/safety-and-quality/if-you-are-a-patient-assigned-to-the-special-allocation-scheme/>

## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

### Appendix 5 – Equality Impact Assessment

Equality Impact Assessment			
Title	Violence Prevention and Reduction Policy		
Date Completed	06/06/2024		
<p>In applying this policy, BrisDoc has due regard to the disproportionate frequency, targeting and impact of incidents of violence and aggression against individuals and groups with protected characteristics.</p> <p>This policy is part of a wider response to violence and aggression that will reduce the frequency and impact of such incidents.</p>			
Protected Group	Does any aspect of this policy that disproportionately impact on the below groups?  Please confirm either yes/no	Are these impacts negative, neutral or positive?	Are further actions required to address any negative impacts or enhance positive ones?  Please confirm either yes/no (see comments below)
Age	Yes	Positive	Yes
Disability	Yes	Positive	Yes
Gender Reassignment	Yes	Positive	Yes
Marriage and civil partnership	No	Neutral	No
Pregnancy and maternity	Yes	Positive	Yes
Race and ethnicity	Yes	Positive	Yes
Religion or belief	Yes	Positive	Yes
Sex	Yes	Positive	Yes
Sexual orientation	Yes	Positive	Yes
<p><b>Comments</b> Further actions to address violence and aggression directed individuals and groups with protected characteristics or other identities will include organisational, locality, and individual risk assessments. Training in responding to and managing incidents will be available, and were identified as needed, revised protocols and safety measures will be introduced.</p>			



## Violence, Aggression, and Discrimination Prevention and Reduction Policy V1.0

### Version Control

Date	Version	Author	Change Details
12/07/2024	1.0	Mike Duncan	New policy. This policy has consumed the previous violence and prevention policy.
27/05/2025	2.0	Millie O'Keeffe	Policy reviewed and expanded to include discrimination, zero tolerance approach, and feedback from service leads. Five-step plan absorbed into policy main body. New appendices with flowchart, templates, and SAS referral information provided.
14/08/2025	1.0	Mike Duncan	Policy published as V1.0, this policy has been reviewed and expanded to include discrimination, zero tolerance approach, and feedback from service leads. Five-step plan absorbed into policy main body. New appendices with flowchart, templates, and SAS referral information provided.