BrisDoc Patient care by people who care

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Violence, Aggression, and Discrimination Prevention and Reduction Policy

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Contents

Contents 2
Introduction 3
Purpose 3
Scope 3
Definitions 4
Policy Statement 4
Zero Tolerance 4
Policy Commitments 5
Responsibilities 6
Monitoring 7
Prevention 7
Response to Incidents 8
Considerations 8
Reporting and Escalation 9
Withdrawing from Care or Contact 9
Response Guide 10
Learning 12
Reporting 13
Recording – Electronic Patient Record Alerts 13
Wellbeing Support 14
Version Control 15
Appendix 1 - Response Flowchart 16
Appendix 2 – Warning Letter Template 17
Appendix 3 – Good Behaviour Agreement Template 18
Appendix 4 - Special Allocations Scheme Referral Guidance 20
Appendix 5 – Equity, Inclusion and Values Impact Assessment 23

Introduction

BrisDoc is committed to providing a safe, respectful and inclusive environment for colleagues, patients, visitors and others using our services. This policy establishes BrisDoc's organisational arrangements for preventing, responding to and learning from incidents of violence, aggression, discrimination and harassment. It defines organisational responsibilities, reporting requirements, governance arrangements and support available to colleagues following incidents.

This policy supports BrisDoc's statutory responsibilities as an employer and provider of healthcare services and reflects recognised good practice, including the NHS England Violence Prevention and Reduction Standard, in preventing and responding to violence, aggression, discrimination and harassment.

Purpose

The purpose of this policy is to:

- protect colleagues, patients and visitors from violence, aggression, discrimination and harassment
- promote a safe, respectful and inclusive working environment
- set out BrisDoc's expectations for preventing, reporting and responding to incidents
- define organisational responsibilities and governance arrangements
- ensure compliance with relevant legislation, contractual requirements and recognised healthcare good practice.

Scope

This policy applies to all Co-owner employees, Honorary Contract holders, Self-employed workers, Contractors, and Volunteers. For the purposes of this policy, all of these groups are collectively 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. This policy also forms part of BrisDoc's arrangements for preventing and responding to third-party harassment, including harassment by patients, service users, relatives, carers, visitors and contractors.

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. **Violence**: Any incident, physical and/or verbal, in which a person is abused, threatened, or assaulted in circumstances related to their work.

2. **Aggression**: Hostile or violent behaviour or attitudes toward another person, including microaggressions based on a protected characteristic

3. **Harassment**: Unwanted conduct related to a relevant protected characteristic that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

4. **Discrimination**: Treating someone less favourably, or placing them at a particular disadvantage, because of a protected characteristic, as defined by the Equality Act 2010.

5. **Sexual Harassment:** Unwanted conduct of a sexual nature that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

6. **Verbal Violence and Aggression**: Any form of communication that is abusive, discriminatory, threatening, or offensive, and can occur in various settings, including face-to-face interactions, phone calls, emails, and social media.

Policy Statement

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.

Zero Tolerance

Zero Tolerance historically refers to a strict stance that enforces predetermined consequences for specific behaviours 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 receive an appropriate response – ranging from agreed support or behaviour plans to removal from premises or Police involvement, depending on the nature and severity of the incident.

Responses will always be proportionate to the circumstances, taking account of the severity of the behaviour, any immediate risks to safety, the individual's clinical presentation, mental capacity where relevant, and the need to protect colleagues from further harm.

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.

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. These commitments reflect recognised good practice in violence prevention and reduction and guide BrisDoc's approach to creating a safe and respectful environment.

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, record corrective actions, and updating risk registers to prevent future occurrences.

Preventing Sexual Harassment: BrisDoc will take all reasonable steps to prevent sexual harassment of colleagues, including harassment by patients, service users, visitors, contractors

and other third parties. Measures will include risk assessment, preventative action, training, reporting mechanisms, prompt investigation, learning from incidents and appropriate support for those affected.

Responsibilities

Service Directors, Heads of Service and Practice Managers ("Service Leads")

Service Leads are responsible for:

- implementing this policy within their services
- completing and reviewing local risk assessments
- ensuring adequate local resources are available
- communicating policy requirements to colleagues
- ensuring colleagues complete required training
- responding appropriately to incidents
- supporting affected colleagues following incidents
- implementing local corrective actions and reviewing lessons learned.

Line Managers

Line Managers are responsible for:

- promoting a safe and respectful working environment
- responding promptly to incidents
- supporting colleagues following incidents
- ensuring incidents are reported appropriately
- undertaking local debriefs
- escalating concerns where necessary.

Health and Safety

Health and Safety provides organisational oversight of violence and aggression from a workplace health and safety perspective. This includes oversight of relevant Learning Events, violence and aggression risk assessments and associated control measures, identification of themes and trends, and escalation of significant or recurring risks through BrisDoc's established risk and governance arrangements. Operational responsibility for managing individual incidents and local risks remains with the relevant Service Lead.

All Colleagues

All colleagues are responsible for:

- treating others with dignity and respect
- taking reasonable care of their own safety and that of others
- completing mandatory training
- reporting incidents promptly
- supporting colleagues affected by violence, aggression, discrimination or harassment
- complying with this policy.

Specialist advice and support should be sought from the appropriate BrisDoc function where required, including Governance, People, Safeguarding, Clinical Leadership, Health and Safety or Freedom to Speak Up.

Monitoring

The effectiveness of this policy will be monitored through BrisDoc's established assurance arrangements. Health and Safety will maintain oversight of violence and aggression Learning Events and associated risk assessments, working with Governance, People, Clinical Leadership and operational services as appropriate. Incident data, emerging risks, organisational learning and the effectiveness of preventative measures will be reviewed regularly, with significant themes, risks and actions escalated through the appropriate organisational route.

Incident reports will be monitored to identify trends, and colleague engagement will be sought to gather feedback for continuous improvement.

Monitoring information will be used to identify trends, evaluate the effectiveness of preventative measures, identify learning and inform service improvements. Monitoring will include:

- reported incidents of violence, aggression, discrimination and sexual harassment
- trends by service, location and protected characteristic where appropriate
- completion of mandatory training
- implementation of corrective actions following incidents
- themes identified through Learning Events
- colleague wellbeing following significant incidents
- compliance with this policy

Prevention

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 must maintain appropriate and up-to-date violence and aggression risk assessments and implement proportionate control measures. Assessments must be reviewed regularly and following significant incidents, changes in service delivery or where new risks are identified.

Risk assessments will specifically consider the risk of sexual harassment and third-party harassment, including environmental risks, lone working, home visits, out-of-hours working, previous incidents and any additional risks identified through learning events.

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', recognising, preventing and responding to sexual harassment, intercultural communication, racial literacy, understanding neurodiversity, and implicit bias is also available for all staff.

Patient Information and Communication: Services will communicate expected standards of behaviour to patients and service users through appropriate channels, including patient information, signage and other communications where relevant.

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 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 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 '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 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 or Freedom to Speak Up Guardian.

Patients with Diminished Capacity: Some patients may exhibit offensive behaviour due to conditions such as dementia, delirium, brain injury, substance use, or complex mental health issues. It is important to recognise this may reflect the patient's mental state, not their character, this does not excuse harm caused to staff. Where there is reason to doubt a patient's capacity in relation to a relevant decision, capacity should be considered and, where necessary, assessed in accordance with the Mental Capacity Act 2005 and with appropriate clinical oversight. 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 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.

Reporting and Escalation

All incidents of violence, aggression, discrimination and sexual harassment must be recorded promptly as a Learning Event through BrisDoc's Learning Events system. The Learning Events system is BrisDoc's single organisational reporting route for these incidents and enables appropriate review, learning, trend analysis and oversight. Where appropriate, incidents must also be reported to the Police, safeguarding teams, regulatory bodies or other agencies; however, such reporting does not replace the requirement to submit a Learning Event.

Withdrawing from Care or Contact

BrisDoc will not expect colleagues to remain in a situation where they reasonably believe their safety, wellbeing or dignity is at risk because of discriminatory, harassing, abusive or violent behaviour. Colleagues should withdraw from an unsafe situation where it is safe and appropriate to do so and seek support from a manager or senior colleague.

Where clinical care is being provided, any decision to withdraw, transfer or discontinue care must take account of immediate patient safety, the urgency of the patient's clinical needs, relevant professional duties and the availability of alternative arrangements. Colleagues should not be expected to tolerate discriminatory or abusive behaviour as a normal part of providing healthcare.

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. 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.

Managers should apply professional judgement when determining the appropriate response. The examples below are illustrative and should not be regarded as exhaustive

Level 1: Low Severity Incidents

Definition: Low severity incidents include behaviours such as

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

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.

Where appropriate, the individual should be advised that their behaviour is unacceptable, the behaviour expected in future should be explained, and the potential consequences of further incidents made clear. An opportunity for reflection on the behaviour should be offered where appropriate.

Level 2: Moderate Severity Incidents

Definition: Moderately severe 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
- Sexual harassment (as defined in the Sexual Safety Policy)

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. Police involvement should be considered where criminal offences have occurred or where there is an immediate risk to safety.

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 may be issued where appropriate. Services should use the approved patient warning template letter in **Appendix 2**. and follow the relevant Services procedure.

A Good Behaviour Agreement (see **Appendix 3**) may also be considered where this would support the safe continuation of care.

Level 3: High Severity Incidents

Definition: High severity 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 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 emergency services, security (where available) and/or the Police as appropriate
- 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. Within Practice Services, removal from a practice list or referral to the Special Allocation Scheme may be considered where the relevant criteria are met. Any removal must be undertaken in accordance with current national requirements and the approved Practice Services procedure.

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.

Where a formal investigation or review is required, this will be proportionate to the circumstances and undertaken by an appropriately independent person who will:

- Collect statements from all parties involved
- Preserve and gather relevant evidence where appropriate, taking account of Police advice and information governance requirements.
- Maintain confidentiality
- Document all findings and evidence

Learning

Themes and learning arising from incidents will be shared across services where appropriate to reduce the likelihood of recurrence.

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 appropriate corrective or management actions where 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 to the appropriate manager and recorded as a Learning Event. Colleagues may also raise concerns confidentially through BrisDoc's Freedom to Speak Up arrangements where appropriate.

No colleague will be subjected to detriment for appropriately raising a concern or reporting an incident under this policy.

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

Recording – Electronic Patient Record Alerts

SevernSide

The Special Allocation Scheme (SAS) provides SevernSide with information about patients registered with the Scheme. The SevernSide Care Plan Team uses this information to place appropriate alerts or special notes on the electronic patient record. These alerts ensure that colleagues are aware of identified risks and that patients registered with the SAS are not inadvertently directed to BrisDoc out-of-hours face-to-face services where this would be inconsistent with their agreed care and risk management arrangements. Further detail is provided in Appendix 4.

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 whenever 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.

Managers should consider whether additional support is required for colleagues who experience repeated abuse or harassment, or where incidents relate to protected characteristics or sexual harassment. For Co-owner employees this may include occupational health referral, counselling, psychological support or adjustments to working arrangements where appropriate. Appropriate support should also be considered for other colleagues, taking account of their employment or contractual status and the support arrangements available to them.

All affected colleagues should be made aware of the wellbeing support available to them. Co-owner employees 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. Other colleagues, including self-employed workers and contractors, should be supported following an incident and signposted to appropriate sources of support available to them, including through their own employer or professional arrangements where applicable. Support should be proportionate to individual need and should not be withheld because an incident is perceived to be of lower severity.

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 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.

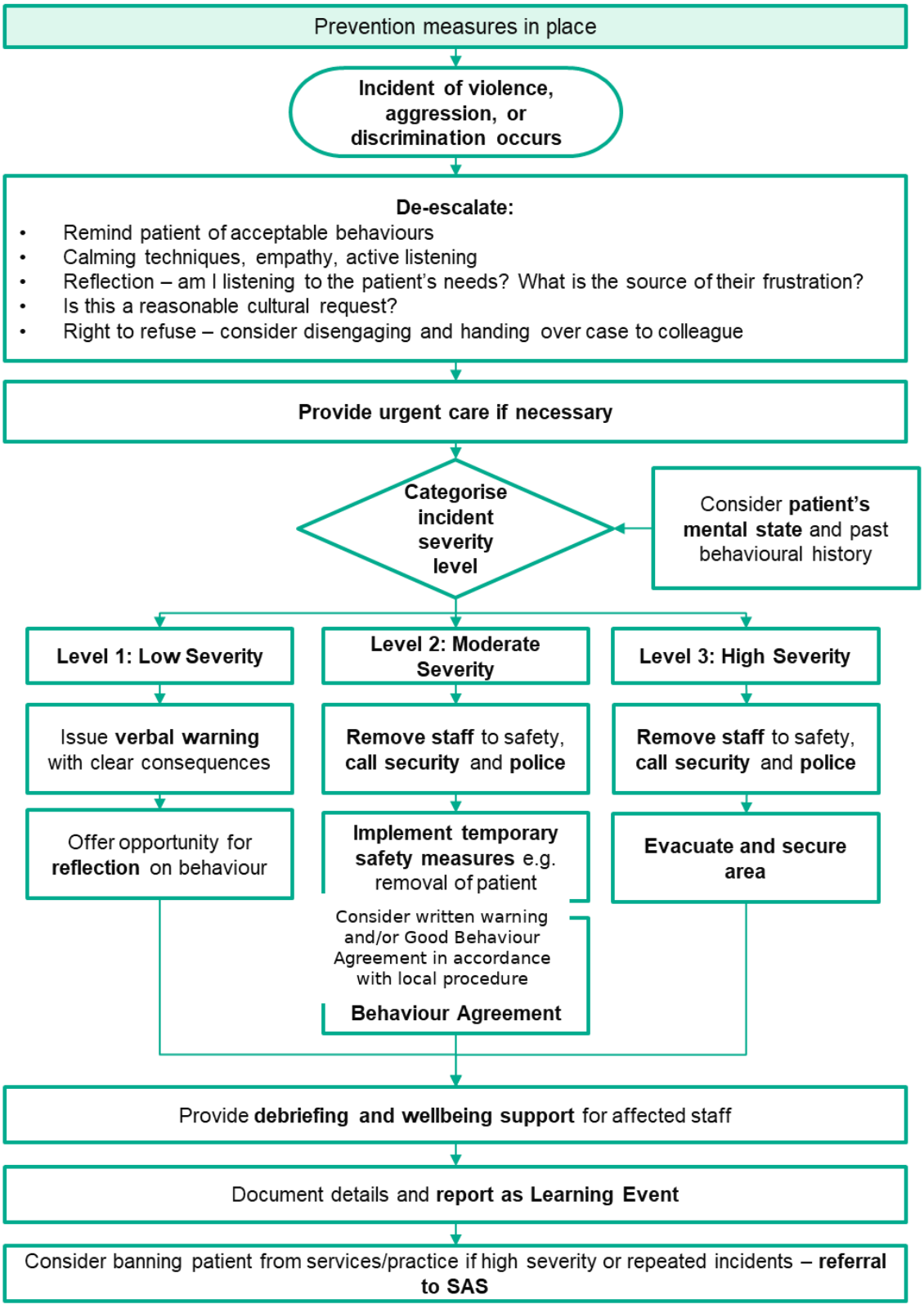
A trauma-informed approach should underpin all wellbeing support, recognising that different individuals may experience and process incidents in varying ways, and that some may be reluctant to speak up initially. Managers must remain sensitive to signs of distress and be proactive in checking in, particularly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

Version Control

Date	Version	Author	Change Details
12/07/2024	1.0	Mike Duncan	New policy
07/08/2026	2.0	Mike Duncan	Comprehensive review and redevelopment of the policy. Expanded to include aggression and discrimination; strengthened approach to unacceptable behaviour, prevention, reporting, Learning Event oversight and organisational learning; introduced trauma-informed practice, wellbeing support and enhanced incident response framework; strengthened arrangements for sexual harassment, electronic patient alerts and Special Allocation Scheme patients; and updated supporting guidance and templates.

Appendix 1 - Response Flowchart

Violence, Aggression, and Discrimination Response Flowchart



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

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 out 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.

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: _____

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

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

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 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 and 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
    a. https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/violence-prevention-and-safety/
    b. NHS England » Violence prevention and reduction standard

- 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/

Appendix 5 – Equity, Inclusion and Values Impact Assessment

This assessment considers the potential impact of the Violence, Aggression and Discrimination Prevention and Reduction Policy on equity, inclusion and BrisDoc's Values.

It considers:

- whether the policy may have a different or disproportionate impact on people with protected characteristics;
- wider characteristics, circumstances or vulnerabilities that may affect how people experience the policy;
- intersectionality and the potential for different factors to combine or compound disadvantage;
- whether appropriate safeguards are in place to prevent or reduce adverse impacts and promote equitable outcomes; and
- how the policy supports and aligns with BrisDoc's Values: Our Patients, Our People, Our Services, Our Resources and Our Social Impact.

The assessment recognises that the impact of this policy can operate in different ways. Some colleagues may be disproportionately exposed to violence, aggression, discrimination or harassment because of their identity or circumstances. Equally, some patients and service users may be at greater risk of a disproportionate response where behaviour is influenced by disability, mental ill-health, cognitive impairment, trauma, communication needs or other circumstances.

The policy therefore seeks to protect the safety, dignity and wellbeing of colleagues, patients and others while ensuring that responses are proportionate, equitable and take account of relevant individual and clinical circumstances

Equity & Inclusion Impact

This assessment considers whether the policy may have a disproportionate impact on people with protected characteristics or other circumstances that may affect their experience of violence, aggression, discrimination or the response to it. It also considers whether the policy supports equitable and inclusive outcomes and aligns with BrisDoc's Values.

The policy seeks to balance the safety, dignity and wellbeing of colleagues with proportionate, person-centred responses that take account of relevant individual and clinical circumstances.

Characteristic / consideration	Potential impact identified	How the policy addresses the impact
Age	Yes – potential differential impact	Older people may be more likely to experience dementia, delirium or cognitive impairment that can affect behaviour. Children and younger people may also communicate distress differently. The policy requires responses to consider clinical presentation, capacity and individual circumstances and to remain proportionate to the risk presented.

Characteristic / consideration	Potential impact identified	How the policy addresses the impact
Disability	Yes – significant potential impact	Disability may increase risk on both sides of the policy. Disabled colleagues may experience targeted abuse or discrimination. Some patients' behaviour may be influenced by learning disability, autism, dementia, acquired brain injury, mental ill-health or other impairment. The policy requires reasonable adjustments, consideration of capacity where relevant, clinical oversight and a proportionate response rather than assuming all behaviour is intentional.
Gender reassignment	Yes – potential disproportionate exposure to discrimination	Trans colleagues and patients may experience targeted verbal abuse, harassment or discriminatory behaviour. The policy explicitly includes discrimination and harassment and requires incidents to be reported and responded to appropriately.
Marriage and civil partnership	No specific differential impact identified	The policy does not differentiate according to marriage or civil partnership status, and no particular adverse impact has been identified.
Pregnancy and maternity	Yes – potential safety impact	Pregnancy may increase vulnerability to physical harm and may require adjustments to working arrangements or risk controls following an incident or where an increased risk is identified. The policy requires risk assessment, proportionate preventative measures and appropriate wellbeing support.
Race and ethnicity	Yes – significant potential disproportionate impact	Racial abuse and harassment may disproportionately affect colleagues from global majority backgrounds. The policy explicitly addresses racism, racial harassment and discriminatory language, supports active challenge to racism and recognises the potentially significant wellbeing impact of repeated or targeted abuse.
Religion or belief	Yes – potential disproportionate exposure to discrimination	Visible religious identity, dress or observance may increase exposure to targeted abuse or harassment. The policy recognises discriminatory behaviour while also distinguishing this from legitimate cultural or religious preferences expressed by patients.
Sex	Yes – potential differential impact	Violence, aggression and particularly sexual harassment may affect people differently according to sex. The policy explicitly includes sexual harassment and requires preventative action, reporting, appropriate response and support. It also recognises that some patient requests relating to the sex of a clinician may be legitimate rather than discriminatory, particularly in relation to intimate care.

Characteristic / consideration	Potential impact identified	How the policy addresses the impact
Sexual orientation	Yes – potential disproportionate exposure to discrimination	Lesbian, gay and bisexual colleagues and patients may experience homophobic abuse or harassment. Such behaviour falls within the policy's definitions of discrimination and harassment and should be reported and responded to accordingly.

Wider Equity and Inclusion Considerations

Equity and inclusion extend beyond individual protected characteristics. Neurodivergence, communication or language needs, socioeconomic disadvantage, trauma, homelessness, substance use and other circumstances may affect a person's exposure to abuse, access to services or how their behaviour is understood and responded to. Characteristics and circumstances may also intersect and compound disadvantage.

The policy therefore requires a proportionate and person-centred approach, reasonable adjustments where appropriate, and consideration of relevant clinical and individual circumstances. This supports equitable and inclusive decision-making without requiring colleagues to tolerate violence, aggression, discrimination or harassment

BrisDoc Values Impact

Our Patients: Supports compassionate, respectful and person-centred responses that consider individual circumstances while protecting the safety of others.

Our People: Protects colleagues from violence, aggression, discrimination and harassment and supports wellbeing, inclusion, reporting and learning.

Our Services: Supports safe, high-quality services through prevention, risk assessment, proportionate response and learning from incidents.

Our Resources: Supports effective use of resources by reducing avoidable harm and repeated incidents and targeting preventative action where it is most needed.

Our Social: Supports equity and inclusion by challenging discrimination while recognising vulnerability, health inequalities and barriers that may affect individuals differently.

Overall Values: Positive. No conflict with BrisDoc's Values has been identified.

Overall assessment

Overall impact is positive. Identified risks are mitigated through reasonable adjustments, clinical consideration, trauma-informed practice and proportionate decision-making. No additional actions are required. Impact will be monitored through Learning Events, risk assessment, colleague feedback and relevant trends.