

## **Say no to abuse: 6 step reporting guide**

Our Zero Tolerance approach to abuse and violence at work makes it clear that all forms of abuse and violence by patients or service users towards colleagues are not acceptable, and will be addressed case by case. Colleagues subject to abuse and violence will be fully supported by the trust.



This process is available to all staff (in clinical and non-clinical settings) to report abuse and violence at work. Any such unacceptable behaviours which have a racially motivated or any other hate related elements, will be seen as additional aggravating factors in any investigation and/or actions taken if proven.

**This process has been designed to complement (and not replace) existing electronic reporting processes and provide additional support and resources.**

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**Say no to abuse.**

# Glossary of terms

## Hate incident

A hate incident is one that is motivated by hostility or prejudice against the victim for one or more of the following characteristics or presumed characteristics: race, religion, sexual orientation, gender identity, disability.

## Hate crime

A hate crime is an offence in which there has been aggravation based on prejudice of any of the five characteristics listed above.

## Aggravating factors

Factors in addition to the underlying incident or crime that make it more serious. For example, the perpetrator's abuse will be considered to be aggravating if the abuse is racist or motivated by racism.

## Zero Tolerance

The name of our trust-wide campaign against abuse or violence. We do not accept or tolerate abuse or violence directed at colleagues.

## Abuse

Verbal or physical threats or behaviour that make the victim feel unsafe or results in harm. This also includes psychological harm.

## Debrief

A discussion between the line manager and member of staff following an incident to explore their health and wellbeing, care plan and options for further actions.

## Electronic incident referral form

A template on the Ulysses system which captures any safeguarding incidents.



## Step 1: Complete an abuse and violence reporting form (attached to the back of this guide)

This short form has been developed for colleagues to quickly capture and report any abusive incidents including those of a racist, sexist, homophobic or other hate related incidents. This could be done as part of the conversation in step 2.

## Step 2: Conversation with the senior lead in charge of the service area

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The reporting form is to be taken to and initially discussed with the most senior person in charge. The line manager will hold an immediate post-incident debrief following an incident. The colleague's experience should be accepted and acknowledged as their experience. This is especially important if it relates to a hate incident such as racism, sexism or homophobia.

An immediate self-care or wellbeing plan should be developed with the colleague. Such plans may include but not limited to:

- increased supervision and support
- clinical lead reviewing the staff profile on the ward
- option to work in another area
- accessing support through occupational health, Amica or the [LLR Staff Mental Health and Wellbeing Hub](#)
- speaking to a member of a staff network e.g. Black, Asian and Minority Ethnic (BAME) / Spectrum (LGBTQ+) / Women's / Mental and Physical Life Experience (MAPLE) / Young Voices (16-30)
- contacting the Listening Ear service provided by chaplains

Colleagues can also approach a trusted colleague, Freedom to Speak Guardian, human resources advisory team or equality, diversity and inclusion team to have conversations and receive further support if needed. An important part of the conversation between colleague and line manager is the next steps with the patient/service user.

For further examples of a self-care or wellbeing plan please refer to our [case studies resource](#).



### **Step 3: Assessment of the patient/service user**

A decision will be taken on how best to manage the patient/service user who was abusive and/or discriminatory toward a staff member. This decision will be taken in collaboration with the employee affected, support staff, management and where appropriate the multidisciplinary team (MDT).

If it is considered safe and appropriate to address the incident with the patient/service user, then a line manager or ward matron will lead the post incident debrief. The outcome should be documented in the clinical record together with any post-debrief actions.

If the patient/service user is considered too unwell or lacks capacity to engage with the conversation for the incident to be addressed, then the incident will be recorded and noted to be followed up at a later date. The outcome of any decision should be documented in the clinical record together with any plans made – it must not be forgotten and ‘put down to illness.’

Consideration should be given as to how the colleague would like the incident addressed with the patient/service user. There may be resolutions open to the colleague including an apology, verbal or written.

### **Step 4: Discussion in team meeting**



The responsible clinician (RC)/senior manager in partnership with the MDT will provide oversight of the ongoing management of the patient whilst under our care. If deemed clinically appropriate, the consultant/senior manager will also have a conversation with the patient about the incident including any discriminatory aspects and follow up actions. Where appropriate the patient's RC will be made aware of the incident (including any racist, sexist, homophobia or other hate elements) at the earliest opportunity.



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## Step 5: Reporting to the police

Throughout any point in the process the colleague will be supported to refer the incident as a hate crime (or any other criminal offence) to Leicestershire Police. The [reporting can be done online](#) with support from administrative staff.

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## Step 6: Recording the incident and outcome

The line manager, ward administrator or clinical lead on duty will complete the electronic incident reporting form (EIRF) on [Ulysses](#) from the information on the abuse and violence reporting form. Colleagues can also complete the EIRF themselves.

Governance and formal reporting arrangements will be in place to oversee the 6-step approach. The process and incidents will be reviewed by the LPT violence and prevention reduction board with data shared with other groups including the EDI workforce group.

### Further support and information:

- [6-step flowchart](#)
- [Case studies resource](#)
- [Violence prevention and reduction policy](#)
- [Health and hate crime elearning](#)





# Say no to abuse: reporting form

LPT has a Zero Tolerance approach to abuse and violence. Colleagues subject to abuse or violence will be fully supported as outlined in the 6 step guide. Please fill in this short form to ensure we can resolve the issue and provide the support you need.

<b>Your name:</b>	
<b>Location of incident:</b>	
<b>Date and time of incident:</b>	
<b>Patient name:</b>	
<b>What happened:</b>	
<b>Follow-up actions agreed:</b>	For completion by line manager/ward administrator/clinical lead on duty:  

Thank you for reporting this incident. With your help every one of us can stand up against all forms of abuse and violence including hate incidents and intolerant attitudes. Act immediately when an incident takes place and report the incident or situation. Please hand this form to your line manager/ward administrator/clinical lead on duty and ask them to enter it on to the Ulysses system. All completed forms will be recorded and reported to the Trust Board. Incident reporting is part of LPT's commitment to 'Keep Everyone Safe', and is in line with the trust's group priority of being 'Together Against Racism'.

**ZERO**  
**TOLERANCE**