

Genwell Zero Tolerance Policy

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Document Review

Requirement	Name	Date
Policy Author	Sabina Manolache	01/04/26
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Last Reviewed	Sabina Manolache	01/04/26
Last Amended		
Next Planned Review (2 Years or sooner if required)		01/04/27

Review Record

Person Reviewing	Date	Version Amended	Changes Made (Yes/No)	Summary of Review	Business Impact Low-Medium-High

Relevant CQC Regulations, Standards And Quality Statements

Relevant H & SC Regulation :	Regulation 12 Safe care and treatment
Relevant Key Lines of Enquiry :	Caring
Relevant Quality Statement :	Workforce wellbeing and enablement

Equality Impact Assessment

Genwell have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

Scope

The following roles may be affected by this policy:

- CQC Registered Manager
- Other management
- Staff

The following other users of the service may be affected by this policy:

- Patients
- Visitors / Contractors

The following stakeholders may be affected by this policy:

- Family
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

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1. Policy statement

The purpose of this document is to provide guidance to staff at Genwell on how to manage unreasonable, violent and abusive patients in the workplace in line with extant legislation. This organisation has a zero-tolerance policy towards violent, threatening or abusive behaviour towards staff or patients. At no time will such behaviour be tolerated and it will be managed appropriately and consistently.

While violence and threatening behaviour is often easy to label, abuse may take many forms. For this policy, abuse can be towards any service user, visitor or staff member and includes (but is not limited to) sexism, racism, homophobia, biphobia, transphobia and ageism, or harassment or abuse based on disability, marriage or civil partnership, pregnancy or maternity, religion or belief.

This document will illustrate the organisation's commitment to the safety of staff, contractors and patients while explaining the requirement for staff to undertake training and report incidents effectively to ensure that appropriate action is taken against offenders. It is policy for this organisation to press charges against any person who assaults any member of staff or patient.

It is the responsibility of all staff to ensure that they recognise, respond to and take the necessary action when dealing with any patient who is behaving in a violent, threatening or abusive manner towards colleagues, contractors or patients. It remains a management responsibility to ensure that all staff have undertaken the necessary training to be able to respond appropriately.

The [HSE](#) advises that healthcare workers are four times more likely to experience violence at work than in other vocations. Therefore, effective risk assessment and incident reporting is essential to support the organisation in the appropriate management of offenders, thereby reducing risk to staff, visitors and service users.

Legislation to support this subject and further reading can be sought from Annex A.

Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

2. Identifying challenging behaviour

Unreasonable behaviour

There are many reasons why a patient's behaviour may become unreasonable, including:

- Substance misuse
- If they are scared, anxious or distressed
- If they are frustrated, unwell or in pain

All staff may experience patients who are:

- Demanding
- Unwilling to listen
- Uncooperative

There are several factors associated with difficult and challenging interactions with patients, such as a lack of resources, waiting times and interruptions during consultations. For these reasons, the 'demanding' or 'difficult' patient can potentially consume a large amount of the clinician's and manager's time.

Inappropriate behaviour

Inappropriate behaviour is defined as being unacceptable if:

- It is unwanted by the recipient
- It has the purpose or effect of violating the recipient's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment

Inappropriate behaviour does not have to be face-to-face and may take other forms including written, telephone or e-mail communications or through social media.

What constitutes inappropriate or unreasonable behaviour could be viewed as a subjective matter. Therefore, to ensure objectivity and prior to any further actions being taken, incidents of inappropriate behaviour will be discussed with a member of the senior management team.

Any person, be they staff or service user, who encounters unreasonable behaviour will be fully supported by senior management.

Violent or abusive behaviour

It is acknowledged that a small minority of patients may become abusive or violent towards staff making it difficult for the healthcare team to provide services.

This organisation has a zero tolerance towards such behaviour and is committed to reducing the risk to staff and other patients resulting from such behaviour.

Classifications

Further details to support classifications of inappropriate, violent, abusive and assault can be found at Annex B.

3. Managing unreasonable and inappropriate behaviour

Prevention

A patient's values, beliefs and circumstances all influence their expectations of their needs for, and their use of, services. Staff at this organisation recognise that external factors that may influence a patient's behaviour.

[NICE Clinical Guidance 138](#) recommends that an individualised approach to providing care is required to improve the patient's experience and to reduce the risk of the doctor/patient relationship breaking down.

Clinicians should be reminded that patients may request a second opinion from another clinician, and clinicians must advise the patient how they can arrange this.

Process to manage unreasonable and inappropriate behaviour

The stepped approach to managing challenging behaviour can be found at Annex C.

4. Managing violent, abusive or threatening behaviour

Prevention

It is considered that as these standards are to meet best practice, this organisation will aim to implement any recommendations, where practicable, to support a safe and secure working environment for employees.

The BMA document, [Preventing and reducing violence towards staff](#), suggests actions that employers may consider taking to reduce the risk of violence and protect their staff. Therefore, this organisation will commit to the following:

- Develop a risk assessment that will detail objectives and requirements with the aim of reducing incidents of violence
- Review and update the risk assessment annually
- Communicate the strategy to all staff including a review on how to report incidents
- Assess and complete actions in a timely manner
- Ensure any lessons learned are considered by the organisation and changes made to this policy as indicated

In addition, the clinician may consider:

- Ensuring other staff are aware of a potential issue and are prepared to respond accordingly

While the above BMA link details the actions needed for staff members, support will also be given for service users following any act of violence.

Do's and don'ts when confronted by violence:

DO	DO NOT
Recognise your own feelings	Meet anger with anger
Use calming body language	Raise your voice, point or stare
Be prepared to apologise if necessary	Attempt or appear to lecture them
Assert yourself appropriately	Threaten any intervention unless you are prepared to act upon it
Allow people to explain themselves	Make people feel trapped or concerned

Process to manage violent, abusive or threatening behaviour

The organisation does not expect any staff member or patient to tolerate any form of behaviour that could be considered violent, abusive or threatening or that becomes so frequent it makes it more difficult for the organisation to undertake its work.

The organisation will take action to manage this type of behaviour whenever it occurs, including inappropriate behaviour on social media. Should the episode of behaviour be severe, immediate action should be taken by the Clinical Manager to remove the patient from Genwell services with immediate effect.

Should an incident warrant a warning, then the process at Annex C can be followed. Furthermore, sample letters can be sought within the annexes to support any type of poor behaviour. These can be amended to suit any situation.

5. Raising the alarm

Staff should always try to minimise the risk of harm to themselves and others.

In the first instance, a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not, in any circumstances, escalate or mirror the patient's behaviour.

If the individual does not change their behaviour after this initial request, the consultation will be ended immediately. A more senior member of staff will then contact the individual to discuss the matter further. Any continued engagement will be dependent on the individual demonstrating a clear improvement in their behaviour.

6. Removal of the patient

Guidance

While it is acknowledged that organisations are permitted to remove patients in appropriate circumstances as detailed within GMC guidance titled [Ending your professional relationship with a patient](#) and BMA guidance titled [Removing patient from your practice list](#), removal should never be

based on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical conditions.

7. Reporting of incidents

Internal reporting

All incidents are to be reported to the Head of Clinical team at the earliest opportunity. They will ensure that any subsequent reporting action is taken while supporting staff in the completion of the significant event report.

Clinical record

A factual entry is to be made in the patient's healthcare record detailing exactly what occurred; the record should include timings, the build-up to the incident and details of staff members and witnesses present.

Further information can be sought at Annex C.

Significant events

In addition to recording the information in the patient's healthcare record, the staff member dealing with the patient is to complete a significant event report/form.

8. Risk assessment

Requirement

While it is acknowledged that a risk assessment alone will not reduce the occurrence of work-related violence, the subsequent actions following the assessment should do so. The findings of the risk assessment(s) will inform the procedures needed to enhance safety within the organisation.

The following constitute foreseeable risks although it should be noted that this list is not exhaustive:

- Known or suspected abusive, aggressive or violent patients
- Patients suffering from stress and/or mental illnesses
- Patients for whom services may be withdrawn or withheld
- Patients with a criminal history

The HSE provide both [Risk assessment for work-related violent document](#) and a [guidance document](#) to support the management in dealing with violence within the workplace.

A template for conducting a risk assessment can be found at Annex G.

9. Effects on staff and patients

Supporting the team

While much of the abuse and episodes of violence are directed towards customer facing colleagues, any staff member who has been subjected to such behaviour will be supported. The situation will be acted upon swiftly, including removing patients from the list where indicated.

Staff who experience incidents of violence, aggression or assault may experience subsequent after-effects which may require support from the team or external resources.

Debriefing the team

[Debriefing](#) refers to learning conversations that occur soon after an event and involve those who took part. This is also known as 'hot debriefing' or 'proximal debriefing'.

The aims of debriefing are to:

- Discuss how, why and what occurred
- Promote learning and reflection for individuals and teams
- Identify opportunities for improvements in workflows, processes and systems
- Identify any key points and lessons learnt
- Ensure that the health and wellbeing of staff members are not adversely affected

The management team will support all staff members following any incident, no matter how minor it may seem. Both positive and negative points should be considered that can support organisation-level training in the support of any future events.

Annex A – Legislation and further reading

The following legislation supports this policy:

- [Health and Safety at Work Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Safety Representatives and Safety Committees Regulations 1977](#)
- [Health and Safety \(Consultation with Employees\) Regulations 1996](#)

Further reading can be sought from:

BMA	Preventing and reducing violence towards staff At the sharp end: handling patient violence On the receiving end: violence aimed at doctors
GMC	Ending the professional relationship with a patient
HSE	Violence and aggression at work Violence at work
LGBTQ+	For managing inclusive behaviour visit Stonewall
MDU	Dealing with challenging patients

Annex B – Classifications

Unreasonable and inappropriate behaviour

Some examples of inappropriate behaviour that is deemed to be unreasonable includes, but are not limited to the following:

- Aggressive or abusive behaviour, such as shouting or personal insults, in person or via social media
- Discrimination or harassment when related to a protected characteristic under the Equality Act 2010
- Spreading malicious rumours or gossip or insulting someone
- Offensive comments/jokes or body language
- Persistent and unreasonable criticism
- Unreasonable demands and impossible requests
- Coercion, such as pressure to subscribe to a particular political or religious belief
- Customers are expected to present themselves in a manner that is appropriate for a public and professional environment. Intentionally wearing clothing that is offensive, revealing beyond

reasonable standards, or likely to cause discomfort, distress, or disruption to staff or other customers may be considered inappropriate behaviour.

Examples may include:

- Clothing displaying offensive language, imagery, or discriminatory messages
- Excessively revealing attire in settings where this is not appropriate
- Dress intended to provoke, intimidate, or cause disruption

Violent or abusive behaviour

- Any incident in which “an employee is abused, threatened or assaulted in circumstances relating to their work” ([HSE 1996](#))
- The use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment
- Behaviour that is hostile, destructive and/or violent

Assault

- Non-physical assault is deemed to be the use of inappropriate or discriminatory words or behaviour causing distress and/or constituting harassment

Annex C – Process to manage poor behaviour

The following process is to be taken to support poor behaviour at this organisation:

- **Discuss**

When interactions become challenging, staff are advised to discuss these more difficult consultations/conversations with their peer groups, seeking guidance when applicable and assurance that they have handled the situation in the most appropriate manner.

- **Record keeping!**

To support any decisions made on behalf of the organisation, members of staff who experience patients who are challenging and make unreasonable demands must record the events as accurately as possible.

Any record should be strictly factual.

The [Medical Protection Society](#) states in its guidance that if a patient’s behaviour is likely to be relevant to their health, then it should be documented factually within the medical record. However, if incidents arise outside the context of a consultation or when telephoning, it should be considered as to whether the behaviour should be documented in the medical records or not.

There can be circumstances in which it would be more appropriate to record any incidents with a patient in a separate folder. Any information about a patient stored outside the records would still be required to be disclosed on request by the patient under data protection legislation.

Any entry made in the patient's healthcare record should detail exactly what happened, including timings, the build-up to the incident and those staff members present. Care should be taken not to record opinions or perceptions that may prejudice others in the event of the patient seeking to register elsewhere for any reason.

● **Speaking to the patient**

In the first instance, and to maintain an effective relationship with the patient, it is recommended that the patient be spoken to by the clinician who is treating them. The clinician can provide reassurance to the patient about their condition and address any concerns.

A recommended approach to help in such scenarios is to verbalise the difficulty, such as:

"We both have very different views about how your symptoms should be investigated and that is causing some difficulty between us. Do you agree?"

Verbalising such difficulties may enhance the level of trust between the clinician and the patient, enabling feasible options for care and treatment to be discussed.

Clinicians will not be forced into giving a diagnosis or treatment if they are uncertain. This should be explained to the patient while also explaining that it is in his or her interest that the most appropriate solution be found and that it can take time to confirm a diagnosis.

● **Writing to the patient**

Should the patient's behaviour remain unreasonable despite the above actions having been taken, the matter will be referred to the Chief of Clinical Services who will then write to the patient using the template at Annex E.

The correspondence will, where indicated, also include links to relevant, evidenced literature or approved websites to enable the patient to carry out their own research.

● **Removal from the organisation**

Should the patient be non-compliant as per the behaviour agreement in a manner that contravenes the agreement then consideration should be given to removing the patient from the organisation list.

This final stage should never be taken lightly and will be agreed by the management team. The patient will be advised that the doctor/patient relationship has deteriorated to such a degree that there is no longer any trust between the parties and the relationship is not viable.

The patient will be asked to register at another organisation. Further guidance can be sought within the [GMC's](#) ethical guidance for doctors on ending the professional relationship with a patient.

A sample letter can be found at Annex F..

Annex D – Available actions to remove a patient!

Actions available to the organisation

• Warnings

- For unacceptable, threatening or abusive behaviour, the patient will be warned that the organisation is considering removing them from its list
- The letter template at Annex E is to be used and this advises that, should there be any further incidents of inappropriate behaviour, they will be removed and requested to register elsewhere
- Records of all warnings should be retained and, if a warning has been given in the preceding 12 months, there are grounds for requesting removal

• Removal

Prior to seeking formal approval to remove a patient from the organisation list, the following is to be adhered to:

- Judgement is to be exercised in determining whether a patient's behaviour is a result of their medical condition. When doubt exists, further guidance should be sought from medico-defence representatives
- There must always be a justifiable reason(s) for seeking approval to remove the patient from the organisation list
- For instances when there is deemed to be a breakdown of doctor-patient relationship or should there be any repeat of the inappropriate behaviour within a 12-month period since the previous warning, then the patient can be removed.
- If it is for a clinical reason as to why the patient's behaviour was deemed inappropriate, consider changing the patient's clinicians internally

When removal has been found to be justified, the organisation will:

- Write to the patient explaining why they are to be removed from the organisation list using the template at Annex F.
- Record the decision, attaching the letter(s) to the patient's healthcare record
- Determine the most appropriate arrangements for continuing the patient's care and facilitate the timely transfer of the patient's healthcare record

Annex E – Warning letter

[Address]

[Insert date]

Dear [insert name of patient]

As Chief of Clinical Officer at Genwell Health Limited, this letter is to inform you that your [unreasonable/abusive/aggressive behaviour] on [date] at [place] is unacceptable to the organisation. Please treat this letter as a formal warning that any such behaviour in the future will not be tolerated.

Any repetition of [unreasonable/abusive/aggressive behaviour] may result in you being removed from this practice's patient list and you will be required to register elsewhere.

Yours sincerely,

[Signature]

[Name]

Chief of Clinical Officer

Annex F – Letter to remove a patient

[Address]

[Insert date]

Dear [insert name of patient]

Further to my previous letter in [date], this is to inform you that your [unreasonable/abusive/aggressive] behaviour continues to be unacceptable to the organisation. You will therefore need to register elsewhere to continue your care.

Yours sincerely,

[Signature]

[Name]

Chief of Clinical Officer

Annex G – Risk Assessment and Control Form

Risk Assessment and Control Form

Brief task description: Interacting with violent or aggressive patients

Organisation name: Genwell Health Limited

Risk assessment reference: [Insert local reference number]

Date completed: [Insert date completed]

Relevant documents reference: [Insert supporting document name/reference numbers]

General risk description (Hazard/ consequence)	Hazard rating	Likelihood (including relevant people, environmental and data factors as well as existing control measures)	Likelihood rating	Risk rating	Additional control measures required	To be implemented by who? By when?	Residual risk (Risk - after all additional controls are implemented)
Clinical and non-clinical staff interact with patients daily, were a person to be aggressive/ violent due to illness, mental health issues or a known history of violence and/or aggression, it may result in an assault, causing moderate harm to a staff member(s) or service user(s).	3	There have been no reported physical assaults on staff in the last 12 months. There have been no incidences of verbal abuse to staff in the last six months. Staff are professional when dealing with the public/patients and are trained in de-escalation techniques.	3	Low	Add patient responsibilities to the organisation T&Cs. Ensure periodic training to staff is given regarding dealing with violent and abusive patients. Debrief process established. Robust process in managing the different types of poor behaviour.	CCO [Date]	

General Administration

Risk assessor's name:	Contribution to risk assessment by:	Manager approval
[Insert name of risk assessor]	[Insert name of any contributors]	[Insert name of manager]
Risk assessor's job role:	Contributor's job role:	Date of approval
[Insert job role]	[Insert job role]	[Insert date]

This document was reviewed/updated by:	Job role:	On date:	Next planned review due:
[Insert name of assessor]	[Insert job role]	[Insert date]	[Insert date]

Risk Review Profile	Recommended risk assessment and risk controls review periodicity	
	<i>Guidance Note: The principle of review is that the more significant the risk level, the more often it must be reviewed.</i>	
	Always review if an incident has occurred:	
	If the risk is 15 – 25 (Very high)	Review at least every 1 – 3 months
	If the risk is 8 – 12 (High)	Review at least every 6 – 12 months
	If the risk is 4 – 6 (Moderate)	Review at least every 12 – 18 months
	If the risk is 1 – 3 (Low)	Review at least every 18 – 24 months