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Violent Warning Marker Procedure

Introduction and Aim

The purpose of this Procedure is to risk manage workplace violence perpetrated by patients / service users and associated persons throughout Cardiff and Vale Health Board via the use of patient violent makers placed on the patient electronic records known as PARIS, PMS (Ambulance booking reports printed from PMS) EU Workstation, Ward Clinical Workstation, Diagnostics & Therapies System, SOEL and Adastra.

The use of patient violent markers will help to alert staff and serve as an early warning marker of a particular individual, associate or situation that may present a risk to themselves, colleagues or other patients. This will help to reduce the number of violent incidents at a local level and assist in creating a safe and secure environment for all.

Objectives

This document outlines the processes and responsibilities that are to be followed when an incident has taken place and a patient violent marker is to be considered.

Cardiff and Vale Health Board (UHB) has a duty of care to staff to protect them in the workplace.

- Patient violent markers are a means of identifying and recording individuals and associates who pose, or could possibly pose, a risk to the members of staff who come into contact with them.
- It is the policy of the UHB to ensure that the likelihood of employees being exposed to violence and aggression whilst at work is reduced to a minimum.
- The use of a patient warning marker held electronically will help reduce possible risks to staff by enabling them to consider and implement measures for their protection.

Scope

This Procedure applies to all employees of the Health Board as well as students, locums, bank and agency staff and contractors working on behalf of the Health Board. Sharing information with Primary Care Contractors and other NHS bodies.

The term staff is used throughout this Procedure and refers to all of the groups as listed above.

Workplace violence is deemed to be any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.

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This Procedure applies to both instances of physical and non-physical assault within the workplace.

Cardiff and Vale Health Board recognises its duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed for this procedure. Supporting Policies which have had a full EHIA include: The Health and Safety Policy and Violence and Aggression Policy The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its staff reflects their individual needs and does not discriminate against individuals or groups. The UHB wanted to know of any possible or actual impact that these policies may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned. Where appropriate the UHB will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.
Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Management of Violence and Aggression (Personal Safety) Policy & Procedure • Health and Safety Policy • Incident Hazard and Near Miss Reporting Policy • Security Policy • Dealing with Visitors who are Violent/Abusive or Vexatious Procedure • Care of Adult Patients with Capacity who are Violent or Abusive
Approved by	Operational Health and Safety Group

Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author(s)	Case Management Team

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	06/06/2013	25/10/2013	New procedure
2	10/05/2017	03/07/2017	Document revised in line with current practices; sharing of information with GP and Out of Hours GP services
3	07/12/2021	14/01/2022	Document revised in line with current practices.

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1 PRINCIPLES

A patient warning marker may be applied in instances of intentional and non intentional violence.

It is important to state that the marker is not a mechanism for attributing blame; it is a process for alerting staff to the possibility of violence. For the purpose of this procedure, episodes of violence related to alcohol and illicit substance misuse will be classified as intentional violence.

A marker does not just apply to circumstances where the individual abusing the staff member is a patient, but may equally apply where the person is the patient's associate – for example, their guardian, friend, or relative.

In line with current health and safety guidance the marker and associated additional information (such as warnings, handling advice, etc) will be available to all relevant staff who, because they may have face-to-face contact with a particular individual, may be subject to an increased risk of violence.

2 LEGISLATIVE REQUIREMENTS

It is also the policy of the Health Board to comply with NHS, UK and EU statutory and other legislative requirements in relation to the management of violence and aggression.

Under the Health and Safety at Work etc Act 1974, the Health Board has a legal obligation to manage the risks from work related violence to its employees and to protect the health and safety of patients, staff, visitors and contractors. From the Management of Health and Safety at Work Regulations 1999, Employers must:

- assess all risks to the health and safety of their employees;
- identify the precautions needed;
- make arrangements for the effective management of precautions;
- provide information and training to employees.

2.1 Data Protection Act 1998

For the purposes of the Data Protection Act (DPA), the Health Board is the “data controller” and therefore retains ultimate responsibility in relation to processing, notification and disclosure of risk information and the security and confidentiality of such information.

This Procedure must comply with the data protection principles particularly in relation to ensuring information is processed fairly and lawfully as required by principle one. To ensure processing is fair, individuals who have been identified as violent or potentially violent should normally be informed of the decision to add a risk of violence marker to their record unless in doing so

would create a substantial risk of violence reaction. Decisions must be considered on a case by case basis and the decision making process recorded (Appendix D).

The DPA states that personal information must not be processed unless one of the conditions contained within Schedule 2 of the Act, and for sensitive personal information, one of the conditions in Schedule 3. Employers have a duty of care towards their staff, for example, under health and safety legislation. Therefore the appropriate Schedule 2 condition to allow processing of information in markers is that processing is necessary to comply with any legal obligation imposed on the data controller (which in this case would be the employer). The appropriate schedule 3 condition is that processing is necessary to comply with any legal obligation imposed on the data controller in connection with employment.

Principle 3 of the Act -“Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.”

Principle 4 of the Act - “Personal data shall be accurate and, where necessary, kept up to date.”

Principle 6 of the Act gives individuals the right to make a subject access request. In most circumstances, you should reveal the fact that there is a patient violent warning marker on the individual’s record, although, in most cases, you should already have informed the individual. However, you should make this decision on a case-by-case basis and consider any other individuals (third parties) that may be included in the information. There may be rare cases where you will need to consider whether:

- revealing the existence of the marker;
- revealing the information in the marker; or
- what the individual may infer from the existence of the marker.

In these cases, you must get specialist advice from the UHB data protection manager. For some of these cases there may be relevant statutory instruments that modify the provisions in the Act that relate to the individual's rights.

Section 10 of the DPA gives individuals the right to require you to stop processing their personal information if this is likely to cause them substantial and unwarranted damage or distress. If an individual gives you a section 10 notices relating to a violence warning marker you should be aware that you will have to justify creating the marker in court.

Principle 5 states that personal information should not be kept longer than necessary. You must make sure violence warning markers are removed

when there is no longer a threat. This should be part of the standard review procedure. The retention period is likely to depend in part on:

- the original level or threat of violence;
- how long ago this was;
- the previous and subsequent behaviour of the individual; and
- Whether or not an incident was likely to have been a 'one-off'. For example, where the individual was suffering an unusual amount of stress due to a particular set of circumstances.

3 INCIDENT REPORTING AND INVESTIGATION

Where there is an immediate threat, staff should follow departmental procedures and/or contact the Police. As soon as feasibly possible following an incident (and within 24 hours), it must be reported via the Health Board's existing incident reporting process by completing an E-Datix electronic form. In line with the Health Board's Incident Reporting Procedure all incidents are investigated by the Departmental / Line Manager (or deputy). Where the investigator identifies the need for a violent warning marker to be placed on a patients records, then they must follow the Violent Warning Marker Process.

4 VIOLENT WARNING MARKER PROCESS

Where an investigation highlights the need to consider a patient violent warning marker, the following procedure should be followed.

- The Departmental/Line Manager (or deputy) must contact the Violence and Aggression Case Management Team. The Case Management Team will investigate whether a Violent Warning marker is required as soon as possible post incident with the Departmental/Line Manager (or deputy).
- Following a discussion and review of the incident a decision will be made regarding placing of a marker on the patient, service user or associates **electronic record**. This decision will be recorded using the information in Appendix D.
- A decision will also be made as to whether the patient/service user or associate will be informed if a marker is placed.
- If a violent marker is warranted the Case management Team will arrange for the marker to be inputted electronically.
- A review date for the violent warning marker will be determined by the panel involved in the investigation.
- If it is decided the patient / service user will be informed that a violent warning marker will be placed on their record, then the Case Manager/(Deputy) will draft a letter which will be signed by either the Case Manager, Responsible Person, Executive Director or Clinical Board Director and sent to the patient / service user informing them of this.

- If a patient, service user or associate is convicted of a violent crime against an Emergency Worker as defined in the Assaults on Emergency Workers (Offences) Act 2018 the necessity of placing a violent warning marker will be considered by the Case Manager.

The panel will consist of the Case Manager (or deputy) and someone clinically responsible for the patient and a Departmental / Line Manager (or deputy) from the area the incident took place. Other members may be co-opted onto the panel as required, for example, where a medical opinion may be required. In decisions where by a marker has been placed without involvement of a senior member of staff then a copy of the notification letter will be sent informing them of the decision.

4.1 Risk Factors

The following risk factors should be considered when determining whether or not a record should be marked:

- the nature of the incident;
- the degree of violence used or threatened by the individual;
- the injuries sustained by the victim;
- the level of violence that the individual poses;
- whether an urgent response is required to alert staff;
- the impact on staff and others who were victims of or witnessed the incident;
- impact on the provision of services;
- likelihood that the incident will be repeated;
- any time delay since the incident occurred;
- whether the individual has an appointment scheduled in the near future;
- whether staff are due to visit a location where the individual may be present in the near future;
- whether the individual is a frequent or daily attendee (e.g. to a clinic or outpatients);
- whether the individual is an in-patient;
- whether the incident, while not serious in itself, is part of an escalating pattern of behaviour;
- the medical condition and medication of the individual at the time of the incident.

The decision to use a marker should be based on a specific incident and not personal opinion or hearsay. As part of the investigation into an incident, the victim/clinician should be asked for their opinion as to whether a marker would be justified, but this alone will not warrant a marker. The decision must follow a Case Management investigation which will provide evidence that a marker is required and, where in place, that the panel has ratified the decision.

For the purposes of the marker, the incident should be categorised using the definitions with details of who to contact for further information and advice. A list of these codes and definitions can be found in Appendix C.

In some incidents the Police and Case Management Team may be actively involved in an on-going investigation for the purposes of prosecution this should not delay the decision making process for a marker. If a decision is made to mark records, this should not prevent or replace any legal action from being taken against the individual.

All files containing an indication that an individual is potentially violent should be retained securely whether they are paper files or held on computer. You should also take steps to prevent unauthorised access to any information indicating that an individual has been violent.

4.2 Panel Decision

The Violent Marker Panel should make a decision based on the criteria in appendix D. The Case Management team will help to provide consistency of decisions across all cases considered.

In all cases details of the panel, the reasoning and decisions made must be recorded using the information gathered as detailed in Appendix D and recorded on the Violent Warning Marker Database which will be managed by the Case Management Team.

Centrally held records should be reviewed regularly to ensure that they are up to date and accurate. When a marker has expired and has been removed from the patient's records, the Case Management Team needs to have a process in place to ensure records are revised accordingly.

Where the decision is made to place a marker on the individual's record this should be done within 48 hours of the panel's decision. The Case Management Team will arrange for a marker to be placed on PARIS, PMS, SOEL and Adastra and to ensure information sharing is consistent a letter will be sent to the patients registered GP if known and Out of Hours GP services. Where a patient is registered with a GP outside of Cardiff and Vale then a letter will be sent to the Case Management equivalent within that Health Board. Information on markers will also be sent to the Emergency Unit to allow Risk Alerts to be created. Risk Alerts will be removed in line the marker review process.

The decision to add a marker should not preclude any other existing lines of communication being used to inform staff if there is an imminent risk to them.

5 NOTIFYING THE INDIVIDUAL /ASSOCIATE

In the majority of cases, the individual should be informed in writing as soon as reasonably possible following a decision to mark their records. The Case Management Team is responsible for sending a notification letter (Appendix E) to the individual outlining the reasons for the marker. The letter should clearly explain:

- the nature of the incident;
- that their records will show a marker;
- the reasons why the marker is being placed on their records;
- who the information may be shared with and for what purpose;
- when the marker will be reviewed for removal;
- the process for complaints;
- relevant contact details.

The same principles will apply when considering a marker on the record of a patient's associate (relative, friend or carer). All decisions on marking records should be based on the risk to staff rather than on any relationship between the individuals concerned. If the incident is committed by an associate of the patient, a letter should be sent to both the patient and associate, if the associate's identity and whereabouts is known. The patient's letter should inform them of the decision that has been made; the associate's letter should include the same information provided to the individual taking care not to disclose any confidential medical information. In cases where the associate is a minor then a letter will not be sent to the individual.

There may be exceptional cases when it is decided that notifying the individual / associate may increase the risk that they pose to staff and that notification is not appropriate. These may include situations where:

- informing the individual may provide a violent reaction and put staff at further risk. In these cases a detailed record of the evidence to support this (e.g. the individual has prolonged history of violence against NHS staff) must be kept along with the decision not to notify and the reasons for this course of action.
- Notification of a marker may adversely affect an individual's health. Any decision, based on exceptional circumstances, not to notify an individual must be evidenced, including advice from a clinician explaining the reasons why notification may adversely affect an individual's health.

6 INFORMING THE VICTIM

The Departmental / Line Manager (or deputy) or Case Management Team will inform the victim of the decision reached by the panel. When a marker is placed on records, the feedback will assist in developing a pro-security

culture and encourage incident reporting. If a decision has been reached that the marker is not required, the responsible manager or deputy should explain the reasons to the victim and offer any further assistance that is necessary.

7 REVIEW OF MARKER

When a marker is placed on the patient or service user's electronic records a review date is determined by the panel.

The Case Management Team will maintain central records of all violent warning markers and their review dates and will reconvene a panel to review the incident in line with the timescale set. This review panel will be made up of the Line Manager and Senior Manager where the incident originally took place. When the panel deliberate their decision to maintain or withdraw the marker they will need to consider the following:

- the incident report and investigation of the original incident;
- the severity of the incident necessitating the warning;
- the existence of any subsequent warnings or other information available about the patient / service user such as violent incidents recorded on the Datix incident data base;
- the amount and nature of any subsequent contact with the patient / service user by the staff;
- any known changes in the patient/ service user's or their associates circumstances that might affect the potential for further violence;
- the removal or rectification of any environmental hazards;
- except in circumstances where knowledge of a marker has been withheld from the service user he or she should be informed of the outcome of all reviews and when the eventual decision is taken to remove his name or her name from the system see letter attached Appendix G and H.

Where the original panel members are not available to undertake the review the following actions should be taken:-

- Review Datix for any recent incidents involving the individual
- Check the patient's PARIS record for staff currently involved in their care
- Obtain an update from the local policing team
- After 1 month, where endeavours to locate staff to carry out a review have failed, a decision will be made by the Case Manager whether to extend or remove the marker using the information gathered above.

The period between reviews should not exceed one year

A record of the review will be recorded on the form at Appendix F which will be subsequently recorded on the Violent Warning Marker Database which will be managed by the Case Management Team

8 GUIDANCE FOR STAFF UPON FINDING A MARKER

When a violent warning marker is displayed on a patient record staff can click on the marker for further information and or contact details of the Case Management Team. Further descriptions available in Appendix C.

If a marker is displayed it identifies a known risk to staff and local risk assessments should be updated immediately.

8.1 Administrative staff

If when assessing the warning marker follow the procedure below immediately inform the appropriate operational staff member, ward manager, key worker / community practitioner that a warning marker exists, explain the category of the marker the warning start date and contact details of the authorising designated person.

If requested by the operational manager / member of staff make contact with the Case Management Team to obtain further details. The marker will indicate a violent patient and with risk verbal assault, physical assault or associated person.

8.2 Operational Staff

When accessing the PARIS/PMS

- take every step to ascertain the nature of the violent warning marker;
- discuss the situation with your line manager and if necessary seek additional support from the Case Management Team;
- ensure that other members of staff who may deal with this patient are made aware of the issues relating to that person having a marker recorded. In particular, ensure if the patient or case is transferred to a new worker, full details of any markers are provided before the worker contacts the patient;
- ensure that other members of the ward / department who may be dealing with the patient are made aware of the issues resulting in the patient receiving a violent warning marker;
- remember that if staff are already dealing with the patient / service user they may not have picked up the warning from the system;
- take action to protect staff in other departments by informing the appropriate person(s) who are known to have contact with the service user.

8.3 Initial contact staff

Circumstances may arise where a violent warning marker is first seen when the patient / service user is present

It is essential that details of the warning are not brought to the attention of the patient / service user where this is likely to inflame the situation or compromise the safety of staff or others present. This situation could occur in circumstances where a patient / service user is not informed by letter about their entry into the system.

If challenged by the visiting patient / service user about a warning marker recorded against them, refer them to the letter sent to them for the appeals process or the Case Management Team.

8.4 Line Managers

In addition to the above, line managers should:

- assess the risk of staff making contact with the patient / service user and take appropriate action to safeguard the staff member's health and safety;
- ensure local procedures are in place to enable staff within their team to be informed of any markers placed against patients electronic records.

9 TRAINING IMPLICATIONS

Staff should be trained to use the procedures relating to risk of violence markers. In particular they should be made aware of the operational procedures, the decision making process and who to contact. (Training Requirements are to be assessed by the PARIS/PMS training teams)

10 REVIEW, MONITORING AND AUDIT ARRANGEMENTS

This Procedure will be continually monitored and will be subject to review at 3 yearly intervals. An earlier review may be warranted if one or more of the following occurs:

- as a result of regulatory / statutory changes or developments;
- due to the results or effects of critical incidents;
- for any other relevant or compelling reason.

Audits may be undertaken to assess and monitor the Health Board's compliance with the procedure.

11 MANAGERIAL RESPONSIBILITIES

11.1 Executive Director

The Executive Director of People and Culture has responsibility for health and safety within the organisation and will therefore oversee this procedure. The Health & Safety Department will ensure that the procedure is made available

to staff by using the existing communication channels within the Health Board.

11.2 Case Management Team

Once contacted by the Departmental / Line Manager (or deputy) the Case Management Team will make contact with them as soon as possible post incident. They will keep a written record of the decision to place a marker. They will arrange for electronic markers to be placed on the patient / clients electronic records and will also arrange for a letter to be sent to the patient/client (if deemed appropriate).

The Case Management Team will maintain central records of all violent warning markers and their review dates. They will review (where possible with the Line Manager and Senior Manager where the incident originally took place), within the agreed time scale of the review. They will maintain a record of the review. Following the review they will arrange for either the marker to be kept in place or removed from the records. They will also arrange for a letter to be sent to the patient/client (if deemed appropriate) informing them of the outcome of the review.

The Case Manager will be responsible for the monitoring and review of this Procedure.

11.3 Departmental / Line Managers

All managers share the responsibility for ensuring the safety and security of their staff and should therefore ensure they are aware of and comply with this procedure.

In most instances the responsible manager will be required to attend the decision / review panel meetings for considering incidents of violence within their area and whether or not a marker is appropriate.

11.4 Retention/Archiving

In cases of incidents, complaints, claims and other legal processes it is often necessary to demonstrate the procedures in place at the time of the investigation or incident. Therefore this procedure will be archived and stored in line with the Records Management Policy.

12 NON CONFORMANCE

All Health Board staff are required to comply with the requirements of this procedure. Failure to comply with this procedure will be investigated under the Health Board Investigations Policy and any resulting action will be considered under the appropriate Health Board Workforce and Organisational Development Policy.

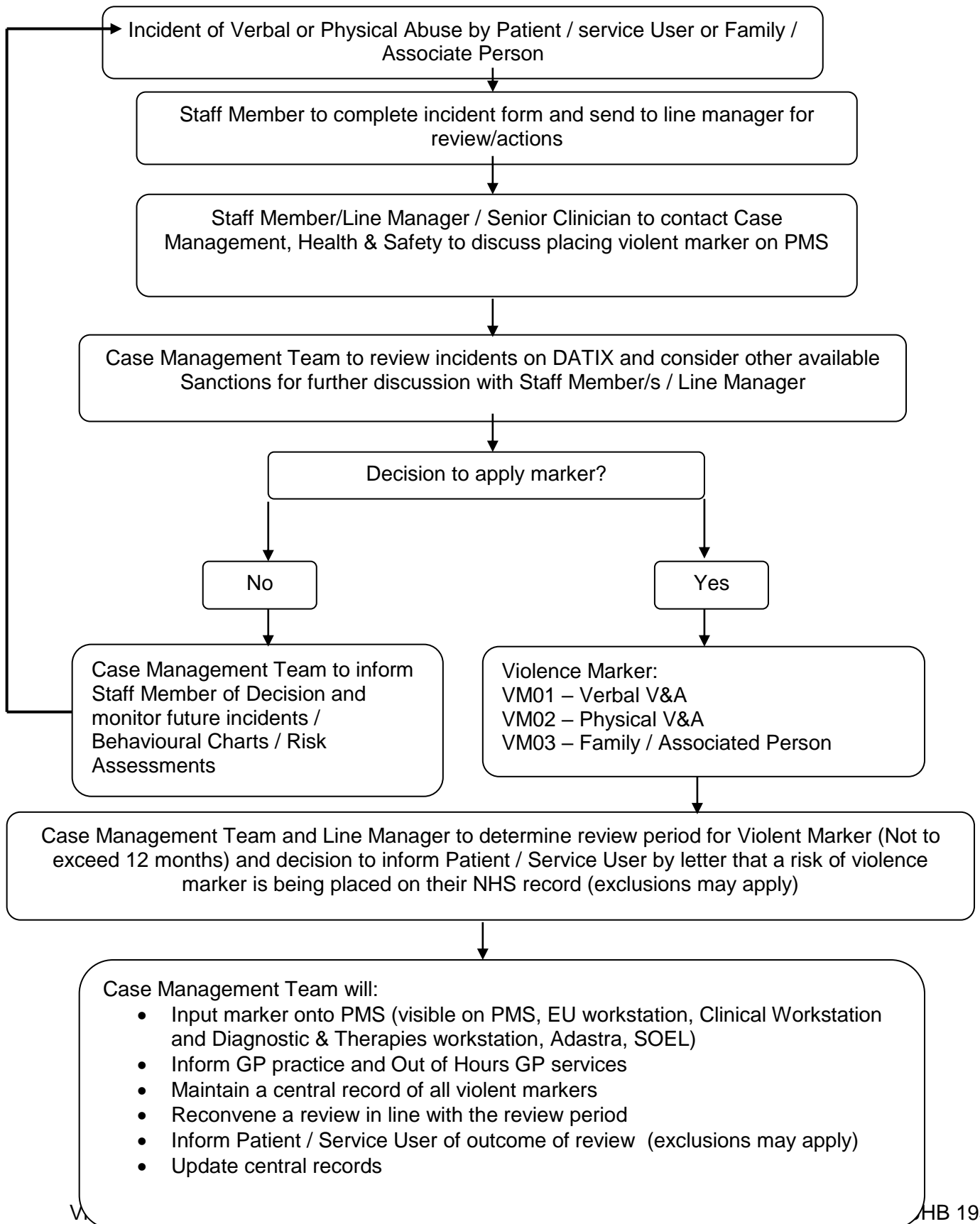
13 REFERENCES

- Health & Safety at Work etc Act 1974;
- Management of Health & Safety at Work Regulations 1999;
- Data Protection Act 1998.
- NHS Security Management Services

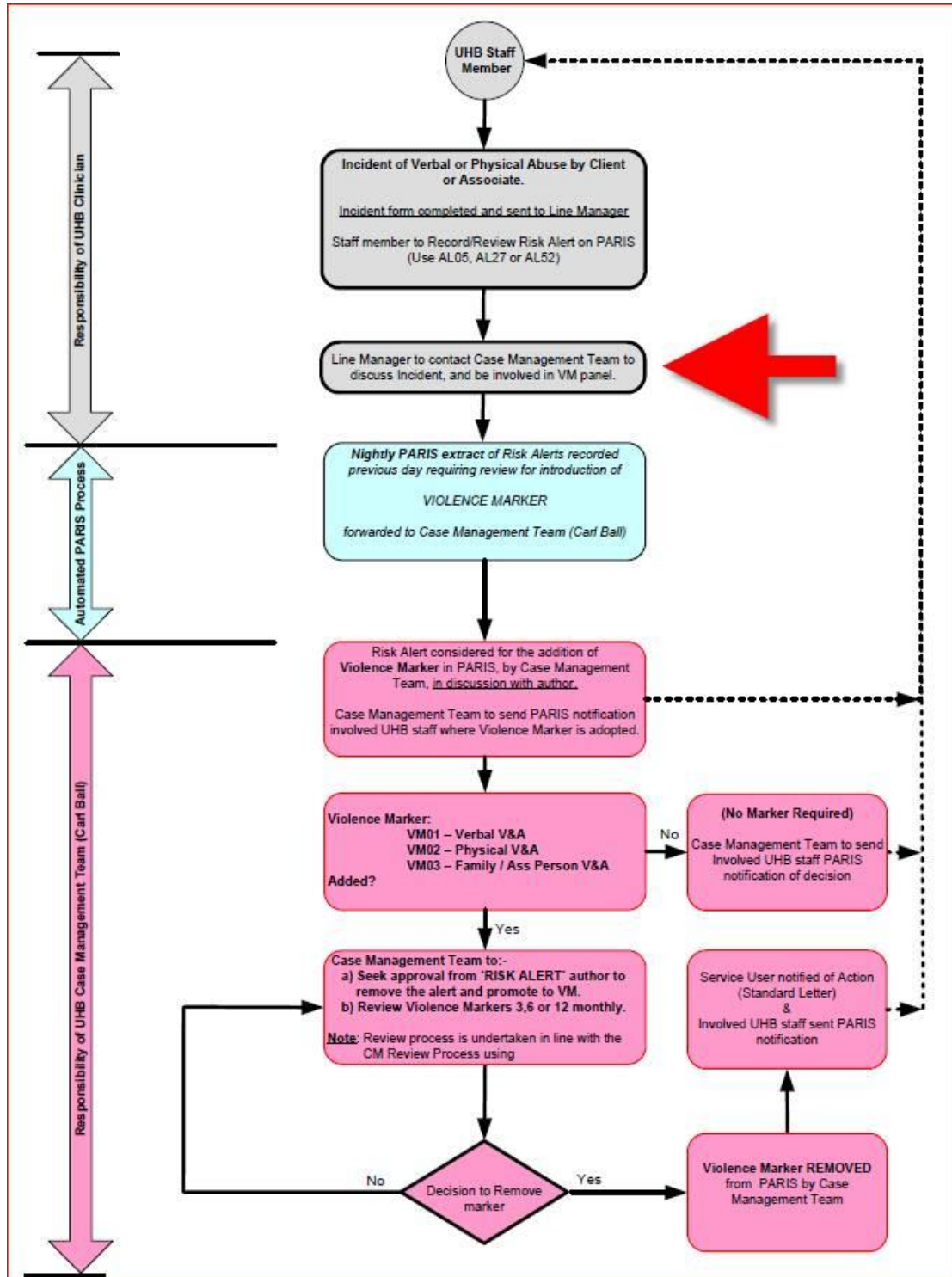
Appendices

- Appendix A - PMS Violent Warning Marker Process Flowchart
- Appendix B – PARIS process map
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- Appendix J - Notification of Removal of Violent Warning Marker to GP

Appendix A - PMS Violent Warning Marker Process Flowchart



Appendix B - PARIS process map



Appendix C - Warning Marker Codes and Definitions

The definitions below are not an exhaustive list of all incidents covered by the violent codes, however, it aims to provide a broad overview of the types of codes placed against individuals.


Marker codes are placed against all individuals regardless as to whether violence and aggression is gratuitous (intentional) or non-gratuitous (un-intentional).

Further information as to the cause of incidents will be recorded in the patients clinical notes. The main objective in applying the violent markers is to fore warn staff to enable risk assessment to take place at the earliest opportunity on how best to minimise the risk to UHB staff whilst providing the best possible care.

Code	Title	Definition
VM01	Verbal V&A	To include threatening or abusive verbal aggression and/or numerous verbally aggressive incidents from patients, severe intimidation of staff and / or other patients. Incident forms must be completed. Clients / Patients who have raised concerns with services Health Board provides should be given the contact details of the concerns office / Putting Things Right http://www.cardiffandvaleuhb.wales.nhs.uk/concerns-complaints-enquiries
VM02	Physical V&A	To include History of Physical Violence threats of physical violence and/or Weapons /Dangerous Pets. Incident forms must be completed.
VM03	Family / Ass Person V&A	To include any forms of verbal or physical violence from a known associate of the client/ patient. In extreme circumstances it may also include people residing in the near vicinity i.e. neighbours of clients visited at home. Incident forms must be completed.

For further information please contact the Case Management Office on: 029 21836546.

Appendix D - Record of Information Recorded

RECORD OF PATIENT VIOLENT MARKER			Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board
Date of Panel:			
Panel Members:			
Patient Name:			
Patient NHS Number:			
Patient Address:			
Associate Details (if applicable):			
Date of Incident:			
DATIX Reference:			
Incident Details:			
Does the case warrant a violent warning maker?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reasons for decision:			
Will the patient / associate be informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for decision (attach evidence, Incident form if applicable):			
Information shared with Third Parties			
Date letter sent (if applicable):			
Date marker will be reviewed (max 12 months):			
Date marker placed on record			

Appendix E - Notification of Risk of Violence Marker Letter



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Our ref/ein cyf:
Date/dyddiad
Tel/ffôn:
Fax/ffacs:
Email/ebost:
Dept/adran

Name
Address

Dear

Notification of risk of violence marker being placed on an NHS record

I am writing to you from Cardiff and Vale Health Board, where I am the Case Manager. Cardiff and Vale Health Board is committed to protecting NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you.

Insert summary of behaviour complained of; include dates, effect on staff/services and any Police/court action if known.

Behaviour such as this is unacceptable and will not be tolerated. Cardiff and Vale Health Board is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence, threats or abuse.

The NHS Constitution make it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives, friends, associated dangerous animals, etc).

A copy of the Health Board's procedure on risk of violence markers can be obtained from the [Cardiff & Vale UHB Internet Website](#) or a printed copy can be requested from the Health & Safety Department, First Floor, Woodland House, Maes-Y-Coed Rd, Cardiff, CF14 4TT.


This decision will be reviewed **within a maximum period of 12 months.....** months and if your behaviour gives no further cause for concern this risk marker will be removed from your records. Any other provider we have shared this information with will be advised of our decision.

If you do not agree with the decision to place a marker on your record, and wish to appeal against this decision, please contact me in writing in the first instance stating the reasons why you disagree.

Yours sincerely,

Case Manager

Appendix – F Record of Review of Patient Violent Warning Marker Panel Meeting

RECORD OF REVIEW OF PATIENT VIOLENT MARKER PANEL MEETING		 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board
Date of panel:			
Panel members:			
Patient Name:			
Patient Number:			
Patient Address:			
Associate Details (if applicable):			
Does the case warrant continuation of a marker?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reasons for decision:			
Will the patient / associate be informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Third Parties informed of Review Decision			
Reason for decision (attach evidence/Incident form if applicable):			
Date letter sent (if applicable):			
Date marker will be reviewed (max 12 months):			
Date marker removed from PARIS/PMS:			

Appendix G - Review of Risk of Violence Marker on an NHS Record – Patient Letter



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Our ref/ein cyf:
Date/dyddiad
Tel/ffôn:
Fax/ffacs:
Email/ebost:
Dept/adran

Name
Address

Dear

Review of risk of violence marker on an NHS record

In we wrote to you to advise of our decision to place a risk of violence marker on your records in connection with *insert summary of behaviour complained of / original incident(s)*.

As stated in the letter it was agreed to review this decision within ?? months. The risk of violence markers panel have now undertaken a review of this decision and decided that the risk of violence marker should remain on your record for a further ??? months, when it will be further reviewed and if your behaviour gives no further cause for concern this risk marker will be removed from your records.

The decision for the marker to remain on your record is based on been *Insert summary of behaviour complained of, include dates, effect on staff/services and any police/court action if known.*

As previously explained Cardiff and Vale Health Board is committed to protecting NHS staff from abusive and violent behaviour. Behaviour such as this is unacceptable and will not be tolerated. Cardiff and Vale Health Board is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence, threats or abuse.

A copy of the Health Board's procedure on risk of violence markers can be obtained from the Cardiff & Vale Internet Website or a printed copy can be requested from the Health & Safety Department, First Floor, Woodland House, Maes-Y-Coed Rd, Cardiff, CF14 4TT.

If you do not agree with the decision to for the marker to remain on your record and wish to appeal against this decision, please contact me in writing in the first instance stating the reasons why you disagree.

Yours sincerely,

Case Manager

**Appendix H - Notification of Review and Withdrawal of Warning Marker –
Patient Letter**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Our ref/ein cyf:
Date/dyddiad
Tel/ffôn:
Fax/ffacs:
Email/ebost:
Dept/adran

Name
Address

Dear

Notification of review and withdrawal of warning marker

In we wrote to advise you of our decision to place a risk of violence marker on your records in connection with insert summary of behaviour complained of / original incident(s).

I am writing to inform you that this violent marker was reviewed onand in view of the fact no further unacceptable incidents of the kind have reoccurred during your subsequent contacts with UHB staff, it has been decided to remove the risk of violence marker from your records.

I must make it clear however, that in the event of any repetition of this behaviour, Cardiff and Vale Health Board will in addition to reinstating the warning, seek to bring criminal proceedings against you and any of your associates who may also be involved

Yours sincerely,

Case Manager

APPENDIX I

Practice Manager
Practice Address

Our ref/ein cyf:
Date:
Tel/ffôn:
Email/ebost:
Dept/adran: Case Management, Health & Safety.

NOTIFICATION OF VIOLENCE WARNING MARKER

Name:

NHS no:

D.O.B.

Address:

Patient Informed of Marker:

Review Period:

Marker Applied:

It is understood that this marker may only have identified a potential risk and may not require you to action any sanction on the patient other than those you consider appropriate in regards to the risks to your staff.

In addition, we will keep you updated, where as part of our internal process we review the status of the patients warning marker.

I would re-iterate that applying a Violent Warning Marker by the Health Board does not infer the direct need for the patient to be treated through the Safe Haven system. In cases where the Surgery believes a referral is necessary then a risk assessment will be required and forwarded to the Safe Haven scheme along with a referral request.

Any further queries / concerns please contact the Case Management Team; details at the top this letter.

Yours sincerely
Case Manager

APPENDIX J

Our ref/ein cyf:
Date/dyddiad:
Tel/ffôn:
Email/ebost:
Dept/adran: Case Management, Health & Safety.

Practice Manager

Practice Address

NOTIFICATION OF REMOVING VIOLENCE WARNING MARKER

Name:

NHS No:

D.O.B.

Address:

Patient Informed of Marker:

Marker Removed:

The above marker has been removed from the patients Health Boards records.

The fifth data protection principle requires that information shall not be kept for longer than necessary.

Any sanctions applied to patients in Primary Care that may affect our staff should be brought to the Health Boards attention by the Clinic. In support of this process the Health Board is kept informed of all patients attending the Safe Haven Clinic.

If you require any further clarification or assistance, please don't hesitate to contact the Case Management Team; details at the top this letter.

Yours sincerely

Case Manager