NHS Greater Glasgow and Clyde

NHSGGC Policy on Stalking

The management of work related persistent unwanted intrusions or relationships.

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Approved by:	NHS GGC Health and Safety Forum
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2. Introduction

NHSGGC takes extremely seriously the health, safety and welfare of all its employees, patients and visitors. It believes that violence and/or aggression including stalking towards staff and others is unacceptable. Members of staff have the right to be able to perform their duties without fear of being stalked by other staff, patients/clients or members of the public. No member of staff should consider violence or aggression including stalking to be an acceptable part of their employment.

The organisation recognises, however, that situations do arise where stalking is directed against staff or patients. The organisation will therefore strive to put in place measures to minimise the incidence and risk involved, and to equip management and staff with the skills and support for dealing with incidents effectively and safely. NHSGGC has agreed that violence and aggression management is one of the key elements of the Health and Safety Strategy for the organisation

Stalking is a form of severe, persistent harassment which is highly relevant in today's global society. The Criminal Justice and Licensing (Scotland) Act 2010 was passed in June 2010. Section 39 of the Act came into force on the 13th December 2010 and provides for a specific criminal offence of Stalking.

Experience of stalking within NHS Greater Glasgow and Clyde (NHSGGC) has shown its direct impact on the safety and health of the individual involved, and indirect effect on their social network, colleagues and service delivery to patients.

While existing policies deal with closely related issues such as dignity at work and bullying and harassment, a specific policy dealing with this particular issue is necessary on account of its characteristics. This Policy and Guidance aims to help individual members of staff and those who manage them to take appropriate action to mitigate against escalation of risk and harm.

This policy will refer to the recipient of stalking behaviour as the **'target'** and the stalker as the **'perpetrator'**

Stalking differs from other forms of violence in that it involves a series of targeted acts taking place over time; a process which has cumulative effect. Stalking is a predatory pattern of non–consensual relating, or 'course of conduct', which induces a natural alarm response in the 'target'.

In common with bullying and harassment, the intention behind the behaviours is not relevant to the defining of the problem but may be important in safeguarding decisions.

The 'target' is never to blame for stalking but there are some things that may make them more or less vulnerable; and some measures which can be taken to improve their resilience and reduce negative impact.

2.1 Definition of Stalking

> **Stalking** is a pattern of coercive behaviours that serves to exercise control and power on another person. These behaviours are cumulative and may vary in frequency, intensity and duration.
>
> The definition of stalking in current use in structured risk assessment of stalkers (Kropp et al (2006) is **'...unwanted and repeated communication, contact, or other conduct that deliberately or recklessly causes people to experience reasonable fear or concern for their safety or the safety of others known to them."**

3. Scope

This Policy applies to **all** NHSGGC employees and others including patients, visitors, partnership and agency staff, contractors, volunteers, students and those on work experience, who may be affected by the organisation's work activities.

4. Responsibilities

4.1 Chief Executive and Director of Human Resources (HR)

- The Chief Executive has overall responsibility for health and safety across NHSGGC. The Director of HR has been made accountable for ensuring that health and safety policies are implemented across the whole of the organisation in a structured and methodical manner and are appropriately resourced so far as is reasonably practicable.

- The Scottish Government has informed NHS Scotland that a sanction of withholding treatment for patients and barring visitors is an option in extreme cases of violence or aggression. Any cases of this nature will be referred to the Chief Executive and decision made in consultation with senior colleagues, in light of circumstances surrounding the case and guidelines from the NHS Executive on this matter.

4.2 Service Directors (CHP/CHCP/ Mental Health /Acute Directors)

- Service Directors must ensure that the policy is implemented throughout their area of responsibility. There is a responsibility to ensure that this is taking place at ward and departmental level. This can be audited/reviewed through the performance management/objective setting procedure within the organisation. When necessary, Directors must ensure that the policy receives adequate resources.
- Managers of services within Partnerships, the Acute Division or Corporate Services are responsible for ensuring that appropriate analysis of incidents is undertaken on a quarterly basis and that this policy is implemented throughout the appropriate Service.
- To seek appropriate help from the organisation including specialists such as Human Resources, Health and Safety, Violence and Aggression Specialists, Clinical Colleagues, Police, Support Agencies.
- Where actions are required by agencies outside of the authority of NHSGGC such as the Police - the responsibility of actioning them will be that of the Director.

4.3 Senior and Line Managers (including ward managers)

- Line managers have the responsibility for ensuring that risk assessments are undertaken within their area of responsibility and that these assessments are acted upon and disseminated to all staff. This should include information on emergency procedures.
- Senior and/or Line Managers should ensure that staff receive the appropriate level of training for the risks they are likely to be exposed to during their normal work. This will be based on an appropriate risk assessment and training needs analysis. In tandem with this condition specific training (e.g. dementia) should also be prioritised.
- In the case of an incident which appears to be of or related to stalking the line manager should liaise directly with the affected individual within 24 hours if practicable to support the staff member, discuss options, and inform them of any action to be taken. **Timescale to be appropriate to the assessed risk.** Where this is not possible the line manager should undertake this as soon as they are aware of the situation.

Line managers have the responsibility for initiating the Management Options/Actions at Figure 2 and completing the risk assessment form (**Appendix A**).

Line Managers are also required:
- To help maintain the rights and dignity of targets
- To seek appropriate help from the organisation including such specialists as Human Resources, Health and Safety, Violence and Aggression Specialists, Clinical Colleagues, Police, Support Agencies.
- To report and record all incidents in accordance with NHSGGC Incident Management Policy.
- To ensure that internal and external actions are applied in all cases.
- To regularly evaluate the situation in line with the management action & safety plan until resolution or reduction in stalking.

4.4 All Employees

Responsibilities of staff / employees are as for other health and safety risks e.g. taking reasonable care, following procedures, reporting problems etc.

In particular all employees are required to: -
- Know how to summon help in case of danger and be aware of local procedures, and do so in the event that they witness or experience an adverse incident.
- Make use of any safety devices provided to minimise risk
- Inform their manager (or occupational health, confidentially), if they are suffering from any after-effects or any physical condition following an incident.
- Report all incidents timeously, in accordance with the Incident Management Policy, and discuss with a line manager, HR or health and safety adviser if they are uncertain.(**Appendix B**)
- All employees have the right to ask for Trades Union or legal representation.

General Responsibilities of all employees and the targets of stalking

- All staff, service users and visitors have an entitlement to be treated with dignity and respect. If any person feels that they are being treated in a manner that is upsetting, unfair or is subjected to behaviours such as described in **Figure 1** of this Policy then they should consider their individual and collective responsibilities to ensure their safety and that of others e.g. work colleagues as detailed in NHSGGC Health and Safety Policy etc and detailed in the Appendices.

5. Principles

This Policy and associated Guidance is designed to enable accurate identification, reduction and management of stalking of any employee of NHSGGC. Awareness of stalking in the general population is rising and while it is known that health professionals are at an increased risk of being stalked others working at the public interface are at risk also, whether they are clinicians, support workers, volunteers or managers.

This policy recognises that the target or perpetrator could be a service user, visitor or member of staff. Furthermore, it is recognised that the perpetrator may be of either gender and may target a person of the same or different gender as himself or herself. The Management Options/Actions at Figure 2 and risk assessment form (**Appendix A**) takes into account that the perpetrator or 'target' may originate from any population source.

While differences of attitude or culture and the interpretation of social signs may mean that what is perceived as stalking by one person may not seem so to another, **the defining feature of stalking is that the behaviour is a repeated, unwanted intrusion and causes the recipient to be fearful for themselves or those close to them.** As with bullying and harassment the motivation for this unwanted behaviour is not a mitigating factor. Stalking may involve individual acts which themselves might not cause alarm but have a **cumulative** effect.

5.1 The following are examples of stalking behaviours:

Examples of Stalking behaviours.	
(this is not an exhaustive list nor in order of importance)	
• Refusing to accept the end of a professional relationship.	• Criminal damage/vandalism.
• Gathering information about the 'target', and disseminating either false or inappropriate information,	• Assault/physical harm/sexually unwanted behaviours.
• Vexatious complaints targeting one individual	• Sending bizarre or sinister items to the person.
• Unwanted telephoning / text messaging / mailing / emailing / gifts.	• Confining person against their will.
• Taking videos or photos without permission.	• Verbal threats / gesturing / symbolic violence.
• Death / suicide threats.	• Constantly watching / spying / following
• Abuse of social networking sites both at work and elsewhere	• Manipulation of others to involve target
• Whispering campaign / spreading malicious rumours	• Repeatedly entering the target's workspace without need or agreement

Figure 1

5.2 Policy Aim and Functions

This policy complements other NHSGGC Policies and Guidelines some of which are based on Statute and includes the following.

- NHSGGC Health and Safety Policy
- Dignity at work
- Disciplinary Policy and Procedures
- Management of Violence and Aggression
- Multi Agency Public Protection Arrangements (MAPPA)
- Complaints Policy
- Email Acceptable Use Policy
- Domestic Abuse Policy

- Policy on Personal Use of Social Media
This List is not exhaustive. Further details are recorded in **Appendix D**

It is expected that application of this policy and procedures will aid in the prevention and management of stalking behaviours. This will be achieved through early identification of behaviours (**Fig 1**.) to enable early intervention.

The policy also has the following functions:
- To promote an appropriate and coordinated response to stalking through internal and external agency communication including Police and Social Work Services.
- To broadly define the roles of employee and employer in service areas of NHSGGC.
- To present guidelines for initial target care and perpetrator management.

Good Practice statement – All staff should be inducted and familiar with the policy on sharing information, confidentiality and codes of conduct. These policies are in place to protect both staff and patients from the misuse of personal information and to treat people with respect.

Internet:
- All employees must fully understand that all systems and services are provided as business tools and that there is no individual right of privacy when using email
- Employees should be aware emails are retrievable after 90 days
- The NHSmail service must not be used to violate any laws or regulations of the United Kingdom or other countries. Use of the service for illegal activity is usually grounds for immediate dismissal and any illegal activity will be reported to the police. Illegal activity includes, but is not limited to sending or receiving material related to paedophilia, terrorism, incitement to racial harassment, stalking and sexual harassment and treason. Use of the service for illegal activity will result in the immediate suspension of users' NHSmail account

Further information and support is available from the Health, Information & Technology department

5.3 Procedures/Guidance for Managers

NHSGGC will not tolerate the stalking of any person or visitor and will seek to prevent any such event of stalking or swiftly act to reduce and try to end any initiated campaign. This will involve the use of the **Management Options/Actions at Figure 2** and risk assessment form **(Appendix A)**, and supplemental guidance (see appendices) which are part of the Risk Assessment Process. To aid in this process Directors, Managers and Staff should be clear of their own specific responsibilities.

The management response to deal with this serious issue should enable early and sensitive intervention that will help reduce the risk of further unwanted behaviours. These responses are designed to be transparent and predictable and to allow the target as much control and protection as necessary to overcome any fear of embarrassment, intimidation, anger or publicity, as they are able to anticipate and be involved in the process and appropriate support afforded to them. This may include legal, emotional and practical support. (see Appendix E)

The interface between the NHSGGC response in terms of this policy and the area of responsibility of the Police is sensitive, and may best be managed by ensuring good, regular liaison between both bodies. Police Scotland should be contacted initially by calling 101 and asking for the local Liaison Officer

Once the target has made it known that they believe they are being stalked, the following actions need to be taken immediately in order to protect the person, preserve potential evidence and to enable resources to be mobilised in order to ensure the safety of the target and others.

- As early as possible a Risk Assessment **(Appendix A)** needs to be carried out by the Line Manager with full involvement of the target, in order to identify and establish effective controls. The risk assessment will be the basis for the development of a management action & safety plan. The employer is required to instigate this process in order to meet its obligations and ensure the safety of others e.g. work colleagues.

- It may be necessary to establish support and assistance in implementing the action plan and this should be done formally through liaison with Human Resource and Health and Safety Practitioners/Officers and the target; and should be clearly documented.

- It is likely to be necessary to have two reference groups (one each for target and perpetrator) so the Senior Manager/Service Head (hereafter called Manager A) should delegate two managers (hereafter called Manager B and Manager C) to take a lead, creating a semi-permeable boundary to enable openness without loss of privacy or abuse of qualified human rights.

- There are various options available to managers and the target. Guidance as outlined in **Figure 2** below should assist in this process.

The level and type of support offered will differ depending on circumstance and should be informed by use of the NHSGGC risk assessment process.

Allegations may be investigated on the basis of either a statement from the person who reports victimisation or a witness's statement, concern or complaint.

The person who reported the incident(s) and all witnesses will be asked to contribute their statements and any information to assist in the resolution of the complaint. The following should be considered:

- Manager A should appoint a lead person to act for and liaise with the target, (Manager B) and one for the alleged perpetrator, (Manager C); who should not be the same person. Each respective party should have their own lead person.

- Manager A (or appropriate clinician if delegated by Manager A) should meet separately with the target and alleged perpetrator (if staff member or patient of NHSGGC) with their lead person. This is undertaken sensitively in order to establish and acquire the facts.

- Managers or those delegated by them must bear in mind the possibility of false allegations. If a claim is found to be malicious in nature then the original complainant may find themselves subject to formal disciplinary action.

- The guidelines are to assist Line Managers/Clinicians and others in any interviewing process and when passing on information to any internal or external agencies. It is not expected that managers deal with alleged or proven stalking incidents in isolation.

NHSGGC recognises that being stalked is not the fault of the person reporting their concern. NHSGGC will encourage the reporting of stalking with discretion bearing in mind the potential risk to colleagues and others.

Where actions are required by agencies outside of the authority of NHSGGC such as Police Scotland or the Procurator Fiscal Service, the responsibility for such contact will be taken by the Director in liaison with Manager A and appropriate Clinical Lead. Any contact with the media should be made through the Press Team within Communications.

Managers should not think they know how to deal with everything by themselves. Instead contact should be made with other specialists /experts for advice and support. It is also important to note that in some such situations a resolution may not be possible but still has to be managed.

Figure 2

Management Options/Actions in the Event of reported Stalking for Line Manager A

Initial Actions

- Initiate investigation to establish the facts; open a file & document actions.
- Collaborate with target to complete Generic Risk Assessment form & agree likelihood & impact of risk
- Consider options; discuss with organisational groups e.g. HR, IT. ; appoint lead managers B & C, set up reference groups
- Report to and consult with target's general & own line manager
- Agree immediate action required
- Report on DATIX, clarify account and obtain written statements if required
- Initiate the risk assessment process. Appendix A

Option(s) involving Target

- Meet with target with Manager B
- Document their version of events
- Agree initial actions to be taken with Target
- Devise management action & safety plan with agreement of Target
- Agree implementation time and date of management action & safety plan with Target
- Provide written copies of management actions/safety plan to all relevant parties – Target, General Manager, Director, Carers
- Decide on requirement for Police involvement as stalking is a criminal offence

Option(s) involving Perpetrator

- Arrange to meet with individual accused of stalking within a safe environment if appropriate and with correct security measures in situ. Interview with Manager C
- Document their version of events
- Consider need for clinical intervention
- Advise on the actions to be taken i.e. management response
- Arrange for alternative care arrangements where required.
- Arrange support via Manager C
- If appropriate refer individual accused of stalking to external agencies – Police, Multi Agency Protection Panel (MAPPA) etc.
- Utilise Standards of Behaviour Protocol (Acute Division)

During each step

- Advise and offer support of appropriate services – Occupational Health (Including Psychological Services), Employee Counselling, Victim Support or Client Advocacy Service etc.
- Where appropriate discuss, encourage or assist direct reporting to Police Appendix C
- Seek advice from other relevant parties – Human Resources, Clinical Lead, Health and Safety, Mental Health Practitioner
- Consider safety of others
- Refer to Personal Safety/ Lone working issues Appendix C

Follow up/ Review

- Up-date Target and/or accused (if appropriate) of actions taken and advise where they currently stand with regard to the issue
- Review management action & safety plan & update if required
- Assist Target with process of obtaining legal injunction or legal support through our internal Legal office or Victim Information Advice Service.
- Continue to offer support to target and other staff

Care must be taken not to implement actions that could lead to increased feelings of disempowerment for the Target or place them at additional risk or vulnerability.

5.4 Risk Assessment Process

How it works

The generic risk assessment form (Appendix A) is exactly that – a form, designed to aid the risk assessment process necessary for staff and managers to deal with any particular risk and is the means by which a record of this process is kept (for practical and legal reasons). Specific training on the risk assessment process is available from the Health and Safety Service.

By referring to the form (which can be used as an aide memoir) and by utilising the other tools detailed in this Policy and elsewhere e.g. Policy on Lone Working, the review team should ensure that all appropriate hazards and the risks arising from them are appropriately assessed. While the risk assessment process needs to take account of the course of conduct individual events should be recorded on Datix (Appendix B).

Guidance on the risk assessment process is available on Staffnet along with the generic risk assessment form at:
http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Management%20Manual/Pages/HS_MMS3_KW_23108.aspx#s1

The management action and safety plan should follow logically from the risk assessment process if undertaken correctly, appropriate control measures should then be agreed by all parties and will therefore mitigate against any harm being realised.

The risk assessment form should be developed with the full involvement of the target, their Line Manager and if necessary Human Resources, Trade Union Representation and any other specialist practitioners e.g. Health and Safety, Violence and Aggression.

The Risk Assessment form needs to take account of and cover fully the following areas:-

- Issues while at work and on premises
- Issues while at work and outwith premises
- Travelling to and from work
- Issues while at home and in their community (off duty)

The above should be tailored to the situation and individual target and should be reviewed as frequently as needs be as part of the risk assessment process.

By ensuring that all that is practicable is being done and any newly identified risks are addressed in **real time** this will aid in counteracting any new threats to the target.

6. Review

The Policy will be reviewed every 3 years or earlier in the light of any new legislative changes or where specific guidance requiring review is issued by NHS Scotland, or where as a result of a serious critical incident a review is recommended.
All staff are responsible for adhering to approved safe systems of work and departmental procedures for the management of violence and aggression, when they are working in a hospital, health centre, clinic, or in the community.

7. References

The Health and Safety at Work etc Act 1974
The Management of Health and Safety at Work Regulations 1999 (as amended)
Health and Safety Executive Guidance 1998

Data Protection Act 1998
Management of Violence and Aggression Policy
Lone Working Policy
Dignity at Work Policy

Supporting Information

A   Communication and Implementation Plan
This should include any training required and clear plan for communications with anyone expected to be aware of or implement the Policy.

B   Monitoring

Monitoring will be undertaken by the Health and Safety Forum, Violence and Aggression Reduction Group, local Health and Safety Committees and groups across NHSGGC, utilising incident reporting data. Furthermore, advisory services including Management of Aggression teams and the NHSGGC Health and Safety Service will review incidents on a regular basis reporting to local committees and forums. Any issues highlighted by trend analysis will be escalated through the Health and Safety Forum to Board level.

C   Impact Assessment

Completed in accordance with NHSGGC guidance

NHS Greater Glasgow and Clyde

Appendix A

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<tr><td>**ID:**</td></tr>
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Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:		**Post Held:**	
Department:		**Date:**	

Subject of Assessment: E.g.: hazard, task, equipment, location, people

Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)

Description of Risk
Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.

Existing Precautions

Summarise current controls In place	**Describe how they might fail to prevent adverse outcomes.**

Level of Risk – Is the control of this risk adequate?
Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

Likelihood	**Impact/Consequences**				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

| ⬛ **Very High** | ⬛ **High** | ⬛ **Medium** | ⬛ **Low** |

Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.
High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is **High (Orange) or Very High (Red)**)

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	**By Whom**	**Start date**	**Action due date**

Action by Others Required – Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

Reply
If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed – date:	**Review date:**

Appendix B

INCIDENT REPORTING PROCEDURE

The Incident Management Policy should be followed utilising the DATIX management Information System.

On the Datix Form the section itemising Cause of Violence & Aggression there is a sub category titled "stalking" which should be recorded.

Any person may file a report of stalking at any time. Early reporting onto the DATIX Management system is encouraged to preserve evidence and provide the person filing the complaint with information regarding rights, options, and resources available to them.

Under the Health and Safety Act 1974 NHSGGC employees have a duty to promote a safe environment. Therefore stalking behaviours to staff or service users must be reported in line with this guidance. Under employment law NHS GG&C has a duty of care for its staff in relation to harm occurring in the course of work.

The Line manager must investigate and if the line manager is a member of staff be mindful of false allegations. It is understood that factitious victimisation is not easy to identify the Line manager through discussing history and present issues with appropriate colleagues and/or agencies may be able to ascertain if the complaint is part of a 'persistent complaining' pattern from the target. This still needs to be taken seriously and the actions detailed.

Local and Senior Management should discuss the above as part of the management action plan with the appropriate specialist services to assist.

Guidance and support is available from the Human Resources Department.

In certain situations assistance and support may be required from the Health, Information & Technology department particularly when emails require to be retrieved after 90 days.

If the police are involved they will be given information from Datix already recorded if in accordance with Data Protection legislation.

APPENDIX C

ADVICE TO TARGET

Please ensure that you consider the various options available to you. Their relevance will depend on your situation and the nature of the risk.

All service users and staff have a responsibility to maximise their personal safety before, during and after any stalking incident. The following general points may be helpful but specific action should be agreed in the management plan:

- Be as consistent as possible
- Trust your intuition, if you foresee difficult situations ask for assistance.
- Protect your personal information – shred discarded mail, be wary of unsolicited inquiries, find out how much information there is about you on the Internet i.e. social networking sites.
- Contact the social media provider to request the removal of any personal information or photographs.
- Set boundaries for yourself.
- Ensure you are in communication with others and your whereabouts are known at all times by someone you trust.
- Take care of your health; learn ways to relax and find people whom you can trust
- It is not always possible at the time to know whether something is material. Keep a log of incident dates and time and flag any experiences about which you are uncertain.
- Treat any threats as legitimate and inform Police/Line Manager immediately.
- Keep items that may show others what is happening to you.

Such items may include:

- Any letters or notes written by the stalker to you.
- Any objects sent to you or left for you, including "gifts" or flowers.
- Any log/ journal/ diary of stalker contacts that you may have been keeping which shows any dates, times, and locations of encounters with the stalker. Documentation of the actions of this person may be useful in future complaints or proceedings, for evidentiary or credibility purposes.
- Documentation may take the form of photos of destroyed property/vandalism, photos of any injuries inflicted on you by the stalker.
- Emails, information on social networking sites

If 'following' is an issue, whether or not there appears to be a physical risk or the identity of the stalker is unknown to you:

- Refer to NHSGGC lone working policy for information on the automated lone working communication system available to staff 24 hours a day 7 days a week.
- Consider car parking priority in liaison with on site security and Line manager
- If you think you are being followed NEVER drive straight home or to a friends or family house. Activate Lone Worker system and go to the nearest Police station.
- Consider varying travel routes, stores and restaurants, etc., which are regularly used and doing your shopping and other chores with friends or relatives.
- Plan leisure activities that involve other people.

If there is a problem with persistent phone calls:

- Contact your service provider who will assist in logging calls.
- Maintain a written log of harassing / silent calls
- Answer the phone by saying 'hello', not your name or designation.
- Try to remain calm and find out whether the call is a genuine enquiry.
- If the phone rings again and you think it is the stalker, ask a work colleague to answer the phone.

If possible maintain an unlisted phone number. If harassing calls persist, consider notifying the police and give them the written log of harassing calls.

Police Scotland, when dealing with such incidents will treat all victims in a fair, sensitive and ethical manner and will strive to ensure that there is a consistency in their approach, whilst taking into account the needs of the individuals. To meet the needs of the communities that they serve, Police Scotland recognises that this includes consideration of the diversity cultures, religions, ethnicity and sexual orientation that comprise our society and any other special requirements disabled people may have.

APPENDIX D

Specific Legal References and Local Policies, Guidance and Procedures

Health and Safety at Work Etc Act 1974

Management of Health and Safety at Work Regulations

Emergency Workers Act

Specific Legislation Relating to Stalking

The Criminal Justice and Licensing (Scotland) Act 2010 was passed in June 2010. Section 38 of this Act covers 'threatening and abusive behaviour'. Section 39 of the Act came into force on the 13th December 2010 and provides for a specific criminal offence of Stalking

NHSGGC Relevant Policies

- Disciplinary Policy
- Complaint Policy
- Bullying and Harassment
- Information Technology
- Policy on Personal Use of Social Media
- Lone Working can be accessed at:
  http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Documents/Policies/Lone%20Working%20Policy.pdf
- Health and Safety Policy
- Dignity at work,
- Management of Violence and Aggression
- Incident Management Policy
- Domestic Abuse

Other useful websites

Network for Surviving Stalking – http://www.nss.org.uk

Police Scotland – http://www.scotland.police.uk

Victim Support – www.victimsco.org.uk

Employee Counselling Service – www.glasgowonline.co.uk

Procurator Fiscal – www.procuratorfiscal.gov.uk

Appendix E

Staff Support Services

There are several external agencies, as well as services provided by NHS Greater Glasgow & Clyde, available to staff who have been affected, either physically or mentally by violence and aggression. Information on services provided and contact details are shown below

External Agencies

Employee Counselling Service

This is a free, confidential and wholly independent service which you can access. Counsellors are specially trained to help with:

- Personal and emotional difficulties
- Relationship or family concerns
- Stress
- Harassment or bullying
- Bereavement
- Addiction

The helpline advisers can also provide a gateway to professional advice and support for Debt or Legal problems.

Lines open 24 hours 7 days per week

To ring the Helpline for advice and information call
0800 389 7851

To arrange an appointment for structured counselling call
0800 435 768

Employee Counselling Service
8th Floor, Savoy Tower
77 Renfrew Street
Glasgow
Tel/Fax 0141 332 9833
E-mail: ecs@empcs.org.ok
http:// www.empcs.org.uk

Victim Information Advice Service

The VIA service provides general information about the criminal justice process and informs victims of the progress of court proceedings following violent or aggressive incidents.

VIA Office
Procurator Fiscals Office
10 Ballater Street
Glasgow
G5 9PS
Tel: 0844 651 2264
http:/www.crownoffice.gov.uk

Victim Support

Victim Support Scotland is an independent voluntary organisation providing practical and emotional support and information about the criminal justice system to victims, witnesses and others affected by crime. Trained staff and volunteers deliver this assistance through a network of community and court-based services throughout Scotland. There is a community-based victim service in every local authority area and a court-based witness service in every Sheriff Court.

Services provided
- A sympathetic ear
- Emotional support
- Practical help
- Support in court for witnesses, including a pre-trial visit to the court
- Information about compensation, including assistance in completing forms
- Information about criminal justice procedures
- Information about other agencies which provide further specialist support

West Dunbartonshire Office
28 Kilbowie Road
Clydebank
G81 1TH
victimsupport.westdumbartonshire@victimsupportsco.org.uk
Tel: 0141 952 2095

Victim Support Scotland
15/23 Hardwell Close
Edinburgh
EH8 9RX

Telephone: 0845 603 9213
Fax: 0131 662 5400
The helpline operates from 9am - 4.30om Monday to Friday.
Outside these hours, you can contact the UK Victim Support line: 0845 30 30 900, which operates from:
9am – 9pm Monday to Friday
9am – 7pm at weekends
9am – 5pm on Bank Holidays

E-mail: info@victimsupportsco.demon.co.uk
Website: www.victimsupport.org

NHS Greater Glasgow & Clyde Support Services

Health & Safety Services
Details of how to contact health and safety practitioners and the violence and aggression team can be found on Staffnet via Info Centre. Alternatively you can use the email addresses shown below.

Sheena Gordon, Management of Violence & Aggression Co-ordinator
E-mail: Sheena.gordon@ggc.scot.nhs.uk

Jo Hetherton, Violence and Aggression Trainer – Violence and Aggression
E-mail: Josephine.Hetherton@ggc.scot.nhs.uk

Angela Browne, Health& Safety – Violence & Aggression Administrator
E-mail: Angela.Browne@ggc.scot.nhs.uk

Occupational Health Service
The NHS Greater Glasgow and Clyde Occupational Health Service (OHS) provides specialist advice to support you at work on all matters relating to your health and wellbeing.The service is delivered from a central hub located on the 2nd Floor, former Outpatients Department, Victoria Infirmary.

How to Access the Service
Employees can be referred to the service by their manager or can self refer for advice, support or treatment should they wish to do so. The OHS can be contacted by telephone on 0141 201 5600 where our administration team will be able to arrange an appointment or direct your call to the appropriate person.

The service is operational Monday - Friday, 8.00 am - 6.00 pm from the Hub location. Satellite clinics are operational across Glasgow and Clyde by appointment only.

All telephone enquiries and appointments can be made via 0141 201 5600.

Legal Office - <u>Witness Support</u>
In the event that the Legal Office is approached by a member of staff who is feeling anxious or vulnerable due to being Cited to attend Court, there is a Court based service called the "Witness Service" that offers support and guidance to all witnesses attending every Sheriff and High Court.

This support can include:-
- Practical help
- Information on court procedures
- Arrange pre-trial familiarisation visit to the court
- Guidance regarding further support
- A listening ear for your anxieties/concerns

If you have been cited to attend Court and require any further guidance or support then please get in touch. Contact Details below:

Acute Division and Corporate Services Staff
Rachel McGowan
Legal Claims Manager
Acute Services Division

Rachel.mcgowan@nhs.net
0141-211-1886

Partnership Staff
Margaret Ann MacLachlan
Litigation and Risk Manager

Margaretann.maclachlan@nhs.net
0141 314 0214