

Protecting
your NHS



Tackling Violence Against Staff

**Explanatory Notes for Reporting Procedures introduced
by Secretary of State Directions in November 2003**



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1. Introduction - creating an effective structure

Background

- 1.1. The NHS Security Management Service (SMS) forms part of the new Special Health Authority, the Counter Fraud and Security Management Service (CFSMS), which was launched in April 2003 with a remit encompassing policy and operational responsibility for the management of security in the NHS (Statutory Instrument 3039/2002). The remit is broad but can be defined as protecting people and property so that the highest standards of clinical care can be made available to patients.
- 1.2. Prior to April 2003 security management work fell to various parts of the Department of Health and the NHS, or was not addressed at all. For the first time, security management has been brought under the direction of one organisation within the NHS, tasked with raising the standards and professionalism of this area of work and ensuring that it is being carried out consistently across the NHS.
- 1.3. The remit is broad, but four key areas of action have been identified. They are as follows:
 - Tackling physical and non-physical assaults on staff
 - Ensuring the security of property and assets
 - Ensuring the security of drugs, prescription forms and hazardous materials
 - Ensuring the security of maternity and paediatric wards.

The problem

- 1.4. Between April and June 2003, the SMS conducted a series of fact-finding visits to health bodies to see and experience what the problems are and explore how they can be addressed and prioritised. The identified problems include:

- Inconsistent standards of security management work
- Inconsistent standards of training for those in security related roles
- Lack of nationally consistent guidance
- Lack of application of or compliance with guidance
- Limited awareness of the consequences of poor security both in human and financial terms
- Inconsistent reporting and lack of co-ordination both at national and local levels.

Strategy, legal framework and structure

- 1.5. The result of the fact-finding visits culminated in the launch of the strategy '*A Professional Approach to Managing Security in the NHS*'¹ by the Secretary of State in December 2003. The strategy puts into context the new approach to security management that is being adopted to ensure that an environment that is properly secure is delivered for those working in and those using the NHS and describes the business model that will be applied to deal with specific problems identified to achieve this aim.
- 1.6. The strategy outlines the legal framework, created by Secretary of State Directions, within which security management work will take place. This framework enables a structure to be developed, ensuring that security work is delivered locally but to consistently high national standards across the NHS using a common approach, language and skills.
- 1.7. From April 2004, following the issue of Secretary of State Directions on security management, health bodies are required to nominate suitable persons to undergo training by the CFSMS Training Service to allow them to perform the function of Local Security Management Specialist (LSMS). The LSMS will take the lead in security management work in health bodies and will be pivotal in taking the

¹ available on website www.cfsms.nhs.uk

work of the SMS forward at a local level. The LSMS will work according to requirements specified in the NHS Security Management Manual.

- 1.8. Area Security Management Specialists (ASMS) will be based alongside colleagues in the Counter Fraud Operational Service to support the work of LSMS at a local level i.e. in a specific geographical area. The ASMS will take the lead on developing the LSMS structure, creating a pro-security culture, identifying and disseminating best practice and by offering advice and support on investigations and sanctions work.
- 1.9. The SMS Central Unit will also expand to increase its capacity to offer national guidance and support for this work, ensuring that lessons learnt from security incidents/breaches can be reflected in preventative measures and policy revision.

Work underway

- 1.10. An immediate priority area for security management work is tackling violence against staff. Work in this area is already underway - not only to ensure that robust systems are in place to minimise the risk of incidents occurring in the first place, but also to enable clear action to be taken against assailants.
- 1.11. Secretary of State Directions issued in November 2003 (Annex A, p.19) introduced the following measures:
 - Health bodies to have a nominated **Security Management Director** (SMD) at Board level, with overall responsibility for security management work and tackling violence against staff
 - A national incident **reporting system for recording physical assaults** (using a common, legally based definition) to be operated and monitored by the SMS. Direction 5 (d) specified

that *the details of the incident are recorded in accordance with the NHS body's recording system* and introduced a definition of non-physical assault for this purpose

- The use of the highly trained and professional CFSMS Operational Service to **investigate cases of physical assault** where the police are not taking action. These arrangements will continue until LSMS are trained, accredited and in place within each health body from April 2004 onwards
- A new **Legal Protection Unit (LPU)** to work with health bodies and provide them with cost-effective and consistent advice on a range of sanctions that can be taken against those who assault staff. Further details on the LPU can be found on page 11.

2. Tackling violence against staff – why report physical assaults?

The problem

- 2.1. The National Audit Office report '*A Safer Place to Work: Protecting NHS Hospital and Ambulance Staff from Violence and Aggression*' published in March 2003 identified a number of problems around the reporting of incidents. Prior to November 2003 there were more than 20 definitions in use across the NHS for reporting, resulting in inconsistencies in procedures across the NHS. Responses to incidents both by the relevant health body and the police also varied across the NHS, as did the feedback that was given to the person assaulted. The recommendations of the NAO report, in short, were that better reporting systems, better investigations and better procedures for dealing with assailants should be introduced.
- 2.2. The Department of Health survey published in September 2003 estimated that there were 116,000 incidents of physical and non-physical assault against staff in 2002-2003.

Why report?

- 2.3. In order to tackle violence and develop lasting solutions to this problem, the nature and scale of the problem must first be identified. The Directions issued in November 2003 introduced a national reporting system for physical assaults that is able to produce hard and accurate information on the level of violence in the NHS. However, the reporting system does by no means have a purely statistical function. The main purpose is to **enable the SMS to monitor and track cases from report to conclusion and to take necessary and appropriate action where the police are not pursuing a case to ensure a successful outcome for the person assaulted.** As staff become more aware of the reporting procedures and are assured that consistent and appropriate action is taken against those who assault

staff, confidence in the system will grow and a culture where violence is not accepted as part of the job achieved.

- 2.4. The Directions introduced a common, legally based definition for physical assault. This definition was designed to apply specifically to the NHS, to replace any other definition previously in use across the NHS and allow health bodies to be clear about what incidents they need to report. Consistent reporting enables consistent action to be taken across the NHS. It is important to note that whilst the definition is there to clarify what constitutes physical assault for reporting purposes, any subsequent legal action is a decision for the investigative body i.e. the Police and the Crown Prosecution Service (CPS) and in some cases the SMS and LPU.
- 2.5. The Directions state that **all incidents of physical assault must be reported to the SMS**. Reporting incidents which may seem minor, or incidents which are deemed to be clinically induced is equally important as these can often escalate into more serious behaviour. By reporting these incidents a profile or case history can be built, which is not only vital for future legal action but also enables the SMS to determine whether an individual is assaulting staff on a regular basis and in different parts of the health service. Without such a profile, both staff safety and the potential for future legal action may be jeopardised.
- 2.6. Robust risk assessment exercises are vital in the process to protect staff from violent behaviour. This can only be achieved through thorough and consistent reporting systems and consistent procedures to minimise the risk of violence.
- 2.7. The SMS recognises the higher frequency of physical assaults in the mental health environment and is presently reviewing the reporting process with a view to streamlining it, particularly for physical assaults that are clinically induced. The results of this review will be made available to mental health trusts as soon as possible. All instances of

physical assault must be reported until further notice to ensure that appropriate legal action can be taken where necessary in order that arrangements can be made for the patient to be treated in the most secure environment for their own safety and for the protection of staff.

- 2.8. Finally, it is important to inform staff that failure to report an assault to the police could adversely affect any claim for compensation under the Criminal Injuries Compensation Authority Scheme.

3. How to report incidents of physical assault

Report to the police

- 3.1. The Directions introduced a new reporting system and specified that the police must be contacted in all cases of physical assault. The SMS recognises that this may have serious implications for mental health and learning disability trusts, for example where the number of incidents are higher than average. Whilst it is important that all incidents of physical assault are reported to the SMS, an amendment has been made to paragraph 4.2.1 of Annex 2 of the Directions to allow the decision whether or not to contact the police to be made locally. In reaching this decision the following criteria should be applied:

Following an alleged physical assault² on a member of staff, the police should be contacted immediately by the person assaulted, their manager or relevant colleague, except in those cases where the Security Management Director in the health body, having consulted with relevant staff and obtained clinical advice, has reached the conclusion that the assault was not intentional and that the patient did not know what he was doing, or did not know what he was doing was wrong due to the nature of his medical illness, mental ill health or severe learning disability or the medication administered to treat such a condition. The view of the person assaulted should also be sought in each incident.

- 3.2. However, whilst this means that there are instances where the police do not have to be called, **the presence of a mental illness for example should not automatically be used as a reason not to report the assault to the police.** Whilst the presence of a mental illness in one of the factors taken into account when considering

² “The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” Eisener v. Maxwell 1951, Kaye v. Robinson 1991

prosecution, it is not the only factor. Each case should be judged on its own merit, and it is important to note that decisions on intent and subsequent legal action rest with the investigative body and ultimately with the courts, not the health body.

- 3.3. If the matter is reported to the police they should be given basic information about the assailant's clinical condition if this could be seen as a relevant factor to the assault taking place.

Report to the SMS

- 3.4. Irrespective of whether the physical assault falls into the categories described above, **all cases of physical assault must be reported to the SMS.**
- 3.5. The Data Protection Act 1998 makes provision for the disclosure of information such as patient details for purposes of prevention and detection of crime and legal proceedings. Further information on the Data Protection Act can be found at Annex C.
- 3.6. Following a physical assault on a member of staff, the Security Management Director (SMD) in the relevant health body should be contacted as soon as practicable by the person assaulted, their manager or relevant colleague.
- 3.7. The SMD is responsible for ensuring compliance with the Directions regarding the reporting procedure and must ensure that the designated CFSMS Operational Manager (OM) for their area (see Annex B) is contacted as soon as practicable following the assault, and in any case not exceeding five working days of the receipt of the report, with details about the physical assault as specified in Directions. Where urgent advice is needed, the SMD can arrange to contact the OM immediately.

- 3.8. From 1 April 2004, SMDs of Primary Care Trusts must ensure that appropriate systems are in place to receive reports of physical assault from community pharmacists within their geographical remit and that these reports are forwarded to the relevant OM of the SMS as appropriate.
- 3.9. The report to the OM can be made either by telephone or electronically using the Physical Assault Reporting System (PARS) reporting form issued by the SMS to all SMDs. While the method of reporting is optional, the report itself is **mandatory**.
- 3.10. The form has been compiled at the request of health bodies to ensure that information supplied electronically is consistent and the method straightforward. This is the preferred method of reporting. Once completed the form should be E-mailed to the OM.
- 3.11. The SMD must ensure that full cooperation is given to the police and the SMS in respect of an investigation and any subsequent action, including ensuring access to personnel, premise and records whether electronic or otherwise which are considered relevant to the investigation.
- 3.12. The SMD must also ensure that the information is captured on the health body's incident reporting system in accordance with Health and Safety legislation. Physical assaults that occur at work where a person is subsequently incapacitated from performing their normal duties, or is absent from work for more than three consecutive days, must be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- 3.13. The SMD must ensure that the person assaulted is kept informed of the progress and outcome of the case and should arrange for acknowledgement to be sent to them at the earliest opportunity. The acknowledgement should state what action is being taken and should offer support such as counselling.

The role of the Operational Manager – OM

- 3.14. Until the LSMS is in place in health bodies from April 2004 onwards, the OM will act as the liaison point with the SMD.
- 3.15. Upon receipt of the report, the OM will contact the SMD as soon as practicable, acknowledging receipt and informing them of whom the case has been allocated to. This will be a member of staff in the CFSMS Operational Service who has been trained to undertake investigations of physical assaults.
- 3.16. The OM is responsible for ensuring that the details of the physical assault are entered on the CFSMS intranet-based reporting system PARS and regularly updated on progress and outcome.
- 3.17. If it has not already been established whether or not the police are pursuing the case, the OM must undertake to do so in order that the case can be monitored and pursued by the SMS should the police decide not to proceed. Where the police are pursuing a case, the OM will ensure that the SMS is kept informed of the progress.
- 3.18. Should the police and CPS decide not to pursue a case, the CFSMS Legal Protection Unit (LPU) will, in conjunction with the health body and person assaulted, consider what action can be taken.
- 3.19. Following the introduction of the LSMS in all health bodies from April 2004 onwards, the LSMS will take responsibility for the role currently carried out by the OM.

4. The Legal Protection Unit

- 4.1. The Legal Protection Unit (LPU) is part of the NHS Security Management Service. The unit is headed by an experienced Barrister and is staffed by a specialist team of legal case officers, all of whom are experienced in public service legal work.
- 4.2. The initial focus of the LPU is to “work with health bodies, the police and the Crown Prosecution Service (CPS) to increase the prosecution rate of individuals who assault NHS staff and professionals”.

How the LPU can help you

- 4.3. The LPU will consider any matter referred through the appropriate channels for re-submission to the police and or the CPS, or for private prosecution by the LPU where the police or the CPS have decided not to pursue the matter.
- 4.4. General advice and assistance may also be given on matters that are being investigated by the police or prosecuted by the CPS.
- 4.5. In addition to criminal prosecution, the LPU will also consider whether the civil court process may provide additional or alternative avenues for dealing with assailants (e.g. injunctions, claim for damages, Anti-Social Behaviour Orders etc.).
- 4.6. The health body’s SMD should consider in ALL cases of physical assault, whether the matter is appropriate for referral to the LPU for consideration of criminal or civil court action or for advice on alternative remedies.
- 4.7. There are many instances where a referral would be appropriate. This may include cases where:

- The police have not attended
- The police have attended but have decided not to investigate
- The police have investigated but have decided not to take the matter any further
- The police have suggested a 'civil remedy' is sought
- The CPS have had the matter referred by the police but have decided not to take any action.

4.8. Where a health body decides that it would be appropriate to use the LPU the matter should be referred to the LPU via the CFSMS OM. The OM (or their staff) will be able to provide assistance with regard to whether the matter is suitable for referral to the LPU and what information or documents would generally be required.

4.9. Where an individual member of staff wishes to pursue the matter they should initially request the health body's SMD to contact the CFSMS OM.

How you can help the LPU

4.10. In order for the NHS to achieve its goal of reducing violence within all parts of the Service we need to ensure that the scale of the problem is properly identified and recorded.

4.11. The reluctance of the individual assaulted to pursue the matter is in many cases understandable, however, it is important to view matters from a wider perspective. The concerns of other staff and patients have to be considered, as does the effect of not pursuing an incident on the overall aim of creating an environment where no physical assaults will be tolerated.

4.12. Anecdotal evidence suggests that some trusts are reluctant to report incidents to the police. Staff should be made aware of the LPU and the fact that we can bring private prosecutions with the assistance of

the individual(s) and the health body. However, we should not be seen as a replacement service for the police/CPS and can in most cases only act where the police/CPS have been notified of an incident but have not responded in a satisfactory manner.

4.13. Staff may also feel intimidated by the criminal justice system and by the thought of having to confront the assailant in court. Health bodies should ensure that all staff are aware of any support services available and that they will be given the full backing of their organisation and the CFSMS in the reporting and any subsequent prosecution of physical assaults.

4.14. As stated above, referrals to the LPU on specific cases should be made via the CFSMS OM or the LSMS when appointed. Health bodies can make general enquiries either in writing or by E-mail to:
Legal Protection Unit, Weston House, 246 High Holborn, London WC1V 7EX lpu@cfsms.nhs.uk

5. Other SMS initiatives around tackling violence

5.1. A key preventative measure in tackling violence in addition to the proactive and reactive measures described above is the development of a national syllabus for Conflict Resolution Training (CRT) for all frontline staff and professionals working in the NHS in the non-mental health environment. The syllabus will be delivered in the form of a one-day training course in non-physical intervention methods including communication techniques, cultural awareness and de-escalation techniques. The aim is to equip staff with the necessary skills to be able to de-escalate potentially violent situations. Further guidance on the syllabus can be found on our website www.cfsms.nhs.uk Alternatively the project team can be contacted on ConflictResolution@cfsms.nhs.uk

- 5.2. An expert group has been convened by the SMS, including major stakeholders and specialists, in the field of management of violence in the mental health environment. The expert group is tasked with developing a national syllabus for the management of violence training in the mental health and learning disability settings. It is anticipated that this syllabus will consist of the theoretical aspects of the prevention and management of violence, including cultural awareness and de-escalation techniques.

The aim will be to equip staff with the necessary skills needed in these highly complex and specialised fields to be able to confidently and lawfully prevent, de-escalate, control and manage violent situations. The SMS is addressing the need for quality assurance to guarantee consistently high standards across the NHS and regulation of training providers.

Further information on the Security Management Service can be obtained on the website www.cfsms.nhs.uk or by emailing us on sms@cfsms.nhs.uk

6. Frequently Asked Questions

Why have new reporting systems been introduced - most mental health trusts already have robust systems in place?

The CFSMS assumed the added remit of security management in the NHS at the request of Ministers in April 2003 due to the inconsistency of approach in dealing with this problem, taking action against offenders and reducing the number of violent incidents against staff and professionals. The CFSMS is aware of existing good practice in mental health trusts in terms of reporting and recording incidents. However, consistent and comprehensive reporting systems should be standardised across the NHS in order to enable consistent action to be taken where necessary and appropriate.

Will this not create an additional bureaucratic burden especially on mental health trusts where physical assaults are very common?

The new reporting system for physical assaults will reduce the burdens of health bodies as it will be operated by the CFSMS during the interim period until Local Security Management Specialists (LSMS) are in place. By making the process more relevant and by using technology we will be able to ensure better analysis and the provision of better quality information. For non-physical incidents the use of a standard definition will allow greater clarity over reporting and in the longer-term the CFSMS will look to streamline and harmonise this area, again using the latest technology to best effect.

What is being done to address matters with the police?

The CFSMS is in contact with the Association of Chief Police Officers (ACPO) and is working to reach agreement on the development of a Memorandum of Understanding (MOU) about NHS security management and, in particular, tackling violence in the NHS - so the police and the NHS can be clear about what is expected from each other.

What are the longer-term arrangements?

The CFSMS is charged with driving up the standards of security management across the NHS. Although the CFSMS will not be responsible for day to day operational management of security within health bodies - this will remain the responsibility of the Board, the Chief Executive and the Executive Security Management Director - it will create the strategic approach and legal framework within which security management work will be carried out. The CFSMS will provide professional training for those leading this work, and guidance and support to ensure that outcomes are delivered locally to high standards.

ANNEX A – VAS Directions

NATIONAL HEALTH SERVICE ACT 1977

Directions to NHS bodies on measures to deal with violence against NHS staff

The Secretary of State for Health, in exercise of the powers conferred by sections 16D, 17 and 126(4) of the National Health Service Act 1977 and of all other powers enabling him in that behalf, hereby makes the following Directions: -

Application, commencement and interpretation

1. (1) Subject to sub-paragraph (4), these Directions apply to all NHS bodies in England and come into force on 21st November 2003.

(2) In these Directions –

“CFSMS” means the Counter Fraud and Security Management Service” established as a Special Health Authority⁽³⁾;

“nominated director” means the executive director nominated to be responsible for security management matters as provided in paragraph 2;

“NHS body” means a Primary Care Trust, an NHS Trust and those Special Health Authorities listed in paragraph (3);

“NHS staff” means any person who is employed by or engaged to provide services to an NHS body.

(3) The Special Health Authorities referred to in the definition of “NHS body” in paragraph (1) are the Counter Fraud and Security Management Service, the Mental Health Act Commission⁽⁴⁾, the National Blood Authority⁽⁵⁾, the National Treatment Agency⁽⁶⁾, the Retained Organs Commission⁽⁷⁾ and the Prescription Pricing Authority⁽⁸⁾.

(4) In the application of these Directions to the CFSMS, paragraph 2(b), 3(b) and 4(c) shall not apply.

Nominated Director

2. Each NHS body must -

(a) nominate one of its executive directors to take responsibility for security management matters, including in particular responsibility for measures to deal with violence towards NHS staff; and

⁽³⁾ See the Counter Fraud and Security Management Service (Establishment and Constitution) Order 2002, S.I. 2002/3039,

⁽⁴⁾ S.I. 1983/892.

⁽⁵⁾ S.I. 1993/585.

⁽⁶⁾ S.I. 2001/713.

⁽⁷⁾ S.I. 2001/743.

⁽⁸⁾ S.I. 1990/1718.

- (b) In accordance with Annex 1 to these Directions inform the CFSMS of the name and contact details of the executive director so nominated.

Monitoring and compliance

3. Each NHS body must -

- (a) monitor and ensure compliance with these Directions and in particular ensure that all NHS staff are informed of the content of these Directions and what is required of them to ensure compliance;
- (b) take into account any other guidance or advice on measures to deal with violence against NHS staff which may be issued by CFSMS⁽⁹⁾.

Physical assault

4. In the event of physical assault on a member of NHS staff as described in Annex 2, the nominated director must ensure that the instructions contained in paragraph 4 of Annex 2 are complied with, that is to say he must put in place effective arrangements to ensure that in all cases -

- (a) he is informed of the incident;
- (b) the police are contacted immediately either by the person assaulted or by an appropriate manager or colleague and that full co-operation is given to the police in any investigation;
- (c) the CFSMS is informed of the incident and that full co-operation is given to it in any investigation or subsequent action which it considers appropriate;
- (d) the details are recorded in accordance with the NHS body's incident reporting system; and
- (e) the victim of the assault is informed of the investigation's progress and offered such support as is necessary or desirable in the circumstances.

Non physical assault

5. In the event of non-physical assault on a member of NHS staff as described in Annex 3, the nominated director must ensure that the instructions contained in paragraph 4 of Annex 3 are complied with, that is to say he must put in place effective arrangements to ensure that -

- (a), he is informed of the incident;
- (b) in appropriate cases, assessed by reference to their nature and seriousness, the police are contacted as soon as reasonably practicable and that full co-operation is given to the police in any subsequent investigation;

⁽⁹⁾ See HSC 2000/001 "Tackling violence toward GPs and their staff" and HSC 2001/18, "Withholding treatment for violent and abusive patients in NHS trusts".

(c) in any case where the police decide not to prosecute, the NHS body considers what action, if any, it should take, and in particular considers whether private prosecution or civil proceedings would be appropriate;

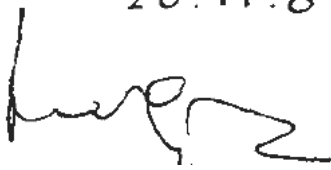
(d) the details of the incident are recorded in accordance with the NHS body's recording system; and

(e) the victim of the incident is informed of the progress of any investigation and is offered such support as is necessary or desirable in the circumstances.

Signed by authority of the Secretary of State for Health

Date:

20.11.03

A handwritten signature in black ink, appearing to be 'M. G. ...', written over a horizontal line.

Senior Civil Servant

ANNEX B – Operational Managers contact details

Area	Managers Name
LONDON NHSSMSLondon@cfsms.nhs.uk (for full list see Appendix 1a) Mobile: 07776 460571	Nikki Leonard
EASTERN NHSSMSEastern@cfsms.nhs.uk (for full list see Appendix 1b) Mobile: 07776 460561	Frank Ginnelly
SOUTH EAST NHSSMSSouthEast@cfsms.nhs.uk (for full list see Appendix 1c) Mobile: 07776 460576	Sharon Stokes
SOUTH WEST NHSSMSSouthWest@cfsms.nhs.uk (for full list see Appendix 1d) Mobile: 07776 460567	Ian Gilpin
WEST MIDLANDS NHSSMSWestMidlands@cfsms.nhs.uk (for full list see Appendix 1e) Mobile: 07776 460563	Nick Dann
EAST MIDLANDS NHSSMSEastMidlands@cfsms.nhs.uk (for full list see Appendix 1f) Mobile: 07776 460568	Steve Guillon
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NORTH EAST NHSSMSNorthEast@cfsms.nhs.uk (for full list see Appendix 1h) Mobile:07776 460564	Derek Johnson

ANNEX C – Data Protection Act

Confidentiality and Data Protection – Executive Summary

In November 2003, the Secretary of State issued Directions to NHS bodies as to the measures they should take to deal with violence against NHS staff and professionals. Pursuant to these Directions, each NHS body must nominate one of its executive directors to take responsibility for measures to deal with violence against staff. In order to discharge its responsibilities, the CFSMS has established a reporting system (PARS or Physical Assault Reporting System) which includes a computer database.

A difficulty has arisen because some Health Bodies, Directors and some NHS staff are refusing to pass relevant and necessary information about incidents of violence to CFSMS. It is being suggested by those who should but refuse to pass on this information that to do so would involve a contravention of the Data Protection Act or would otherwise be a breach of confidence.

Confidentiality

The right to confidentiality is not absolute and it can be waived or over-ridden in a number of circumstances, e.g. -

- Where a patient has expressly or impliedly consented to information being disclosed, e.g. when a victim makes a witness statement and details the injuries suffered.
- Regardless of consent, it can be over-ridden by primary or secondary legislation, e.g. **Directions**, The Public Health (Control of Disease) Act 1984 etc.
- Again regardless of consent, if disclosure is in the public interest then the duty of confidence can be over-ridden.

The NHS, as an employer, owes a duty to its employees to take appropriate steps to keep the working environment safe. The employees also have a similar duty. The duty between employer and employee to comply with measures designed to prevent or investigate workplace violence are enshrined in health and safety legislation.

Disclosure can be justified in the public interest in the investigation of crime and the prosecution of offenders. The right of a patient to keep his medical records secret does not extend to the right to prevent relevant and necessary details of an assault he has committed being passed to the relevant authorities. The doctor/patient confidentiality regime is to encourage a patient to be frank with his doctor and so receive the best treatment, and not to enable him to commit assaults without recourse. Details of the assailant's medical condition/treatment would only be required if they are **relevant** e.g. they may have in some way influenced his behaviour.

The appropriate offence with which an assailant is charged is selected in large part according to the extent of the injuries suffered by the person assaulted. Details of the injuries and subsequent medical treatment would be required for this purpose. The balance would be correctly struck where there was no more disclosure of the patient records than was necessary for the proper investigation of the assault.

Disclosure can also be ordered by the courts. The courts have wide-ranging powers to order disclosure of any material except where it is protected by legal professional privilege etc. No such privilege exists however regarding communications between a patient and his/her doctor or other health care worker. Any potential breach of confidentiality should be pointed out to the Judge who will then weigh up the arguments made for and against disclosure and will then make the decision on disclosure.

The Data Protection Act 1998.

Exemptions from certain provisions in the DPA 1988 have been created for a variety of purposes and the main ones appear in part IV of the Act. Each of the exemptions authorises non-compliance with various parts of the Act's provisions. For CFSMS purposes the most likely exemptions would come under the following categories –

- the investigation of crime,
- the apprehension or prosecution of offenders,
- where the disclosure is required by or under any enactment, (i.e. Secretary of State for Health's Directions)
- by rule of law or by order of the court,
- in connection with legal proceedings (including prospective legal proceedings)
- for the purpose of obtaining legal advice,
- is otherwise necessary for the purposes of establishing, exercising or defending legal rights

The Office of the Information Commissioner is the body responsible for enforcing the Data Protection Act (DPA). Guidance on the use and disclosure of health data published by this body make specific reference to the duty of confidentiality and the DPA and in both instances states that disclosure of medical information would most likely be justified in the event of an assault on a member of staff.

In summary, it is the view of the CFSMS, supported by detailed legal advice and the guidance of the Information Commissioner, that disclosure of the personal details and relevant medical information of those involved in assaults against NHS staff is a justifiable breach of confidentiality, required by law and covered by various exemptions to the DPA.

The complete guidance document on confidentiality can be obtained by contacting the Legal Protection Unit at Weston House, 246 High Holborn, London WC1V 7EX or by e-mail to lpu@cfsms.nhs.uk

Appendix 1a

London region

BARKING AND DAGENHAM PCT
BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUS
BARNET AND CHASE FARM HOSPITALS NHS TRUST
BARNET PCT
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRU
BARTS AND THE LONDON NHS TRUST
BEXLEY CARE TRUST
BRENT TEACHING PCT
BROMLEY HOSPITALS NHS TRUST
BROMLEY PCT
CAMDEN AND ISLINGTON MENTAL HEALTH AND SOCIAL CARE TRUST
CAMDEN PCT
CENTRAL AND NORTH WEST LONDON MENTAL HEALTH NHS TR
CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST
CITY AND HACKNEY TEACHING PCT
CROYDON PCT
EALING HOSPITAL NHS TRUST
EALING PCT
EAST LONDON AND THE CITY MENTAL HEALTH NHS TRUST
ENFIELD PCT
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST
GREAT ORMOND STREET HOSPITAL NHS TRUST
GREENWICH PCT
GUY'S AND ST THOMAS' NHS TRUST
HAMMERSMITH AND FULHAM PCT
HAMMERSMITH HOSPITALS NHS TRUST
HARINGEY TEACHING PCT
HARROW PCT
HAVERING PCT
HILLINGDON PCT
HOMERTON UNIVERSITY HOSPITAL NHS TRUST
HOUNSLOW PCT
ISLINGTON PCT
KENSINGTON AND CHELSEA PCT
KING'S COLLEGE HOSPITAL NHS TRUST
KINGSTON HOSPITAL NHS TRUST
KINGSTON PCT
LAMBETH PCT
LEWISHAM PCT
LONDON AMBULANCE SERVICE NHS TRUST
MAYDAY HEALTHCARE NHS TRUST
MOORFIELDS EYE HOSPITAL NHS TRUST
NEWHAM HEALTHCARE NHS TRUST
NEWHAM PCT
NORTH CENTRAL LONDON STRATEGIC HA
NORTH EAST LONDON MENTAL HEALTH NHS TRUST
NORTH EAST LONDON STRATEGIC HA
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST
NORTH WEST LONDON HOSPITALS NHS TRUST

NORTH WEST LONDON STRATEGIC HA
QUEEN ELIZABETH HOSPITAL NHS TRUST
QUEEN MARY'S SIDCUP NHS TRUST
REDBRIDGE PCT
RETAINED ORGANS COMMISION
RICHMOND AND TWICKENHAM PCT
ROYAL BROMPTON AND HAREFIELD NHS TRUST
ROYAL FREE HAMPSTEAD NHS TRUST
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
SOUTH EAST LONDON STRATEGIC HA
SOUTH LONDON AND MAUDSLEY NHS TRUST
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NH
SOUTH WEST OXFORDSHIRE STRATEGIC HA
SOUTHWARK PCT
ST GEORGE'S HEALTHCARE NHS TRUST
ST MARY'S NHS TRUST
SUTTON AND MERTON PCT
TAVISTOCK AND PORTMAN NHS TRUST
THE HILLINGDON HOSPITAL NHS TRUST
THE LEWISHAM HOSPITAL NHS TRUST
THE ROYAL MARSDEN NHS TRUST
THE WHITTINGTON HOSPITAL NHS TRUST
TOWER HAMLETS PCT
UNIVERSITY COLLEGE LONDON HOSP NHS TRUST
WALTHAM FOREST PCT
WANDSWORTH PCT
WEST LONDON MENTAL HEALTH NHS TRUST
WEST MIDDLESEX UNIVERSITY NHS TRUST
WESTMINSTER PCT
WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST

Appendix 1b

Eastern region

ADDENBROOKE'S NHS TRUST
BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS TRU
BASILDON PCT
BEDFORD HOSPITALS NHS TRUST
BEDFORD PCT
BEDFORDSHIRE AND HERTFORDSHIRE AMBULANCE AND PARAM
BEDFORDSHIRE AND HERTFORDSHIRE STRATEGIC HA
BEDFORDSHIRE AND LUTON COMMUNITY NHS TRUST
BEDFORDSHIRE HEARTLANDS PCT
BILLERICAY, BRENTWOOD AND WICKFORD PCT
BROADLAND PCT
CAMBRIDGE CITY PCT
CAMBRIDGESHIRE AND PETERBOROUGH MENTAL HEALTH PART
CASTLE POINT AND ROCHFORD PCT
CENTRAL SUFFOLK PCT
CHELMSFORD PCT
COLCHESTER PCT
DACORUM PCT
EAST AND NORTH HERTFORDSHIRE NHS TRUST
EAST ANGLIAN AMBULANCE NHS TRUST
EAST CAMBRIDGESHIRE AND FENLAND PCT
EPPING FOREST PCT
ESSEX AMBULANCE SERVICE NHS TRUST
ESSEX RIVERS HEALTHCARE NHS TRUST
ESSEX STRAGETIC HEALTH AUTHORITY
GREAT YARMOUTH PCT
HARLOW PCT
HEREFORD HOSPITALS NHS TRUST
HERTFORDSHIRE PARTNERSHIP NHS TRUST
HERTSMERE PCT
HINCHINGBROOKE HEALTH CARE NHS TRUST
HUNTINGDONSHIRE PCT
IPSWICH HOSPITAL NHS TRUST
IPSWICH PCT
JAMES PAGET HEALTHCARE NHS TRUST
KINGS LYNN AND WISBECH HOSPITALS NHS TRUST
LOCAL HEALTH PARTNERSHIPS NHS TRUST
LUTON AND DUNSTABLE HOSPITAL NHS TRUST
LUTON PCT
MALDON AND SOUTH CHELMSFORD PCT
MID ESSEX HOSPITAL SERVICES NHS TRUST
NATIONAL BLOOD AUTHORITY SPHA
NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS TRUST
NORFOLK MENTAL HEALTH CARE NHS TRUST
NORFOLK, SUFFOLK AND CAMBRIDGESHIRE STRATEGIC HA
NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST
NORTH HERTFORDSHIRE AND STEVENAGE PCT
NORTH NORFOLK PCT
NORTH PETERBOROUGH PCT

NORWICH PCT
PAPWORTH HOSPITAL NHS TRUST
PETERBOROUGH HOSPITALS NHS TRUST
ROYSTON, BUNTINGFORD AND BISHOP'S STORTFORD
SOUTH CAMBRIDGESHIRE PCT
SOUTH EAST HERTFORDSHIRE PCT
SOUTH ESSEX PARTNERSHIP NHS TRUST
SOUTH PETERBOROUGH PCT
SOUTHEND HOSPITAL NHS TRUST
SOUTHEND ON SEA PCT
SOUTHERN NORFOLK PCT
ST ALBANS AND HARPENDEN PCT
SUFFOLK COASTAL PCT
SUFFOLK WEST PCT
TENDRING PCT
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST
THURROCK PCT
UTTLESFORD PCT
WATFORD AND THREE RIVERS PCT
WAVENEY PCT
WELWYN HATFIELD PCT
WEST HERTFORDSHIRE HOSPITALS NHS TRUST
WEST NORFOLK PCT
WEST SUFFOLK HOSPITALS NHS TRUST
WITHAM, BRAINTREE AND HALSTEAD CARE TRUST

Appendix 1c

South East region

ADUR, ARUN AND WORTHING PCT
ASHFORD AND ST PETER'S HOSPITALS NHS TRUST
ASHFORD PCT
BERKSHIRE HEALTHCARE NHS TRUST
BEXHILL AND ROTHER PCT
BLACKWATER VALLEY AND HART PCT
BRACKNELL FOREST PCT
BRIGHTON AND HOVE CITY PCT
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST
BUCKINGHAMSHIRE HOSPITALS NHS TRUST
BUCKINGHAMSHIRE MENTAL HEALTH NHS TRUST
CANTERBURY AND COASTAL PCT
CHERWELL VALE PCT
CHILTERN AND SOUTH BUCKS PCT
CRAWLEY PCT
DARTFORD AND GRAVESHAM NHS TRUST
DARTFORD, GRAVESHAM AND SWANLEY PCT
EAST ELMBRIDGE AND MID SURREY PCT
EAST HAMPSHIRE PCT
EAST KENT COASTAL PCT
EAST KENT HOSPITALS NHS TRUST
EAST KENT NHS AND SOCIAL CARE PARTNERSHIP TRUST
EAST SURREY PCT
EAST SUSSEX COUNTY HEALTHCARE NHS TRUST
EAST SUSSEX HOSPITALS NHS TRUST
EASTBOURNE DOWNS PCT
EASTLEIGH AND TEST VALLEY SOUTH PCT
FAREHAM AND GOSPORT PCT
FRIMLEY PARK HOSPITAL NHS TRUST
GUILDFORD AND WAVERLEY PCT
HAMPSHIRE AMBULANCE SERVICE NHS TRUST
HAMPSHIRE AND ISLE OF WIGHT STRATEGIC HA
HASTINGS AND ST LEONARDS PCT
HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST
HORSHAM AND CHANCTONBURY PCT
ISLE OF WIGHT HEALTHCARE NHS TRUST
ISLE OF WIGHT PCT
KENT AMBULANCE NHS TRUST
KENT AND MEDWAY STRATEGIC HA
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
MAIDSTONE WEALD PCT
MEDWAY NHS TRUST
MEDWAY PCT
MID-HAMPSHIRE PCT
MID-SUSSEX PCT
MILTON KEYNES GENERAL HOSPITAL NHS TRUST
MILTON KEYNES PCT
NEW FOREST PCT
NEWBURY AND COMMUNITY PCT
NORTH EAST OXFORDSHIRE PCT

NORTH HAMPSHIRE HOSPITALS NHS TRUST
NORTH HAMPSHIRE PCT
NORTH SURREY PCT
NORTH WEST SURREY MENTAL HEALTH NHS PARTNERSHIP TRUST
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST
OXFORD CITY PCT
OXFORD RADCLIFFE HOSPITALS NHS TRUST
OXFORDSHIRE AMBULANCE NHS TRUST
OXFORDSHIRE LEARNING DISABILITY NHS TRUST
OXFORDSHIRE MENTAL HEALTHCARE NHS TRUST
OXLEAS NHS TRUST
PORTSMOUTH CITY TEACHING PCT
PORTSMOUTH HOSPITALS NHS TRUST
READING PCT
ROYAL BERKSHIRE AMBULANCE SERVICE NHS TRUST
ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST
ROYAL SURREY COUNTY HOSPITAL NHS TRUST
ROYAL WEST SUSSEX NHS TRUST
SHEPWAY PCT
SLOUGH PCT
SOUTH DOWNS HEALTH NHS TRUST
SOUTH EAST OXFORDSHIRE PCT
SOUTH WEST KENT PCT
SOUTH WEST OXFORDSHIRE PCT
SOUTHAMPTON CITY PCT
SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST
SURREY AMBULANCE SERVICE NHS TRUST
SURREY AND SUSSEX HEALTHCARE NHS TRUST
SURREY AND SUSSEX STRATEGIC HA
SURREY HAMPSHIRE BORDERS NHS TRUST
SURREY OAKLANDS NHS TRUST
SUSSEX AMBULANCE SERVICE NHS TRUST
SUSSEX DOWNS AND WEALD PCT
SWALE PCT
THAMES VALLEY STRATEGIC HA
THE QUEEN VICTORIA HOSPITAL NHS TRUST
TWO SHIRES AMBULANCE NHS TRUST
VALE OF AYLESBURY PCT
WEST HAMPSHIRE NHS TRUST
WEST KENT NHS AND SOCIAL CARE TRUST
WEST SUSSEX HEALTH AND SOCIAL CARE NHS TRUST
WESTERN SUSSEX PCT
WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST
WINDSOR, ASCOT AND MAIDENHEAD PCT
WOKING AREA PCT
WOKINGHAM PCT
WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST
WYCOMBE PCT

Appendix 1d

South West region

AVON AMBULANCE SERVICE NHS TRUST
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS T
AVON, GLOUCESTERSHIRE AND WILTSHIRE STRATEGIC HA
BATH AND NORTH EAST SOMERSET PCT
BOURNEMOUTH TEACHING PCT
BRISTOL NORTH PCT
BRISTOL SOUTH AND WEST PCT
CENTRAL CORNWALL PCT
CHELTENHAM AND TEWKESBURY PCT
CORNWALL PARTNERSHIP NHS TRUST
COTSWOLD AND VALE PCT
DEVON PARTNERSHIP NHS TRUST
DORSET AMBULANCE NHS TRUST
DORSET AND SOMERSET STRATEGIC HA
DORSET HEALTH CARE NHS TRUST
EAST DEVON PCT
EAST SOMERSET NHS TRUST
EXETER PCT
GLOUCESTERSHIRE AMBULANCE SERVICES NHS TRUST
GLOUCESTERSHIRE HOSPITALS NHS TRUST
GLOUCESTERSHIRE PARTNERSHIP NHS TRUST
KENNET AND NORTH WILTSHIRE PCT
MENDIP PCT
MID DEVON PCT
NORTH AND EAST CORNWALL PCT
NORTH BRISTOL NHS TRUST
NORTH DEVON PCT
NORTH DORSET PCT
NORTH SOMERSET PCT
NORTHERN DEVON HEALTHCARE NHS TRUST
PLYMOUTH HOSPITALS NHS TRUST
PLYMOUTH TEACHING PCT
POOLE HOSPITALS NHS TRUST
POOLE PCT
ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS T
ROYAL CORNWALL HOSPITALS NHS TRUST
ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST
ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS
ROYAL UNITED HOSPITAL BATH NHS TRUST
SALISBURY HEALTH CARE NHS TRUST
SOMERSET COAST PCT
SOMERSET PARTNERSHIP NHS AND SOCIAL CARE TRUST
SOUTH AND EAST DORSET PCT
SOUTH DEVON HEALTH CARE NHS TRUST
SOUTH GLOUCESTERSHIRE PCT
SOUTH HAMS AND WEST DEVON PCT
SOUTH SOMERSET PCT
SOUTH WEST DORSET PCT
SOUTH WEST PENINSULA STRATEGIC HA

SOUTH WILTSHIRE PCT
SWINDON AND MARLBOROUGH NHS TRUST
SWINDON PCT
TAUNTON AND SOMERSET NHS TRUST
TAUNTON DEANE PCT
TEIGNBRIDGE PCT
TORBAY PCT
UNITED BRISTOL HEALTHCARE NHS TRUST
WEST DORSET GENERAL HOSPITALS NHS TRUST
WEST GLOUCESTERSHIRE PCT
WEST OF CORNWALL PCT
WEST WILTSHIRE PCT
WESTCOUNTRY AMBULANCE SERVICES NHS TRUST
WESTON AREA HEALTH NHS TRUST
WILTSHIRE AMBULANCE SERVICE NHS TRUST

Appendix 1e

West Midlands region

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS TRUST
BIRMINGHAM AND THE BLACK COUNTRY STRATEGIC HA
BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST
BIRMINGHAM HEARTLANDS AND SOLIHULL (TEACHING) NHS
BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST
BURNTWOOD, LICHFIELD AND TAMWORTH PCT
BURTON HOSPITALS NHS TRUST
CANNOCK CHASE PCT
COVENTRY TEACHING PCT
COVENTRY, WARWICKSHIRE, HEREFORDSHIRE AND WORCESTER
STRATEGIC HA
DUDLEY BEACON AND CASTLE PCT
DUDLEY GROUP OF HOSPITALS NHS TRUST
DUDLEY SOUTH PCT
EAST STAFFORDSHIRE PCT
EASTERN BIRMINGHAM PCT
GEORGE ELIOT HOSPITAL NHS TRUST
GOOD HOPE HOSPITAL NHS TRUST
HEART OF BIRMINGHAM TEACHING PCT
HEREFORD AND WORCESTER AMBULANCE SERVICE NHS TRUST
HEREFORDSHIRE PCT
MID STAFFORDSHIRE GENERAL HOSPITALS NHS TRUST
NORTH BIRMINGHAM PCT
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST
NORTH STOKE PCT
NORTH WARWICKSHIRE PCT
OLDBURY AND SMETHWICK PCT
REDDITCH AND BROMSGROVE PCT
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC AND DISTRI
ROWLEY REGIS AND TIPTON PCT
ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST
RUGBY PCT
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST
SANDWELL MENTAL HEALTH NHS AND SOCIAL CARE TRUST
SHREWSBURY AND TELFORD HOSPITALS NHS TR
SHROPSHIRE AND STAFFORDSHIRE STRATEGIC HA
SHROPSHIRE COUNTY PCT
SOLIHULL PCT
SOUTH BIRMINGHAM PCT
SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST
SOUTH STOKE PCT
SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST
SOUTH WARWICKSHIRE PCT
SOUTH WESTERN STAFFORDSHIRE PCT
SOUTH WORCESTERSHIRE PCT
STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST
STAFFORDSHIRE MOORLANDS PCT
TELFORD AND WREKIN PCT
THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

UNIVERSITY HOSPITAL BIRMINGHAM NHS TRUST
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRU
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS
WALSALL HOSPITALS NHS TRUST
WALSALL TEACHING PCT
WARWICKSHIRE AMBULANCE SERVICE NHS TRUST
WEDNESBURY AND WEST BROMWICH PCT
WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
WOLVERHAMPTON CITY PCT
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST
WYRE FOREST PCT

Appendix 1f

East Midlands region

AMBER VALLEY PCT
ASHFIELD PCT
BARNSELY DISTRICT GENERAL HOSPITAL NHS TRUST
BARNSELY PCT
BASSETLAW PCT
BROXTOWE AND HUCKNALL PCT
CENTRAL DERBY PCT
CHARNWOOD AND NORTH WEST LEICESTERSHIRE PCT
CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL N
CHESTERFIELD PCT
DAVENTRY AND SOUTH NORTHAMPTONSHIRE PCT
DERBYSHIRE DALES AND SOUTH DERBYSHIRE PCT
DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST
DONCASTER AND BASSETLAW HOSPITALS NHS TRUST
DONCASTER AND SOUTH HUMBER HEALTHCARE NHS TRUST
DONCASTER CENTRAL PCT
DONCASTER EAST PCT
DONCASTER WEST PCT
EAST LINCOLNSHIRE PCT
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST
EASTERN LEICESTER PCT
EREWASH PCT
GEDLING PCT
GREATER DERBY PCT
HIGH PEAK AND DALES PCT
HINCKLEY AND BOSWORTH PCT
KETTERING GENERAL HOSPITAL NHS TRUST
LEICESTER CITY WEST PCT
LEICESTERSHIRE PARTNERSHIP NHS TRUST
LEICESTERSHIRE , NORTHAMPTONSHIRE AND RUTLAND STRATEGIC
HA
LINCOLNSHIRE AMBULANCE AND HEALTH TRANSPORT SERVIC
LINCOLNSHIRE PARTNERSHIP NHS TRUST
LINCOLNSHIRE SOUTH WEST TEACHING PCT
MANSFIELD DISTRICT PCT
MELTON, RUTLAND AND HARBOROUGH PCT
MENTAL HEALTH ACT COMMISION SPHA
NEWARK AND SHERWOOD PCT
NHS LOGISTICS AUTHORITY SPHA
NORTH EAST LINCOLNSHIRE PCT
NORTH EASTERN DERBYSHIRE PCT
NORTH LINCOLNSHIRE PCT
NORTH SHEFFIELD PCT
NORTHAMPTON GENERAL HOSPITAL NHS TRUST
NORTHAMPTON PCT
NORTHAMPTONSHIRE HEALTHCARE NHS TRUST
NORTHAMPTONSHIRE HEARTLANDS PCT
NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUS
NOTTINGHAM CITY HOSPITAL NHS TRUST

NOTTINGHAM CITY PCT
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST
QUEEN'S MEDICAL CENTRE, NOTTINGHAM UNIVERSITY HOSP
ROTHERHAM GENERAL HOSPITALS NHS TRUST
ROTHERHAM PCT
RUSHCLIFFE PCT
SHEFFIELD CARE TRUST
SHEFFIELD CHILDREN'S NHS TRUST
SHEFFIELD SOUTH WEST PCT
SHEFFIELD TEACHING HOSPITALS NHS TRUST
SHEFFIELD WEST PCT
SHERWOOD FOREST HOSPITALS NHS TRUST
SOUTH EAST SHEFFIELD PCT
SOUTH LEICESTERSHIRE PCT
SOUTH YORKSHIRE AMBULANCE SERVICE NHS TRUST
SOUTH YORKSHIRE STRATEGIC HA
SOUTHERN DERBYSHIRE ACUTE HOSPITALS NHS TRUST
TRENT STRATEGIC HA
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
WEST LINCOLNSHIRE PCT

Appendix 1g

North West region

5 BOROUGH PARTNERSHIP NHS TRUST
AINTREE HOSPITALS NHS TRUST
ASHTON, LEIGH AND WIGAN PCT
BEBINGTON AND WEST WIRRAL PCT
BIRKENHEAD AND WALLASEY PCT
BLACKBURN WITH DARWEN PCT
BLACKPOOL PCT
BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS TRUST
BOLTON HOSPITALS NHS TRUST
BOLTON PCT
BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRU
BURNLEY, PENDLE AND ROSSENDALE PCT
BURY PCT
CALDERSTONES NHS TRUST
CENTRAL CHESHIRE PCT
CENTRAL LIVERPOOL PCT
CENTRAL MANCHESTER AND MANCHESTER CHILDREN'S UNIVE
CENTRAL MANCHESTER PCT
CHESHIRE & MERSEYSIDE STRATEGIC HA
CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST
CHESHIRE WEST PCT
CHORLEY AND SOUTH RIBBLE PCT
CHRISTIE HOSPITAL NHS TRUST
CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST
COUNTESS OF CHESTER HOSPITAL NHS TRUST
CUMBRIA AND LANCASHIRE STRATEGIC HA
EAST CHESHIRE NHS TRUST
EAST LANCASHIRE HOSPITALS NHS TRUST
EASTERN CHESHIRE PCT
ELLESMERE PORT AND NESTON PCT
FYLDE PCT
GREATER MANCHESTER AMBULANCE SERVICE NHS TRUST
GREATER MANCHESTER STRATGEIC HA
HALTON PCT
HEYWOOD AND MIDDLETON PCT
HYNDBURN AND RIBBLE VALLEY PCT
KNOWSLEY PCT
LANCASHIRE AMBULANCE SERVICE NHS TRUST
LANCASHIRE CARE NHS TRUST
LANCASHIRE TEACHING HOSPITALS NHS TRUST
LIVERPOOL WOMENS HOSPITAL NHS TRUST
MANCHESTER MENTAL HEALTH AND SOCIAL CARE TRUST
MERSEY CARE NHS TRUST
MERSEY REGIONAL AMBULANCE SERVICE NHS TRUST
MORECAMBE BAY HOSPITALS NHS TRUST
MORECAMBE BAY PCT
NORTH CHESHIRE HOSPITALS NHS TRUST
NORTH LIVERPOOL PCT
NORTH MANCHESTER PCT

OLDHAM PCT
PENNINE ACUTE HOSPITALS NHS TRUST
PENNINE CARE NHS TRUST
PRESTON PCT
ROCHDALE PCT
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITAL
ROYAL LIVERPOOL CHILDRENS NHS TRUST
SALFORD PCT
SALFORD ROYAL HOSPITALS NHS TRUST
SOUTH LIVERPOOL PCT
SOUTH MANCHESTER PCT
SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST
SOUTH SEFTON PCT
SOUTHPORT AND FORMBY PCT
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST
ST HELENS PCT
STOCKPORT NHS TRUST
STOCKPORT PCT
TAMESIDE AND GLOSSOP ACUTE SERVICES NHS TRUST
TAMESIDE AND GLOSSOP PCT
THE CARDIOTHORACIC CENTRE - LIVERPOOL NHS TRUST
TRAFFORD HEALTHCARE NHS TRUST
TRAFFORD NORTH PCT
TRAFFORD SOUTH PCT
WALTON CENTRE FOR NEUROLOGY AND NEUROSURGERY NHS T
WARRINGTON PCT
WEST LANCASHIRE PCT
WIRRAL HOSPITAL NHS TRUST
WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST
WYRE PCT

Appendix 1h

North East region

AIREDALE NHS TRUST
AIREDALE PCT
BRADFORD CITY PCT
BRADFORD DISTRICT CARE TRUST
BRADFORD SOUTH AND WEST PCT
BRADFORD TEACHING HOSPITALS NHS TRUST
CALDERDALE AND HUDDERSFIELD NHS TRUST
CALDERDALE PCT
CARLISLE AND DISTRICT PCT
CITY HOSPITALS SUNDERLAND NHS TRUST
COUNTY DURHAM AND DARLINGTON ACUTE HOSPITALS NHS TRUST
COUNTY DURHAM AND DARLINGTON PRIORITY SERVICES NHS
COUNTY DURHAM AND TEES VALLEY STRATEGIC HA
CRAVEN, HARROGATE AND RURAL DISTRICT PCT
CUMBRIA AMBULANCE SERVICE NHS TRUST
DARLINGTON PCT
DERWENTSIDE PCT
DURHAM AND CHESTER-LE-STREET PCT
DURHAM DALES PCT
EASINGTON PCT
EAST LEEDS PCT
EAST YORKSHIRE PCT
EASTERN HULL PCT
EASTERN WAKEFIELD PCT
EDEN VALLEY PCT
GATESHEAD HEALTH NHS TRUST
GATESHEAD PCT
HAMBLETON AND RICHMONDSHIRE PCT
HARROGATE HEALTH CARE NHS TRUST
HARTLEPOOL PCT
HUDDERSFIELD CENTRAL PCT
HULL AND EAST RIDING COMMUNITY HEALTH NHS TRUST
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
LANGBAURGH PCT
LEEDS MENTAL HEALTH TEACHING NHS TRUST
LEEDS NORTH EAST PCT
LEEDS NORTH WEST PCT
LEEDS TEACHING HOSPITALS NHS TRUST
LEEDS WEST PCT
MID YORKSHIRE HOSPITALS NHS TRUST
MIDDLESBROUGH PCT
NEWCASTLE PCT
NEWCASTLE, NORTH TYNESIDE AND NORTHUMBERLAND MENTA
NEWCASTLE-UNDER-LYME PCT
NORTH AND EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE
STRATEGIC HA
NORTH BRADFORD PCT
NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST
NORTH CUMBRIA MENTAL HEALTH AND LEARNING DISABILIT

NORTH EAST AMBULANCE SERVICE NHS TRUST
NORTH KIRKLEES PCT
NORTH TEES AND HARTLEPOOL NHS TRUST
NORTH TEES PCT
NORTH TYNESIDE PCT
NORTHGATE AND PRUDHOE NHS TRUST
NORTHUMBERLAND CARE TRUST
NORTHUMBERLAND , TYNE & WEAR STRATEGIC HEALTH AUTHORITY
NORTHUMBRIA HEALTH CARE NHS TRUST
PRESCRIPTION PRICING AUTHORITY SPHA
SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE N
SCARBOROUGH, WHITBY AND RYEDALE PCT
SEDFIELD PCT
SELBY AND YORK PCT
SOUTH HUDDERSFIELD PCT
SOUTH LEEDS PCT
SOUTH OF TYNE AND WEARSIDE MENTAL HEALTH NHS TRUST
SOUTH TEES HOSPITALS NHS TRUST
SOUTH TYNESIDE HEALTH CARE NHS TRUST
SOUTH TYNESIDE PCT
SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST
SUNDERLAND TEACHING PCT
TEES AND NORTH EAST YORKSHIRE NHS TRUST
TEES EAST AND NORTH YORKSHIRE AMBULANCE SERVICE NH
THE MID CHESHIRE HOSPITALS NHS TRUST
THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST
WAKEFIELD WEST PCT
WEST CUMBRIA PCT
WEST HULL PCT
WEST YORKSHIRE METROPOLITAN AMBULANCE SERVICE NHS
WEST YORKSHIR STRATEGIC HA
YORK HOSPITALS NHS TRUST
YORKSHIRE WOLDS AND COAST PCT