



## **Guidance for Dealing with Disruptive or Aggressive Patients and Members of the Public**

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## **1. INTRODUCTION**

- 1.1 Organisations are required under health and safety legislation to take all reasonably practicable measures to protect their employees and others who use their service from the risks of violence and aggression.
- 1.2 Patients, visitors and other persons using Health Board services must recognise that it is not acceptable for them to act in a violent or aggressive way towards staff or other persons whilst accessing these services. Difficult, hostile or challenging behaviour by a minority of individuals towards others can have a detrimental effect on the care provided to patients in general. It is therefore necessary for the Health Board to have appropriate arrangements in place for dealing with such individuals.
- 1.3 Any person behaving in an unlawful manner will be reported to the police and the organisation will seek the application of the maximum penalties available in law.
- 1.4 Suitable consideration, however, should be given to individuals who are not competent to take responsibility for their actions because in the judgement of relevant clinicians they do not have mental capacity. A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour.

## **2 SCOPE**

- 2.1 The scope of this document relates to all members of the public, patients, relatives, carers, contractors and visitors who have contact with Health Board staff, including those on honorary contracts, whether on Health Board premises or elsewhere. It also applies to those working for other employers but on Health Board premises, and volunteers undertaking duties on behalf of the Health Board.

## **3. DEFINITIONS**

- 3.1 Violence

Behaviour that produces damaging or harmful effects, physically or emotionally on other people.

- 3.2 Persistent unacceptable behaviour

Behaviour that is deemed unacceptable within one event or on a number of occasions within a period of time.

### 3.3 Unacceptable standards of behaviour

The following are some examples of behaviours that are not acceptable on NHS premises, or locations where patients receive treatment:

- excessive noise e.g. loud or intrusive conversation, shouting or uncontrollable misbehaviour
- threatening or abusive language involving swearing or offensive remarks
- derogatory racial or sexual remarks
- wilful damage to the property of the organisation, staff or patients
- malicious allegations relating to members of staff, other patients or visitors
- inappropriate behaviour as a result of the misuse of alcohol or drugs
- intimidation, threats or threatening behaviour
- violence, perceived acts of violence or threats of violence
- any explicit or implicit challenge to the safety, well being or health of any member of staff or the public
- any abuse of the system.

### 3.4 Warning letters

A formal written warning to a patient, relative, carer or other person that their behaviour has been unacceptable and that any repeat of the behaviour may result in further action being considered. Continued unacceptable behaviour may result in further formal letters being issued to the extent of placing conditions or restrictions on the perpetrator or even excluding a person or withdrawing treatment where necessary.

### 3.5 Warning markers

The communication of a patient's unacceptable behaviour both within the Health Board and to any other relevant agency such as the ambulance service is fundamental in minimising the risk of aggression.

A discreet 'marker' can be placed on a patient's medical records to alert staff to the potential risk of violence and aggression. The Data Protection Act 1998 regulates the holding and processing of personal data, which is held either electronically or in a manual form.

Under the Act individuals are given legally enforceable rights. The Health Board must comply with data protection principles that form a framework for proper handling of personal data.

The Data Protection Act also imposes a duty with regard to sensitive personal data. 'Violent markers' will not usually be considered as sensitive personal data with the possible exceptions of markers which indicate that the patient suffers from a mental illness causing violent

behaviour, or that of a criminal conviction or suspicion of criminal activity.

In addition it includes the requirements that

- the patient should be informed that their details have been flagged to indicate that they are potentially violent or aggressive
- the decision to put a marker on a patient record should be made by a senior person
- data should be held for an agreed period.
- data should only be seen by those who would be at risk.
- on request from the individual, the record including the 'marker' would have to be revealed and would need therefore to be justifiable.

In circumstances where the patient may receive treatment at more than one department or ward during their stay in a particular hospital, staff managing that patient must ensure receiving staff are aware of the warning marker on the patient notes.

In certain circumstances it is acceptable for a marker to be placed on a patient's notes that may not refer to the patient but to another member of the family unit or a person associated with the patient. This could be, for example, where there is a risk of child abuse or domestic abuse within the family and health professionals need to be aware of this risk to themselves, the patient or others in the family unit. Disclosure of this marker in these circumstances will be necessary only to the patient.

The rights of the patient under the Human Rights Act 1998/UNCRC must be respected. Attention is drawn to the following

- Article 2, 'Right to life'
- Article 3, 'Prohibition of torture'
- Article 8, 'Right to respect for private and family life'
- Article 14, 'Prohibition of discrimination'

### 3.6 Acceptable Behaviour Contract

An Acceptable Behaviour Contract (ABC) is a process whereby the rights and responsibilities of the individual, albeit a patient, relative, carer or associate of the patient are brought to their attention. It is made clear to the person that failing to comply with these responsibilities could result in action being taken against the individual. An ABC may also be accompanied by a separate protocol stating certain conditions that must be complied with.

### 3.7 Regular attenders

The term 'regular attender' applies to a patient who attends ED/LAC for non-specific reasons on a regular basis during a short time frame. There are many reasons identified for this type of behaviour and

typically there may be a history of mental illness and the presentations may be linked to social problems.

Although in some cases the individual may be attention seeking, there are, however, occasions when the motivation is for the purpose of some form of gain or acquisition. The presentations are time consuming, a diversion of resources and can result in an aggressive response when the requests are denied.

### 3.8 Adult

Person aged over 18.

### 3.9 Child and Young Person

Person aged under 16.

NB. Those aged between 16 and 18 can normally be classed as a person with capacity (i.e. an adult) unless there are circumstances that lead staff to consider otherwise, or the young person lacks capacity.

### 3.10 Capacity

The Mental Capacity Act 2005 states that the starting assumption must always be that a person has the capacity to make a decision, unless it can be established that they lack capacity. A person is unable to make a decision if they cannot:

- understand information about the decision to be made (the Act calls this 'relevant information')
- retain that information in their mind
- use or weigh that information as part of the decision-making process, or
- communicate their decision (by talking, using sign language or any other means).

Mental disorder does not necessarily mean that a patient does not have the capacity to refuse consent. Capacity may be variable in people with mental disorder and should be assessed in relation to the particular patient, at a particular time, as regards a particular action/episode of violence or aggression.

### 3.11 Anti-social Behaviour Referrals

The Crime and Disorder Act 1998 places a statutory duty on the police and local authorities to work with other 'relevant partner authorities', of which the Health Board is one, to reduce crime and disorder, and an important aspect of this is tackling anti-social behaviour.

Anti-social behaviour is defined under the Act and is summarised as where a person "...has acted...in a manner that caused or was likely

to cause harassment, alarm or distress...” Such acts may involve: threatening, unruly or drunken behaviour; abusive language whether in person or by telephone; graffiti or criminal damage; and may include other kinds of behaviour which prevents staff carrying out their normal duties of work whether on Health Board premises or in a public place such as visiting in the community.

This method of dealing with unacceptable/anti-social behaviour is likely to be used in particular where the Health Board feel the behaviour would be difficult to pursue by prosecution in the courts e.g. verbal abuse or intimidating actions, telephone abuse, nuisance behaviour etc, but it should also be considered in dealing with offenders even when the police have been involved. It should not, however, deter staff from reporting to the police acts that are clearly unlawful and that need to be dealt with immediately by the police.

### 3.12 Protection of Vulnerable Adults Referral

Under the Safeguarding arrangements there is a requirement that we should have in place policies and procedures to protect and support vulnerable adults from abuse and inappropriate care. A referral can be made in the context of this document under these POVA arrangements where a patient or patients may be at risk from actions perpetrated by another patient or member of the public.

### 3.13 Safeguarding Children

Where unacceptable behaviour could lead to the harm of a child the ‘All Wales Child Protection Procedures 2008’ must be instigated. The procedures are based on the fundamental principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families.

## 4. REMEDIES AND SANCTIONS

The response to violent or abusive behaviour should take into account the clinical needs of the patients/service user, the right of all patients to be treated in a safe and caring environment and importantly the duty of care by the Health Board towards employees.

Not all aggressive or abusive behaviour is wilful, as some may be induced through circumstances the individual finds themselves in, such as from pain, bereavement, anxiety etc. In these circumstances staff will need to be understanding of the issues and work with the individual to overcome the behaviour. There may be medical or psychiatric reasons why a patient is disruptive, and if so clinical management of the cause should not be overlooked in the application of this protocol. The clinical management of a patient may require extra staff to support/behaviourally manage the patient. Additionally, there may be locally developed policies in place to manage difficult patients and this document is intended support those measures.

If drug or alcohol consumption is identified as a factor in the unacceptable behaviour, this will not be considered as mitigating circumstances. However, caution needs to be exercised where drug

or alcohol use may confuse the identification of an underlying psychiatric or medical condition. If this should happen there may be significant medical consequences if these underlying causes of the behaviour go untreated.

Actions implemented as a result of unacceptable behaviour should be relevant to the circumstances and could include

- drawing the persons attention to the fact that the behaviour is unacceptable
- warning markers and warning letters
- issuing an 'Acceptable Behaviour Contract' and where necessary supporting protocols for implementation
- treatment of the patient in the presence of security staff or police
- providing follow-up treatment at another location stipulated by the Health Board
- exclusion - withdrawal of treatment except for life threatening emergency care
- implementing joint visits only by community staff
- suspending visits by community staff – patients may be required to attend at Health Board premises
- exclusion of visitors/relatives/friends
- legal action
- referral to the police under anti-social behaviour legislation
- use of POVA/Safeguarding for Children and Young People

**However, if at any time staff feel there is a significant imminent threat of violence or risk of injury to themselves or others, they have the right to call for assistance from security staff, if available, or the police if necessary.**

Withdrawal of treatment should be regarded as the action of last resort. The clinical team must weigh up the risk to staff of continuing treatment against the clinical needs of the individual. Removal of a patient must not put their safety at risk by compromising their clinical needs, and if after consultation with their medical team it is decided that removal is not appropriate in the circumstances, other measures must be considered. A management plan will have to be developed that could include measures such as enhanced supervision by additional staff or the presence of security personnel.

In circumstances where immediate treatment must continue because of the clinical need of the patient, future admissions, however, may be denied if their conduct is deemed totally unacceptable, and it will then be for their GP to arrange alternative care. In circumstances where it is decided to continue to provide follow-up treatment, it may be offered at an alternative location or with conditions attached.

It is important, also, for clinical teams to share information regarding individuals who have been disruptive. There may have been other episodes of unacceptable behaviour and these should be discussed

by professionals when developing a plan for the management of the individual.

Where services are withdrawn from an individual, they must be made aware that an appeal may be made using the Health Board Complaints Procedure – Putting Things Right.

## **5. IMPLEMENTING REMEDIES AND SANCTIONS**

Any person carrying out duties on behalf of the Health Board should expect to be treated with courtesy and respect by patients and members of the public. It is not acceptable for staff to endure behaviour which in any way is distressing whilst providing a service delivered with care and consideration.

It is well documented that unacceptable behaviour can be in different forms and to different degrees of harm and the response to these behaviours must reflect the level of risk and be proportionate within a hierarchy of response.

Initially when a person displays unacceptable behaviour their capacity to understand the consequences of their actions should be assessed. If it is determined there is no lack of capacity they should be asked to refrain and offered the opportunity to explain why they are acting in such a way. Efforts should be made to understand the cause of the behaviour and to address any issues raised if it is reasonable to do so. The standards of behaviour expected should be clarified.

If the issue can be resolved by reason and negotiation then the service will continue unaffected. If the behaviour does not modify and it is deemed unreasonable, then the response should escalate through a range of options such as those outlined previously in Section 4 of this document. At all stages staff must continually endeavour to defuse the situation and not allow it to escalate further if at all possible, but it is also acceptable to escalate rapidly to a high level of response if the aggressor is deemed a significant threat or is not responding to reasonable requests .

Advice on implementing measures can be sought by contacting the violence and aggression Case Managers in the Health, Safety and Fire Department.

Medical staff and senior management play an important part in this process as they must be seen to be supporting more junior colleagues and demonstrate to the aggressor the commitment of the Health Board in combating such behaviour.

It should be remembered, however, that any person behaving in an unlawful manner should be reported to the police and the Health Board will seek the application of the maximum penalties available in law.

All incidents and actions relating to unacceptable behaviour must be recorded at every stage in accordance with the Health Board incident reporting procedures and where perpetrated by a patient should be documented in the patient's notes.

## **5.1 Those with parental responsibility (including guardians).**

- 5.1.1 It is not acceptable for staff, patients or visitors to be exposed to persons who have parental responsibility for a child, who are violent or behave in an aggressive or challenging manner. However, remedies against these persons must ensure that the treatment of the child or young person can continue, and that decisions or consents relating to the continuation of the treatment can be made.
- 5.1.2 Staff should at all times be vigilant and attempt to prevent these situations developing. Senior staff should make every effort to support their junior colleagues in dealing with these difficult and complex problems.
- 5.1.3 Persons with parental responsibility who display unacceptable behaviour should be asked to refrain and given the opportunity to immediately improve their behaviour and be offered an opportunity for 'time out' to defuse the situation.
- 5.1.4 If their behaviour does not improve, sanctions implemented should be proportionate to their actions, whilst ensuring staff safety and that the best interests of the child are met.
- 5.1.5 In any serious incident e.g. involving violence or the threat of violence, security personnel where available, or the police must be called. Following violent behaviour or the threat of it, a referral should be made to the Social Services Department as outlined in the All Wales Child Protection Procedures.
- 5.1.6 If violent or abusive parents insist on exercising their parental responsibility by attempting to ultimately remove their child from the healthcare setting after all efforts to dissuade them have failed, an immediate referral should be made to the police and Social Services Department.
- 5.1.7 In circumstances where a perpetrator of aggression is not attending with a child, the knowledge that they are a parent themselves or partner of a parent may give rise to concerns for the safety of any children in that family unit. Staff should discuss these concerns with the Child Protection Liaison Nurses or the Named Professionals for Safeguarding Children.
- 5.1.8 Documenting incidents and issues is particularly essential in the child's notes.

## **5.2 Regular attenders/frequent service users**

- 5.2.1 Recurrent attending behaviour affects not just ED/LAC services but can impact adversely on the Ambulance Service, many other in-patient services and other professionals.
- 5.2.2 In dealing with this type of person there needs to be a consistent approach across all service providers that is seen to be fair, and in doing so addresses any underlying needs of the individual.
- 5.2.3 The first consideration is to ensure there is no existing medical problem or a stable medical problem that does not need recurrent unscheduled care intervention. This is done by consulting with specialties and obtaining information from GPs
- 5.2.4 Once it has become clear to the multi-professional team that the individual is a “regular attender” and attending for reasons that can be more effectively managed in another way (usually within the community), a strategy meeting will be convened to determine the necessary ongoing course of action.
- 5.2.5 The strategy meeting will be specific in addressing the needs of the patient and be multi-disciplinary with representation from e.g. the Health Board including mental health, police, community services, social services, WAST and the patient’s GP.
- 5.2.6 The following points must be addressed in the strategy meeting:
- minutes must be recorded of all meetings
  - all agencies present must agree on the strategy to prevent re-attendance at ED/LAC and address the underlying problems
  - a ‘Frequent Service Users Strategy Plan’ must be completed and signed by all participating agencies
  - a copy of the strategy plan will be held in reception in the ED/LAC and by the Welsh Ambulance Service
  - an alert will be placed on the patient’s record
  - a meeting of the strategy group will take place after an agreed time to review the plan of care and continuation of the use of the strategy.

## **5.3 The management of a child or young person**

- 5.3.1 Children under the age of 10 years are entirely exempt from criminal responsibility. Children between 10 and 14 years are also exempt unless it can be established that they can distinguish between right and wrong. Subject to this there may be certain circumstances where it is appropriate to seek advice and/or assistance from the police where a criminal offence may have been committed.
- 5.3.2 Events involving a patient who is a child or young person should include support from Social Services and/or the wider multi-disciplinary team which may include a member of the Child and Adolescent Mental Health Services (CAMHS) if required.

- 5.3.3 There must be a multidisciplinary approach towards the management of these children and families if safe, appropriate care is to be delivered.
- 5.3.4 If not present at the time of the incident the parent/carer must be informed at the earliest opportunity.
- 5.3.5 The incident must be fully documented within the child's/young person's patient record and consideration given to making a child protection referral under the All Wales Child Protection Procedures.
- 5.3.6 Following a serious breach in acceptable behaviour or persistent unacceptable behaviour, a meeting between the child, parent/carer, ward manager/service manager/senior nurse and consultant co-ordinating care, should be arranged. An advocate for the child should be invited to attend. This meeting should be arranged at the earliest possible time and include
- agreement on levels of acceptable behaviour and a behavioural management plan. Advice upon an appropriate behavioural management plan may be sought from either Child and Adolescent Mental Health Service or Facing the Challenge colleagues.
  - setting out a series of remedies that will be considered in the event of further non-compliance.
  - a letter detailing the management plan should be sent to the parent/carer within 24 hours. This should include the agreed visiting arrangements and acceptable behavioural management plan together with any alternative remedies that remain under consideration.
  - this should also include standards of behaviour expected at home and clinic visits.

#### **5.4 Mental health patients and adult patients (aged 18 and over) who may lack capacity**

- 5.4.1 The abuse of employees by any individual is not condoned. Patients not detained under the Mental Health Act 1983 may be treated as any other adult with capacity.
- 5.4.2 Capacity may be variable in people with mental disorder and should be assessed in relation to the particular patient, at the particular moment in time.
- 5.4.3 Where it is suggested that a patient receiving treatment in an acute hospital setting may lack a certain degree of capacity or is displaying confusion resulting from their medical condition or medication regime, the treating team should address this in the first instance. If needed, advice may be sought regarding the management of that patient from the Psychiatric Liaison Team.
- 5.4.4 For patients detained under the Mental Health Act 1983 the Responsible Medical Officer/Approved Clinician will prepare a behavioural management plan and make recommendations for their care. In the event of non-compliance with the behavioural

management plan the clinical condition and clinical needs of the patient will be taken into account when deciding on the appropriate further remedies. Discussion should include

- the most appropriate physical environment and level of supervision required.
- whether the patient should be subject to increased nursing observation.
- whether the patient should be transferred to an alternative ward/hospital or team.

## **5.5 Further remedies relating to children and mental health patients.**

These can include

- consideration as to whether the treatment can be postponed and the patient discharged for a cooling off period or until more suitable arrangements for care can be made.
- consideration as to whether the patient can be nursed in the community and be supervised as an outpatient. However, this should not then lead to a risk to community staff. This should be a multi-disciplinary decision and an appropriate support package for the family will need to be considered.
- deciding as to the circumstances when the police should be called in to advise or assist.

## **5.6 Dealing with telephone abuse**

Abusive behaviour by telephone is no more acceptable than it is in person and should not be tolerated by staff.

5.6.1 Sometimes a caller may be expressing frustration at their own situation and it is not meant to be directed personally at the member of staff receiving the call. Although the tone of the conversation may initially be unacceptable, staff may feel that they can overcome this by reasoning with the caller. A member of staff may also seek support from a more senior member of staff in dealing with the caller.

5.6.2 Sometimes a caller is beyond reason and no amount of understanding and concern will have any effect on their conduct.

5.6.3 The member of staff should interrupt the conversation at an opportune time and state clearly that the tone/content is unacceptable and request the caller modify it accordingly.

5.6.4 If they do not heed this warning they must be told that if they continue the call will be terminated, it will be reported to a senior member of staff and further action may be taken.

5.6.5 If the caller still fails to comply with the request the member of staff should inform the person that the call is to be terminated, and do so immediately.

5.6.6 The incident should be reported to the person in charge immediately and recorded formally in accordance with the Health Board incident reporting procedure. It is important to record as much information about the call as possible to ensure a clear picture of the event is represented, including where relevant actual words or phrases used in the exchange.

5.6.7 Senior staff may decide further action is necessary and arrange for a warning letter to be sent to the caller or in extreme circumstances a referral to the police under anti-social behaviour legislation.

## **5.7 Dealing with complainants who make unreasonable demands**

This section deals with complainants whose actions or behaviours are considered unacceptable. The term complainant includes anyone acting on behalf of a complainant or who contacts the Health Board in connection with a complaint.

5.7.1 People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading to a complaint. The Health Board does not view behaviour as unacceptable just because a complainant is forceful or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are aggressive, demanding or persistent may result in unreasonable demands on the Health Board or unacceptable behaviour towards staff.

The Health Board expects staff to be treated with courtesy and respect. Health Board staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards staff.

All incidents, communications, correspondence and actions relating to cases of unacceptable behaviour must be recorded at every stage in accordance with the Health Board incident reporting procedure.

5.7.2 Types of unacceptable behaviour

**Aggression or abuse** – violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened, abused or intimidated.

Examples of this are threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. It is also considered that defamatory statements and unsubstantiated allegations can be abusive behaviour.

**Unreasonable demands** – complainants may make unreasonable demands on the Health Board through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant.

Example of this are demanding responses within an unreasonable time-scale, insisting on seeing or speaking to a particular member of staff, continual contact through phone calls, letters or electronic methods, repeatedly changing the substance of a complaint or raising unrelated concerns. These demands are considered unacceptable and unreasonable if they start to impact substantially on the work of the Health Board, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

**Unreasonable persistence** - sometimes complainants will not or cannot accept that the Health Board is unable to assist them further or provide a level of service other than provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the Health Board persistently about the same issue.

Examples of this are a persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the Health Board can or cannot do and continuing to pursue a complaint without presenting any new information. The way in which these complainants approach the Health Board may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not and is considered to be unacceptable when they take up what the Health Board regards as being a disproportionate amount of time and resources.

**Vexatious demands** – in rare cases actions or demands can be brought without good cause, the intention is purely to create annoyance to the recipient.

### 5.7.3 Managing unacceptable actions

There are relatively few complainants whose actions are considered by the Health Board to be unacceptable. How these actions are managed depends on their nature and extent. If it adversely affects the Health Board's ability to do its work and provide a service to others, complainant contact may need to be restricted in order to manage the unacceptable action. The aim will be to do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process.

5.7.3.1 The threat or use of physical violence, verbal abuse, intimidation or harassment towards staff is likely to result in the ending of all direct contact with the complainant. Incidents where physical violence is used or threatened will always be reported to the police.

5.7.3.2 The Health Board will not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. The complainant will be told that their language is considered offensive, unnecessary and unhelpful and there will be no response to their correspondence from the Health Board if they do not stop. The Health Board may require further contact to be through a third party.

- 5.7.3.3 Health Board staff will end telephone calls if the caller is considered aggressive, abusive, intimidating or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and that they will end the call if the behaviour does not stop. If it continues the call can be ended.
- 5.7.3.4 Where a complainant repeatedly phones, visits Health Board premises, sends irrelevant documents or raises the same issues, the Health Board may decide to:
- only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant
  - require the complainant to make an appointment to see a named member of staff before visiting Health Board premises or the complainant contacts the office in writing only
  - return irrelevant documents to the claimant or, in extreme cases, advise that further irrelevant documents will be destroyed
  - take any other appropriate action. The Health Board will always tell the complainant what action is being taken and why.
- 5.7.3.5 Where a complainant continues to correspond on a wide range of issues that is considered excessive, the complainant may be advised that responding to the concerns may be delayed as a result, and asked to limit or focus their requests accordingly.
- 5.7.3.6 Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the Health Board decision relating to the complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning the complaint. Any future correspondence by the complainant on the issue must be in writing. Future correspondence is read and filed, but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.
- 5.7.4 Restricting complainant contact
- 5.7.4.1 Staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this protocol.

5.7.4.2 Ongoing restrictions on a complainant will be taken only after careful consideration by a senior member of staff. Wherever possible a complainant will be given the opportunity to modify their behaviour before a decision is made. A complainant will be informed in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the duration of the restriction.

5.7.5 Appeals

5.7.5.1 Where restrictions are placed on an individual, they must be made aware that an appeal may be made using the Health Board complaints procedure or to the Ombudsman for Wales.

## **6. SUPPORT**

Following an incident the member of staff involved should have a debriefing session with a senior member of staff as soon as possible after the event. A range of support measures will be made available to assist staff in the recovery process, and also advice regarding pursuing legal action if necessary.

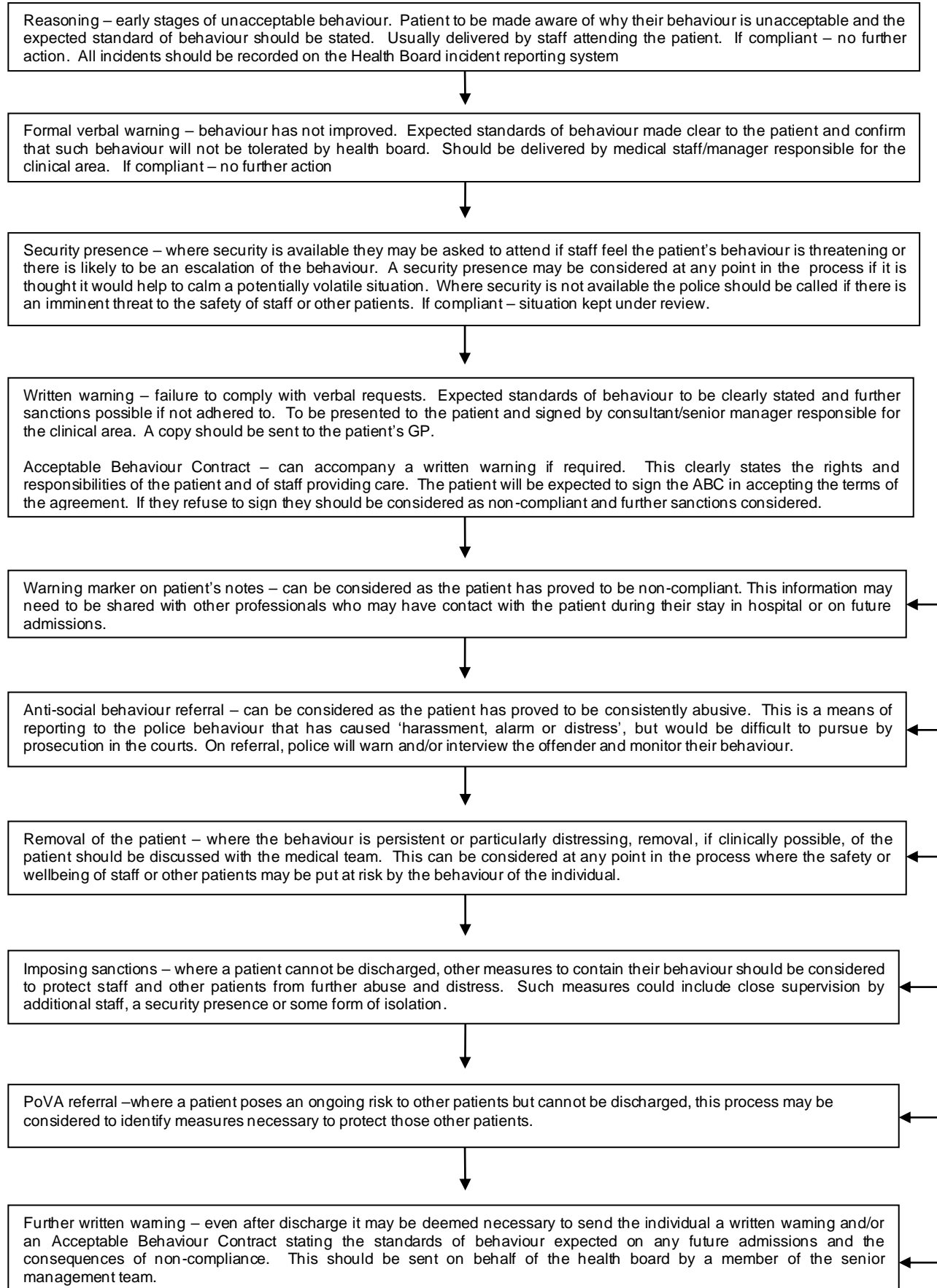
## **7. REFERENCES**

All Wales NHS Violence and Aggression Training Passport and Information Scheme 2004.

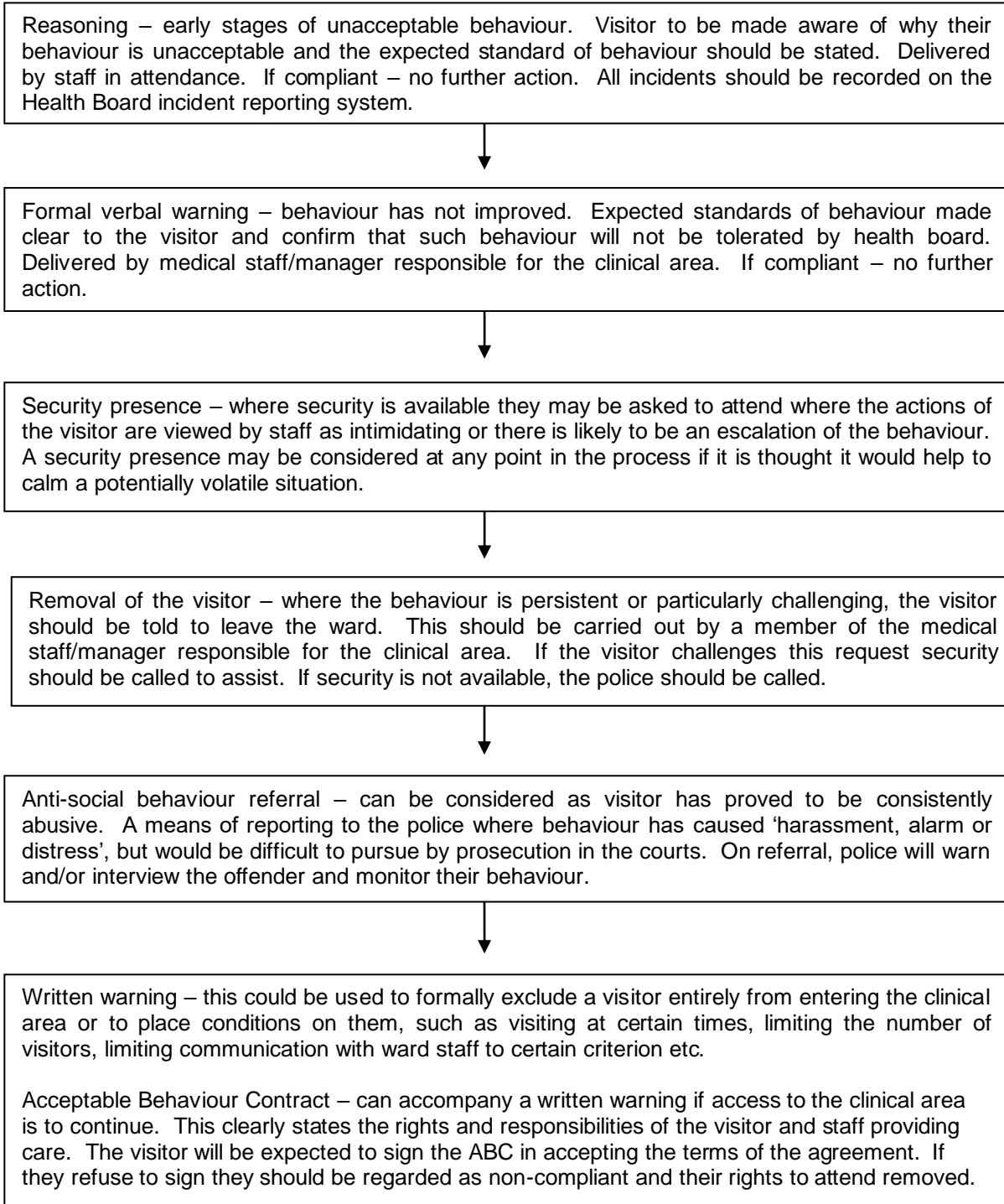
Code of Practice for the Mental Capacity Act 2005. Department of Constitutional Affairs February 2007. TSO, London.

Unacceptable Action by Complainants – Public Service Ombudsman for Wales 2015.

## 1. Suggested unacceptable Behaviour Flowchart Options - Inpatient



## 2. Suggested unacceptable Behaviour Flowchart Options – Ward Visitor



### 3. Suggested unacceptable Behaviour Flowchart Options – ED Patient

Reasoning – early stages of unacceptable behaviour. Patient to be made aware of why their behaviour is unacceptable and the expected standard of behaviour should be stated. Delivered by staff attending the patient. If compliant – no further action. All incidents should be recorded on the Health Board incident reporting system



Formal verbal warning – behaviour has not improved. Expected standards of behaviour made clear to the patient and confirm that such behaviour will not be tolerated by health board. Delivered by medical staff/manager responsible for the clinical area. If compliant – no further action.



Security/police presence – where security is available they may be asked to attend where staff feel the patient is threatening or there is likely to be an escalation of the behaviour. A security presence may be considered at any point in the process if it is thought it would help to calm a potentially volatile situation. Where security is not available the police should be called if there is an imminent threat to the safety of staff or others or if unlawful actions have been perpetrated.



Removal of the patient – where the behaviour is persistent or particularly disruptive/distressing, removal of the patient should be discussed with the medical team. This can be considered at any point in the process where the safety or wellbeing of staff or others may be affected by the individual's behaviour.



Warning marker on patient's notes – can be considered as the patient has proved to be non-compliant. This information may need to be shared with other professionals who may have contact with the patient during their stay in hospital or on future admissions.



Anti-social behaviour referral – can be considered as patient has proved to be non-compliant. A means of reporting to the police where behaviour has caused 'harassment, alarm or distress', but would be difficult to pursue by prosecution in the courts. On referral, police will warn and/or interview the offender and monitor their behaviour. In some cases where prosecution is being pursued, an ASB referral should still be made to register the anti-social aspect of their actions and the impact on staff and others.



#### 4. Suggested unacceptable Behaviour Flowchart Options – ED Visitor

Reasoning – early stages of unacceptable behaviour. Visitor to be made aware of why their behaviour is unacceptable and the expected standard of behaviour should be stated. Delivered by staff in attendance. If compliant – no further action. All incidents should be recorded on the Health Board incident reporting system.



Formal verbal warning – behaviour has not improved. Expected standards of behaviour made clear to the visitor and confirm that such behaviour will not be tolerated by health board. Delivered by medical staff/manager responsible for the clinical area. If compliant – no further action.



Security presence – where security is available they may be asked to attend where the actions of the visitor are viewed by staff as intimidating or there is likely to be an escalation of the behaviour. A security presence may be considered at any point in the process if it is thought it would help to calm a potentially volatile situation.

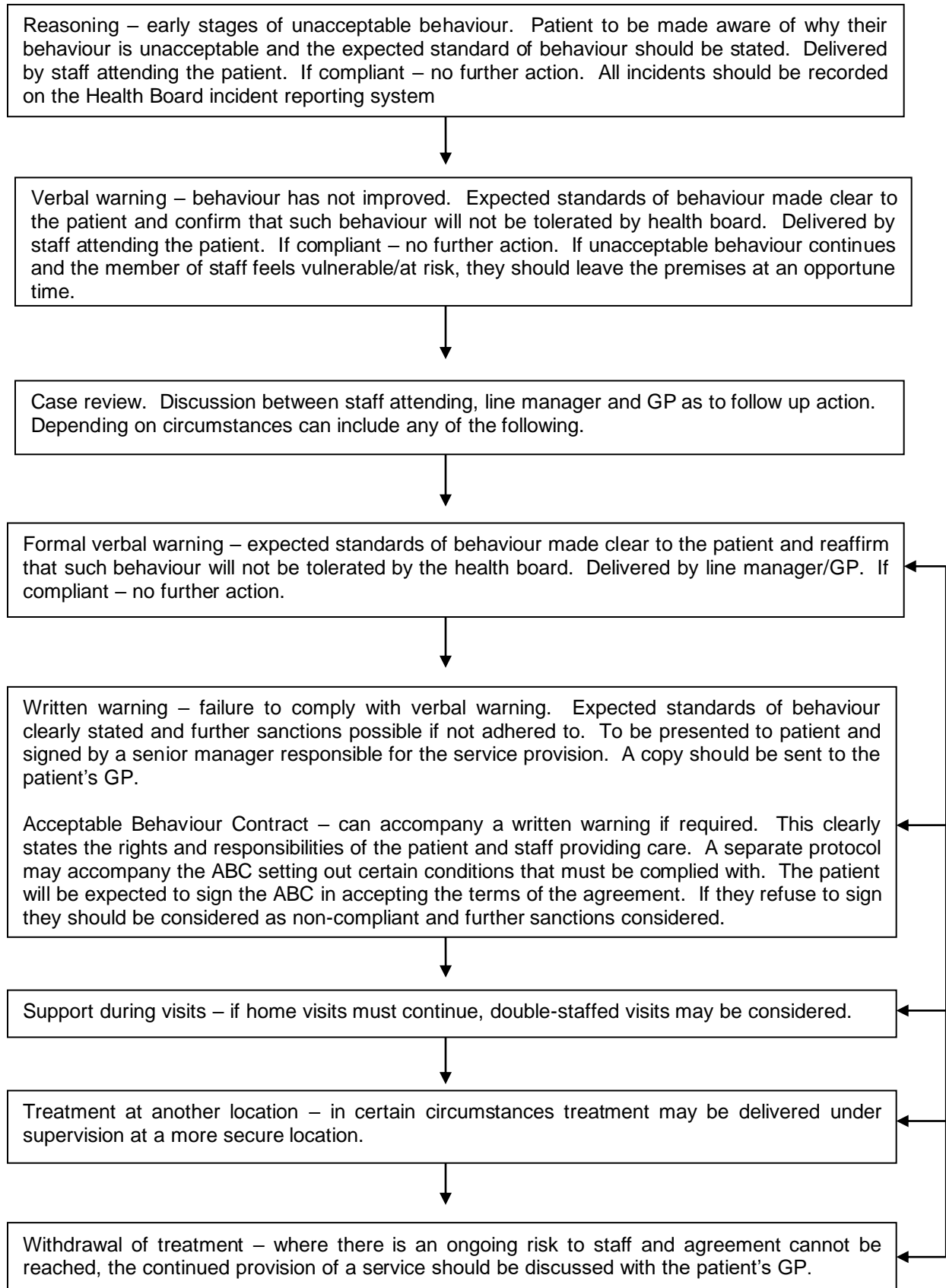


Removal of the visitor – where the behaviour is persistent or particularly challenging, the visitor should be told to leave ED. This should be carried out by a member of the medical staff/manager responsible for the clinical area. If the visitor challenges this request security should be called to assist if not already present. If security is not available, the police should be called.

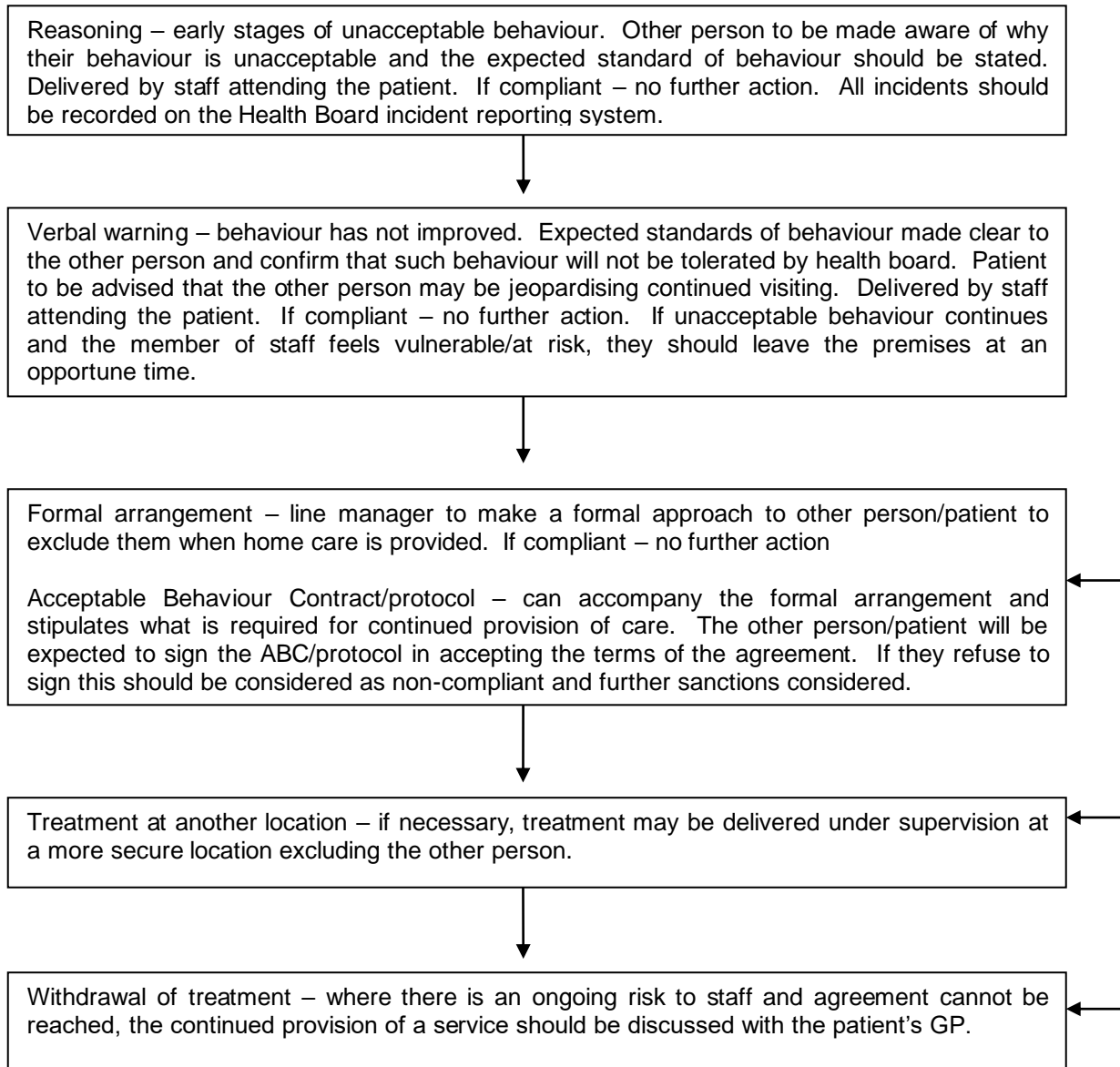


Anti-social behaviour referral – can be considered as visitor has proved to be non-compliant. A means of reporting to the police where behaviour has caused 'harassment, alarm or distress', but would be difficult to pursue by prosecution in the courts. On referral, police will warn and/or interview the offender and monitor their behaviour.

## 5. Suggested unacceptable Behaviour Flowchart Options – Community Patient



## 6. Suggested unacceptable Behaviour Flowchart Options – ‘Other Person’ Present During Home Visits



## 7. Suggested unacceptable Behaviour Flowchart Options - Outpatient

Reasoning – early stages of unacceptable behaviour. Patient to be made aware of why their behaviour is unacceptable and the expected standard of behaviour should be stated. Delivered by staff attending the patient. If compliant – no further action. All incidents should be recorded on the Health Board incident reporting system.

Formal verbal warning – behaviour has not improved. Expected standards of behaviour made clear to the patient and confirm that such behaviour will not be tolerated by health board. Delivered by medical staff/manager responsible for the clinical area. If compliant – no further action

Security presence – where security is available they may be asked to attend where the actions of the patient are viewed by staff as intimidating or there is likely to be an escalation of the behaviour.

Removal of the patient – where the behaviour is persistent or particularly challenging, the patient should be told to leave the department. This should be carried out by a member of the medical staff/manager responsible for the clinical area. If the patient challenges this request security should be called to assist if not already present. If security is not available, the police should be called.

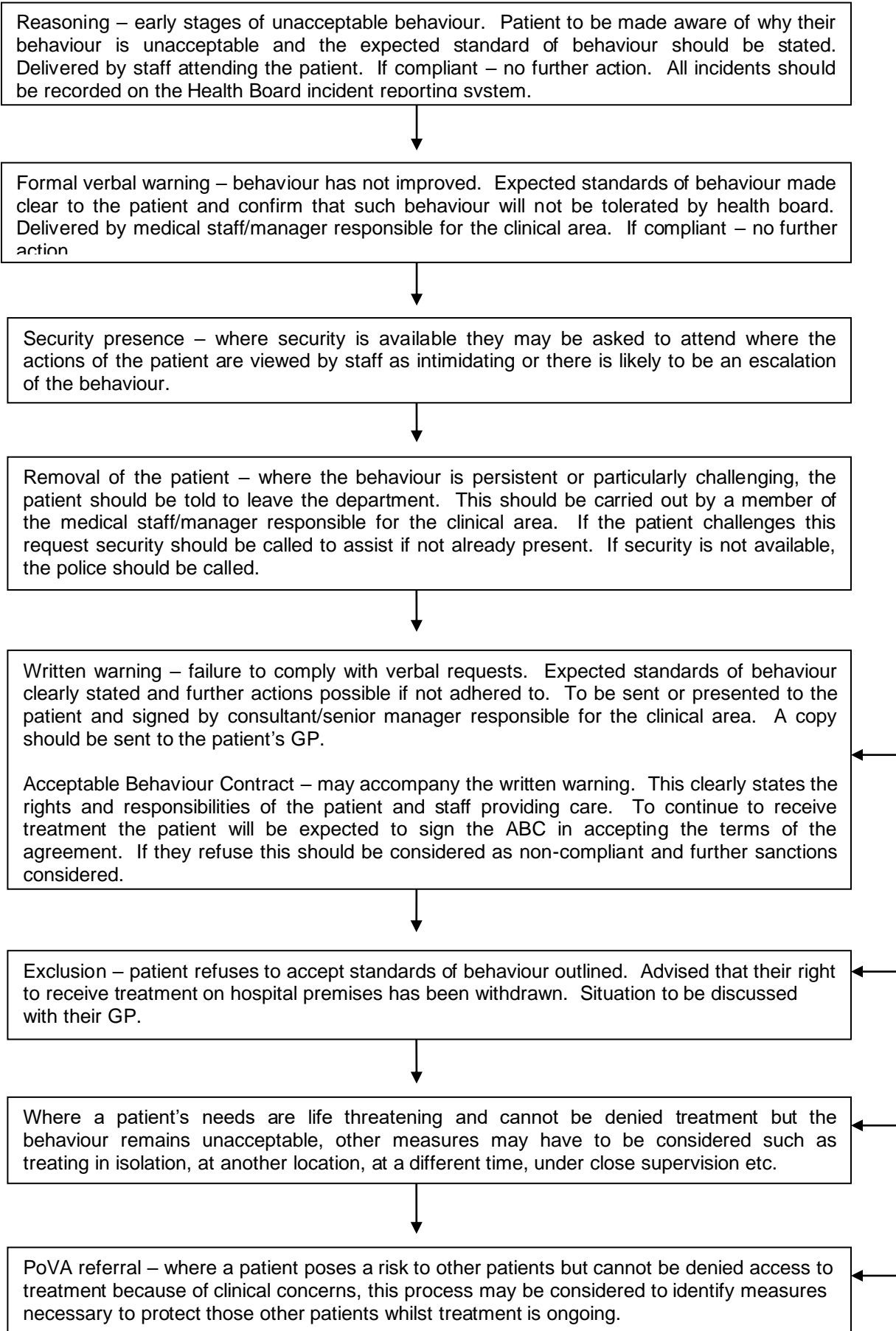
Written warning – failure to comply with verbal requests. Expected standards of behaviour clearly stated and further actions possible if not adhered to. To be sent or presented to the patient and signed by consultant/senior manager responsible for the clinical area. A copy should be sent to the patient's GP.

Acceptable Behaviour Contract – may accompany the written warning. This clearly states the rights and responsibilities of the patient and staff providing care. To continue to receive treatment the patient will be expected to sign the ABC in accepting the terms of the agreement. If they refuse this should be considered as non-compliant and further sanctions considered.

Exclusion – patient refuses to accept standards of behaviour outlined. Advised that their right to receive treatment on hospital premises has been withdrawn. Situation to be discussed with their GP.

Where a patient's needs are life threatening and cannot be denied treatment but the behaviour remains unacceptable, other measures may have to be considered such as treating in isolation, at another location, at a different time, under close supervision etc.

PoVA referral – where a patient poses a risk to other patients but cannot be denied access to treatment because of clinical concerns, this process may be considered to identify measures necessary to protect those other patients whilst treatment is ongoing.



**Letter 1 – Example of a warning letter to a visitor**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref:

add your address

and

Your ref:

post code here

Date:

Direct line:

Add your e-mail details here

XXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXX

Dear xxxxx,

As a result of your unacceptable behaviour towards Health Board staff on ..... at ..... that included ....., I am writing to advise you that unless your behaviour improves you will be excluded from entering Health Board premises as a visitor.

The Health Board has a duty of care to our staff and will not tolerate of any form of abuse, aggression or intimidation and will take any action necessary to protect its staff from such behaviour. We do not wish to pursue this course of action and request you treat staff with the courtesy and respect they deserve.

Yours sincerely

**Name**

**Designation**

**Letter 2 – Example of an exclusion letter to a visitor**



Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

XXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXX

Dear xxxxx,

As a result of your continued unacceptable behaviour towards Health Board staff on ..... at ..... that included ....., I am writing to advise you that you are now excluded from entering Health Board premises as a visitor.

Should you attempt to enter any Health Board premises other than for your own treatment you will be asked to leave, the police may be called and subsequent legal redress will be initiated to prevent further return.

The exclusion will be reviewed on ..... and you will be advised of the review body decision.

Yours sincerely

**Name**

**Designation**

**Letter 3 – Example of letter placing warning markers on patient notes**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Hospital Number .....

Dear xxxxx,

As a result of your unacceptable behaviour towards Health Board staff on ..... at ..... that included ....., I am writing to advise you that a marker is being placed on your hospital records warning staff of the potential for aggression towards them. The placing of a marker on personal records is regulated by the Data Protection Act 1998, sharing of this information is strictly controlled and will be seen only by those staff who may be at risk.

The warning marker will remain on your records for a period of ....., at which time senior managers within the Health Board will consider the case for removal of the marker and you will be advised accordingly.

Yours sincerely

**Name**

**Designation**

**Letter 4 – Example of a warning letter to an ED/LAC patient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name

Patient's address

Hospital number

Dear xxxxx,

As a result of your unacceptable behaviour towards Health Board staff on ..... at ..... that included ....., I am writing to advise you if you wish to access services in future from the Health Board, unless your behaviour improves you will be excluded from entering Health Board premises unless for life threatening emergency treatment.

The Health Board has a duty of care to its staff and will not tolerate of any form of abuse, aggression or intimidation and will take any action necessary to protect its staff from such behaviour. We do not wish to pursue this course of action and request you treat staff with the courtesy and respect they deserve.

Yours sincerely

**Name**

**Designation**

**Letter 5 – Example of a warning letter to an inpatient (A)**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Hospital Number .....

Dear xxxxx,

I am writing to inform you that your behaviour towards Health Board staff during the period .....to.....on ward.....,that has included....., is totally unacceptable. Ward staff endeavour to see to your needs in a sympathetic and responsive way and make your stay in hospital as problem free as possible, and in return we expect a reasonable degree of co-operation from yourself.

As well as staff being concerned by your behaviour, we have a responsibility to other patients on the ward to ensure they are not disturbed or distressed, or made to feel uncomfortable by other people's actions. As a result, in order that you continue to receive treatment at the hospital we expect you to show hospital staff and other patients the courtesy and respect they deserve. If you have any concerns about your treatment or care then this should be taken up with the appropriate person such as the ward manager or senior person there at the time.

Failure to comply with these expected standards of behaviour will result in the Health Board considering taking further actions which I sincerely hope will not be necessary.

Yours sincerely

**Name**

**Designation**

**Letter 6 – Example of a warning letter to an inpatient (B)**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Hospital Number .....

Dear xxxxx,

I am writing to inform you that your behaviour towards Health Board staff on ..... at ..... that included ..... is totally unacceptable. The Health Board has a duty of care to its staff and takes aggressive or abusive behaviour by patients very seriously and will not tolerate such actions. As a result, to continue receiving treatment from the Health Board you will be required to comply with the conditions outlined in the enclosed Acceptable Behaviour Contract.

Failure to comply with these expected standards of behaviour may result in you being removed from Health Board premises and the withdrawal of services from you other than for life threatening emergency treatment. I sincerely hope the Health Board will not find it necessary to pursue this course of action.

Yours sincerely

**Name**

**Designation**

**Letter 7 – Example of an Acceptable Behaviour Contract to an inpatient**



Patient's name: .....

Hospital Number: ..... Cons/GP .....

**RIGHTS AND RESPONSIBILITIES – AN ACCEPTABLE BEHAVIOUR CONTRACT  
ISSUED BY ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BAORD**

<p><b>Your rights</b></p> <p>The Health Board and its employees owe you, as a patient, a duty of care and will endeavour to provide services to meet your needs for healthcare and treatment at all times.</p> <p>The Health Board and its employees will endeavour to provide health services that are sympathetic and responsive to your individual needs within the resources that the Health Board has available.</p> <p>The Health Board expects all its employees to treat you with courtesy and respect.</p>	<p><b>Your responsibilities</b></p> <p>I will not behave in a way that can be considered to be violent, abusive, aggressive or intimidating and will comply with the standards of behaviour expected by the Health Board.</p> <p>I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.</p> <p>I accept and understand that the Health Board is obliged to provide a safe and secure environment for all its staff and patients and to care for their health and safety. I accept and understand that no member of staff should jeopardise their safety or wellbeing or be abused in any way in providing care for me.</p>
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I confirm that I understand that if my behaviour towards Health Board staff is deemed to be unacceptable and that I do not comply with my responsibilities as a patient, this can result in the withdrawal of services from me, except for treatment in a life threatening emergency.

Signature of patient: ..... Print name:	Signature of Health Board representative: ..... Print name:
Date:	Date:
Witnessed by:	Date:

**Letter 8 – Example of a warning letter to a patient who has been discharged**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Hospital Number .....

Dear xxxxx,

I am writing to you as a result of your unacceptable behaviour towards Health Board staff on ..... at ..... that included .....

The Health Board has a duty of care towards its staff for their health and wellbeing and regards your behaviour as totally unacceptable. As a result, if you wish to receive treatment from the Health Board in the future you will be required to comply with the conditions outlined in the enclosed Acceptable Behaviour Contract.

Failure to comply with these expected standards of behaviour may result in you being removed from Health Board premises and the withdrawal of services from you other than for life threatening emergency treatment. I sincerely hope the Health Board will not find it necessary to pursue this course of action.

Yours sincerely

**Name**

**Designation**

**Letter 9 – Example of an Acceptable Behaviour Contract to a patient who has been discharged**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

**Patient's name and address:**

**Hospital number:**

**GP name and address/Cons name:**

**RIGHTS AND RESPONSIBILITIES – AN ACCEPTABLE BEHAVIOUR CONTRACT ISSUED BY ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BAORD**

Your rights	Your responsibilities
<p>The Health Board and its employees owe you, as a patient, a duty of care and will endeavour to provide services to meet your needs for healthcare and treatment at all times.</p> <p>The Health Board and its employees will endeavour to provide health services that are sympathetic and responsive to your individual needs within the resources that the Health Board has available.</p> <p>The Health Board expects all its employees to treat you with courtesy and respect.</p>	<p>You will not behave in a way that can be considered to be violent, abusive, aggressive or intimidating and will comply with the standards of behaviour expected by the Health Board.</p> <p>You will treat Health Board staff, other patients, visitors and carers with courtesy and respect at all times.</p> <p>You must accept and understand that the Health Board is obliged to provide a safe and secure environment for all its staff and patients and to care for their health and safety. No member of staff should jeopardise their safety or wellbeing or be abused in any way in providing care to you.</p>

If your behaviour towards Health Board staff is deemed to be unacceptable and you do not comply with the conditions set out in this contract, then this can result in the withdrawal of services from you except for treatment in a life threatening emergency.

Signed .....

On behalf of Abertawe Bro Morgannwg University Health Board

**Letter 10 – Example of an exclusion letter to an inpatient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Hospital Number .....

Dear xxxxx,

Further to previous warnings issued to you on ....., I am now writing to formally confirm that following your continued unacceptable behaviour on ..... at ....., you are now excluded in any circumstances, other than a life threatening medical emergency, from treatment at any of our Health Board premises.

Should you attempt to enter any Health Board premises other than for life threatening emergency treatment, you will be asked to leave, the police may be called and subsequent legal redress will be initiated to prevent further return.

You have the right to challenge this decision via the Health Board complaints procedure.

The exclusion will be reviewed on.....and you will be invited to make any representation you wish to the review body.

Your GP has also been informed of this decision by means of a copy of this letter in order that alternative arrangements for any treatment can be made.

Yours sincerely

**Name**

**Designation**

**Letter 11 – Example of a warning letter to a community patient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Reference Number .....

Dear xxxxx,

I am writing to formally confirm that due to your continued unacceptable behaviour towards Health Board staff on .....you are now subject to the conditions set out in the Acceptable Behaviour Contract attached to this letter.

Should you in the future fail to comply with the expected standards of behaviour or fail to provide a safe environment for our visiting staff, you will become subject to the next stage of the procedure. This may involve the withdrawal of services from you, and it will be for your GP to then arrange alternative care. I sincerely hope the Health Board will not find it necessary to pursue this particular course of action.

Yours sincerely

**Name**

**Designation**

**Letter 12 – Example of an Acceptable Behaviour Contract – community patient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

<p><b>Patient's name and address:</b></p>  <p><b>GP name and address:</b></p>
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**RIGHTS AND RESPONSIBILITIES – AN ACCEPTABLE BEHAVIOUR CONTRACT  
ISSUED BY ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BAORD**

Your rights	Your responsibilities
<p>The Health Board and its employees owe you, as a patient, a duty of care and will endeavour to provide services to meet your needs for healthcare and treatment at all times.</p> <p>The Health Board and its employees will endeavour to provide health services that are sympathetic and responsive to your individual needs within the resources that the Health Board has available.</p> <p>The Health Board expects all its employees to treat you with courtesy and respect.</p>	<p>I will not behave in a way that can be considered to be violent, abusive, aggressive or intimidating and agree to abide by the conditions set out in the protocol supporting this contract.</p> <p>I will treat Health Board staff and carers with courtesy and respect at all times.</p> <p>I accept and understand that the Health Board is obliged to provide a safe and secure environment for all its staff and patients and to care for their health and safety. I accept and understand that no member of staff should jeopardise their safety or wellbeing or be abused in any way in providing care in the home environment.</p>

I confirm that I understand that if my behaviour towards Health Board staff is deemed to be unacceptable and I do not comply with the conditions set out in this contract (or protocol supporting this contract), the Health Board will instigate the next stage of procedures which may result in the withdrawal of services from me.

Signature of patient: ..... Print name:	Signature of Health Board representative: ..... Print name:
Date:	Date:
Witnessed by:	Date:

**Letter 13 – Example of a letter withdrawing services from a community patient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....  
Patient's address .....  
.....  
.....

Reference Number .....

Dear xxxxx,

I am writing to formally confirm that due to your continued unacceptable behaviour towards Health Board staff the home treatment service is being withdrawn from you.

You have, prior to this letter, been requested to comply with the expected standards of behaviour towards Health Board staff, and it was stated that failure to do so could result in the withdrawal of this service.

You have the right to challenge this decision via the Health Board complaints procedure.

This order will be reviewed on ..... by senior managers of the Health Board, and your GP will be consulted at that time. Your GP has also been informed of this decision in order that alternative arrangements can be made for your treatment to continue.

Yours sincerely

**Name**

**Designation**

**Letter 14 – Example of a warning letter to an outpatient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....

Patient's address .....

.....

.....

Reference number .....

Dear xxxxx,

As a result of your unacceptable behaviour towards Health Board staff on ..... at ..... that included ....., I am writing to advise you if you wish to access services in future from the Health Board, unless your behaviour improves you will be excluded from entering Health Board premises unless for life threatening emergency treatment.

The Health Board has a duty of care to its staff for their health and wellbeing and will not tolerate any form of abuse, aggression or intimidation and will take the necessary action to protect its staff from such behaviour. We do not wish to pursue this course of action and request you treat staff with the courtesy and respect they deserve.

Yours sincerely

**Name**

**Designation**

**Letter 15 – Example of a letter providing services to an outpatient at another location**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....

Patient's address .....

.....

.....

Reference number .....

Dear xxxxx,

I am writing to inform you that as a result of your unacceptable behaviour on ..... at ....., arrangements are being made for you to be seen at.....Hospital on ..... for all future care relating to your present treatment. I understand your next appointment will be on.....with Dr .....at ..... am/p.m.

The Health Board has a duty of care to its staff for their health and wellbeing and will not tolerate abusive, aggressive or intimidating actions and will take any action necessary to protect its staff from such behaviour.

I enclose a copy of an Acceptable Behaviour Contract which clearly sets out your rights and your responsibilities while attending any premises within the Health Board. Failure to comply with these conditions will result in the withdrawal of treatment and the matter may be referred to the police, either course of action I hope, will not be necessary.

Yours sincerely

**Name**

**Designation**

**Letter 16 – Example of an exclusion letter to an outpatient**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

Our ref: add your address  
and  
Your ref: post code here  
Date: Direct line:  
Add your e-mail details here

Patient's name .....

Patient's address .....

.....

.....

Reference number .....

Dear xxxxx,

Further to the letter sent to you on ....., I am now writing to formally confirm that following your continued unacceptable behaviour on.....at ....., you are now excluded, other than for a life threatening medical emergency, from treatment at any Health Board premises. You were informed in the letter that failure to improve your behaviour could result in this action being taken.

Should you attempt to enter any Health Board premises other than for life threatening emergency treatment you will be asked to leave, the police may be called and subsequent legal redress will be initiated to prevent further return.

You have the right to challenge this decision via the Health Board complaints procedure.

The exclusion will be reviewed on.....by senior managers of the Health Board, and your GP will be consulted at that time. Your GP has also been informed of this decision in order that alternative arrangements can be made for your treatment to continue.

Yours sincerely

**Name**

**Designation**



