Thatcham Medical Practice
K81073

Tackling Violence Against Staff Protocol

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1. POLICY STATEMENT

It is the policy of the Practice to protect its staff against unacceptable behaviour that may compromise their safety, health and/or welfare; therefore any form of violence, harassment and abuse against staff is unacceptable and will not be tolerated.

Violence, harassment and abuse, against staff is a crime, and the Practice will work with Police and The Criminal Prosecution Service locally to prevent them. This policy has been introduced in line with the requirements of the Secretary of State Directions on work to tackle violence against staff and professionals who work in or provide services to the NHS.

2. SCOPE

This policy applies to violence and aggression to Practice staff from patients and visitors anywhere where staff are undertaking Practice business.

This Policy forms part of the Practice's Risk Management Policies/Procedures Manual and Human Resources Policies and Procedures.

Unacceptable behaviour displayed by Practice Staff is dealt with in the Dignity at Work Policy and is not covered by this Policy.

3. PURPOSE

The purpose of this policy is to provide the framework for protecting staff against unacceptable behaviour displayed by patients or visitors. It also outlines the procedure for the sanction and withdrawal of treatment that can be applied to offenders.

4. RELATIONSHIP WITH OTHER POLICIES AND PROCEDURES

- Equal Opportunities Policy
- Dignity at Work
- Personal Safety
- Grievance
- Disciplinary
- Abuse of Vulnerable Adults (where applicable)

5. PRINCIPAL LEGISLATION & GUIDANCE

5.1 Principal Legislation

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Health and Safety (Consultation with Employees) Regulations 1996
- Protection from Harassment Act 1999

5.2 Principal Guidance

- Withholding Treatment from Violent and Abusive Patients in NHS Practices HSC 2001/18
- Tackling violence against staff. CFSMS May 2004
- Non- physical assault explanatory notes. CFSMS Nov 2004
- Compliant with DOH “Standards for better Health” Core Standard C 20.

6 RESPONSIBILITIES

6.1 Managerial Responsibility

a) All partners, managers and supervisors have the responsibility to ensure that this policy and the related procedures are available to, and understood by staff for whom they are managerially responsible.

b) All partners, managers & supervisors have the responsibility to ensure local area risk assessments are completed and the control systems highlighted for minimising risks are implemented.

c) All partners, managers & supervisors have the responsibility to ensure that staff attend training provided designed to meet the requirements of this policy.

6.2 Employee Responsibility

a) All employees shall comply with this policy throughout the Practice;

b) All employees shall immediately report any acts of violence, aggression and harassment to their manager/supervisor and an adverse event / incident form must be completed.

c) All employees shall participate in training designed to meet the requirements of this procedure;

d) All employees shall provide support and take appropriate action in support of colleagues, visitors and patients who are subjected to violence, aggression and harassment (but not to take action that may put them in a physical risk situation).

6.3 Partners and Practice Manager Responsibility

a) The Practice Manager is responsible for updating the “Tackling violence against staff” policy and including any policy or procedure updates from the NHS Security Management service.

b) The Practice Manager is responsible for reporting any incidents of assault to the NHS Security Management Service.

c) The Partners and Practice Manager are required to investigate incidents of assault that are not being proceeded with by the Police and to liaise with the Legal Protection Unit on further actions.

d) The Partners and Practice Manager will offer support and advice to victims of assault. In addition any member of staff who acts as a witness in an assault case will be supported by the Partners and Practice Manager.

e) The Practice Manager will ensure PALS are informed where necessary

f) The Practice Manager will liaise with the Risk Manager so that lessons learnt and changes of practice can be identified and implemented

7. DEFINITIONS

7.1 'Unacceptable behaviour' includes the following;

a) Violence & Aggression;
Any incident in which a person working in the Practice is verbally abused, threatened or assaulted, by a patient or member of the public in circumstances relating to his or her employment.

b) Harassment
Any uninvited and unwelcome action, conduct or behaviour by one or more persons against another person or persons. It can be on any ground including sex, race, colour, nationality, ethnic or national origin, age, religion, disability, marital status or sexual orientation. Harassment can be verbal, physical or psychological.

c) Disruptive Behaviour
Any action by one or more persons that, whilst not constituting violence, aggression or harassment has a significant adverse impact on the immediate well-being of patients, visitors, staff or volunteers or on the functioning of the healthcare organisations.

d) The definition of **physical assault** is ”The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort”

e) The definition of **non-physical assault** is ”The use of inappropriate words or behaviour causing distress and/or constituting harassment”.

The following are examples of unacceptable behaviour *(list is non-exhaustive).*

- Wilful damage to property;
- Threatening or abusive language involving excessive swearing or offensive remarks;
- Unwanted remarks of a racial, sexist or other discriminatory nature considered offensive by the recipient or by a colleague;
- Malicious allegations relating to members of staff, other patients or visitors;
- Refusal to accept care or treatment from an individual member of staff through personal prejudices;
- Abusing alcohol or drugs in hospital;
- Theft;
- Excessive noise, e.g. loud or intrusive conversation or shouting.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti on Practice property for example.
The appropriate and proportionate response to be made to incidents will depend on the individual circumstances of each incident. It is the responsibility of the health body to ensure that staff are properly trained to handle this kind of aggression so that

it does not escalate and is diffused wherever possible. It is also important that staff are aware of reporting procedures for non-physical assaults, encouraged to report incidents and that they are fully supported to do so.

7.2 Visitor

Any person, other than a patient, member of staff or a volunteer, with a Legitimate reason to be on Practice property.

7.3 Employee

All members of staff, including those on honorary contracts and bank staff, plus those working primarily for other organisations on Practice business.

8. PROCEDURES

8.1 Sanctions

- verbal warnings;
- Acknowledgement of Responsibilities Agreements (ARA);
- written warnings;
- withholding treatment;
- the use of secure environments and transfer to a PCT Violent Patient Scheme;
- civil injunctions and Anti Social Behaviour Orders (ASBOs); and
- criminal prosecution.

The NHS SMS Legal Protection Unit (NHS SMS LPU) will provide health bodies with consistent and cost effective legal advice on avenues available for dealing with those who cause harm or distress to NHS staff and professionals in specific cases.
The decision to apply sanctions will in most cases be made by the Partners after consultation with the Practice Manager. The meeting to e.g. give a verbal warning would be conducted by the Practice Manager supported by the Partners.

Whilst a verbal warning would precede an Acknowledgement of Responsibilities Agreement and this would precede the Withholding of Treatment, there is no requirement to escalate the response in any particular order if the situation warrants immediate action. The aim of this document is to give practical advice on both a generic and specific range of measures that can be taken depending on the severity of the non-physical assault and aggravating factors.

8.2 Verbal Warnings

8.2.a. Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions.
They are not a method of appeasing difficult patients, relatives or visitors in an attempt to modify their behaviour, or to punish them, but instead to determine the cause of the behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

8.2.b. It is important that patients, relatives and visitors are dealt with in a demonstrable fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a situation that could potentially become abusive. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future

unacceptable behaviour. The incident should also be reported and recorded locally in accordance with Secretary of State Directions.

8.2.c. Where it is deemed appropriate to approach a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at time when all parties involved are composed. The aim of the verbal warning process is twofold:
• to ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of them reoccurring; and
• ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

8.2.d. A meeting should be arranged and conducted in a fair and objective manner. A formal record should be made and maintained, utilising the heath body's existing incident reporting system.
Verbal Warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary).
Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

8.3 Acknowledgement of Responsibilities Agreement (ARA)

8.3.a. ARAs are an option that can be considered for individuals, either patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. ARA is a written agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour and can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious behaviour.

8.3.b. All key stakeholders and relevant personnel, including staff union or professional representatives, should organise and attend a pre-meeting to discuss conditions. Where it is considered safe to do so, the perpetrator should then be invited to attend a meeting where the agreement is made. Appropriate persons should attend, but careful consideration should be given to the number of staff attending as the situation could be perceived as intimidating and threatening to the perpetrator if too many are present. Involving the perpetrator in the process is important as it may encourage them to recognise the impact of their behaviour, take responsibility for their actions and improve their behaviour.

8.3.c. The agreement itself should specify a list of acts or behaviours which an individual (either patient, relative or visitor) has been involved in with a view to get agreement and cooperation from them not to continue their behaviour.
ARAs should last at least for a period of six months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

8.3.d. The terms of the ARA should be outlined formally in a written document for the perpetrator. A template for such a letter can be found at Annex A to this policy, a copy of which they should be asked to sign. This template can be adapted to suit local needs. The terms of the agreement must be written in a manner which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

8.3.e. The meeting should be planned and organised appropriately in order to avoid intimidation. Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the outset. ARAs are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure the meeting is not misinterpreted as such. If a risk of violence is identified, consideration must be given to conducting this interview within a safe environment.
In the rare circumstances where a person who has not yet reached the age of 16 is interviewed, they must be accompanied by their parent, guardian, or appropriate adult to whom all correspondence must be issued.

8.3.f. Appropriate senior personnel representing the health body should ahead of any ARA meeting consider:
a) the desired outcome; and
b) appropriate conditions of the behavioural agreement.
During the meeting the following issues should be covered:
a) reason for agreement;
b) explanation as to why the identified behaviour is unacceptable;
c) clear explanation that such behaviour must stop;
d) consequences of continued unacceptable behaviour; and
e) details of the mechanism for seeking a review e.g. via local complaints procedure.

8.3.g. Where a patient, relative or visitor fails to attend the meeting without good reason or notification, reasonable attempts to contact them should be made. If it is a patient with a mental disorder, the clinical team should be contacted as it may be prudent to ensure this is included in the Care Programme Approach.
If it is clear that they will not attend, or a pattern of non-attendance becomes evident and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance should be issued. A template for such a letter can be found at Annex B and can be adapted to suit local needs.

8.3.h.The use of ARAs would not be appropriate in the following circumstances:
a) where the patient's GP, having consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced, such as a mental disorder, and where an ARA could adversely affect the patient's well-being or recovery, for example. [3] However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded in accordance with Directions: and
b) other than in exceptional circumstances, for anyone under the age of 16 (an ARA with the child's parent(s) or guardian(s) may however be appropriate).

8.3.i. Monitoring is essential if the ARA is to be effective. Roles and responsibilities in respect of monitoring must be clearly outlined so that any further unacceptable behaviour is recorded and appropriate action can be escalated should that become necessary.
Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The NHS SMS LPU will provide assistance in specific cases should this be necessary.
ARAs may not be a possible or suitable option for a Mental Health Practice where a perpetrator may not be responsible for their actions. In the case of mental health, any action which may or may not include legal action must be made in conjunction with clinical opinion.

[3] i.e. not intentional as the patient did not know what he was doing, or did not know that what he had done was wrong, due to a medical illness, mental disorder, a severe learning disability or as a result of treatment administered. In this instance, clinical

advice should be sought on how to deal with the patient in question, ensuring that adequate and appropriate information is used for risk assessment purposes to minimise the risk of reoccurrence if possible.

8.4. Withholding of Treatment

8.4.a. The withholding of treatment raises a number of ethical as well as clinical issues for clinicians and managers. However, where such policies and procedures have been introduced, there is a clear indication that they can act as a deterrent to potentially violent patients and visitors and ensure that those who work hard to deliver quality patient care and services can do so in a safe environment. The Practice will consider developing local procedures for withholding treatment, but remain clear that it should only be applied where appropriate and always as a last resort.

8.4.b. Procedures should seek to engage both staff and patients in its development and include:

a) a clear outline of behaviours (non-physical) that are considered unacceptable as well as an outline of sanctions or action that will be taken;
b) details of the entire procedure to be followed where treatment is withheld from a patient;
c) legal advice on the implementation of local procedures by the health body's own solicitors or the NHS SMS LPU;
d) clear lines of accountability on the instigation of the withholding of treatment.
e) information about the period for which treatment will be withheld – this should normally not exceed 12 months, as well as how the decision will be monitored and reviewed;
f) information on how to arrange treatment for those patients who have a life threatening condition; and
g) consider details of arrangements for notifying other relevant personnel within the health body such as security, relevant local NHS services such as the Ambulance Service, and other agencies such as the police, where appropriate, of patients who are subject to withholding of NHS treatment. For example, if a hospital has decided to withhold treatment from a patient, the Ambulance Service need to know about it so that they can take appropriate precautions if they take a call from the person in question and so that they do not take them into that particular hospital.

8.4.c. Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient's consultant or senior member of the medical team (on call team for Out of Hours) on a case by case basis. Under no circumstances should it be inferred to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever following legal advice.
Before withholding of treatment is considered, that is, as a first step towards dealing with abusive behaviour, it is recommended that a verbal warning is given. If this fails, mediation and an ARA or formal written warning should be considered. Before withholding of treatment is instigated, a final written warning should be issued to the patient by the Practice Manager and a Partner.

8.4.d. The letter or written warning should:

a) explain the reasons why the withholding of treatment is being considered (including relevant information, dates and times of incidents);
b) explain that the behaviour demonstrated is unacceptable;
c) explain that appropriate sanctions which will apply to violent or abusive patients;

d) give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures; and

A template for such a letter can be found at Annex C. This can be adapted to suit local needs.
However, there may be instances where the nature of the assault is so serious that the health body, having obtained legal advice, can decide to withhold treatment immediately.

8.4.e. Where it is decided that a patient should be excluded from health body premises and treatment withheld, a written explanation for the exclusion must be provided. This letter must state:

a) the reason why treatment is being withheld (including specific information, dates and times of incidents);
b) the period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
c) details of the mechanism for seeking a review of a decision to withhold treatment; e.g. via local patient complaints procedures;
d) the action that the health body intends to take if an excluded individual returns to health body premises for any reason other than a medical emergency;
e) each case is judged on its own merits to ensure e that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals; and

8.4.f. It is recommended that this letter is signed by the Practice Manager and Partner, and be copied to the LSMS, the patient's consultant, key worker and GP. A copy should also be kept on the patient's medical records. A sample letter is contained at Annex D which can be adapted to suit local needs.
Information on the Secure Facilities and Violent Patient Schemes can be found in the Non Physical Assault Explanatory Notes published by the NHS Security Management service.

8.4.g. There are a range of legal sanctions which can be taken against individuals (or groups) who abuse NHS staff and professionals. These range from criminal prosecution and ASBOs through to civil injunctions. Much of the behaviour to which this guidance relates may, depending on the particular circumstances of the incident(s), fall into one or more of the categories. For advice on the most appropriate sanctions available for specific cases health bodies should contact the NHS SMS LPU.

8.5 Visitors - Removal from the Premises

Where visitors display unacceptable behaviour on the Practice premises they can be excluded from all or part of the Practice premises where deemed appropriate and the Police may be called to facilitate this. The removal of the visitor could also be followed up with a letter from the Practice.

8.6 Risk Assessment

Risk assessments will be carried out within the area/department and involve the identification and evaluation of situations where acts of violence, etc. could occur. Recommendations are made to eliminate or reduce the risk to the lowest level reasonably practicable.

The risk assessment shall be completed as outlined in the Practice 'Risk Assessment Procedure' and reviewed annually or sooner if circumstances change.

8.7 Reporting Adverse Events/Near Misses

Staff should immediately report all adverse events/near misses of violence, aggression and harassment, whether there is an injury or not, to their line manager and complete an adverse event / incident form. Where appropriate, the police should also be notified.

As part of their investigation process, the manager must complete the Practice's Adverse Event Form and follow the Practice procedures for dissemination of the form.

If the person(s) involved suffer a serious injury, are admitted to hospital or are off sick for more than 3 consecutive days following the adverse event/near miss, the procedure for non serious and serious adverse event/near miss **must** be followed.

Staff who witness violence, abuse or harassment of a patient by another member of staff, have a professional duty and are expected to report the incident to the appropriate senior manager.

9 REPORTING PROCEDURE

9.1 Following a non-physical assault on a member of NHS staff or professional, the Practice Manager must, in accordance with Secretary of State Directions, ensure that effective arrangements have been put in place in order that:

a) The Partners are informed of the incident.
b) In the case of a physical assault the LSMS should be informed within 24 hours of the incident, the preferred method is by faxing a copy of the incident report to the LSMS's secure fax 0118 9167982.
c) In appropriate cases, assessed by reference to their nature and seriousness, the police are contacted soon as reasonably practicable and full co-operation is given to the police in any subsequent investigation;

d) In all instances, regardless of whether or not the police decide to prosecute, the health body considers, in consultation with relevant staff and representatives, what preventative action, if any, should be taken to reduce further or related incidents with reference to this guidance;
e) The details are recorded in accordance with the NHS body's recording or incident reporting system (and that staff have received appropriate training in how to report incidents); and
f) The victim of the incident is informed of the progress of any investigation or action taken and is offered the full support of their health body such as de-briefing, counseling services or other appropriate support that is necessary or desirable in the circumstances.

9.2 Every case of physical assault will be reported by the Practice Manager to the Security Mangement Services using the Physical Assault Reporting System; this is an electronic form which is sent to the centre so that a national database can be maintained.

9.3 The Security Management Director must ensure that full co-operation is given to the police and the NHS SMS in respect of an investigation and any subsequent action, including ensuring access to personnel, premises and records whether electronic or otherwise which are considered relevant to the investigation.

9.4 Health bodies should ensure non-physical assaults are reported on their local incident reporting system and dealt with as per Secretary of State Directions and this policy.

9.5 Thorough investigation will form the basis for any subsequent action. Investigation is essential in order to ensure that contributing factors are identified which will ensure that lessons are learnt and vital information utilised for risk assessment purposes and preventative action. However, where appropriate, evidence gathered will also ensure that appropriate sanctions are sought. The Practice will be working with the police to ensure that consistent action is taken against those who assault NHS staff or professionals.

It is important that each case is judged on its own merits. The sanctions section outline a range of options that can be taken in order to effectively tackle non-physical assaults, depending on the severity of the incident and aggravating factors.

10 TRAINING

Appropriate training will be provided by the Practice to equip managers and staff with the skills to recognise and manage violent, aggressive and harassment situations.

Delivery of the training will be appropriate to the level of risk staff are exposed to i.e. training may be delivered externally by suitable qualified instructors and/or internally by Practice briefings and workshops dependant on the potential risk in each department.

Details of training courses will be available within the organisation.

11 POST ADVERSE EVENT/NEAR MISSES SUPPORT

All staff who feel traumatised by an act of violence, aggression or harassment inflicted upon them, may obtain support from, the Practice Manager, Occupational Health Service, Counselling Service and the Local Security Management Specialist; this support could include accompanying the staff member to identity parades, meetings with Police, and Court appearances.

12 PUBLICISING THE POLICY

There are a range of posters that can be used to publicise this policy, they can be downloaded or ordered from http://www.cfsms.nhs.uk/

13 RIGHT OF APPEAL

All persons can appeal against the sanctions imposed by the Practice by writing to the Practice Manager. The Practice Manager will review the case in conjunction with the Partners. The person concerned can still access the NHS complaints process.

14 REVIEW

This procedure will be reviewed as and when procedural, legislative or best practice changes occur by the Practice Manager on an annual basis.

APPENDIX A – VISITORS

It is advised that the following procedure be used for dealing with visitors who display unacceptable behaviour as defined by the Practice policy;

Notes

- The exclusion of the individual does not prevent them from attending the Practice for their own treatment.
- The decision to remove the visitor shall be undertaken by the senior member of Practice staff in the vicinity of the incident.
- Where possible, the visitor shall be informed of the decision and their Right of Appeal by letter from the Practice.
- Any visitor behaving in an unlawful manner will be reported to the Police and the Practice may prosecute for crimes on or against the Practice's property or staff

APPENDIX B- PATIENTS

It is advised that the following procedure be used for dealing with patients who display unacceptable behaviour as defined by the Practice Policy;

Notes

- Options may be considered that enable the service to be provided to the patient in an alternative way.
- In the event of an excluded patient presented to the Practice for emergency treatment the individual will be treated and stabilised and where possible transferred.
- The patient shall be informed of the decision and their Right of Appeal by letter from their Practice.

ANNEX A

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Practice is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you at the meeting you attended on <insert location and date> to acknowledge responsibility for your actions and agree a way forward.

I would urge you to consider your behaviour when attending the < insert name of Practice/ location> in the future and comply with the following conditions as discussed at out meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement.

Yours sincerely,

Signed by Practice Manager & Partner

Date

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

ANNEX B

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Practice is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you. We have attempted to contact you <insert details> to invite you to a meeting to discuss the matter and agree an acceptable conduct when attending these premises. However, we have not had a response from you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to me in the envelope provided. In the event that I receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you should find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours sincerely,

Signed by Practice Manager and Partner.

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated

ANNEX C - FINAL WARNING

<Date>
Dear

FINAL WARNING
I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.
It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).
Behaviour such as this is unacceptable and will not be tolerated. This Practice is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence/ meetings>. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.
If you act in accordance with what this Practice considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:
(to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this Practice considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this Practice and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.
If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Signed by Practice Manager & Partner

Date

ANNEX D - WITHHOLDING TREATMENT

<Date>

Dear

Withholding of Treatment

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Practice is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from health body premises. The period of this exclusion is <insert number of weeks /months> and comes into effect from the date of this letter.

As part of this exclusion notice you are not to attend health body premises at any time except:

- in a medical emergency; or
- where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (to be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment this health body considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

Signed by Practice Manager & Partner

Date