

Weobley & Staunton on Wye Surgeries

UNACCEPTABLE BEHAVIOUR, VIOLENCE & AGGRESSION POLICY

INTRODUCTION

Weobley & Staunton on Wye Surgeries are committed to promoting and improving a safe and secure environment for those who work in or use the NHS so that the highest standards of clinical care can be made available to patients.

It is based upon directions from the Secretary of State for Health to tackle unacceptable behaviour, violence and aggression against staff and professionals who work or provide services to the NHS on 20th November 2003.

The purpose of this policy is to address instances of unacceptable behaviour which may cause harm or the fear of harm to any person in the Practice whilst also setting out the framework for managing violence and aggression within the Practice. The scope of this policy is therefore:

Instances of violence or aggression committed by any one person, whether patient, visitor or any other person working within the Practice against any patient, visitor or other person working with in the Practice

We will always seek to act according to the principles of fairness, honesty, integrity and respect. We expect that our patients will uphold these principles and will adhere to this policy. We expect that our staff and volunteers will similarly act in accordance with these principles.

As an organisation, we have a duty and responsibility to ensure that staff and volunteers of Weobley & Staunton on Wye Surgeries can go about their work and/or professional practice without being subject to unacceptable behaviour. The Practice operates a zero tolerance policy towards harassment and abuse of staff or patients, which includes (but is not limited to) homophobia, biphobia, transphobia, racism, sexism, ageism or harassment or abuse on basis of disability, marriage or civil partnership, pregnancy or maternity, religion or belief. We aim to manage unacceptable behaviour in a manner that protects our staff, volunteers and members of the public wherever it is appropriate and necessary to do so.

We recognise that in some circumstances, people may have a disability or mental health problem that may make communication more difficult. Where there is a concern about unacceptable behaviour we will always consider individual needs and circumstances before deciding on how we should respond.

DEFINITION

The Health and Safety Executive (HSE) definition of work-related violence is:

'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks'

The NHS definition of physical assault used for incident reporting purposes is:

'The intentional application of force to the person or another, without lawful justification, resulting in physical injury or personal discomfort'

The NHS definition of non-physical assault used for incident reporting purposes is:

'The use of inappropriate words or behaviour causing distress and/or constituting harassment'

Unacceptable behaviour is not defined but some examples are given below:

- Offensive or abusive language, verbal abuse and swearing including specific references to homophobia, biphobia and transphobia (whether aimed at or conducted by either patients or staff)
- Any physical violence towards any member of the Practice Team or other patients such as pushing or shoving
- Racial abuse and sexual harassment
- Loud and intrusive conversation
- Persistent or unrealistic demands that cause stress to staff. Requests will be met wherever possible and explanations given when they cannot
- Unwanted or abusive remarks
- Negative, malicious or stereotypical comments
- Invasion of personal space
- Brandishing of objects or weapons
- Near misses ie. Unsuccessful physical assaults
- Threats or risk of serious injury to a member of staff, fellow patients or visitors
- Bullying, victimization or intimidation
- Stalking
- Spitting
- Alcohol or drug fuelled abuse
- Unreasonable behaviour and non-cooperation such as repeated disregard for NHS policy ie. Smoking on premises, or
- Any of the above which is linked to destruction of or damage to property

NB – 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 NHS property

This policy applies throughout the premises, including any car park and grounds. It also applies to any employee or partner away from the Practice but only in so far as it relates to the business of the practice.

RESPONSIBILITIES

STATUTORY RESPONSIBILITIES

NHS PROTECT – formerly known as the NHS Counter Fraud and Security Management Service, was established in April 2003 with statutory responsibility for the management of security within the NHS (Statutory Instrument 3039/2002). These delegated responsibilities are exercised on behalf of the Secretary of State for Health, through the issuing of Secretary of State Directions.

THE HEALTH & SAFETY EXECUTIVE (HSE) is responsible for the regulation and enforcement of workplace health, safety and welfare, underpinned by the Health & Safety at Work Act 1974. Employers have responsibilities under the Health & Safety Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work.

THE MANAGEMENT OF HEALTH & SAFETY AT WORK REGULATIONS 1999 require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

THE NHS LITIGATION AUTHORITY (NHSLA) handles civil legal liability claims and works to improve risk management practices in the NHS in England. The NHSLA has a risk management programme to help raise standards of care in the NHS through Risk Management Standards for primary care to reduce the number of incidents leading to claims. Risk Management Standards include an

assessment of the policies providers have in place covering violence and aggression in respect of good risk management, governance and assurance

THE CARE QUALITY COMMISSION (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. This Act outlines the types of service that must be registered with the CQC and the Registration Requirements Regulations 2009 outlines what service providers have to do to become registered. As part of registration the CQC will develop a Quality Risk Profile (QRP) for each provider to assess. The CQC will continue to check and monitor service providers to ensure that they continue to meet the essential quality and safety standards including preventing violence against staff.

GENDER RECOGNITION ACT 2004 The Gender Recognition Act 2004 aims to safeguard the privacy of transsexual people by defining information in relation to the gender recognition process as protected information. Anyone who acquires that information in an official capacity may be breaking the law if they disclosed it without the subject's consent.

EMPLOYEE RESPONSIBILITIES

- Employees have the responsibility to ensure their own safety and that of their colleagues at work. It is essential, therefore, that all employees are familiar with practice policies and procedures, equipment and precautions adopted to combat the risk of physical and verbal abuse.
- Familiarise themselves with Practice Policies and Procedures, guidelines and instructions.
- Use any equipment or devices provided for 'at risk' situations i.e. alarms.
- Participate in relevant training made available by the practice.
- Report all incidents of physical and verbal abuse (threatened or actual).
- Record details of incidents in compliance with Practice procedures.
- Contribute towards reviews by nominated managers concerning any incidents in which they have been involved.
- Suggest precautionary measures involving changes in the layout of the work environment that can reduce risk.
- Make use of any available staff support and counselling through the practice.
- Advise the Practice Manager/Line Manager of any perceived risks involved in work activities.

PRACTICE RESPONSIBILITIES

- Carry out risk assessments to assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove the risk to employees.
- Assess and review the duties of employees, identifying any 'at risk' situations and taking appropriate steps to reduce or remove risk to employees particularly if they are working alone.
- Assess and review the layout of premises to reduce the risk to employees.
- Assess and review the provision of personal safety equipment i.e. alarms.
- Develop Practice Policies, procedures and guidelines for dealing with physical and verbal abuse.
- Provide support and counselling for victims, or refer to suitably qualified health professionals.
- Make employees aware of risks and ensure employee involvement in suitable training courses.
- Record any incidents and take any remedial action to ensure similar incidents are prevented.

PATIENT SPECIFIC RISK ASSESSMENTS

Patient specific risk assessments should be completed or reviewed if:

- The patient has a history of unpredictable, challenging, violent or aggressive behaviour
- The patient displays challenging, violent or aggressive behaviour
- An incident occurs or a patient, relative or visitor becomes aggressive

The LSMS can also provide specific information on violence prevention and staff safety measures.

The patient specific risk assessments may take into account:

- What is the mental, emotional and physical condition of the patient?
- Is the patient's behaviour related to his or her medical conditions or ingestion of drugs, alcohol or medicines?
- Is the person facing high levels of stress?
- Has the person got a history of challenging, violent or aggressive behaviour?
- Does the person consider you a threat?

The prevention measures identified by the risk assessment must be recorded in the patient's care plan and this information must be brought to the attention of all staff who are likely to be involved with the patient. This should include all staff, not just medical staff, eg. Domestic staff. Where clinical IT systems are in operation eg. Adatastra, EMIS, a flag should be put on the system in relation to the patient identifying any concerns.

PREVENTING VIOLENCE AND AGGRESSIVE BEHAVIOUR

Where appropriate this section should be read in conjunction with the Lone Worker Policy. This may include the way a service operates to reduce the risk of violence. Common triggers of aggression to consider when completing risk assessments may include:

- Parking issues
- Queuing at reception and waiting times
- Lack of communication about reasons for delay
- Not knowing where to go and not having anyone to ask
- Poor communication between professionals and patients
- Lack of facilities
- Poorly planned appointments

Addressing or implementing control measures to manage the above issues could significantly reduce the number of incidents that occur.

The appropriate response to such incidents will depend upon the individual circumstances of each incident. Managers must recognise that action is appropriate where non-physical assault or abusive behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety; or
- Prejudice any benefit the patient might receive from care or treatment; or
- Prejudice the safety of other patients; or
- Result in damage to property inflicted by the patient, relative, visitor or as a result of containing their behaviour

Secondary prevention is focused on reducing the prevalence of the problem by minimising known or suspected risk factors and by early intervention ie., when violence is perceived to be imminent or immediately post-incident. This knowledge can be used proactively to plan positive interventions such as training staff to recognise warning signs and in de-escalation strategies so they can defuse a potentially violent incident.

Staff should be aware of their body language (as well as that of the patient/service user). There is a risk of exacerbating the situation by sending out the wrong signals, particularly if there are cultural, gender or physical issues to consider. Body language and other forms of non-verbal communication and mannerisms play an important role in how people perceive and behave towards others. Specific training in non-physical intervention skills, customer service and de-escalation is essential and all front-line staff must be trained in conflict resolution with additional training provided over and above this, depending on the risks faced and individual needs.

WHAT TO DO

If violence and aggression is encountered:

- In the first instance a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not in any circumstances respond in a like manner.
- Should the person not stop their behaviour the Practice Manager/GP Partner should be asked to attend and the member of staff should explain calmly what has taken place, preferably within hearing of the perpetrator.
- If the person is acting in an unlawful manner, causes damage or actually strikes another then the police should be called immediately.
- Should it prove necessary to remove the person from the Practice then the police should be called and staff should not, except in the most extreme occasions, attempt to manhandle the person from the premises.
- If such a course of action proves necessary then those members of staff involved must complete a written note of the incident, detailing in chronological order what has taken place and the exact words used prior to leaving the building at the end of their working day.
- It is the policy to press for charges against any person who damages or steals Practice property or assaults any member of staff or visitor/patient

PROCEDURE FOLLOWING AN INCIDENT

- Review the incident with the Practice Partners immediately in order to determine severity
- Determine if the patient should be removed from the practice list forthwith
- Decide if a written warning should be given
- Decide whether to take further action if the matter has been sufficiently dealt with by the advice already given

The details of any incident other than no further action will be entered into the patient's permanent record or the employee's personal file.

Any employee or patient/visitor who receives any injury, no matter how small, should be the subject of an entry in the Practice Accident Book and should always be strongly advised to be examined by a doctor before they leave the premises.

Every violent incident involving staff will be reasonably supported by the provision of medical or other treatment as necessary and all incidents should be brought to the attention of the Practice Manager if not already involved. If an injury has occurred this may be notifiable to the HSE.

The Practice re-affirms its commitment to do everything possible to protect staff, patients and visitors from unacceptable behaviour and their zero tolerance of any incident that causes hurt, alarm damage or distress.

Each case of physical assault resulting in an injury upon any member of staff in the course of their duties must be reported to the police. This applies to all employees, including volunteers, contractors and employees of other organisations working on behalf of Weobley & Staunton on Wye Surgeries.

It is important that patients, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour.

MARKING PATIENTS' RECORDS

In the event of an act of violence or aggression taking place, it is possible to mark the patient's record to warn other staff of the potential threat of violence.

Where an electronic records system is used, a marker can be used to alert staff when they securely access the patient's record.

SUPPORT FOR EMPLOYEES SUBJECTED TO ABUSE

The Practice takes a serious view of any incidents of physical and verbal abuse against its employees and will support them if assaulted, threatened or harassed.

The first concern of managers after an incident is to provide appropriate debriefing and counselling for affected employees. Depending on the severity of the incident this counselling may be undertaken by trained professionals.

The Practice Manager/Line Manager will assist victims of violence with the completion of the formal record of the incident and where appropriate will report the incident to the police.

In the event of serious physical and verbal abuse patients will be removed from the Practice list.

WHAT WE WILL DO

The action we will take is dependent on the behaviour and particularly on the type of communication.

Telephone Calls

We will not tolerate abusive behaviour and our members of staff have the right to protect themselves from personal abuse, threats or intimidation. Members of staff will always do their best to assist, but if a caller behaves in a rude, offensive, abusive or intimidating manner they have the right to terminate the call.

Members of staff will warn any caller that their behaviour or language is unacceptable in the hope that it will allow any caller to moderate their behaviour or agree to be called back at a time when they may be calmer. However, if the caller continues to be offensive or abusive, the call will be terminated. Such calls will be logged by the individual member of staff with brief details of the reason the call was terminated and they will also report the call to the Practice Manager to ensure a fair and reasonable process.

Where it is the case that there is a series or pattern of calls where there has been similar abuse, the Practice Partners would discuss a course of action which may include a permanent restriction on receipt of calls from an abusive caller (including barring the caller's number).

Emails, Letters & Complaints Correspondence

Similarly to unacceptable behaviour in relation to telephone calls, none of our staff have to tolerate offensive or abusive remarks communicated to them whether by email, letter or any means of correspondence with the organisation. Where any request for information is contained within such correspondence, the information requested will be provided where it is appropriate to do so and irrespective of the language used. However, the author or writer of any offensive or abusive correspondence will also be warned that their communication is considered offensive or abusive and that it will not be further tolerated in the future.

An effective complaints process is essential for the public to hold health bodies to account, however there will be cases where either the complainant refuses to accept the outcome, or makes their point in a manner which is abusive, threatening or in an otherwise unacceptable way. Complaints to the Practice will be dealt with in line with the NHS Complaints regulations and associated guidance issued by the Department of Health. The DH Guidance itself refers readers to further specific guidance on this topic issued by the Lord Government Ombudsman called 'Guidance note on management of unreasonable complaint behaviour. In this guidance the following definition identifies relevant cases:

'...unreasonable and unreasonably persistent complainants are those complainants who, because of the frequency or nature of their contacts with an authority, hinder the authority's consideration of their, or other people's complaints'

If the correspondence continues, the Partners will inform the author or writer that it will no longer respond to any correspondence in any form. If the correspondence is in relation to a complaint, this means we will bring the complaint to an end.

Threats and Intimidation

We take any threat, intimidation or harassment of our staff very seriously. If it is deemed necessary in order to protect the safety of our staff we will report any behaviour of this type to the appropriate authority (which may include the Police).

Where anyone has been threatened, intimidated or harassed, they will be supported by their Line Manager and/or Practice Manager and incidents will be logged. This will ensure that they are properly protected and supported, and all necessary steps are taken in relation to the threat, intimidation or harassment they have experienced.

If we are asked to provide any documents, statements or other evidence to a third party organisation, such as a regulator or the Police, we will act in line with the requirements of the Data Protection Act.

Publication of Offensive, Defamatory or Abusive Materials or Remarks

Weobley & Staunton on Wye Surgeries respects the rights of freedom of speech and rights of opinion. Where it is the case that publication is unacceptable because, for example, it is personally offensive, abusive, threatening or untrue, we will consider the action that can be taken in law to protect the individual, members of staff or volunteer.

We will always warn anyone who publishes any material that we consider falls into this category in the hope that we may prevent any further such incidents however we do reserve the right to act to protect all those involved.

We will not comment where published remarks, opinions or materials concern the confidentiality of others, unless there is an over-riding obligation in law that we should or must (eg. in any subsequent proceedings). This would particularly apply in relation to complaints where the Practice is committed to handling such matters confidentially.

GATHERING INFORMATION & RECORD KEEPING

It is essential that decisions are based on reliable and sufficient information and that detailed and accurate records are maintained in case decisions have to be reviewed or are challenged. There are a number of routes where decisions can be challenged and/or information compulsorily disclosed.

What records should be kept will depend on what is available but the bare minimum should be a report from a reliable source who witnessed the incident. Examples include:

- Incident or SUI report and victim/witness statements
- Previous incident reports relating to the same person
- Details of external incidents

For letters or packages - any envelope or wrapping should be retained and handling should be kept to a minimum to assist any forensic examination.

For emails or text messages to official email addresses or mobiles, the email should be printed and the text messages transcribed.

LETTING THE PATIENT KNOW ABOUT WHAT WE INTEND TO DO

A Verbal Warning

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 used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it recurring minimised.

Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour.

Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The aim of the verbal warning is twofold:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it re-occurring; and
- Ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour

Behaviour Agreement

Acknowledgement of responsibilities agreement or Behaviour Agreement – an intervention designed to engage an individual in acknowledging his or her anti-social behaviour and its effect on others, with the aim of stopping that behaviour.

A meeting should be arranged and conducted in a fair and objective manner. A formal record should be made and maintained within the Practice. A template letter and Behaviour Agreement are shown in Appendix A.

Warning Letter

A written warning letter signed by the Partners. A warning letter may also be sent by the NHS SMS Legal Protection Unit if appropriate.

Warning letters should include:

- Name and role of person sending letter
- Brief description of the behaviour or the incident
- Details of any previous steps taken to address the behaviour
- Say why the behaviour is unacceptable and the impact it has had on people and NHS services
- Set out what will happen if behaviour repeated
- Say who will be informed or copied in
- Advise if NHS records marked
- Give date when warning will be reviewed and/or marking reviewed from records
- Provide information on how decision may be challenged and details of the complaints process

A template letter is shown in Appendix B.

Other Methods

- The use of secure environments or security chaperone
- Civil injunctions and Anti-Social Behaviour Orders (ASBOs)
- Criminal prosecution and police bail condition

Members of staff should never be prevented or discouraged from reporting non-physical assaults to the police. In appropriate cases the clinical condition of the assailant should be considered as part of the decision-making process.

The following is a list of possible aggravating factors which should be considered when deciding to report an incident to the police:

- The effect on the victim and/or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the ground of race, religious belief (or lack of), nationality, gender, sexual orientation, age, disability or political affliction.
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property
- The incident was an attempted, incomplete or unsuccessful physical assault
- The incident involves action by more than one assailant
- The incident is not the first to involve the same assailant(s)
- There is an indication that a particular member of staff or department/section is being targeted
- There is a serious concern that any threats made will be carried out
- There is a concern that the individual's behaviour may deteriorate or that other NHS bodies should be advised or alerted
- The response to the incident has caused significant additional expenditure
- All incidents involving firearms should be reported to the Police

REMOVAL FROM THE PRACTICE LIST

The removal of patients from our list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. We value and respect good patient-doctor relationships based on mutual respect and trust. When trust has irretrievably broken down, the practice will consider all factors before removing a patient from their list, and communicate to them that it is in the patient's best interest that they should find a new practice. An exception to this is in the case of immediate removal on the grounds of violence e.g. when the Police are involved.

Removing Other Members of the Household

Because of the possible need to visit patients at home, it may be necessary to terminate responsibility for other members of the family or the entire household to ensure the safety of Practice staff.

The prospect of visiting patients that is the residence of a relative who is no longer a patient of the Practice, or the risk of being regularly confronted by the removed patient, may make it difficult for the Practice to continue to look after the whole family. This is more likely where the removed patient has been violent or displayed threatening behaviour, and keeping the other family members could put doctors or their staff at risk.

Confidentiality Notice

This document and the information contained therein is the property of **The Weobley & Staunton-On-Wye Surgeries**. This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from **The Weobley & Staunton-On-Wye Surgeries**.

Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	23.08.14	Michele Petrie	Michele Petrie	
2.0	19.05.16	Michele Petrie	Michele Petrie	Updated to reflect unacceptable behaviour info
2.0	15.02.18	Michele Petrie	Michele Petrie	Reviewed – no changes
3.0	20.11.19	Michele Petrie	Michele Petrie	Updated with reference to Gender Recognition Act 2004

Appendix A – Unacceptable Behaviour Letter Agreement

THE WEOBLEY AND STAUNTON-ON-WYE SURGERIES

Dr Ritesh Dua; Dr. Oliver Penney; Dr. Rachel Penney; Dr. Robert Sykes

The Surgery, Weobley, Herefordshire HR4 8SN.

Tel: 01544 318472 Fax: 01544 319398

The Surgery, Staunton on Wye, Herefordshire HR4 7LT

Tel: 01981 500227 Fax: 01981 500604

20 November 2019

Dear

ACCEPTABLE BEHAVIOUR AGREEMENT LETTER AND AGREEMENT

I am Dr. Oliver Penney and I am the Senior Partner for Weobley & Staunton on Wye Surgeries. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report/number of reports where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour]. As you are aware [insert details of any previous action taken if appropriate].

Behaviour such as this is unacceptable and will not be tolerated. Weobley & Staunton on Wye Surgeries 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.

Such behaviour also [insert details of impact of behaviour eg. Deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc]

Just as the NHS has a responsibility to you, so you have a responsibility to use its resources and treat its staff in an appropriate way.

We would urge you to consider your behaviour when attending NHS premises in the future and to accept the following conditions:

- You will
- You will
- You will not
- You will not

Enclosed are two copies of an Acceptable Behaviour Agreement for your attention. I would be grateful if you could sign both of these and return one in the envelope provided. In the event that no reply is received within the next 14 days, consideration will be given to taking further action against you.

If after signing and returning the agreement, you decide not to abide by the conditions or should there be any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Excluding you from the premises
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS protect
- Seeking a court order to restrict your behaviour

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this agreement will be placed on your record. If you sign this agreement it will be reviewed in [insert length of time eg. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments you may do so by following the Practice's Formal Complaints Policy as enclosed.

Yours sincerely,

Dr. Oliver Penney
Senior Partner for and on behalf of
Weobley & Staunton on Wye Surgeries

Enc.

ACCEPTABLE BEHAVIOUR AGREEMENT

This agreement is between:

Weobley & Staunton on Wye Surgeries

and

[Insert name and date of birth]

I agree to the following in respect of my future behavior – **[insert appropriate conditions, those below are examples which may be appropriate in many cases]**

- I will not use violence, or foul or abusive language or threatening behavior towards any person while on NHS premises
- I will treat all people with courtesy and respect while on NHS premises or when contacting NHS premises by phone
- I will not continue to call the Practice, but will call once and wait for a return phone call when it is convenient for the doctor
- If I need a visit I will try to call before midday and will only call after this time if it is genuinely urgent

Declaration

I, _____ confirm that I have read and understood the attached letter and this agreement and that I accept the conditions set out above and agree to abide by them.

Signed			
Date			
For and on behalf of Weobley & Staunton on Wye Surgeries			
Signed		Print Name	
Position		Date	

Appendix B – Unacceptable Behaviour Letter Template

THE WEOBLEY AND STAUNTON-ON-WYE SURGERIES

Dr Ritesh Dua; Dr. Oliver Penney; Dr. Rachel Penney; Dr. Robert Sykes

The Surgery, Weobley, Herefordshire HR4 8SN.

Tel: 01544 318472 Fax: 01544 319398

The Surgery, Staunton on Wye, Herefordshire HR4 7LT

Tel: 01981 500227 Fax: 01981 500604

20 November 2019

Dear

WARNING LETTER – UNACCEPTABLE BEHAVIOUR

I am Dr. Oliver Penney and I am the Senior Partner for Weobley & Staunton on Wye Surgeries. One of my roles is to protect NHS staff from abusive and violent behaviour and NHS resources from misuse and it is in connection with this that I am writing to you.

I have received a report/number of reports where it is alleged that on [insert date(s) of incident(s) and a brief description of behaviour]. As you are aware [insert details of any previous action taken if appropriate].

Behaviour such as this is unacceptable and will not be tolerated. Weobley & Staunton on Wye Surgeries 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.

Such behaviour also [insert details of impact of behaviour eg. Deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance service etc]

Should there be any repetition of this type of behaviour; consideration will be given to taking action against you. Such action may include the following:

- Excluding you from the premises
- Seeking an Acceptable Behaviour Agreement
- Providing NHS services at a different location
- Reporting to the police where your behaviour constitutes a criminal offence and fully supporting any prosecution they may pursue
- Consideration of a private criminal prosecution or civil legal action by NHS protect

If any legal action is necessary any costs incurred will be sought from you and these may be considerable.

A copy of this letter will be placed on your record. This warning will be reviewed in [insert length of time eg. 6 or 12 months]. You will be advised in writing of the outcome of this review and if any reference or marker will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments you may do so by following the Practice's Formal Complaints Policy as enclosed.

Yours sincerely,

**Dr. Oliver Penney
Senior Partner for and on behalf of
Weobley & Staunton on Wye Surgeries**

Enc.

MANAGEMENT OF VIOLENT/ABUSE INCIDENT

