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PROCEDURE FOR MANAGING VIOLENT, ABUSIVE AND UNACCEPTABLE BEHAVIOUR BY ADULT PATIENTS, CARERS, RELATIVES, AND VISITORS

Introduction and Aim

- To provide a safe and secure working environment for UHB staff by minimising the risks associated with intimidation, verbal abuse, threatening behaviour, and physical violence.
- To ensure appropriate support, including aftercare, is available to staff following any incident of violence, aggression, or abuse.
- To make clear to patients, carers, relatives, and visitors what constitutes unacceptable behaviour and to equip staff with clear guidance on appropriate responses.
- To outline the range of sanctions that may be applied when individuals demonstrate violent, abusive, or persistently unacceptable behaviour, and to describe the processes for implementing these measures.
- To promote a consistent, fair, and evidence-based approach to decision making in all cases involving abusive or violent conduct.

Objectives

- To ensure that adult patients with capacity, as well as carers, relatives, and visitors, are clearly informed when their behaviour is unacceptable and what actions may follow.
- To provide staff with clear, practical, and accessible guidance on responding to unacceptable, abusive, or violent behaviour.
- To support staff in applying actions and sanctions consistently and proportionately when incidents occur.
- To ensure staff understand the requirements for reporting, documenting, and escalating incidents of violence, aggression, or abuse in line with UHB procedures.

Scope

This procedure applies to all Cardiff and Vale UHB staff, in all locations, including those with honorary contracts, and covers situations involving adult patients with capacity, as well as carers, relatives, and visitors, who display violent or abusive behaviour.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed for this procedure, as it supports the implementation of the Health and Safety Policy, for which an EHIA has already been undertaken and identified a positive impact on the safety and wellbeing of UHB staff, patients, and visitors.
Documents to read alongside this Procedure	• Health and Safety Policy • Lone Worker Procedure • Incident Hazard and Near Miss Reporting Policy • Security Policy • Risk Management Procedure • Violent Warning Marker Procedure • Obligatory Responses to Violence in Healthcare • Welsh Health Circular – Anti-violence collaborative obligatory responses document (WHC/2024/024) • Speaking up Safely • Anti-Violence Collaborative Wales Key Documentation • All Wales Protocol Alternative Treatment Scheme
Approved by	Health and Safety Operational Group

Accountable Executive or Clinical Board Director	Executive Director of People and Culture
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document autho or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	05/09/2013	25/10/2013	New Document
2	12/09/2017	30/11/2017	In line with review date and Amendment to format
3	07/12/2021	14/01/2022	In line with review date and Amendment to format – extended to Dec 2023
4	09/06/2026	26/06/2026	Updated to reflect organisational changes and procedural developments.

1 INTRODUCTION

It is widely acknowledged that NHS staff are amongst those most likely to face violence and aggression during the course of their employment.

Such behaviour, including physical assault, verbal abuse, racial abuse, hate related behaviour or threats may be directed towards staff by patients, visitors, or members of the public and presents a significant risk to health and safety.

Violent or intimidating conduct can lead to physical injury, psychological harm, increased stress and reduced staff confidence and morale.

The primary function of the NHS is to provide healthcare to those in need and staff may face challenging situations in doing so. It is therefore essential to make clear that intentional violence towards staff is unacceptable and will be addressed under this procedure.

This procedure operationalises the statutory requirements set out in WHC/2024/024.

2 DEFINITION

The Health Board adopts the recognised definition of work-related violence as set out by the Health and Safety Executive, which states:

"Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work,"

This can include verbal abuse or threats delivered face to face, online, or by telephone, as well as physical attacks, and may originate from members of the public, patients, service users and students.

3 EXEMPTION

The following patients are exempt from the application of this procedure:

- Patients who, in the expert judgement of the relevant clinician, are not competent to take responsibility for their actions (e.g. individuals whose behaviour results from illness, injury, or impaired mental capacity).
- Any patient under the age of 16, except in exceptional circumstances

4 UNREASONABLE COMPLAINTS BEHAVIOUR

An effective and accessible concerns process is essential to enable individuals to raise concerns and for the Health Board to be held to account. The Health Board is committed to handling all concerns fairly, transparently and with empathy.

However, there may be occasions where the manner or persistence of behaviour, rather than the substance of the concern itself, becomes unreasonable and hinders the Health Board's ability to progress that concern, or other concerns, appropriately.

In these circumstances, it is the behaviour that is considered unreasonable, not the individual.

Definition
unreasonable or unreasonably persistent behaviour refers to situations where the frequency, nature or tone of contact with the Health Board places a disproportionate demand on staff or resources and impedes the effective consideration of the concern, or the concerns of others.

This may include, but is not limited to, behaviour where:

- Issues that have already been fully investigated are repeatedly raised without the provision of new evidence
- Communication is oppressive, abusive, threatening or intimidating, including towards individual members of staff
- There is persistent refusal to accept a reasoned outcome, despite clear explanations and evidence
- Contact is excessive, disproportionate or unfocused, such that it prevents the Health Board from progressing the matter fairly and efficiently

Strong emotions such as distress, anger or frustration, particularly where concerns relate to harm or bereavement are recognised as valid and understandable and do not, in themselves, constitute unreasonable behaviour.

Unreasonable behaviour can cause significant distress, anxiety and disruption for staff involved in managing concerns, and may adversely affect the Health

Board's ability to respond to other service users in a timely and proportionate way.
In some cases, behaviour may escalate to a level that raises staff safety concerns. The Health Board has a duty to protect its staff while continuing to act fairly and lawfully.

Where behaviour impacts staff safety or the effective management of concerns, it will be addressed in accordance with this procedure.

5 UNACCEPTABLE BEHAVIOURS

The following behaviours constitute verbal abuse, harassment, intimidation, violence, or other unacceptable conduct. These behaviours may be addressed under this procedure, and early intervention can help prevent escalation or repetition. Any behaviour that may amount to a criminal offence should be reported to the police.

Unacceptable behaviours include, but are not limited to:

- Offensive, abusive or inappropriate language, including innuendo
- Sexist, racist, homophobic, transphobic, sectarian, discriminatory, patronising or sexually suggestive remarks or jokes
- Inappropriate, intrusive or intimate questioning
- Uninvited or unwelcome behaviour of a sexual, racist, sectarian or discriminatory nature, including Hate Crime
- Sexual propositions or offensive personal remarks
- Name-calling, including derogatory comments about physical appearance
- Language intended to belittle, undermine or demean another person
- Malicious rumours, harmful gossip or unfounded allegations
- Explicit or implied physical threats
- Intimidating behaviour, including shouting, aggressive tone or conduct intended to cause fear
- Intrusive or persistent behaviours such as pestering, monitoring, stalking, spying or following
- Wrongly apportioning blame in a way intended to cause distress
- Highlighting personal differences unnecessarily or in a manner intended to offend
- Excessive noise or disruptive behaviour, including loud or intrusive conversations
- Threatening or abusive language, including excessive swearing or offensive remarks
- Derogatory racial, sexual or discriminatory remarks (Hate Crime)

- Offensive sexual gestures or behaviours
- Attending clinical areas under the influence of alcohol or drugs where behaviour poses a risk or causes disruption
- Supplying alcohol or illegal substances to a patient
- Drug misuse or drug dealing
- Threats or threatening behaviour
- Acts of violence, attempted acts of violence, or behaviour perceived as violent
- Behaviour that challenges, endangers or undermines the safety or wellbeing of staff, patients or visitors
- Wilful or reckless damage to Health Board property

5.1 Anti-Social and Nuisance Behaviour

Antisocial behaviour (ASB) can include many of the behaviours described above. ASB refers to conduct that causes, or is likely to cause, harassment, alarm or distress to others, as defined in the Antisocial Behaviour Act 2003 and subsequent legislation.

In the healthcare environment, behaviour that causes nuisance, disruption or otherwise interferes with the effective delivery of care may also be considered ASB and can be addressed under this procedure.

An ASB Referral Form (Appendix G) should be completed for all antisocial behaviour referrals. The form should be submitted to the UHB Police Liaison Team within 48 hours of the incident to ensure a timely response. The Team will then review the referral and determine the appropriate action, including whether an ASB referral letter should be issued.

All ASB referrals must be supported by Datix reports to evidence the behaviour, provide relevant context, and support decision-making.

6 APPLICATION

This procedure applies to adult patients, carers, relatives, and visitors who may become violent or abusive while receiving care within Cardiff and Vale UHB, including Primary Care settings where UHB staff deliver services. The UHB has a statutory and moral duty to provide a safe and secure environment for staff, patients, and visitors. All decisions made under this procedure must consider staff safety and welfare.

The procedure sets out the unacceptable behaviours that may be addressed, and the sanctions available in response. This includes the potential exclusion of individuals who display extreme or persistent unacceptable behaviour, either within a single admission or across multiple attendances within the sanction period.

The procedure enables the Health Board to respond appropriately to incidents of violence, aggression, and abuse by outlining clear expectations, available actions, and decision-making processes. It must be applied consistently to ensure staff can provide care in a safe environment.

7 SANCTIONS

A range of sanctions may be applied in response to abusive or violent behaviour towards Health Board staff or property. Although these sanctions are outlined as a sequential process, the procedure may be initiated at any stage if staff judge that the severity of the behaviour requires a higher level of intervention. All actions taken must be supported by DatixCymru incident reports, completed in accordance with the UHB Incident Hazard and Near Miss Reporting Policy/Procedure.

- **Verbal Warning**

Individuals who display any of the behaviour outlined in Section 5 will be asked to desist and given the opportunity to explain their actions

- **Violent Warning Marker**

A Violent Warning Marker may be applied to an individual's record to alert staff to behaviours, associates, or situations that present a potential risk to staff or others. The marker acts as an early warning tool to support safe service delivery. All decisions regarding the application, review, or removal of a marker must be made in line with the UHB Violent Warning Marker Procedure.

- **Formal Warning / Patient Contract**

Where unacceptable behaviour occurs, a formal written warning letter or Behaviour Contract may be issued (Appendix B/D). These remain on file for a 12-month period. Formal warnings and contracts must be signed by the Consultant responsible for the individual's care, the Chief Executive, or a nominated deputy (e.g. the Violence Prevention Case Manager). Relevant risk information must be reviewed before issuing

these documents. In most cases, a behaviour warning letter will be issued first, followed by a Behaviour Contract if concerning behaviour continues.

- **Withdrawal of Treatment**

If the individual breaches the expected standards of behaviour following a formal warning, a decision may be made to withdraw treatment. This sanction will remain in place for a 12-month period (Appendix C). A warning letter will be issued and must be signed by the Chief Executive or a nominated senior management representative. Exclusion will apply for one year, subject to alternative care arrangements being agreed and implemented by the relevant clinician.

If an excluded individual presents to the Health Board's Emergency Unit for urgent treatment, they will be treated and stabilised, with security support if required. Where possible, the individual will then be transferred immediately.

If admission is unavoidable, a risk assessment must be completed to determine the level of support required to safely manage the risk, including the need for security presence. The decision regarding required security support will be taken by an appropriate member of staff in consultation with the Health Board Security Manager.

Withdrawal of treatment applies only to non-urgent, non-essential services and must never compromise clinical safety.

At any stage of the process, the Police may be informed and criminal sanctions pursued. Guidance for staff is available via the link below, and examples of offences commonly committed on NHS premises are provided in the Appendix A.

https://nwssp.nhs.wales/a-wp/anti-violence-collaborative-wales/anti-violence-collaborative-documents/help-guides-and-key-documents/guidance-for-nhs-staff/

8 CORE PRINCIPLES FOR IMPLEMENTATION

- Clinical **care must not be compromised** under any circumstances.
- Where substance misuse is identified, appropriate support should be considered.

- Clinical factors that may contribute to the individual's behaviour must be considered during decision making.
- All actions, decisions, and supporting evidence of the steps taken must be clearly documented in the individual's notes and in the central Violence Prevention Case Management database.
- A risk assessment must be completed, where required, to determine the level of support needed to safely manage the risk.
- The UHB will fully investigate any valid concerns raised by the individual.
- Individuals will receive appropriate warning before any decision to withdraw treatment is made.
- Decisions relating to the issue of Behaviour Contracts or the exclusion of individuals must be made through a multidisciplinary process, involving relevant clinical, managerial, and violence prevention case management representatives.
- Decisions must be clearly communicated to the individual and their GP.
- Failure to comply with the procedure may result in exclusion from Health Board services, as authorised by the relevant Directorate Manager and Clinical Director (or nominated deputies).
- Any unlawful behaviour must be reported to the police. Support will be provided by the Violence Prevention Case Management Team to seek the maximum legal penalties, and prosecution will be pursued for offences committed against Health Board staff, assets, or property.

Removal from GP's Surgeries/Primary Care

- Patients who are violent, abusive or threatening towards healthcare staff at their GP surgery should be removed from the practice's list following a risk assessment. Depending on the risk, the patient should be advised to register with another practice or be referred to the Alternative Treatment Scheme (ATS) if they fulfil the criteria.
  The All Wales National Protocol Alternative Treatment Scheme.
  Referrals into the Alternative Treatment Scheme are made by the GP Practice and processed by NWSSP.
  Alternative Treatment Scheme (ATS) Incident Report and Referral Form (V.2)
- If accepted, the patient will remain with the ATS service for a minimum of 12 months.
- The ATS service, which is based in CRI, provides primary care appointments once a week on a specified afternoon only, with security staff present.

- Patients on the scheme are unable to access face-to-face appointments with the GP Out of Hours Service.
- After 12 months, the patient will be discussed at the next ATS panel meeting. Panel members include staff from the ATS clinic, Violence Prevention Case Management Team, Primary Care Services and Local Medical Committee. Behaviour across the health board over the past 12 months is considered and a decision is made as to whether the patient should remain with the service or whether their risk is such that they are able to safely return to a GP surgery.
- Any unlawful behaviour should be reported to the police immediately. The Violence Prevention Case Management Team will assist staff in pursuing the strongest legal penalties. The Health Board will seek prosecution for offences against its staff or property, and staff will be expected to cooperate by providing evidence.

9 DECISION MAKING

Clinical Input

Each case will have particular circumstances, so any decision making process must consider:

- Whether the behaviour may have been influenced by a medical condition, mental health condition, or a reaction to medication or treatment.
- Whether the action being considered may have an adverse impact on the individual's health.

Multidisciplinary Decision Making

Decisions relating to the issuing of Behaviour Contracts or the exclusion of individuals must be made through a multidisciplinary process. This should include relevant clinical staff, managerial representatives, and the Violence Prevention Case Management Team to ensure decisions are proportionate, consistent, and fully risk assessed.

Violence Prevention Case Management

In all cases it is recommended that the Violence Prevention Case Management Team is consulted before action is taken. If the Team is not available, the Assistant Director of Health, Safety and Fire should

be consulted particularly where any restriction on access to premises or services is being considered.

All Wales Shared Services Partnership – Legal & Risk

Case specific guidance and assistance can be sought from the All Wales Shared Services Partnership Legal & Risk Team.

Input from Person Displaying Unacceptable Behaviour

Where information is insufficient to support a decision, or in the interests of fairness, the views of the individual involved should be sought.

Depending on the seriousness of the alleged behaviour and/or the level of risk posed, interim action may be required while awaiting the individual's response. Any communication issued must make it clear that the action is interim and may be confirmed or revoked following review.

Documentation

All assessments, discussions, evidence considered, and the rationale for decisions made must be clearly documented in the individual's records and in the central Violence Prevention Case Management database.

10 MANAGING PERSISTENT DISRUPTIVE OR REMOTE BEHAVIOUR

Unacceptable behaviour may also occur remotely, including by telephone, letter, email, online communication, or other non-face-to-face methods. When such behaviour causes distress to staff, disrupts service delivery, or presents an ongoing risk, alternative management measures may be required. These actions are designed to protect staff while maintaining safe and appropriate communication with the individual.

Where an individual repeatedly contacts services in a manner that is abusive, intimidating, or obstructive, the following actions may be considered:

- Setting reasonable limits on the duration or frequency of telephone calls.
- Restricting contact to agreed times, or to a single communication channel (e.g. email only).

- Requiring that communication is directed through one designated member of staff or team.
- Ensuring that any in person contact takes place with appropriate staff support, such as a witness or chaperone
- Declining to revisit issues that have already been thoroughly considered and appropriately addressed.
- Acknowledging receipt of further correspondence without entering into repeated or escalating dialogue.
- Seeking specialist technical advice where necessary, for example regarding diversion or filtering of abusive communications.

It is essential that relevant staff are informed of any restrictions or protective actions that have been implemented. This ensures consistency, supports staff safety, and enables teams to prepare for any escalation or adverse reaction.
Where ongoing contact is expected, any relevant risk assessments must be reviewed and updated to reflect the behaviour and the measures put in place.

11 PROVISION OF SERVICES AT A DIFFERENT LOCATION OR BY A DIFFERENT PROVIDER

In exceptional circumstances, it may be necessary to continue providing NHS services at an alternative location rather than the individual's usual place of care. This may be required where the risk to staff safety outweighs the ability to safely deliver treatment in the patient's home or usual clinical setting, and where premises with appropriate security arrangements allow care to be provided more safely and effectively.
A change in service location may also be considered where there has been a significant breakdown in the relationship between staff and the individual, or where the risk to staff, other patients, or visitors cannot be managed to an acceptable level using standard measures.

Primary Care

Primary Care services already have established processes within commissioning arrangements for the removal of individuals from GP patient lists due to violent or abusive behaviour. Such cases are referred into the Alternative Primary Healthcare Scheme (Violent Patient Scheme), overseen by the Shared Services Partnership, as detailed in Section 8.

Secondary Care

In secondary care, providing services at an alternative location within the Health Board may not always be feasible. The complete withdrawal of secondary care services should only be considered as a last resort, and only after all other reasonable measures have been exhausted. This may include involvement of the Violence Prevention Case Management Team, seeking police support, and/or taking appropriate legal action.
Where a change of secondary care provider is being considered, the individual's GP, the relevant Primary Care Team, and the proposed alternative provider must discuss and agree on a safe, risk controlled plan for ongoing treatment.

Clinical Oversight and Decision Making

Any decision to alter the location or provider of services must be clinically led, supported by a documented risk assessment and a multidisciplinary discussion. Clinical opinion must form the basis of the decision, and the views of the relevant clinicians must be obtained before any final decision is made or communicated.
Where disagreement exists within the Health Board e.g. between clinical teams / managers, legal advice should be sought before finalising the proposed course of action.

12 EQUALITY & DIVERSITY STATEMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its staff reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards, and our Strategic Equality Plan & Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

An Equality and Health Impact Assessment has been undertaken on the Health and Safety Policy. Feedback was gained on any possible or actual impact that this policy may have on groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, trans or non-binary, age or other protected characteristics.

Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for.

The assessment found that there was impact on the following groups:
Persons with a disability as defined in the Equality Act 2010.
Those with sight impairment; Copies of the policy can be made available in large print.

People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.
Copies of the policy can be made available in Welsh

13 REVIEW

The Procedure will be reviewed within three years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate, by the Assistant Director of Health, Safety and Fire and the Violence Prevention Case Manager in collaboration with the Executive Lead.

14 REFERENCES

- Legislation - Health and Safety at Work Act 1974
- Obligatory Responses to Violence in Healthcare
- Welsh Health Circular – Anti-violence collaborative obligatory responses document (WHC/2024/024)

Appendix A - Potential Criminal Offences

This appendix outlines the criminal offences most commonly encountered by Health Board staff when managing violence, aggression, threats, or harassment from patients, visitors, or members of the public. It supports decision making around risk management, staff protection, information sharing, and appropriate escalation to police or legal services.

Assaults on Emergency Workers (Offences) Act 2018

- Covers common assault or battery against emergency workers (including NHS staff).
- Maximum penalty: up to 12 months imprisonment or a fine.
- Relevant when patients/visitors assault or attempt to assault staff.

Common Assault & Battery (Section 39, Criminal Justice Act 1988)

- Assault = intentionally or recklessly causing someone to fear immediate unlawful violence.
- Battery = intentional or reckless use of unlawful force.
- Useful where threats or minor physical contact occur without significant injury.

Actual Bodily Harm – ABH (Section 47, OAPA 1861)

- Assault resulting in more than transient/trifling injury.
- Examples: bruising, minor cuts, or injuries affecting health/comfort.
- More serious than common assault but below GBH.

Grievous Bodily Harm / Unlawful Wounding (Section 20, OAPA 1861)

- Involves wounding or inflicting serious harm.
- Used for significant injuries; severity of harm guides charging decision.

Threats to Kill (Section 16, OAPA 1861)

Must show:

- The victim feared the threat would be carried out
- The suspect intended the threat to be taken seriously

Used only in the most serious intimidation cases.

Public Order Act 1986 Offences (Common in Healthcare Settings)

These apply when behaviour is threatening, abusive, insulting, or violent towards staff or others.

Violent Disorder (Section 2)

Involves 3 or more people using or threatening violence causing fear for safety.

Affray (Section 3)

- Use/threat of violence by one person that would cause a bystander to fear for their safety.
- Must be more than words alone.

Threatening Behaviour (Section 4)

Threatening, abusive, or insulting behaviour intended to cause fear of immediate violence.

Intentional Harassment, Alarm or Distress (Section 4A)

Requires intent AND actual impact on the victim.

Harassment / Alarm / Distress – General (Section 5)

- Abusive or insulting behaviour likely to cause distress.
- Often used for lower level but persistent disruptive behaviour.

Sections 4, 4A, and 5 can be charged as racially or religiously aggravated offences.

Obstructing Emergency Workers (Emergency Workers Obstruction Act 2006)

- Includes obstructing ambulance teams or staff assisting in emergency situations.
- Relevant where individuals block clinical activity or interfere with emergency care.

Protection from Harassment Act 1997

Applies where behaviour forms a course of conduct (2+ incidents) causing harassment, alarm or distress.
Useful for repeated aggression or intimidation toward multiple staff members.
• Includes harassment, stalking, and conduct intended to coerce or deter staff.
• Provides access to court orders for protection.

How This Supports the Care of Adult Patient Procedure

The above offences help staff determine:

- When behaviour moves from unacceptable to criminal.
- Guiding decisions on escalation, risk assessment, and need for police involvement.

PLEASE CONTACT THE VIOLENCE PREVENTION CASE MANAGEMENT TEAM, HEALTH & SAFETY DEPARTMENT FOR WORD VERSIONS OF THE FOLLOWING DOCUMENTS APPENDIX B-G

Appendix B – Example Warning Letter

Dear [insert person's name]

Warning letter – unacceptable behaviour

I am [insert name] and I am the [**insert role/position in Health Board**] for the Cardiff and Vale Health Board. One of my roles is to protect Health Board staff from abusive and violent behaviour and Health Board resources from misuse and it is in connection with this that I am writing to you.

I have received a report (**a number of reports**) where it alleged that on [**insert date(s) of incident(s) and a brief description of behaviour].**

As you are aware **[insert details of previous action taken if appropriate]**

Behaviour such as this is unacceptable and will not be tolerated.

The Health Board is firmly of the view that all those that work in or provide services to the NHS have a right to do so without fear of violence or abuse.

Such behaviour also **[insert details of behaviour e.g. deprives health bodies of staff time/resources/makes other patients wait longer/deprives the community of life saving ambulance services 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 Health Board 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.

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

A copy of this letter has been sent to **[say who will be informed or copied in].**

A copy will also be placed on your records/A note of this will be placed on your records/A marker will be placed on your records. **[amend as per policy].**

This warning will be reviewed in **[insert length of time, e.g. 6 or 12 months].** You will be advised in writing of the outcome of this review and if 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 to make, please **[provide information on how the decision may be challenged and details of the complaints process].**

Yours etc

Appendix C – Example Exclusion from premises/entry with conditions letter

Dear [**insert person's name]**

Unacceptable behaviour – Restriction on attending NHS Premises

I am **[insert your name] and** I am the **[insert role/position in organisation].** One of my roles is to protect Health Board staff from abusive and violent behaviour and Health Board resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a 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.

The Cardiff and Vale Health Board is firmly in 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 the impact of the behaviour].**

It has been decided that you will no longer be permitted to attend **[insert details of location involved and refer to enclosed map/or entry exit routes if appropriate]** except in accordance with the following conditions **[insert appropriate conditions, those below are examples, in exceptional cases all further attendances can be prohibited]-**

a. Where you (or a member of your immediate family) require urgent or emergency treatment,
b. To attend, (or to accompany a member of your immediate family), at a pre-arranged appointment,
c. To attend as an in-patient (or visit a member of your immediate family who is an in-patient),
d. To attend for non-medical purposes any meeting previously arranged in writing.

[amend as appropriate]

If you attend at any other time without good cause, you may be asked to leave the premises immediately. If you refuse to leave security or the police may be called to remove you.

If there are any unauthorised attendances or any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- Completely 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.

[amend as appropriate]

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

A copy of this letter will be sent to **{say who will be informed or copied in}** .

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. **[amend as required].**

The decision will be reviewed in **[insert length of time, e.g. 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 to make, please **[provide information on how decision may be challenged and details of complaints process].**

Yours etc.

Appendix D – Example Acceptable Behaviour Agreement Letter

Dear **[insert person's name]**

Unacceptable behaviour – proposed Acceptable Behaviour Agreement

I am **[insert your name]** and I am the **[insert role position in Health Board]** for the Cardiff and Vale Health Board. One of my roles is to protect Health Board staff from abusive and violent behaviour and Health Board resources from misuse and it is in connection with this that I am writing to you.

I have received a report (a 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.

The Cardiff and Vale Health Board is firmly in the view that all those who work in or provide services to the Health Board have the right to do so without fear of violence or abuse.

Such behaviour also **[insert details of the impact of the behaviour]**

Just as the Health Board 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 the Health Board 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 and return one in the envelope provided. In the event that no reply is received within 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 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
- Seeking a court order

[amend as appropriate]

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

Should you sign the agreement a copy will be sent to **[say who will be informed or copied in]**

Even if you refuse to sign the agreement a copy of this letter may be sent to [say who will be informed or copied in]

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records.

If you sign this agreement, it will be reviewed in **[insert length of time, e.g. 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 to make, please **[provide information on how decisions may be challenged and details of the complaints process].**

Yours etc.

[ensure that agreement is on a separate sheet of paper]

Acceptable Behaviour Agreement

The agreement is between

Cardiff and Vale Health Board
And
[insert name and date of birth or other unique identifying details]

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

- I will
- I will not use violence, or foul or abusive language or threatening behaviour towards any person while on Health Board premises.
- I will treat all people with courtesy and respect while on Health Board premises or when contacting them by phone
- I will not
- I will not
- I will not

Declaration

I **INSERT NAME** 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:

Dated:

Cardiff and Vale Health Board

Signed: Print Name:

Position:

Dated:

Appendix E – Example change of location for receiving NHS services/change of NHS Services provider template letter

Dear **[insert persons name]**

Unacceptable behaviour – change of location for receiving NHS services of NHS service provider

I am **[insert your name]** and I am the **[insert role/position in organisation]** for the Cardiff and Vale Health Board. One of my roles is to protect Health Board staff from abusive and violent behaviour and Health Board resources from misuse and it is connection with this that I am writing to you.

I have received a report (a 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.

The Cardiff and Vale Health Board is firmly of the view that all those who work in or provide services to the Health Board have the right to do so without fear of violence or abuse.

Such behaviour also **[insert details of the impact of the behaviour]**

It has been decided that **[insert details of service]** will no longer provide to you at **[insert details of location] OR**

It has been decided that **[insert details of services]** will no longer be provided to you by **[insert details of organisation no longer providing services]**

From **[insert date]** you will receive **[insert details of services] [insert new location or service provider]**

If there are any further incidents of unacceptable behaviour; consideration will be given to taking further action against you.

Such action may include the following:

- 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

[amend as appropriate]
If any legal action is necessary, any costs incurred will be sought from you and these could be considerable.

A copy of this letter will be sent to **{say who will be informed or copied in}** .

A copy will also be placed on your records/A note of this incident will be placed on your records/A marker will be placed on your records. **[amend as required].**

The decision will be reviewed in **[insert length of time, e.g. 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 to make, please **[provide information on how decision may be challenged and details of complaints process].**

Yours etc.

APPENDIX F

Warning Letter Checklist

All warning letters must include:

- **Name and role** of the person sending the letter
- **Brief description** of the behaviour or incident
- **Details of any previous steps** taken to address the behaviour
- **Explanation of why the behaviour is unacceptable** and its impact on staff, patients, or Health Board services
- **Clear statement of consequences** if the behaviour is repeated
- **Details of who will be informed or copied in**
- **Confirmation of whether NHS records will be marked**
- **Review date** for the warning and/or marker removal
- **Information on how the decision may be challenged** and how to access the concerns process

A template warning letter is available at **Annex B**.

2. Rationale for Checklist Items

2.1 Name and Role of Sender

Public bodies are expected to state who is making decisions or issuing communications.
Using a sender not directly involved in the incident can help deflect unwanted attention from frontline staff and reinforces the seriousness of the matter.

2.2 Brief Description of the Behaviour

Letters must identify the behaviour clearly but do not require detailed evidence at this stage. The purpose is to ensure the individual understands the basis of the warning.

2.3 Impact of the Behaviour

Individuals may not recognise how their behaviour affects staff, services, or other patients.
Impacts such as delays to care or distress caused to staff should be explained clearly.

2.4 Consequences of Further Unacceptable Behaviour

Letters must outline possible next steps if behaviour continues. These may include:

- Restriction of access to premises
- Receiving services at an alternative location
- Police referral for behaviour potentially amounting to a criminal offence
- Civil action to prevent repeat behaviour

Staff must consider whether any stated consequences can realistically be implemented. When unsure, advice must be sought from the **Case Management Team**.

3. Issuing Warning Letters

3.1 Keeping Staff Informed

Relevant staff must be informed that a letter is being issued. This ensures awareness of risk, promotes consistent messaging, and prepares staff for potential reactions from the individual.

3.2 Selecting the Appropriate Signatory

The signatory should be chosen based on:

- Their role in relation to the incident
- Their likelihood of future contact with the individual
- The seriousness of the behaviour

In some cases, the Chief Executive may issue the letter to emphasise the seriousness of the matter.

4. Support from Shared Services Legal & Risk

The NHS All Wales Shared Services Legal & Risk Team can provide:

- General advice on potential actions
- Review of draft letters and agreements
- Drafting or issuing letters on behalf of the Health Board

Advice given informally by Legal & Risk should not be recorded as formal authorisation. Always seek input from the **Case Management Team** for procedural guidance.

5. Delivery Methods

Different delivery methods may be used depending on risk, urgency, or reliability of contact.

5.1 Hand Delivery on Health Board Premises

Useful when ongoing contact with staff is expected or when clear receipt is required.

A risk assessment must be completed with the Case Management Team before any face-to-face meeting.

5.2 Hand Delivery at the Person's Address

Used only where postal attempts have repeatedly failed or where deliberate avoidance is suspected.

A thorough risk assessment with the Case Management Team is mandatory.

Direct confirmation of the individual's identity should be obtained where safe.

5.3 Postal Delivery

For most cases, standard post is sufficient. Recorded or special delivery only confirms delivery to an address, not the individual.

5.4 Hand Delivery at the Person's Address

Used only where postal attempts have repeatedly failed or where deliberate avoidance is suspected.

5.5 Digital Delivery

Before issuing a warning letter digitally, staff must consider whether digital communication is an approved and appropriate method for contacting the individual, ensuring risks such as data security, misidentification, and potential escalation are fully assessed.

5.6 Requesting a Response

If a response is required, it is good practice to include a prepaid return envelope to minimise barriers to reply and reduce unnecessary attendance at Health Board premises.

6. All Wales Security Alerts

Where behaviour presents risk only in a specific locality, information sharing should usually be limited to relevant local services (e.g. Primary Care, ambulance services).

If behaviour is widespread or likely to affect other areas, Shared Services Legal & Risk should be notified to consider issuing a regional or national alert. These alerts help ensure staff across NHS Wales are aware of individuals who pose a risk.

7. Sharing Information

Information sharing may be required to protect staff, patients, and other organisations. Consider the following:

- **Who needs to know** about the warning or incident?
- **What information** is required to allow them to assess risk?
- **How can the information be shared securely?**
- **What are the risks of *not* sharing this information?**

Sharing must always comply with data protection principles and be proportionate to the identified risk.

APPENDIX G

Cardiff & Vale UHB Anti-Social Behaviour Referral Form Perpetrator Known

Partnership Details
Submitted by:

Alcohol	Disorder	Graffiti	Damage	Fire
Throwing Objects	Vehicles	Animals	Drugs	Begging
Prostitution	Noise	Off Road	Behaviour	Fly Tipping
Litter	Racial/Hate	Games	Verbal Abuse	Fireworks
Other Please state details:				

Occurrence Details	
Occurrence Date:	Occurrence Time:
Brief Summary:	
Other Evidential Media: CCTV Bodycam Other Specify :	

Perpetrators/Subject Details	
Surname:	Forename(s):
DOB:	
Address:	*Place Addressograph here:*

Witness/Victim/Informant Details		
Victim	Witness	Informant
Surname:	Forename(s):	
DOB:	Address:	
Work Telephone Number:		
Occupation:		
Others Involved: Yes No		
Details:		

Please forward a copy to : OnSite.Police@wales.nhs.uk and Datix.Hseu@wales.nhs.uk

A Datix incident report must be completed to support this report