

University Hospitals Plymouth NHS Trust

Derriford Road
Crownhill
Plymouth
Devon
PL6 8DH

Date

Tel: 0845 155 8155

Name

Address

Dear

I write to advise you, that further to reports of incidents where you have been abusive and aggressive toward Trust staff whilst visiting (**insert name of department**) and in line with University Hospitals Plymouth NHS Trusts zero tolerance approach to such behaviour, I am now issuing you with an Acceptable Behaviour Agreement.

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 manner and I would therefore, urge you to consider your behaviour when attending NHS premises in the future and to accept the conditions as laid out in the attached Acceptable Behaviour Agreement.

A copy of this letter and the attached agreement will be forwarded to your GP.

A reference marker will also be placed on your records, which will be reviewed 12 months after the date the signed Acceptable Behaviour Agreement is received back at the Trust.

Please return the signed Acceptable Behaviour Agreement to the following address:

Name

Address

If you refuse to sign this agreement, or should you on any occasion in the future, fail to comply with the expected standards of behaviour, the Trust may have no alternative but to look into other options, including excluding you from Trust premises.

Yours sincerely

Cc GP etc

Acceptable Behaviour Agreement

This agreement is between:

Insert name of organisation

And

Insert name of patient/Visitor with identifying details (i.e. NHS Number)

- I agree to the following in respect of my future behaviour when attending Plymouth NHS Trust Premises, including Derriford Hospital and all peripheral sites.
- I will treat all people with courtesy and respect while on NHS premises or when contact the NHS by telephone.
- I will not use violence, foul or abusive language or threatening behaviour
- I will treat all NHS resources in the appropriate manner

(The above are for guidance only and more personalised requirements may be added to suit the needs of the department)

Declaration

I, (insert name of patient/visitor), 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.

I understand that if I fail to comply by the above conditions, the Trust will consider alternative options, which may result in my exclusion from all University Hospitals Plymouth NHS Trust Premises.

Signed _____

Date _____