Violence and Aggression Policy

Policy Information

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Summary of document:
Policy and procedure for the prevention and management of all work-related violence, aggression and abuse of all NHS staff and unacceptable behaviour at Hywel Dda University Health Board (HDdUHB) premises.

Scope:
The scope of this policy applies to all departments and staff within HDdUHB. This includes employees working for other employers on HDdUHB premises or undertaking duties on behalf of the organisation at any location.

To be read in conjunction with:
163 – Deprivation of Liberty Safeguards, Guidance & Procedure for Staff – opens in a new tab
170 – Lone Worker Policy– opens in a new tab
201 – Disciplinary Policy – opens in a new tab
238 – Information Governance Framework – opens in a new tab
323 – CCTV Policy and Documentation – opens in a new tab
340 – Staff Psychological Wellbeing Policy – opens in a new tab
654 – Rapid tranquillisation guideline in acute MH&LD in-patient settings guideline – opens in a new tab
761 – Violent Patient Warning Marker Procedure – opens in a new tab
811 – Mental Capacity Act Practice Guideline – opens in a new tab
995 – Respect and Resolution Policy - opens in a new tab
Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative.
All Wales Violence & Aggression Training Passport & Information Scheme

Owning group:
Security Management Group 05/05/2026

Executive Director job title:
Director of Allied Health Professions and Health Sciences

Reviews and updates:
Version 1 New Policy from previous template 17.5.2018
Version 2 Amended policy following full review 17.12.2020
Version 3 Amended policy for issue of code of conduct letters and appeal 6.12.2021
Version 4 Full review 9.5.2023
Version 5 Three yearly review 13.07.2026

Keywords
Violence, Aggression, Hate Crime, Hate Incident, Harassment, Abuse, Personal Safety, Police

Key points:
Deliberate violence and aggression towards staff is not acceptable and where appropriate, action will be taken against offenders. A preventative strategy identifying risk and adopting suitable control measures will be initiated to provide both the required care and protection to staff. In some instances it may be justified to alter how care is delivered and in some instances where the risks cannot be managed remove care. HDdUHB is committed to:

- Challenging and eliminating all forms of violence and aggression, abuse, harassment and discrimination, whether direct or indirect;
- Advancing equality of opportunity for all staff;
- Promoting good inclusive relations between people from different groups;
- Promoting anti-hate principles in all aspects of our policies and practices;
- Identifying and eradicating the conditions which give rise to, or allow, harassment and discriminatory attitudes and behaviour; and
- Supporting staff subjected to, or witnesses of, any hate incidents/crimes.

Contents

Introduction

Hywel Dda University Health Board (HDdUHB) has statutory obligations under the Health and Safety at Work Act 1974 (HASWA) to ensure the health and safety of all employees and anyone affected by their work, so far as is reasonably practicable. This includes taking steps to assess and control violence, aggression and hate crime / incident risks in the workplace. Under The Management of Health and Safety at Work Regulations 1999 (MHSWR), employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this in the form of suitable and sufficient risk assessments.

The primary function of HDdUHB is to provide healthcare to those in need. Through the course of their duties it is acknowledged that this requirement can place staff in direct contact with individuals in difficult situations, where both personal safety and clinical decisions need to be made when confronted with potential harm or violence. Both NHS Wales and HDdUHB are committed to the need to protect staff from incidents of violence and aggression as far is reasonably practicable coupled with effective support for staff and taking forward appropriate actions and assessments when incidents occur.

Violence and abuse are the most frequent types of incidents reported by staff within our organisation and can occur at any time or location. Such incidents, if not dealt with correctly, can lead to reduced confidence and moral. Each staff member is a valued asset and should be protected so far as is reasonably practicable and if subjected to violence and aggression be properly supported post incident. The correct management of violence and aggression should reduce incident frequency and severity and sickness levels. It should also increase staff perception and look to contribute towards improved operational effectiveness, through prevention wherever possible.

Staff must have confidence in the reporting systems, investigation and addressing such incidents, with the knowledge that they will be supported by the organisation and that all the circumstances and information available will be taken into account to establish the most appropriate course of action and outcomes.

The standard to be adopted by HDdUHB is that every incident matters and will result in all incidents being assessed for the appropriate responses or actions, support and advice afforded to those involved and revisiting risk profiles and control measures to promote safety.

HDdUHB has and will continue to contribute to All Wales strategies including the Obligatory Response to Violence in Healthcare and currently the Anti-Violence Collaborative (AVC).

Scope

The scope of this policy applies to all departments and staff within HDdUHB. This will include employees working for other employers but on HDdUHB premises or undertaking duties on behalf of the organisation. The procedures contained within this policy can be applied to all members of the public, contractors and visitors at any location where healthcare is administered. Suitable consideration

will be given to patients who are not competent to take responsibility for their actions for clinical reasons as per the latest multi-agency agreements currently being the NHS Wales anti-violence collaborative and Obligatory Response Document, which are held on the HDdUHB intranet.

The Violence and Aggression Case manager will provide guidance to staff and managers on dealing with situations where they either witness, or are the subject of an incident or crime or hate incident/crime, or where hate could be an aggravating factor, where the perpetrator is either a:

- Service user, their relative or carer,
- Visitor,
- Member of the public,
- Fellow member of staff.

This guidance does not encompass situations where members of staff witness a hate incident/crime against a patient/ or service user. Any member of staff witnessing a hate incident/crime involving a patient or service user has a duty to seek advice and support from their line manager &/or Corporate Safeguarding Team.

Aim

To create a safe working environment for all staff and others minimising the risks of any form of abuse and violence wherever practicable.

To take all reasonable measures to prevent and minimise harm from incidents of violence and aggression occurring and thereby protecting staff and others from risks to their personal safety, through effective risk assessment and management.

To provide appropriate levels of support, action and aftercare in the event of such incidents occurring, through case management inter agency and departmental working.

When incidents have occurred carry out or review risk assessments and identify control measures in order to prevent or reduce and eliminate harm.

To establish clear procedures and guidance for staff and managers when confronted with violence and aggression in order that incidents are reported promptly and effectively.

To give staff clear guidance on dealing with hate incidents/crimes towards staff by promoting the core principles of human rights (FREDA) and our organisational values and by creating a climate of cultural awareness, inclusivity and valuing diversity.

Objectives

These aims will be achieved by:

- Proactively identifying and assessing foreseeable risks and putting in place controls to minimise or prevent incidents of violence and aggression occurring, thereby reducing the number and severity of injuries sustained;
- Establishing procedures to effectively manage risk and situations, whilst raising awareness of personal safety including violence and aggression throughout the HDdUHB;
- Ensuring suitable and sufficient risk assessment, with evolving reduction and control of any risks arising from incidents of violence and aggression that are reported;
- Providing appropriate staff training as identified by risk assessment and the implementation of the Training Guidelines and Standards contained in the All-Wales NHS Violence and Aggression Training Passport and Information Scheme (AWVAP);
- Ensuring that procedures are in place throughout HDdUHB to inform individuals of instances where their behaviour has been considered as unacceptable, prior to any further sanctions being considered;
- Ensuring that provision is made within the organisation for informing those whose behaviour has been considered as both serious and unacceptable where appropriate treatment is changed/withdrawn or carries certain personal undertakings in order to continue;
- Giving a clear message to all staff and members of the public that violence, abuse, aggression and hate crimes/incidents against HDdUHB staff is unacceptable and that the board are committed and determined to address this issue;
- Establishing case managers who will actively look to support and assist in investigations to ensure proportionate, lawful, appropriate and necessary outcomes using internal and external sanctions;
- Establishing a working arrangement with both Dyfed Powys Police and the Crown Prosecution Service that complies with the Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative.

Definitions

The Welsh Government describes work related violence as ‘Any incident where staff are abused, threatened or assaulted in circumstances relating to their work involving explicit or implicit challenge to their safety, well-being or health. This can incorporate some behaviour identified in harassment and bullying, for example verbal violence’. Violence towards staff includes physical attacks, verbal abuse and also threatening behaviour or material.

Harassment is now a criminal offence and is defined in law under the Protection from Harassment Act 1997 as ‘A person must not pursue a course of conduct (a) which amounts to harassment of another, and (b) which he knows or ought to know amounts to harassment of the other’.

A hate crime is defined as: ‘A criminal offence, which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a person’s actual or perceived disability, race, religion and belief, sexual orientation and transgender’ (Protected factors).

A hate incident is defined as: ‘Any non-crime incident which is perceived by the victim or any other person to be motivated by hostility or prejudice based on actual or perceived disability, race, religion, and belief, sexual orientation and transgender’.

Some people may experience hate crimes and incidents because of a combination of more than one identifying or protected factor such as their race and disability. A victim of a hate crime or incident does not necessarily have to belong to any of the above protected characteristics i.e. they may be perceived to do so by the perpetrator. The essential feature of hate incidents or crimes, which are also forms of harassment, is that it is behaviour that the recipient feels is inappropriate to him/her and he/she regards it as personally offensive. However this must be weighed against what is generally regarded as reasonable behaviour. Employees can complain of unwanted conduct that they find offensive even if it is not directed at them personally.

The Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative, is an agreement between the Welsh Police Forces, the Crown Prosecution Service (CPS) Wales and the National Health Service (NHS) Wales. This agreement outlines procedures and obligations to each organisation to in their approach and responses to incidents of violence, aggression or abuse of staff. The Obligatory Response Document provides practical guidance on the prevention reporting and progression of incidents to prosecution or disposal together with information sharing and is available on the HDdUHB intranet.

General Principles

Service users should not feel able to threaten, harass or abuse a member of staff in the expectation that another staff member will replace them or the behaviours are rewarded in any form.

Service users do not have the right to request particular staff to treat them for discriminatory reasons i.e., based upon any of the protected equality characteristics, and no member of staff should facilitate such requests. The HDdUHB will not accept requests by, or on behalf of, service users to be treated by a different member of staff on grounds of their race or any other grounds that are not objectively justifiable i.e., not simply based upon prejudice.

Risk Assessment

Identification of risk

In keeping with a preventative strategy, appropriate risk assessments are essential in order to consider options to eliminate, or control identified hazards thereby minimising risk as far as is reasonably practicable. All staff are encouraged to examine their working environments and where risks are identified take appropriate action. There are some situations that may be identified from local and national perspectives. Examples include but are not limited to:

- Patients and visitors under the influence of alcohol and/or drugs, particularly in Accident and Emergency or Outpatient settings, or in the home;
- Patients who are confused or suffering head injuries;

- Patients suffering from alcohol or substance withdrawal;
- Patients suffering from a paranoid illness where their perception of reality is distorted;
- Patients with poor communication ability;
- Infections risks;
- Patients with any form of cognitive impairment.

To promote the effective management of risk, reporting and responses to violence and aggression a Violence and Aggression pack has been developed that contains risk assessment templates, police escalation, incident responses, Datix guides and information on the intranet. See: Violence, Aggression and Security Case Management Pack (opens in a new tab).

Individuals with a history of violent behaviour are more likely to become violent again; however, care should be taken to emphasise that the reoccurrence of violence is not definite and may be preventable.

Violence and aggression risks are present on all wards, however, there are specific situations that may place staff at an increased risk. These include:

- Admission of patients into acute psychiatric units;
- Individuals or small numbers of staff alone at night;
- Hotel Services/Security Staff who respond to reports of violent incidents;
- Dealing with relatives and carers who may be anxious or angry;
- Working in areas that contain cash, drugs or equipment;
- Working in Emergency Departments;
- Working in Mental Health and Learning Disability units;
- Undertaking domiciliary visits;
- Lone working.

Workplace Risk Assessment

Part of the risk assessment process should include examining the physical layout of the workplace, looking at issues such as the potential for staff to be trapped, the use of objects within the workplace to be used as weapons and issues around the observation of staff and patients.

High risk areas such as interview areas in Emergency Units and Mental Health settings should be examined in terms of the need for appropriate distress/assistance/communication or alarm systems being installed. It is essential that any alarm/communication system is combined with staff training and awareness, in order to establish clear roles and responsibilities. This would include calling the police and reporting incidents.

The Violence and Aggression Risk Assessment should be completed in its entirety by a competent person and always signed and dated, with the assessment and additional material shared with all staff within departments in order to raise awareness.

In high-risk areas, safe areas should be designated in order that staff can retreat quickly to a safe and secure environment and raise the alarm. Such an example would be the use of turned door locks or security systems instead of keys in emergency situations.

In appropriate circumstances, after discussion with a member of their staff, managers may need to consider requesting an alternative member of staff to attend to a patient where there is an identified risk of a hate incident/crime occurring.

Responding to Incidents of Violence and Aggression

When faced with a violent or aggressive incident, staff will be supported fully if they have responded in a way that is deemed to be appropriate at the time including adhering to relevant policies and procedures, training given, safe systems of work and the requirements of legislation. Managers, trained in restraint reduction, are required to ensure that all staff understand what types of responses would be deemed appropriate within their local working environment.

If an aggressor does not respond to reasonable requests from staff, the HDdUHB would not expect those staff to remain exposed or vulnerable in an escalating situation. The right of staff to call for police assistance to deal with an aggressor will always be supported by the HDdUHB, and staff should not feel reluctant to do so if they feel this is necessary. Also, withdrawing to a place of safety may be deemed appropriate in some circumstances.

In most situations, however, the involvement of the police may not be an immediate course of action chosen by staff, as other options to deal with the individual may be considered more appropriate or more effective. This may include staff being able to manage the situation and the response by staff trained in the appropriate level of Restrictive Physical Intervention (RPI) if necessary. The details of any use of RPI and any persons involved should always be clinically led and recorded correctly on Datix evidencing events, techniques, medication, persons involved and aftercare.

Staff will be supported by the HDdUHB so long as their actions are appropriate, within agreed parameters including legislation and the circumstances as they were perceived to be at the time of an incident.

Incident Reporting and Investigation

All incidents of abuse, violence, aggression and hate incidents/crime including verbal abuse, must be reported through the Incident Reporting and Investigation Procedure (via Datix) and relevant investigations initiated. There may be exceptional circumstances (whereby no physical or immediate psychological harm is sustained, and the behaviour is attributable to a known clinical condition that has been previously evidenced and recorded), where a decision is made not to report an incident. However, the incident, its consequences and other relevant information must be fully explored before any decision is made not to report on Datix.

It is essential to have in place procedures that ensure the prompt and accurate recording and analysis of all reported violence and aggression incidents. This will help ensure the timely and appropriate levels of support and actions by case management being afforded to victims and persons affected by incidents as well as submission of agreed data to relevant groups and the Welsh Government in line with the national violence and aggression action plan.

Line Managers/Supervisors are required to assess whether staff involved in an incident require help or support but further support and advice is available from the Violence and Aggression Case Manager and the Occupational Health and Staff Psychological Wellbeing departments. It is recognised that the victim has the choice as to whether debriefing or counselling is desired, it is not a mandatory requirement. This area may need to be re visited on more than one occasion and requires careful management. This could also include the use of specialist advice such as Victim Support schemes on a known or completely confidential basis.

Particularly in the case of hate incidents/crime, if incidents go unreported, they are more likely to be repeated and important opportunities for organisational learning are lost. It is important that employees who believe they are subject to a hate incident or inappropriate behaviour keep a record of any alleged incident as soon as possible after it has taken place and refer to the 995 Respect and Resolution All Wales Policy (opens in a new tab).

When reporting and investigating incidents the notes should contain the following: -

- Date, time and place of the incident(s);
- Names and contact details of the individual's, perpetrator and victim involved;
- Full details of what actually happened and what was said including the exact words/language used;
- Names of any witnesses;
- Any welfare considerations;
- Any other relevant information (e.g., Diagnosis and capacity).

All reported abuse, violence and aggression incidents must be forwarded to the Violence and Aggression Case Manager so that specialist advice and support can be offered to the victim and department as soon as is reasonably practicable.

Violence and Aggression Case Management

The correct risk assessment of working environments coupled with appropriate case management of incidents will be fundamental to a long-term reduction of violence and aggression incidents within HDdUHB. Paramount to this process is the prompt reporting of incidents that merit consideration for prosecution or sanction. A structured case management process will be established offering help, advice and support to victims/managers encouraging early and appropriate actions being taken in order that the significance of events is understood by victims, witnesses and the perpetrators themselves.

Incidents are often traumatic to the victims, as is the prospect of giving evidence and going to court. The victim will always be at the centre of case management with opportunities to express their fears or

concerns. After care and support to victims and others affected by incidents of Violence and Aggression are an essential part of the case management process. The overarching principle is clear that HDdUHB will not tolerate inappropriate behaviour including threats of violence, abuse, hate incidents/crimes, verbal or physical abuse including harassment and that it should never be considered as 'part of the job'.

Case management aims to:

- Ensure that incidents of violence and aggression are investigated and progressed through to final disposal with positive outcomes achieved wherever possible, utilising both internal and external sanctions.
- Support and advise victims and managers with specialist knowledge coupled with making representations to the Police and CPS to secure appropriate legal disposals, including the securing of CCTV and other further evidence where required.
- Ensuring risk assessments are complete current and compliant with legislation.

Enforcement/Sanctions - Patient/Personal Warning and Withdrawal of Care

A system of warning patients whose behaviour is unacceptable has been established which meets the advice given within the All-Wales Violence and Aggression Passport Scheme (Staff Charter, Patient Undertaking).

With regards to violence and aggression HDdUHB has established a 3-stage process entitled 'Putting Abuse on ICE' (see Appendices 1-5, for Welsh versions see Appendices 6-9). This allows early intervention regarding unacceptable behaviour and extends to any persons abusing staff on or off HDdUHB premises.

Should incidents occur initial contact will be made with individuals by the respective Service themselves. At this stage the person should be informed of the HDdUHB Violence and Aggression Policy and the 3-stage process in place. This is to ensure that where an individual does not understand that their behaviour has had a negative impact on staff it can be addressed in order to improve the level of service provided and offer safeguards towards future incidents taking place.

Stage 1 Letter (Identification of behaviour/Informing person concerned)

If the Service feel their intervention and attempts to improve things have not worked, a more formal approach will be made. This is referred to as Stage 1 whereby a Code of Conduct Letter will be issued which highlights the behaviours that have been witnessed. The purpose of this approach is to seek co-operation in being able to deliver safe care for all involved.

Stage 1 letters will provide information regarding the behaviours that have been reported by the HDdUHB staff making the recipient aware of how their behaviour has been perceived and how this has impacted on the staff involved.

Stage 2 Letter (Contract & Conditions – Patient/Personal Undertaking)

Stage 2 Code of Conduct letters will be issued only when the individual continues to abuse, threaten or intimidate staff despite requesting co-operation following receipt of a stage 1 letter. Incidents of a criminal or more serious nature can also be dealt with directly as Stage 2 where appropriate.

Stage 2 may involve the HDdUHB setting out specific conditions as to how the healthcare will be provided. This may also involve more stringent measures including a written patient contract/undertaking. These will be formulated by departmental heads or managers with support from the Violence and Aggression Case Manager. The contracts will be written in a language the recipient will be able to understand in order to comply with its content.

The individual's GP will also be notified of any such interventions in order to minimise potential risk to other healthcare staff.

Details on the procedure for dealing with unacceptable behaviours at HDdUHB can be found in Appendix A and sample Stage 1 & Stage 2 letters can be found in Appendices 2-4 (Welsh versions can be found in Appendices 5-8).

Stage 3 (Enforcement and Exclusion)

Procedures for the removal of services for those persons who repeatedly refuse to co-operate with the required behaviour and/or present an unacceptable risk have been developed and are contained within the All-Wales Violence and Aggression Training Passport and Information Scheme. The removal of treatment is an extreme action and must be approved by the Chief Executive Officer prior to initiation. It will also ensure that HDdUHB services that may be affected are informed. As above the individual's GP will also be notified of any such interventions in order to minimise potential risk to other healthcare staff.

Sample letters can be found in Appendix 5 (Welsh version in Appendix 9).

Any change in the provision of care as a result of reaching stage 3 of this process will be reviewed within 3 months by an appointed Review Panel. Notification for the panel to reconvene will be provided by the relevant management team. The patient will be notified of any decision made by the panel.

External Sanctions

Staff members who become victims of violence/abuse/hate crime as a result of their role will actively be supported in pursuing criminal actions against their perpetrators, where appropriate and considering all circumstances. The impact to HDdUHB and level of service will also be considered when relaying complaints to the police and Crown Prosecution Service (CPS). All complaints will be dealt with under the latest model and agreement between the relevant agencies e.g. Obligatory Response to Violence in Healthcare.

Offences of this nature are generally classed as assault and/or harassment and vary in seriousness from common assault through to offences of grievous bodily harm with intent. At present hate incidents

and crimes are classed as aggravating features for any offences and are under scrutiny by government and the criminal justice services, this has recently secured the specific offence of committing an assault on an emergency worker and applies to any person employed by the HDdUHB and engaged with their designated duties.

If an offence has been committed and the victim wishes to pursue the matter, then the police must obtain an account from the victim at the earliest opportunity. This reinforces the importance of incidents being reported promptly and correctly. The police will seek to deal with the offender; however, this will depend on the capacity and medical treatments required and may in some instances cause a delay in action being taken. If the police consider that a caution or fixed penalty fine is the most appropriate action, the officer should act in accordance with the latest multi agency agreement and protocols and liaise with the Violence and Aggression Case Manager, victim or line manager before pursuing this course of action.

Further evidence may be required, e.g. CCTV footage, photographs, medical statements, capacity assessments, witness statements and doctor's statements regarding injuries etc. and assistance will be offered in facilitating this within the legal frameworks in which evidence must be obtained.

Upon completion of the investigation the CPS will decide based on the evidence whether to pursue the incident selecting the most appropriate pathway or charges. The CPS will manage the prosecution at all stages. Criminal matters can be referred to either magistrates or crown court with defendants possibly electing trial. It is vital to use the support services in place to help victims and witnesses through this process. The CPS may make recommendations to the court that further orders or conditions are also considered following conviction.

HDdUHB and the victim should be kept informed of the progress and status of the criminal action with the use of designated contacts and information exchange. Formal representations will be established with Community Safety Partnerships to ensure that violence and aggression is included as a specific action set within their crime and anti-social behaviour action plan.

Appeals Process

With the appropriate level of communication between the Service and the individual it is hoped few appeals/challenges will be received. However, if an individual wishes to challenge what has been alleged and feels aggrieved regarding the decision for a warning letter to be sent, they can contact the Patient Support & Advisory Service in accordance with the HDdUHB's complaint management process, as established by the NHS (Concerns, Complaints & Redress Arrangements) (Wales) Regulations 2011.

Patient Support and Advisory Service
Telephone: 0300 0200 159 or Text: 07891 142240
Email: Hdhb.patientsupportservices@wales.nhs.uk

Victim Support

The department/line manager has the main responsibility to support the staff post incident. In addition to this support the person involved in the incident, or the manager can contact the following for advice and support:

- Violence and Aggression Case Manager;
- Security Manager;
- Assistant Security / Violence & Aggression Officers;
- Reducing Restrictive Practice Department;
- Head of Health, Safety & Security;
- Workforce Advisers;
- Trade Union, staff organisation or professional association representatives;
- Occupational Health Department;
- Staff Psychological Wellbeing Department;
- Corporate Safeguarding Team.

Post Incident After Care for Staff

The following points will need to be considered by the department/line manager immediately and made available as necessary following an incident:

- Do arrangements need to be made for the member of staff to receive medical attention or treatment?
- Does the member of staff feel fit (physically and/or psychologically) to continue duties and if not do they need assistance with transport to go home?
- Do they need recovery time after the incident?
- Has an incident form (Datix) been completed?
- Has the Violence and Aggression Case Manager or relevant department(s) been informed?
- Has the staff member had an opportunity to discuss the incident and how it was managed?
- Have other members of staff been de-briefed regarding the incident who may have been affected or require support?
- Has the staff member been offered specialist counselling?
- Is the member of staff still prepared or fit to provide care to the patient involved?
- Do staff require support in liaising with the Police and CPS over the incident?
- Are any risks identified that require a change in working practice or changes to the working environment?
- Is there a current, suitable and sufficient violence and aggression/security risk assessment in place for the department, service or location?

A post incident risk assessment review must be completed, and control measures communicated to all relevant staff as soon as is reasonably practicable with a copy forwarded to the Violence and Aggression Case Manager.

Where reference to the Violence and Aggression Case Manager is considered relevant the victim can expect contact at the earliest practical opportunity after the event to verify that the appropriate support and advice has been offered. The victim should be kept regularly informed of events and the progress of any incidents and investigation. Where appropriate this should be reinforced with letters at agreed

intervals. The Violence and Aggression Case Manager should act as a single point of contact as described in the latest agreement between the NHS, Police and CPS in Wales. Continuing support and advice will be offered to the victim throughout any investigative or legal process.

Support and Advice for Victims of Hate Incidents/Crimes

It is vital to ensure an environment in which people feel they can approach their senior staff/manager to report hate incidents. Staff who feel that they have or may be about to be subjected to any sort of hate incident or crime should discuss this with their line manager in the first instance, if this is not practicable then contact can be made with the V&A Case Manager or any other suitable manager within the HDdUHB.

Every assistance will be given to a person who has been subjected to, experienced or witnessed a hate incident, as they may be distressed, even if they may appear to be trying to play down the incident and do not want to make a fuss. Employees who feel that they are subject to bullying/harassment or inappropriate behaviour are strongly urged not to accept the situation and to do something about it. In this respect any one or more of those listed in the Roles and Responsibilities section of this policy may be contacted for advice and support.

Staff experiencing or witnessing hate incidents/crimes should also be sign-posted to Victim Support who are being funded by Welsh Government to provide a 3rd party reporting service for the victims of all forms of hate crime under the Framework for Action (Tackling Hate Crime and Incidents) 2014.

Victim Support can be contacted at: http://www.reporthate.victimsupport.org.uk/

The sort of support that can be provided will vary according to the circumstances of each individual case, however typically it might include emotional support, advocacy, practical support or restorative justice.

Roles and Responsibilities

The Chief Executive

The Chief Executive has overall accountability for ensuring that effective arrangements are in place for the management of violence, aggression and security across HDdUHB. This includes:

- Ensuring compliance with statutory obligations under health and safety legislation and relevant national guidance, including the Obligatory Response to Violence in Healthcare;
- Providing strategic leadership to promote a culture where violence and aggression is not tolerated and staff safety is prioritised;
- Ensing that robust governance, assurance and reporting systems are in place to monitor performance and risks relating to violence and aggression;
- Ensuring adequate resources, systems and competent persons are in place to effectively prevent, manage and respond to incidents;

- Appointing an appropriate Executive Director as the designated lead for violence and aggression and security management;
- Receiving assurance that effective arrangements are in place for partnership working with external agencies, including Police, CPS and the Anti-Violence Collaborative;
- Authorising, or delegating authority for, decisions relating to exclusion of individuals where there is a significant risk to staff or others;
- Ensuring that this policy is implemented, reviewed and embedded across the organisation.

The Chief Executive is supported in discharging these responsibilities by the Executive Team and relevant governance groups.

The Director of Allied Health Professions and Health Sciences (Executive Lead)

The Executive Lead is responsible for providing Board-level leadership, oversight and assurance in relation to the prevention and management of violence and aggression. This includes:

- Acting as the nominated Executive with responsibility for violence and aggression and security management across HDdUHB;
- Ensuring the effective implementation of this policy and associated procedures across all services;
- Establishing and maintaining effective governance arrangements, including oversight through appropriate committees and groups;
- Ensuring that robust systems are in place for incident reporting, investigation, case management and organisational learning;
- Monitoring performance, risks and compliance, and providing regular assurance reports to the Board and relevant committees;
- Ensuring alignment with national requirements, including the NHS Wales Anti-Violence Collaborative and the Obligatory Response to Violence in Healthcare;
- Promoting a proactive, preventative approach to managing violence and aggression, including risk assessment, training and environmental controls;
- Ensuring that appropriate resources, training frameworks (e.g. All-Wales Violence and Aggression Training Passport), and specialist support functions are in place;
- Supporting effective partnership working with external agencies including Police, CPS and community safety partners;
- Championing a culture where staff feel safe, supported and confident to report incidents.

The Executive Lead will work closely with the Head of Health, Safety and Security and the Violence and Aggression Case Manager to ensure operational delivery and continuous improvement.

The Director of Workforce and Organisational Development

Is responsible for:

- Ensuring that the Health Board and Partnership Forum are appropriately informed and engaged on matters relating to violence and aggression impacting staff;

- Providing assurance through regular reporting to the Board and Partnership Forum on performance, trends, training compliance and workforce impacts relating to violence and aggression;
- Promoting a positive organisational culture in which violence and aggression is not tolerated, and where staff feel supported, confident and empowered to report incidents;
- Ensuring that appropriate training frameworks are in place, including mandatory training requirements, and that staff are supported in the continuous development of skills relating to personal safety, de-escalation and prevention;
- Ensuring that violence and aggression responsibilities are clearly defined within job descriptions, induction programmes and ongoing training;
- Ensuring that relevant policies, procedures and guidance relating to violence and aggression are effectively communicated and embedded across HDdUHB;
- Supporting the coordination of workforce-related risk assessments and ensuring that staff safety considerations are fully integrated into organisational risk management processes;
- Ensuring that appropriate case management support, advice and guidance is available to managers and staff experiencing incidents of violence and aggression;
- Ensuring that timely and effective support mechanisms are in place for affected staff, including access to Occupational Health and Staff Psychological Wellbeing Services;
- Ensuring that systems are in place to monitor and support management performance in relation to preventing and responding to violence and aggression incidents, including through appraisal and performance management processes.

Heads / Managers of Clinical Care Groups and Services Functions

Have responsibility for ensuring effective arrangements are in place for the co-ordination of risk, health and safety arrangements, including organisational arrangements, policies and procedures and compliance with legislation and guidelines regards violence and aggression.

Senior Managers

Are responsible for ensuring adequate risk assessments, local guidelines, procedures and control measures are introduced. Also ensuring safe systems of work are adopted coupled with availability of training, health and safety records, ensuring staff compliance, incident reporting, communications, support, liaison and audits within their services.

In work areas where restraint is likely to be required, Senior managers should complete Restraint Reduction training in order to understand what types of responses would be deemed appropriate within their local working environment.

Service / Line Managers and/or Heads of Department

Have overall responsibility for making sure that arrangements are in place:

- To access specialist advice by liaising with the Violence and Aggression Case Manager or the Head of Health, Safety & Security;
- To ensure that individuals are aware of their responsibilities for health and safety and violence and aggression;

- For the development and implementation of this policy within their Service/Department;
- For identifying hazards and carrying out appropriate risk assessments in line with current legislation including the risk assessment and risk register procedure;
- For preparing and implementing the organisational structure, putting in place individuals with responsibility for the management of violence and aggression within their Service / Department and that these persons are competent to perform these functions;
- To consult and involve staff and safety representatives to identify issues and develop appropriate working practices and control measures;
- For staff to have relevant information about the risks they face and preventative measures;
- To prepare and implement safe systems of work;
- To ensure systems are in place to monitor performance in relation to violence and aggression;
- To complete Training Needs Analysis (TNA) regarding violence and aggression to ascertain the appropriate level of training required by their staff team and to liaise with the training department for support where required;
- For the right level of expertise and for individuals to be properly trained on recruitment and when they may be exposed to increased or new risks due to changes in responsibility, the environment or working practices. Training must be appropriate and repeated at suitable intervals;
- To ensure as far as reasonably practicable that sufficient information, training, instruction and supervision is in place to protect the health safety and welfare of staff within the Service / Department;
- To organise the distribution of HDdUHB instructions and guidance to staff with the Service / Locality / Department.

In work areas where restraint is likely to be required, Service / Line Managers and/or Heads of Department should complete Restraint Reduction training in order to understand what types of responses would be deemed appropriate within their local working environment.

The Head of Health, Safety and Security

Is responsible for:

- Leading and coordinating the operational management of violence and aggression across HDdUHB, ensuring effective implementation of this policy, supporting services, and alignment with security management and case management arrangements;
- Providing advice with regards to patient/staff safety issues along with support from the Violence and Aggression Case Manager and the Assistant Security / Violence and Aggression Officers;
- Ensuring that violence and aggression incidents that meet the criteria are reported to the Health and Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in line with statutory requirements.

The Violence and Aggression Case Manager

The Violence and Aggression Case Managerr (VACM) aims to provide a comprehensive service for HDdUHB in relation to violence and aggression. Together with staff members and managers they will work towards the creation and sustainability of a safe and secure working environment for staff and

members of the public. This will provide the basis on which the highest levels of clinical care can be provided. The VACM will:

- Through early contact, provide support/advice for any victims of violence and aggression;
- Develop and maintain effective working relationships with NHS stakeholders, the Police and CPS as described within the Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative;
- Progress cases for prosecution and act as a point of contact for the victim, Department, Police, CPS, Victim Support and Legal Services;
- Challenge enforcement agencies and make representations in order to gain appropriate disposals and courses of action with outside agencies, with the consent of the victim and with the authority of the Chief Executive Officer;
- Consider additional measures against perpetrators of unacceptable behaviour such as internal sanctions, patient undertakings, patient exclusions and anti-social referrals;
- To recommend safety measures through crime audits;
- To report crime and security breaches;
- To advise individual staff members, Clinical Care Group/Function Managers and Heads of Department;
- To advise on the protection of staff, patients, visitors and property;
- To assist with the prosecution of individual;
- To promote crime prevention schemes e.g., Hospital Watch;
- To highlight to individuals that their behaviour has been unacceptable through letters or personal visits where appropriate in conjunction with local managers;
- To assist with the implementation of the Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative to promote positive outcomes for reported incidents of violence and aggression through improved inter agency working;
- To act as a point of contact between injured persons, Police and CPS and Anti-Violence Collaborative (AVC).

The Assistant Security / Violence and Aggression Officers (ASVAO)

Assist the VACM and the Security Manager with the completion of their duties to provide a comprehensive service for HDdUHB in relation to violence and aggression. Based at each acute site, the ASVAOs:

- Act as the first point of review for all newly reported violence and aggression incidents, undertaking an initial assessment to determine risk, required actions and escalation needs;
- Provide initial liaison with line managers and affected staff, ensuring timely support, advice and reassurance is given following an incident;
- Respond promptly to reported incidents, ensuring appropriate immediate actions are taken to safeguard staff and others;
- Escalate incidents to the VACM where there is a need for formal case management, enforcement action, police involvement, or where risk and complexity require specialist oversight;
- Actively support the VACM in the progression of escalated cases by gathering, securing and documenting evidence, including witness statements, CCTV and incident records;
- Undertake periodic audits of violence and aggression risk assessments across their sites, monitoring compliance and working with managers to ensure assessments are current, suitable and sufficient, and reviewed within required timescales.

ASVAOs will maintain close working relationships with the VACM to ensure a consistent, timely and effective response to all incidents of violence and aggression.

The Reducing Restrictive Practice (RRP) Department

Will lead on the implementation of the All-Wales Violence Passport Information Scheme ensuring that adequate and appropriate training is provided in consultation with managers and the learning and development department. This will include all prevention and management of violence and aggression training. The RRP trainers provide training to staff working with people in Learning Disabilities Services across the HDdUHB region. Trainers work under the Restraint Reduction Network (RRN) Training standards 2019.

The RRP Department will work collaboratively with the V&A Case Manager on the provision of advice and monitor implementation of policies, risk assessments and safe working practices in regard to all matters associated with the management of violence and aggression. This will include the annual and quarterly audits of Restrictive Physical Interventions, including the use of seclusion. The department will also ensure that all training provided focusses on prevention and advocates supporting individuals who display behaviours that challenge in a positive and proactive manner.

The Occupational Health Department / Staff Psychological Wellbeing Service

- Ensure that, where referral to Occupational Health is necessary, access is expedited. The recommendations of the Occupational Health team must be delivered swiftly and monitored;
- Ensure that victims are offered access to appropriate psychological intervention quickly and effectively;
- Ensure that confidential and independent counselling services are available.

Individual Employees

Have a moral and statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions. All employees:

- Are required to co-operate with their manager/supervisor to enable HDdUHB to meet its legal duties and obligations;
- Are expected, in the course of their employment, to report to their Manager/Supervisor any hazardous situations or defective equipment;
- Where issued with personal protective equipment or personal safety equipment employees will ensure that they have adequate training and use the equipment correctly;
- Where locally accepted safety practices exist such as buddy calls, check calls etc it is the duty of the individual to adhere to those practices to assist in the personal safety;
- Must report incidents via the incident reporting system (Datix) as soon as practicable where increased risks are evident to any other persons;
- Should understand the definitions in Section 6, including those of a hate incident / crime;
- Should understand that an incident is deemed to be offensive if the victim perceives it to be so;

- Should know that if an allegation of harassment or discrimination is raised, the process for investigation contained in the 995 – respect and resolution All Wales Policy (opens in a new tab) will be followed.

Violence and Aggression Training

A condition of employment for all employees is that they are required to complete the corporate induction training programme on commencement of employment which includes violence and aggression training. This policy and enactment arrangements should be brought to the attention of all new staff at local induction.

Additional training is dependent on the level of risk that has been identified by risk assessment. Training needs analysis is the responsibility of all Service / Line Managers and/or Heads of Department. They should complete the HDdUHB All-Wales NHS Violence and Aggression Training Passport Refresher Training Checklist to assess violence and aggression risks of their department(s), which can be found on the HDdUHB intranet. If additional training is required, this should be arranged via the RRP Department. Appropriate training will be provided as follows (for content, please see the All-Wales NHS Violence and Aggression Training Passport):

- Module A - Induction and awareness raising;
- Module B - Theory of personal Safety and de-escalation;
- Module C – Breakaway;
- Module D – Restrictive Physical intervention (RPI) techniques.

Training plans should be developed in line with annual training plans/training needs analysis in collaboration with the Workforce and OD Development and monitored via normal performance management arrangements.

Records of training should be kept by both the relevant Clinical Care Group/Function and the Learning & Development Department and be updated Electronic Staff Records (ESR).

Disciplinary Action

Disciplinary action under the terms of the 201 - Disciplinary Policy and Procedure (opens in a new tab) will be taken against any employee, who shows wilful disregard for the safe working practices. Where the disregard for safe working practices seriously affects the health and safety of themselves or that of any other employees, the employee may be summarily dismissed. Also, the employer and their employees may be subject to prosecution under the Health and Safety at Work Act 1974 and further legislation.

Implementation, Monitoring and Review

A copy of this policy and related materials are published on the HDdUHB Intranet site. For those staff without access to the intranet, it will be the responsibility of the local manager to make available access to the policy in an appropriate manner. The policy will also be available to members of the public via the organisations website. A number of mechanisms will exist to measure the success of the policy.

Internal Monitoring

Internal monitoring of the management of violence and aggression within HDdUHB is the responsibility of the departments who, through the Head of Health & Safety and/or Security / Case Manager will carry out an Annual Audit. The findings will be sent to the relevant Director and will be discussed at the relevant local safety group. The results will then be collated by the Health, Safety & Security Department as a HDdUHB wide audit and discussed at the Health and Safety Compliance Group. Internal monitoring is achieved by:

- Ensuring the Welsh Government Violence and Aggression Action plan status is considered at each Implementation Group meeting;
- Ensuring that each local health and safety group considers trends and information relating to violence and aggression incidents within their area;
- Ensuring that all incidents are investigated, and actions are fed back to the reporting individual;
- Compiling records and statistics of staff violence and aggression training;
- Checking performance against policies, procedures and safe systems of work to ensure that safe working practices and conditions exist;
- Appropriate involvement of safety representatives in line with National Codes of Practice.
- Undertaking an annual review of violence and aggression;
- Ensuring audits are produced annually and quarterly by the RRP Department regarding incidents of Restrictive Physical Interventions;
- Ensuring audits are produced by the Security / Case Manager regarding all incidents of violence and aggression.

External Monitoring

External monitoring of violence and aggression within NHS premises is vested in the Health and Safety Executive. The Welsh Government Anti Violence Collaborative require regular data from HDdUHB relating to violence and aggression and will monitor performance as appropriate.

Review

The Health, Safety and Security Team will monitor and review this policy on a three-yearly basis (or sooner in light of changes in legislation or practice) in collaboration with the Executive Lead. This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with statutory responsibilities.

References

The following reference sources have been used in the compilation of this Violence and Aggression Policy:

- Welsh Government Action plan of Violence and Aggression;
- All Wales NHS Violence and Aggression Training Passport and information Scheme;
- Obligatory Response to Violence in Health Care as supported by the NHS Wales Anti-Violence Collaborative;

- Welsh Government Tackling Hate Crimes and Incidents: A Framework for Action;
- Management of Violence & Aggression Policy, Abertawe Bro Morgannwg University Health Board, 2012;
- Welsh Government Consultation document 2019 Reducing Restrictive Practices.

Relevant law

- Health and Safety at Work etc Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- Safety Representatives & Safety Committees Regulations 1977;
- Mental Capacity Act 2005;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- Workplace (Health, Safety and Welfare) Regulations 1992.

Further information is available on the HSE website: http://www.hse.gov.uk/violence/index.htm

Appendix 1 – I.C.E. Procedure for Dealing with Unacceptable Behaviour in HDdUHB

I.C.E. Stage 1 (Identification of behaviour / informing person concerned)

This first stage is to highlight directly to the individual that their behaviour has fallen short of what is acceptable by Hywel Dda University Health Board (HDdUHB). A letter is sent to the individual, signed by the Chief Executive Officer, informing them that should they, on any occasion in the future fail to comply with the expected standards of behaviour, Stage 2 of the HDdUHB Policy will be enacted with Personal Undertakings being put in place with relevant conditions (as outlined in the accompanying Guide to Unacceptable Behaviours 'Putting Abuse on ICE').

1. In the event of inappropriate behaviour by a patient/carer/visitor or relative and following careful review by the patient's clinical team (or the on-call team out of hours), witness accounts a stage 1 letter may be considered.

2. If the senior nurse on duty for the clinical area feels that the issuing of a stage 1 letter is appropriate, he/she should contact a suitable member of staff. Examples of appropriate members of staff to initiate procedure are the Site manager, General Manager, Lead nurse, Clinical Director, Locality Manager, Senior Nurse, Department Manager and Nurse Practitioner. This list is not exhaustive.

3. It is the responsibility of that suitable person to do the following:

a. Ensure full details of the incident(s) and the staff member's concerns have been raised, document them and decide whether a stage 1 letter is appropriate. Wherever possible, get witnesses to the event to sign the record as true and accurate. These can include other patients, carers as well as staff. These should be recorded on the Datix incident report as soon as practicable.

b. Complete the Datix fully e.g., the exact nature of injuries caused (if any) exact words/language used, provide contact details of staff member/s affected, welfare considerations.

c. Inform the Violence and Aggression Case Manager.

d. Obtain confirmation as to the individual's capacity.

e. Inform and seek advice from the individual's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.

f. Inform the individual of staff concerns and explain the procedure for sending a stage 1 letter. Ensure that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.

g. The Violence and Aggression Case Manager will liaise with the service regarding what action have they undertaken to seek co-operation, review witness or Datix narrative accounts, complete the necessary details on the template Stage 1 letter in Appendix 2 (or 6 for Welsh) and send to the Chief Executive Officer for signature.

h. Send the signed letter to the individual with a copy of the HDdUHB Guide to Unacceptable Behaviours 'Putting Abuse on ICE' (Also in Appendix 2 or 6 for Welsh).

i. The Violence and Aggression Case Manager will upload a copy of the signed letter to the Documents section on the Datix form.

I.C.E. Stage 2 (Contract and Conditions – Patient / Personal Undertaking)

Stage 2 relates to the Contract Stage of the Patient / Personal Undertaking process. Whereby a letter / contract is issued to an individual to inform them that they have continued to fail to comply with acceptable conduct or that an increased level of security is required whilst they are on HDdUHB or other premises where HDdUHB staff operate from. The contract is sent with information regarding their rights and responsibilities.

The individual is informed that should they, on any occasion in the future fail to comply with the expected standards of behaviour then consideration will be made to withdrawing the current care arrangements. In Stage 2 a notice is also sent to the registered GP of the individual.

If a Patient / Personal Undertaking is to be considered the following action must be undertaken:

1. There will be evidence of continued unacceptable behaviour (Datix Incident reports). The Service Manager will consult with the Violence and Aggression Case Manager prior to review the reported behaviour. If evidence suggests the individual has failed to comply with Stage 1 of the process, then Stage 2 may be initiated.

2. The Violence and Aggression Case Manager will complete the necessary details on the template Stage 2 Contract & Conditions Patient / Personal Undertaking letter in Appendix 3/7.

3. The Violence and Aggression Case Manager will complete the necessary details on the template Stage 2 Contract & Conditions Letter to GP in Appendix 4/8.

4. Send both letters to the Chief Executive Officer for signature.

5. The signed Patient / Personal Undertaking letter should be sent to the individual with the information regarding their rights and responsibilities (also in Appendix 3/7).

6. The signed Letter to GP should be sent to the individual's GP along with a copy of the HDdUHB Violence and Aggression Policy.

7. The Violence and Aggression Case Manager will upload the letters to the Documents section on Datix.

8. The full process must be recorded in the patient's medical and nursing documentation.

9. Explain to the individual that the Undertaking will be held centrally and in the patient's records and will be flagged on the Patient Information System where available.

I.C.E. Stage 3 (Enforcement and Exclusion)

Stage 3 is the final stage of the Patient / Personal Undertaking. This stage formally confirms to the individual that following their continued unacceptable behaviour they are now excluded in any circumstances, other than a medical emergency, from treatment at any Hywel Dda University Health Board premises. It informs them that should they return to HDdUHB premises they will be asked to leave; the police may be called, and subsequently legal redress will be initiated to prevent further return.

Any change in the provision of care as a result of reaching stage 3 will be reviewed within 3 months by an appointed Review Panel. Notification for the panel to reconvene will be provided by the relevant management team. The patient will be notified of any decision made by the panel.

If Stage 3 is required:

1. Consult with the Violence and Aggression Case Manager. If it is agreed that the individual has failed to comply with Stage 2 of the process, then Stage 3 may be initiated.

2. The decision to exclude can only be taken by both the relevant Clinical Care Group/Function / Service Manager and relevant Clinical Director (in their absence their nominated deputies). They must be satisfied as to the capacity of the individual and that alternative care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in patient care in the normal manner.

3. The Clinical Care Group/Function Manager will complete the necessary details on the template Stage 3 Enforcement and Exclusion letter in Appendix 5 (or 9 for Welsh).

4. Clinical Care Group/Function Manager will send the letter to the Chief Executive Officer for signature and a copy sent to the Violence and Aggression Case Manager.

5. The signed Enforcement and Exclusion letter should be sent to the individual.

6. The Violence and Aggression Case Manager will upload the letter to the Documents section on Datix.

7. The responsible consultant must be informed and write to the individual's GP detailing the exclusion and the reasons for it.

8. The full process must be recorded in the individual's medical and nursing documentation, together with a detailed record of the rationale for exclusion and of the alternative arrangements for care. The individual should be told where this material will be held.

9. Explain to the individual that the exclusion will be held centrally and in the individual's records and will be flagged on the Patient Information System where available.

10. The individual must be informed that they may challenge their exclusion via the established complaints procedure.

11. If an excluded individual returns in any circumstances other than a medical emergency, security staff and/or the police should be called immediately. The HDdUHB will subsequently seek legal redress to prevent the individual from returning to the premises other than in a medical emergency.

12. The excluding HDdUHB may share, with other organisations, details of individuals that have been excluded from their services if they feel that there may be a risk to the safety or wellbeing of other employees / patients within the health and social care sector.

Appendix 2 – I.C.E. Stage 1 – Identification of Behaviour / Informing Person Concerned

Person's/Patient's Name…….
Address……
……
……...Reference ……

Date:……

Dear…….

This is to formally confirm to you that a report has been made regards your conduct on……at……
Whereby it is reported …. …….. ……..
……
……

As you may be aware, the health board displays notices at all premises regarding its approach to abuse or aggressive behaviours towards staff, having a moral legal and professional duty to protect them and maintain safe settings for the delivery of health care on an inclusive basis. Whilst situations may be distressing or frustrating, the threatening of staff will be challenged and is never acceptable.

As a result of this report you are now subject to Stage 1 of the violence and aggression policy and the enclosed document is supplied for your information. This document explains the types of behaviours that are unacceptable within the HDdUHB services.

This first stage is to highlight to you that your behaviour has fallen short of what is acceptable and Hywel Dda University Health Board is committed to providing a safe and secure environment for all its staff and service users.

Should you, on any occasion in the future fail to comply with the expected standards of behaviour explained to you by …… Stage 2 of the HDdUHB Policy will then be applied with Personal Undertakings being put in place with relevant conditions.

More serious breaches could result in the consideration of the immediate exclusion from HDdUHB premises by staff/police. Further criminal or civil sanctions may also be instigated.

We would urge you to consider your conduct towards our staff and on our premises at all times.

Yours sincerely

(Name)
Chief Executive Officer

Putting Abuse on I.C.E.

Information on Unacceptable Behaviours within HDdUHB

Hywel Dda University Health Board (HDdUHB) is committed to providing the best quality healthcare in a safe and secure environment for all staff & users.

Inappropriate and abusive behaviour not only affects those targeted with physical or mental distress but it can also affect those in need of care and support. Abuse can take many forms and can seriously affect moral and the ability to provide the highest levels of healthcare.

The majority of abuse and threats include some form of criminal behaviour and as such will be carefully considered for further action.

Staff need everyone's cooperation to provide a safe and secure environment for the best delivery of care.

Putting abuse on ICE is a simple three stage process as follows:

I - Stage 1 (Identification of behaviour /Inform person concerned)

This is to inform you that your conduct has been deemed unacceptable.
A schedule of unacceptable behaviours is below for your information.
Any further such conduct will initiate stages 2 and 3 of this process.

C - Stage 2 (Contract and Conditions)

A letter/contract will be issued to you as you have failed to comply with acceptable conduct, or an increased level of security is required whilst you are on our premises or using our services.
Your GP will also be informed.

E - Stage 3 (Enforcement and Exclusion)

Serious breaches or conduct will always be considered for prosecution and may also be followed with exclusion orders. In some instances, exclusion orders may just be invoked. Remember most forms of abuse involve criminal offences.
Confirmation of your exclusion or any enforcement will be sent to your GP.

HDdUHB takes any instances of unacceptable behaviour seriously. Unacceptable behaviour can result in injury or distress being caused and can be dealt with through internal HDdUHB actions or potential criminal proceedings. This list has been produced so that you understand and are aware these types of behaviour will not be tolerated towards our staff or at our premises.

The following are forms of unacceptable conduct:

- Any physical or verbal threat of violence
- Any criminal behaviour e.g. theft/drugs/damage
- Offensive language
- Any abuse/incident which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's actual or perceived age, disability, race, religion or belief, sexual orientation and transgender. (Hate crime/incident)
- Inappropriate or intimate questioning of staff
- Harassment / Intimidation of staff
- Interfering with proper medication or treatment
- Shouting, abusive or disruptive behaviour
- Failing to leave healthcare premises upon request
- Malicious allegations against staff or others
- Excessive visitor numbers that impact care
- The supply of drugs/alcohol to patients
- Visiting departments other than for treatment whilst drunk or under the influence of substances
- Any behaviour that challenges the safety wellbeing or security of staff/users of HDdUHB facilities
- Smoking on HDdUHB premises
- Failing to comply with safety measures or government directives
- Other (please state)

Should you have any concerns or complaints that you wish to raise, you should send them in writing to the following address:

Patient Support and Advisory Service
Telephone: 0300 0200 159
Text: 07891 142240
Email: Hdhb.patientsupportservices@wales.nhs.uk

Appendix 3 – I.C.E. Stage 2 – Contract and Conditions – Patient / Personal Undertaking

Person's/Patient's Name ……..…….
Address……
……Reference

Date:……
Dear…….

This is to formally confirm to you that a report has been made regards your conduct on…….....at……
……Whereby it is reported …. …….. ……..
……
As you may be aware, the health board displays notices at all premises regarding its approach to abuse or aggressive behaviours towards staff, having a moral legal and professional duty to protect them and maintain safe settings for the delivery of health care on an inclusive basis. Whilst situations may be distressing or frustrating, the threatening of staff will be challenged and is never acceptable.

As a result of this report you are now subject to Stage 2 of the Violence and Aggression policy and the enclosed document is supplied for your information. This document explains the types of behaviours that are unacceptable within the HDdUHB services.

This stage is to inform your behaviour has fallen short of what is acceptable and Hywel Dda University Health Board is committed to providing a safe and secure environment for all its staff and service users. A personal undertaking has now been applied to you, and enclosed is a copy of your rights and responsibilities.

Should you, on any occasion in the future fail to comply with the expected standards of behaviour explained to you by …… then consideration will be made to withdrawing the current care arrangements.

More serious breaches could result in the consideration of the immediate exclusion from HDdUHB premises by staff/police. Further criminal or civil sanctions may also be instigated.
Such an exclusion from HDdUHB premises would mean you would not receive NHS care, as your responsible clinician would seek to make alternative arrangements for you to receive treatment elsewhere. A notice has been sent to your registered GP.

We would urge you to consider your conduct towards our staff and on our premises at all times.

Yours sincerely
(Name)
Chief Executive Officer

RESPONSIBILITIES AND RIGHTS – PATIENT / PERSONAL UNDERTAKING

YOUR RIGHTS	YOUR RESPONSIBILIES
Hywel Dda University Health Board and its employees are obligated to me, as a person with regards a duty of care and aim to provide services to meet my needs for healthcare and treatment at all times. The HDdUHB and its employees aim to provide health services that are sympathetic and responsive to my individual needs within the resources that the HDdUHB has available. The HDdUHB and its employees want to deliver appropriate and effective health care and treatment to me. The HDdUHB will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner which is deemed unacceptable	I will not behave in any way, which can be considered to be violent, abusive or intimidating. Violence includes any incident where any members of staff are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, wellbeing or health of any member of staff, patients or visitors. Violent behaviour may include verbal abuse, harassment and threats of harm by any means. Other unacceptable behaviours are: Abuse and supply of both alcohol and drugs. Damage to HDdUHB property. Physical Acts of violence. Undermining the safety of health care settings. I will treat all NHS Staff, Patients, Carers and Visitors, politely and with respect at all times. I will not consume alcohol or take any form of non-prescribed substances or drugs whilst in any healthcare setting within Hywel Dda Health Board. I accept and understand that the HDdUHB is obliged to provide a safe and secure environment for all its staff and service users and to care for their health and safety. I understand that no member of staff has to jeopardise their safety in providing me with care.

Appendix 4 – I.C.E. Stage 2 – Contract and Conditions – Letter to GP

GP's Name and Address…….
……

Date……..

Dear …….

RE: Person's/Patient's Name……
Address……..……
……
Date of Birth ……. Reference ……..

The above-named individual

- Is currently an in/outpatient at…….....
- Has attended
- Is receiving treatment from the Health Board Community Nursing Service
- Other……

NB: The individual has been assessed as competent in decision making.

In order to protect the clinical environment for other service users and staff members it has been necessary to instigate the use of a Personal Undertaking for the above-named person.

This being a process where the individual having displayed unacceptable standards of behaviour. Their rights and responsibilities have been brought to their attention and the person has been asked to confirm that they understand that failing to comply with their responsibilities, could result in changes to the delivery of health care. It may result in the withdrawal of care except for emergency treatment.

If you require further information please contact HDdUHB Violence and Aggression Case Manager, Prince Philip Hospital, Llanelli, SA14 8QF.

Yours sincerely

(Name)
Chief Executive Officer

Appendix 5 – I.C.E. Stage 3 – Enforcement and Exclusion

LETTER TO PATIENT / PERSON - WITHDRAWAL OF TREATMENT/EXCLUSION FROM HYWEL DDA UNIVERSITY HEALTH BOARD PREMISES

PATIENT'S/PERSON'S NAME ……...
ADDRESS …….
……..
……..
……..

HOSPITAL REFERENCE NUMBER ……
Date:…….

Dear …….

Further to the letter sent to you on (date), and the Formal Patient Undertaking issued, I am now writing to formally confirm that following your continued unacceptable behaviour on (insert date) at (insert venue) you are now excluded in any circumstances, other than a medical emergency, from treatment at any Hywel Dda University Health Board premises

The letter referred to above and the Formal Undertaking informed you that any future failure to comply with the expected standards of behaviour within the HDdUHB may result in exclusion from treatment at any of our premises.

A detailed record of the circumstances leading to the decision is held within (specify)……. ……and you have the right to challenge the decision via the established complaints procedure by writing to the above address.

Should you return to HDdUHB premises you will be asked to leave, the police may be called and subsequently legal redress will be initiated to prevent further return.

The exclusion will be reviewed on (insert date - maximum one year). Your General Practitioner has also been informed of this decision in order that alternative arrangements can be made.

Yours sincerely

(Name)
Chief Executive Officer

Atodiad 6 – I.C.E. Cam 1 – Nodi Ymddygiad / Hysbysu'r Person Dan Sylw

Enw'r person/claf.....
Cyfeiriad.....
.....
Cyfeirnod .....

Dyddiad:.....

Annwyl.....

Mae hyn er mwyn cadarnhau'n ffurfiol i chi fod adroddiad wedi'i wneud ynglŷn â'ch ymddygiad ar..... yn.....
Lle mae'n cael ei adrodd .... ……..
……
……

O ganlyniad i'r adroddiad hwn, rydych bellach yn ddarostyngedig i Gam 1 o'r polisi trais ac ymosodiad ac mae'r ddogfen amgaeedig yn cael ei chyflenwi er eich gwybodaeth. Mae'r ddogfen hon yn esbonio'r mathau o ymddygiadau sy'n annerbyniol o fewn gwasanaethau BIPHDd.

Mae'r cam cyntaf hwn i dynnu sylw atoch bod eich ymddygiad wedi methu â'r hyn sy'n dderbyniol ac mae Bwrdd Iechyd Prifysgol Hywel Dda wedi ymrwymo i ddarparu amgylchedd diogel i'w holl staff a defnyddwyr gwasanaeth.

Os byddwch chi, ar unrhyw achlysur yn y dyfodol, yn methu â chydymffurfio â'r safonau ymddygiad disgwyliedig a esboniwyd i chi gan ..... Yna bydd Cam 2 o Bolisi BIPHDd yn cael ei gymhwyso gydag Ymgymeriadau Personol yn cael eu rhoi ar waith gydag amodau perthnasol.

Gallai digwyddiadau mwy difrifol arwain at ystyried gwaharddiad uniongyrchol o adeiladau BIPHDd gan staff/heddlu. Efallai y bydd sancsiynau troseddol neu sifil pellach hefyd yn cael eu hysgogi.

Byddem yn eich annog i ystyried eich ymddygiad tuag at ein staff ac ar ein safle bob amser.

Yn gywir

(Enw)
Prif Weithredwr

Cam-drin
I.C.E.
Gwybodaeth am Ymddygiadau Annerbyniol o fewn BIPHDd

Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi ymrwymo i ddarparu gofal iechyd o'r ansawdd gorau mewn amgylchedd diogel i'r holl staff a defnyddwyr.

Mae ymddygiad amhriodol a chamdriniol nid yn unig yn effeithio ar y rhai sy'n cael eu targedu â gofid corfforol neu feddyliol ond gall hefyd effeithio ar y rhai sydd angen gofal a chefnogaeth. Gall cam-drin gymryd sawl ffurf a gall effeithio'n ddifrifol ar foesau a'r gallu i ddarparu'r lefelau uchaf o ofal iechyd.

Mae'r mwyafrif o gam-drin a bygythiadau yn cynnwys rhyw fath o ymddygiad troseddol ac felly byddant yn cael eu hystyried yn ofalus ar gyfer camau pellach.

Mae angen cydweithrediad pawb ar staff i ddarparu amgylchedd diogel ar gyfer y ddarpariaeth ofalu orau.

Mae rhoi cam-drin ar ICE yn broses syml tri cham fel a ganlyn:

I - Cam 1 (Nodi ymddygiad / Hysbysu'r person dan sylw)
Mae hyn er mwyn eich hysbysu bod eich ymddygiad wedi'i ystyried yn annerbyniol.
Mae amserlen o ymddygiadau annerbyniol isod er eich gwybodaeth.
Bydd unrhyw ymddygiad pellach o'r fath yn cychwyn camau 2 a 3 o'r broses hon.

C - Cam 2 (Contract ac Amodau)
Bydd llythyr/contract yn cael ei roi i chi gan eich bod wedi methu â chydymffurfio ag ymddygiad derbyniol, neu mae angen lefel uwch o ddiogelwch tra byddwch ar ein safle neu'n defnyddio ein gwasanaethau.
Bydd eich meddyg teulu hefyd yn cael ei hysbysu.

E - Cam 3 (Gorfodi ac Eithrio)
Bydd toriadau neu ymddygiad difrifol bob amser yn cael eu hystyried i'w erlyn a gellir eu dilyn hefyd gyda gorchmynion gwahardd. Mewn rhai achosion, efallai y bydd gorchmynion gwahardd yn cael eu galw yn unig. Cofiwch fod y rhan fwyaf o fathau o gam-drin yn cynnwys troseddau troseddol.
Bydd cadarnhad o'ch gwaharddiad neu unrhyw orfodi yn cael ei anfon at eich meddyg teulu.

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn cymryd unrhyw achosion o ymddygiad annerbyniol o ddifrif. Gall ymddygiad annerbyniol arwain at anaf neu drallod yn cael ei achosi a gellir delio â nhw trwy weithredoedd mewnol BIPHDd neu achosion troseddol posibl. Mae'r rhestr hon wedi'i chynhyrchu fel

eich bod yn deall ac yn ymwybodol na fydd y mathau hyn o ymddygiad yn cael eu goddef tuag at ein staff nac yn ein safle.

Mae'r canlynol yn ffurfiau o ymddygiad annerbyniol:

- Unrhyw fygythiad corfforol neu lafar o drais
- Unrhyw ymddygiad troseddol e.e. lladrad/cyffuriau/difrod
- Iaith sarhaus
- Unrhyw gamdriniaeth/digwyddiad sy'n cael ei ystyried gan y dioddefwr neu unrhyw berson arall yn cael ei ysgogi gan elyniaeth neu ragfarn yn seiliedig ar oedran gwirioneddol neu ganfyddedig person, anabledd, hil, crefydd neu gred, cyfeiriadedd rhywiol a thrawsryweddol. (Trosedd casineb/digwyddiad)
- Cwestiynu staff yn amhriodol neu'n agos
- Aflonyddu / Dychryn staff
- Ymyrryd â meddyginiaeth neu driniaeth briodol
- Gweiddi, ymddygiad ymosodol neu aflonyddgar
- Methu â gadael adeiladau gofal iechyd ar gais
- Honiadau maleisus yn erbyn staff neu eraill
- Niferoedd gormodol o ymwelwyr sy'n effeithio ar ofal
- Cyflenwi cyffuriau/alcohol i gleifion
- Ymweld ag adrannau heblaw am driniaeth tra'n feddw neu dan ddylanwad sylweddau
- Unrhyw ymddygiad sy'n herio diogelwch, lles neu ddiogelwch staff/defnyddwyr cyfleusterau BIPHDd
- Ysmygu ar safle BIPHDd
- Methu â chydymffurfio â mesurau diogelwch neu gyfarwyddiadau'r llywodraeth
- Arall (nodwch os gwelwch yn dda)

Os oes gennych unrhyw bryderon neu gwynion yr hoffech eu codi, dylech eu hanfon yn ysgrifenedig i'r cyfeiriad canlynol:

Gwasanaeth Cymorth a Chynghori i Gleifion
Ffôn: 0300 0200 159
Neges destun: 07891 142240
Ebost: Hdhb.patientsupportservices@wales.nhs.uk

Atodiad 7 – I.C.E. Cam 2 – Contract ac Amodau – Ymgymeriad Claf / Personol

Enw'r person/claf .....
Cyfeiriad.....
..... Cyfeirnod .....

Dyddiad:.....
Annwyl.....

Mae hyn er mwyn cadarnhau'n ffurfiol i chi fod adroddiad wedi'i wneud ynglŷn â'ch ymddygiad ar..... yn..... Lle mae'n cael ei adrodd .... ……..
……
O ganlyniad i'r adroddiad hwn, rydych bellach yn ddarostyngedig i Gam 2 y polisi Trais ac Ymosodiad ac mae'r ddogfen amgaeedig yn cael ei chyflenwi er eich gwybodaeth. Mae'r ddogfen hon yn esbonio'r mathau o ymddygiadau sy'n annerbyniol o fewn gwasanaethau BIPHDd.

Mae'r cam hwn er mwyn hysbysu bod eich ymddygiad wedi methu â'r hyn sy'n dderbyniol ac mae Bwrdd Iechyd Prifysgol Hywel Dda wedi ymrwymo i ddarparu amgylchedd diogel i'w holl staff a defnyddwyr gwasanaeth. Mae ymrwymiad personol bellach wedi'i gymhwyso i chi, ac amgaewyd copi o'ch hawliau a'ch cyfrifoldebau.

Os byddwch chi, ar unrhyw achlysur yn y dyfodol, yn methu â chydymffurfio â'r safonau ymddygiad disgwyliedig a esboniwyd i chi gan ..... yna ystyrir tynnu'r trefniadau gofal presennol yn ôl.

Gallai digwyddiadau mwy difrifol arwain at ystyried gwaharddiad uniongyrchol o adeiladau BIPHDd gan staff/heddlu. Efallai y bydd sancsiynau troseddol neu sifil pellach hefyd yn cael eu hysgogi. Byddai gwaharddiad o'r fath o adeiladau BIPHDd yn golygu na fyddech yn derbyn gofal GIG, gan y byddai'ch clinigydd cyfrifol yn ceisio gwneud trefniadau amgen i chi gael triniaeth yn rhywle arall. Mae hysbysiad wedi'i anfon at eich meddyg teulu cofrestredig.

Byddem yn eich annog i ystyried eich ymddygiad tuag at ein staff ac ar ein safle bob amser.

Yn gywir

(Enw)
Prif Weithredwr

CYFRIFOLDEBAU A HAWLIAU – YMGYMERIAD CLEIFION / PERSONOL

EICH HAWLIAU	EICH CYFRIFOLDEBAU
Mae Bwrdd Iechyd Prifysgol Hywel Dda a'i weithwyr yn rhwymedigaeth i mi, fel person o ran dyletswydd gofal ac yn anelu at ddarparu gwasanaethau i ddiwallu fy anghenion am ofal iechyd a thriniaeth bob amser. Nod BIPHDd a'i weithwyr yw darparu gwasanaethau iechyd sy'n gydymdeimladol ac yn ymatebol i'm hanghenion unigol o fewn yr adnoddau sydd ar gael I BIPDHDd . Mae BIPHDd a'i weithwyr eisiau darparu gofal iechyd a thriniaeth briodol ac effeithiol i mi. Dim ond mewn amgylchiadau eithriadol y bydd BIPHDd yn cyfyngu neu'n tynnu'n ôl fy hawliau i ofal pan fyddaf wedi methu â chydymffurfio ag unrhyw un o'm cyfrifoldebau mewn modd sy'n cael ei ystyried yn annerbyniol	Ni fyddaf yn ymddwyn mewn unrhyw ffordd, y gellir ei ystyried yn dreisgar, yn ymosodol neu'n ddychrynllyd. Mae trais yn cynnwys unrhyw ddigwyddiad lle mae unrhyw aelod o staff yn cael eu cam-drin, eu bygwth neu eu hymosod mewn amgylchiadau sy'n gysylltiedig â'u gwaith. Gall gweithred o drais gynnwys her benodol i ddiogelwch, lles neu iechyd unrhyw aelod o staff, cleifion neu ymwelwyr. Gall ymddygiad treisgar gynnwys cam-drin geiriol, aflonyddu a bygythiadau o niwed trwy unrhyw ffordd. Ymddygiadau annerbyniol eraill yw: Cam-drin a chyflenwi alcohol a chyffuriau. Difrod i eiddo BIPHDd. Gweithredoedd corfforol o drais. Tanseilio diogelwch lleoliadau gofal iechyd. Byddaf yn trin holl Staff, Cleifion, Gofalwyr ac Ymwelwyr y GIG, yn gwrtais a gyda pharch bob amser. Ni fyddaf yn yfed alcohol nac yn cymryd unrhyw fath o sylweddau neu gyffuriau heb eu rhagnodi tra mewn unrhyw leoliad gofal iechyd ym Mwrdd Iechyd Hywel Dda. Rwy'n derbyn ac yn deall bod yn ofynnol i BIPHDd ddarparu amgylchedd diogel i'w holl staff a defnyddwyr gwasanaeth ac i ofalu am eu hiechyd a'u diogelwch. Rwy'n deall nad oes rhaid i unrhyw aelod o staff beryglu eu diogelwch wrth ddarparu gofal i mi.

Atodiad 8 – I.C.E. Cam 2 – Contract ac Amodau – Llythyr at y Meddyg Teulu

Enw a Chyfeiriad y Meddyg Teulu.....
.....

Dyddiad.....

Annwyl .....

RE: Enw'r person/claf.....
Cyfeiriad.....
.....
Dyddiad geni..... Cyfeirnod .....

Yr unigolyn a enwir uchod

- Ar hyn o bryd yn gleifion mewnol / allanol yn.....
- Wedi mynychu
- Yn derbyn triniaeth gan Wasanaeth Nyrsio Cymunedol y Bwrdd Iechyd
- Arall.....

NB: Mae'r unigolyn wedi cael ei asesu fel un cymwys wrth wneud penderfyniadau.

Er mwyn diogelu'r amgylchedd clinigol ar gyfer defnyddwyr gwasanaeth ac aelodau staff eraill, mae wedi bod yn angenrheidiol ysgogi defnyddio Ymgymeriad Personol ar gyfer y person a enwir uchod.

Mae hyn yn broses lle mae'r unigolyn wedi arddangos safonau ymddygiad annerbyniol. Mae eu hawliau a'u cyfrifoldebau wedi cael eu dwyn i'w sylw a gofynnwyd i'r person gadarnhau eu bod yn deall y gallai methu â chydymffurfio â'u cyfrifoldebau arwain at newidiadau i'r broses o ddarparu gofal iechyd. Gall arwain at dynnu gofal yn ôl ac eithrio triniaeth frys.

Os oes angen rhagor o wybodaeth arnoch, cysylltwch â Rheolwr Achos Trais ac Ymosodiad BIPHDd, Ysbyty Tywysog Philip, Llanelli, SA14 8QF.

Yn gywir

(Enw)
Prif Weithredwr

Atodiad 9 – I.C.E. Cam 3 – Gorfodi ac Eithrio

LLYTHYR AT GLAF / PERSON - TYNNU'N ÔL TRINIAETH/GWAHARDD O ADEILADAU BWRDD IECHYD PRIFYSGOL HYWEL DDA

ENW'R CLAF/PERSON .....
CYFEIRIAD .....
……..
……..
……..

RHIF CYFEIRNOD YSBYTY .....
Dyddiad:.....

Annwyl .....

Yn dilyn y llythyr a anfonwyd atoch ar (dyddiad), a'r Ymrwymiad Ffurfiol i Gleifion a gyhoeddwyd, ysgrifennaf yn awr i gadarnhau'n ffurfiol, yn dilyn eich ymddygiad annerbyniol parhaus ar (nodwch ddyddiad) yn (mewnosod lleoliad) eich bod bellach wedi'ch heithrio mewn unrhyw amgylchiadau, ac eithrio argyfwng meddygol, rhag triniaeth mewn unrhyw safle Bwrdd Iechyd Prifysgol Hywel Dda

Mae'r llythyr y cyfeirir ato uchod a'r Ymrwymiad Ffurfiol yn eich hysbysu y gallai unrhyw fethiant yn y dyfodol i gydymffurfio â'r safonau ymddygiad disgwyliedig o fewn BIPHDd arwain at wahardd rhag triniaeth yn unrhyw un o'n safleoedd.

Cedwir cofnod manwl o'r amgylchiadau a arweiniodd at y penderfyniad o fewn .... ac mae gennych yr hawl i herio'r penderfyniad trwy'r weithdrefn gwyno sefydledig trwy ysgrifennu i'r cyfeiriad uchod.

Os byddwch yn dychwelyd i adeilad BIPHDd, gofynnir i chi adael, efallai y bydd yr heddlu yn cael ei alw ac yna bydd iawn cyfreithiol yn cael ei gychwyn i atal dychwelyd pellach.

Bydd yr eithriad yn cael ei adolygu ar (mewnosod dyddiad - uchafswm o flwyddyn). Mae eich Meddyg Teulu hefyd wedi cael gwybod am y penderfyniad hwn er mwyn gwneud trefniadau amgen.

Yn gywir

(Enw)
Prif Weithredwr