

Meeting:	NHS Grampian Board
Meeting date:	22 October 2026
Item Number:	9.14
Title:	Violence and Aggression: Behaviour Protocol and Public-Facing Campaign
Responsible Executive:	Jay O'Brien, Director of People and Culture
Report Author:	Ian Cowe, Head of Health and Safety

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendation(s)

The Board is asked to:

- Review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements to policies and processes are being made and appropriate evidence of these has been provided to the Board's satisfaction.

This report relates to:

- NHS Grampian Strategy: Plan for the Future – People
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe

This subject matter of this report is relevant to the mitigation of the following strategic risks:

- Deteriorating Workforce Engagement

2 Report summary

2.1 Situation

Violence and aggression remain the most common type of adverse event affecting NHS Grampian staff. Reducing this risk is an organisational priority for 2026/27. This report outlines two related initiatives: the development of an NHS Grampian Behaviour Protocol for Patients and Visitors to support the NHS Scotland zero-tolerance approach, and a public-facing communication campaign highlighting staff experiences of violence and

aggression. The campaign aims to reinforce that abuse towards staff is unacceptable, explain the impact on patient care, set out the organisational and legal consequences for perpetrators, and encourage public support for and respect towards NHS Grampian staff.

2.2 Background

Violence and aggression remain, by a significant margin, the most common type of adverse event affecting NHS Grampian staff. NHS Grampian has a legal and moral duty to protect staff from these risks. The organisation has also been subject to enforcement by the Health and Safety Executive (HSE) for this topic in the past. The Once for Scotland Work-related Violence and Aggression Policy launched in 2026. It sets out a zero-tolerance approach but does not provide a detailed framework for applying this in practice, particularly where patients may have clinical needs, capacity issues or safeguarding considerations.

An NHS Grampian staff survey on the enablers and barriers to reporting violence and aggression was undertaken in September 2024 and received 881 responses. Findings presented to Grampian Area Partnership Forum in June 2025 highlighted that staff can be discouraged from reporting where they perceive that no meaningful action follows previous incidents.

Behaviour Protocol for Patients and Visitors

To support the zero-tolerance approach and strengthen support for staff affected by violence and aggression, the Corporate Health and Safety Team reviewed approaches used by other NHS Boards and Trusts, sought advice from the Central Legal Office, and developed an initial draft. This was presented to the Clinical Professional Directors Forum in March 2026, after which a multi-disciplinary short-life working group was established.

The group included service representatives, partnership colleagues, Health and Safety staff, and Prevention and Management of Violence and Aggression (PMVA) leads. Medical advice was sought to ensure the Behaviour Protocol reflects clinical presentation, capacity, individual circumstances and proportionality. Aberdeen City HSCP work was also considered, and the document has been reviewed by Nurse and AHP Directors.

The Behaviour Protocol applies to NHS Grampian staff and balances the organisation's duty of care to patients with its responsibility to protect staff from harm. Responses to unacceptable behaviour must be lawful, proportionate and informed by clinical need, capacity, safeguarding considerations, staff safety and individual circumstances.

The Behaviour Protocol sets expected standards of behaviour for patients and visitors, including respectful communication, following reasonable safety instructions, and treating staff and service users with dignity. It also outlines staff and manager responsibilities, including immediate safety action, DATIX reporting, factual documentation, support for affected staff, and escalation where risks continue.

For patients and service users, the Behaviour Protocol provides a staged process from local resolution and written warnings through to final warning and possible exclusion where behaviour continues, or where a serious incident requires immediate escalation. For visitors, the process is shorter and allows local resolution or immediate removal where there is serious risk.

The Behaviour Protocol also supports management plans and visiting schedules where behaviour is recurrent or escalating. These should set clear expectations, maintain access to care where possible, and be reviewed regularly. It emphasises accurate, factual and proportionate record keeping, with detailed incident information recorded through DATIX. TrakCare alerts may be used where necessary, and guidance is included on this.

Public-Facing Campaign

Our Communications Team is developing a multimedia campaign to reduce violence and aggression towards NHS Grampian staff, with input from Emergency Departments, reception, Security and other frontline services. The campaign recognises that waiting, uncertainty, anxiety and frustration can be part of the healthcare experience, while making clear that abuse, aggression and violence towards staff are unacceptable.

The campaign will combine messages about respect and acceptable behaviour with information about service pressures. Feedback during development has been positive, with Security colleagues and staff-side representatives describing it as powerful.

It will share staff experiences, highlight the impact on patient care, and set out the consequences for perpetrators. To ensure authenticity, the media relations aspect of the campaign will mainly feature staff who have directly experienced violence and aggression, alongside input from Police Scotland and the Crown Prosecution Service. The campaign will feature prominently on information screens across clinical sites, see posters issued to GP Practices and Pharmacies and use press releases, media interviews and social media to reach the widest possible audience.

2.3 Assessment

Behaviour Protocol for Patients and Visitors

The Behaviour Protocol has been reviewed by the Central Legal Office and is largely complete, with only a small number of technical elements still being finalised. These include using Datix to record when letters are issued under the Behaviour Protocol and adding a link to an example risk assessment for patients to whom the Behaviour Protocol has been applied. The Behaviour Protocol was considered by the Executive Team on 25 August 2026 and by the Clinical Professional Directors Forum on 26 August 2026, where it received strong support.

A pilot will now begin in selected areas where violence and aggression have been identified an issue. The target date for completing the pilot and making any further amendments to the document is 31 March 2027. Following this, the Behaviour Protocol will be rolled out across the organisation.

2.3.1 Quality / Patient Care

Violence and aggression exhibited by patients and visitors can have an impact on the general patient experience, and quality of care, for others. The Behaviour Protocol and Public-Facing campaign are aimed at helping improve the quality of care and services delivered.

2.3.2 Workforce

Violence and aggression present risks to the physical and mental wellbeing of our staff.

2.3.3 Financial

Escalating workforce-related costs driven by violence and aggression, resulting in increased sickness absence, agency/backfill expenditure, recruitment turnover and lost productivity.

2.3.4 Risk Assessment / Management

The introduction of a Behaviour Protocol for patients and visitors who display violent or aggressive behaviour will further support and empower staff.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has been completed and is available at... or

An impact assessment has not been completed because...

2.3.6 Other impacts

- There are no other impacts.

2.3.7 Communication, involvement, engagement and consultation

- not required

2.3.8 Route to the Meeting

- Behaviour Protocol went to Executive Team on 25th August 2026 and Clinical Directors Professional Forum Group on 26th August 2026 for approval

2.4 Recommendation(s)

The Board is asked to:

- Review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements to policies and processes are being made and appropriate evidence of these has been provided to the Board's satisfaction.

3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 – Behaviour Protocol for Patients and Visitors
- Appendix 2 – Safe to Care Campaign Summary

This protocol provides clear guidance for NHS Grampian staff on responding consistently, lawfully and proportionately to challenging, violent or aggressive behaviour by patients, service users and visitors.



Draft Standards of Behaviour Protocol for Patients and Visitors

Staff Guidance

29/09/26

Version Control:

Date	Version	Comments/Initials

Review Date:

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Purpose of this Protocol

The NHS Scotland Work-related Violence and Aggression Policy sets out a national framework for preventing and responding to violence and aggression, including the clear expectation that abuse, threats and violence towards staff are not acceptable.

The accompanying NHS Scotland guidance for managers states:

“Responses to incidents will depend on their severity. For less serious issues, this could be a formal warning about unacceptable behaviour. In the most serious cases, it could involve the decision to withhold treatment from violent patients”.

[Work-related Violence and Aggression Policy | NHS Scotland](#)

This protocol supports NHS Grampian staff to apply that framework in a consistent, lawful and proportionate way. Although this is often described as a “zero tolerance” approach, responses must always take account of clinical need, capacity, individual circumstances and staff safety.

The purpose of this document is to provide a clear, practical framework for staff, bank workers and volunteers to respond to challenging behaviour and take appropriate action following incidents involving patients, service users and visitors.

NHS Grampian has a legal and moral duty to protect the health, safety and security of staff, while also ensuring that public resources are used effectively. Unmanaged challenging behaviour can cause distress, disrupt services and create additional demand.

All staff have the authority to withdraw immediately from any situation they reasonably judge to be unsafe. This should be supported by line management and is consistent with NHS Grampian’s health and safety responsibilities.

Wherever possible, concerns should be addressed early through calm, clear communication, as many situations can be resolved without escalation. Expected standards of behaviour are outlined in the “Expected Standards of Behaviour” section and may also be shared through local patient or visitor information leaflets where available.

This framework applies across NHS Grampian services, but the actions available — such as removal, exclusion, restriction or withdrawal of care — will differ depending on whether the individual is a patient, visitor or service user, and on the service context.

This guidance is supported by a short patient/visitor information leaflet to support clear communication and consistent expectations across NHS Grampian services.

Definition of Violence, Aggression and Challenging Behaviour

Violence, aggression and challenging behaviour are separate forms of behaviour, although one may escalate into another. NHS Grampian adopts the Health and Safety Executive (HSE) definition of work-related violence:

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

Violence and aggression include abusive, threatening, intimidating or assaultive behaviour, including:

- Physical assault
- Verbal abuse, threats or intimidation (in person, online or by telephone)
- Harassment, including psychological, racial, sexual or hate-related abuse

Violence is work-related when it occurs in connection with work, including incidents involving patients, service users, relatives, visitors or other members of the public.

Challenging behaviour may not be violent but can disrupt services, cause distress, or compromise safety. It is often associated with distress, cognitive impairment, ill health or substance use, and may escalate if not appropriately managed. Incidents may be isolated or repeated and can range from low-level concerns to serious or criminal behaviour.

This protocol applies to incidents involving patients, service users, relatives, visitors and members of the public, and supports staff to identify unacceptable behaviour and implement proportionate, risk-based responses.

Violence or aggression by one staff member towards another is covered under the Once for Scotland Bullying and Harassment Policy. [Bullying and Harassment Policy Overview | NHS Scotland](#)

Indicative examples of challenging behaviour (non-exhaustive)

These examples support staff judgement. Behaviour may escalate across phases depending on severity, frequency and impact, and serious or threatening behaviour may need immediate escalation.

Early / low-level: raised voice, repeated interruptions, refusal to follow reasonable instructions.

Repeated / escalating: continuation of earlier behaviours despite warning, escalation in tone or frequency, refusal to engage constructively.

Persistent / entrenched: continued pattern despite meetings, aggressive refusal to accept boundaries, behaviour significantly disrupting care delivery.

Impact of Violence and Aggression

Work-related violence can affect not only the victim but also those who witness the incident. Consequences may include:

- Physical injury
- Stress and mental health conditions
- Errors in patient care
- Disruptions in service impacting patient care
- Long-term disability or, in extreme cases, death

Persistent verbal abuse or threats can have a significant impact on mental health, even without physical harm.

Exemptions to implementing Protocol

Any form of violence towards NHSG staff is inappropriate and should be classed as unacceptable behaviour. All staff have the right to be perform their duties without fear. However, there are some situations in which it would not be appropriate to implement this protocol due to a patient or service user's mental capacity or exceptional circumstances. Staff should seek advice from a line manager in these situations. For example:

- Patients who require emergency treatment, as per judgement of relevant clinician.
- Patients who, in the judgement of a relevant clinician, do not have capacity. This will be formally defined within Adults with Incapacity (Scotland) Act 2000/ Adult Support and Protection (Scotland) Act 2007/ Mental Health Act 2015.
- Children or young persons who, in the judgement of a relevant clinician, require emergency treatment or who are not competent to take responsibility for their actions.

The safe treatment of patients whilst maintaining staff safety is important to NHSG. Staff should always seek support and advice from line managers immediately when faced with violent or aggressive behaviour in the situations above. At the first indication of violent or aggressive behaviour, staff should undertake a dynamic risk assessment to prioritise safety. Where there is immediate concern that the safety of staff or others may be compromised, any intervention may be withheld until appropriate resources and support are in place and the situation has been made safe. Treatment will continue once staff safety has been achieved, and staff should seek immediate advice and support from their line manager to inform any decisions

made in these circumstances. Staff should ensure that any decisions made are documented.

Where urgent life-saving treatment is required in an emergency the exclusion procedure will not apply in any event.

Expected Standards of Behaviour

Expected standards of behaviour include speaking to staff respectfully, following reasonable instructions, and not using abusive, threatening or intimidating behaviour. These standards may be shared with patients and visitors through letters or information leaflets where appropriate.

To support a safe and respectful environment, NHS Grampian expects that all patients, service users and visitors:

- Speak to staff in a calm and respectful manner
- Follow reasonable instructions given by staff to support safety and care delivery
- Treat staff, other patients and visitors with dignity and respect
- Use communication methods appropriately, including telephone, written and online contact

The following behaviours are not acceptable:

- Shouting, swearing or use of abusive or offensive language
- Threatening, intimidating or aggressive behaviour
- Physical violence or damage to NHS property
- Attending services under the influence of alcohol or illicit substances
- Repeated or excessive contact that disrupts service delivery after clear guidance has been provided

Where behaviour causes concern, staff will aim to address this early through clear communication and supportive discussion. Where necessary, these expectations may be reinforced through written communication (e.g. behaviour expectations letters) or patient/visitor information leaflets. If unacceptable behaviour continues and staff experience abuse or feel threatened, the department may, as a last resort, decide to delay or discontinue treatment. However, this will never apply where urgent, life-saving treatment is required.

Roles & Responsibilities

Roles and Responsibilities

This section summarises the key responsibilities for staff and managers when responding to incidents involving challenging, disruptive, violent or aggressive behaviour. Responsibilities should be applied proportionately and consistently, taking account of staff safety, clinical need, capacity, safeguarding considerations, visitor or patient status, available evidence and the stage of the escalation process.

Affected staff member

- Take immediate steps to protect personal safety, including disengaging or withdrawing from the situation where it is unsafe to continue.
- Where appropriate directly address the behaviour and attempt to seek early resolution. Seek support from line manager if required.
- Report the incident promptly using DATIX.
- Provide a clear, factual account of what happened, including date, time, location, exact words or actions where relevant, witnesses present, impact on staff or others, and any immediate actions taken.
- Seek support from a line manager, senior colleague or appropriate manager following the incident and participate in debrief or follow-up review where appropriate.
- Where requested and appropriate, provide or support a signed witness statement so this can be added to the relevant incident record.

Line manager

- Review the full details of the incident, including the affected staff member's concerns, witness accounts, available evidence, previous incidents, impact on service delivery and any immediate safety risks.
- Ensure the incident has been recorded on DATIX and that relevant supporting documents or evidence are attached where available.
- Ensure witnesses are asked to provide factual statements where appropriate and that these are retained with the relevant incident record.
- Ensure the incident is reviewed, escalated and followed up appropriately, including staff debrief, reassurance and support in line with local violent incident management guidance.
- Decide whether the Standards of Behaviour Protocol should be applied and identify the most appropriate response based on severity, frequency, impact, risk and whether the individual is a patient, service user or visitor.
- Ensure the individual is informed, where safe and appropriate, of the behaviour that has caused concern, the standards expected and the possible consequences if the behaviour continues.
- Consider clinical factors, capacity, distress, underlying conditions and safeguarding issues before progressing action.

- Where relevant, seek advice from the clinician responsible for the patient's care, senior nursing staff, medical staff, safeguarding colleagues, NHSG Security, Police Scotland, PMVA advisers or senior management.
- Record the decision-making rationale, actions taken and any agreed safety measures, including behaviour agreements, visiting schedules, alerts, risk assessments or changes to contact arrangements where appropriate.
- Ensure staff have undertaken any PMVA training identified via the completion of a PMVA Training Needs Analysis.

Senior Management Team

- Most appropriate manager identified to further support staff and process.
- Support decision-making where escalation may lead to exclusion, withdrawal or restriction of access to services, immediate removal, or changes to how care or visiting is provided.
- Ensure decisions are lawful, proportionate, necessary, evidence-based and the least restrictive option available, while maintaining staff safety.
- Where exclusion, restriction or withdrawal of care is considered, ensure advice is sought from the relevant clinical, governance, legal, safeguarding, professional leadership or senior management colleagues as appropriate.
- Where required, liaise with the responsible clinician, GP, Service Director, Clinical Director, Chief Operating Officer, Chief Executive or professional lead, depending on the circumstances and local governance arrangements.
- Ensure written communication is issued where required and that any decision includes the reason, duration, review arrangements, complaints route and alternative care arrangements where relevant.
- Where the Protocol is implemented, ensure copies of letters are retained appropriately and that relevant records, incident reports and supporting documents are complete.
- Consider, with appropriate information governance advice, whether factual risk information needs to be shared with other NHS services or reflected through a generic safety alert to protect staff safety.
- Ensure arrangements are reviewed at appropriate intervals and stepped down, amended or removed when no longer justified.

Medical staff / responsible clinician

- Provide clinical input where behaviour may be influenced by illness, distress, cognitive impairment, delirium, mental health, substance use, capacity or other underlying conditions.
- Advise whether emergency or clinically necessary treatment must continue, and whether any restriction, delay, alteration or withdrawal of care is clinically appropriate.
- Contribute to risk assessment, care planning and any multidisciplinary or professional review where behaviour is repeated, severe, complex or presents a risk to staff or others.

- Consider whether the patient has capacity to understand the behaviour concerns, expected standards and consequences, and advise on any reasonable adjustments, communication support or advocacy needs.
- Ensure patient rights to care and treatment are considered and are not unlawfully restricted.
- Where exclusion or significant restriction is being considered, support planning for any ongoing clinical needs and alternative care arrangements. The person implementing the exclusion should notify the GP by letter and communicate with any other relevant clinical services, where appropriate.

Safeguarding, child protection and specialist advisers

- Provide advice where the person involved is a carer, parent, guardian, responsible adult for a child or young person, or where the incident involves a vulnerable adult.
- Ensure child protection, adult support and protection, mental health, appropriate social services team, incapacity or other safeguarding considerations are addressed where relevant.
- Support decisions that balance staff safety with the needs and rights of patients, children, young people and vulnerable adults.
- Advise on whether advocacy, communication support or additional clinical/safeguarding input is required before progressing exclusion, restriction or changes to visiting arrangements.
- Where a parent, carer or responsible adult is removed or excluded, help ensure appropriate arrangements are considered for the child, young person or vulnerable adult affected.

All staff

- Treat patients, service users, visitors and colleagues with dignity and respect.
- Apply the protocol consistently, proportionately and without prejudice, recognising that behaviour may be influenced by distress or clinical factors, but that staff safety must still be protected.
- Use clear, factual and objective language when recording incidents and avoid assumptions, labels or emotive descriptions.
- Escalate concerns early and do not manage unsafe situations alone.
- Follow local procedures for DATIX reporting, security support, Police Scotland involvement, debriefing, review and information governance.
- Support the use of behaviour agreements, contact plans, visiting schedules, risk assessments and generic safety alerts where these are proportionate and necessary to maintain safety.

Co-Chairs of the NHSG H&S Committee and Division/HSCP/Service Health and Safety Committees

Ensure that data (from Datix) on the use of this Protocol is presented and discussed at the Health and Safety Committee meetings they Chair on a regular basis, along with identifying any further action required following analysis of that data.

Challenging Patient/Service User Process and Flowchart

Overview

When a patient displays challenging or disruptive behaviour, follow the stages below. Start at the most appropriate stage depending on severity.

Stages may be skipped where behaviour is serious, violent, repeated, or creates an immediate risk to staff, patients, visitors or the public.

Escalation may also be appropriate where Police Scotland, security or urgent senior management involvement is required, or where earlier stages would be unsafe or disproportionate.

Examples

- Immediate escalation to Stage 4 may be justified following physical assault, credible threats of serious harm, weapon-related incidents, or severe intimidation requiring security and or police attendance.
- Escalation to Stage 2 or 3 may be appropriate after a serious single incident, a repeated pattern of behaviour, or where informal boundary-setting has already occurred.
- The response should start at the stage most appropriate to the severity, frequency and impact of the behaviour and remain proportionate throughout.

Review and progression between stages

There are no fixed timescales between stages. Progression, pause, or step-down should be determined by the severity, frequency, and impact of behaviour, and at the discretion of the manager/senior support.

Where formal measures are in place (e.g. behaviour agreements, safety alerts or exclusion), these should be reviewed at appropriate intervals in line with local governance arrangements (e.g. approximately 3 monthly unless otherwise specified).

Where behaviour improves, the process may be paused or discontinued at any stage.

Process Chart

Incident Occurs

- Assess type and severity.
- Move to the appropriate stage based on judgement.
- Consult appropriate manager/senior support if unsure.

Stage 1 – Initial Warning (Local Resolution)

Purpose: Highlight incident and request behaviour change. Address the behaviour early and seek resolution

Actions:

- Appropriate Manager/senior support holds informal discussion.
- Speak to the patient at the time of the incident or as soon as possible afterwards. This should normally be done by the affected staff member, or by a line manager or other appropriate staff member if needed.
- Explain what behaviour was unacceptable, clarify the expected standards of behaviour, and provide a copy of those standards where appropriate.
- Complete a DATIX report, add supporting evidence, consider Police involvement if required, and review local safety measures, including triggers, medication, environmental factors and patient-specific risk assessment.
- Where used locally, a separate factual incident or risk log may also be maintained to support staff safety, escalation and review (held outside the medical record) and consider whether a generic safety alert is required to support staff safety.
- Where appropriate, set up an alert on TRAKcare or another approved system in line with information governance guidance (see Records and Documentation section).
- Send or hand out Stage 1 letter (Appendix 3).

Outcome:

- If resolved → **End**
- If not resolved → **Proceed to Stage 2**

Stage 2 – Meeting Invitation (Second Warning)

Purpose: Address continued challenging behaviour.

Actions:

- Appropriate manager/senior support sends or hands out invitation letter for a meeting (Appendix 4).
- Appropriate manager/senior support holds a second warning discussion involving the relevant clinical staff, taking account of any clinical or capacity issues.
- Explain the unacceptable behaviour, the standards expected, and the possible consequences if the behaviour continues, including exclusion, Police involvement or a management plan (also known as behaviour agreement) where appropriate.
- Ensure another member of staff is present, choose a safe setting, ensure relevant documentation and records are completed and attached to the DATIX record, and contact police if required if the situation escalates.
- Consider whether a generic safety alert should be added or updated in TRAKcare or other approved systems to support staff safety.

Outcome:

- If resolved → **End**
- If not resolved → consider a management plan (also known as behaviour agreement) or where appropriate **Proceed to Stage 3**

Meetings with patients should normally take place face to face, unless there is a clear and documented reason why this is not appropriate. For safety reasons, a minimum of two staff members should be present, with at least one being a senior member of staff. If the risk is assessed as high, consider having security or police involvement, depending on the location.

Stage 3 – Final Warning (Pre-Exclusion Notice)

Purpose: Final written warning before removal. Issue a final formal warning before exclusion is considered.

Actions:

- Appropriate manager/senior support sends final warning letter (Appendix 5).
- Convene a Multi-disciplinary Team review with relevant medical, nursing, AHP and management staff, seeking advice from the PMVA Team or MAPPA Liaison Officer where required.
- Review risk, clinical need, contributing factors, adequacy of risk assessments, and any staff training implications.
- If no resolution is reached, issue a Pre-Exclusion Notice explaining that further unacceptable behaviour may lead to an Exclusion Notice and, where appropriate, police involvement, and that the patient's GP will be informed.
- Advise that this is the final opportunity to change behaviour. The notice remains valid for 12 months with a 3 monthly review period from the date of issue unless there is a further identifiable risk.
- Continue clinical care where appropriate and provide the complaints procedure if the patient wishes to challenge the decision.
- Consider whether a generic safety alert should be added or updated in TRAKcare or other approved systems to support staff safety.

Outcome:

- If resolved → **End / Pause**
- If not resolved or patient does not attend → **Proceed to Stage 4**

Stage 4 – Exclusion Notice

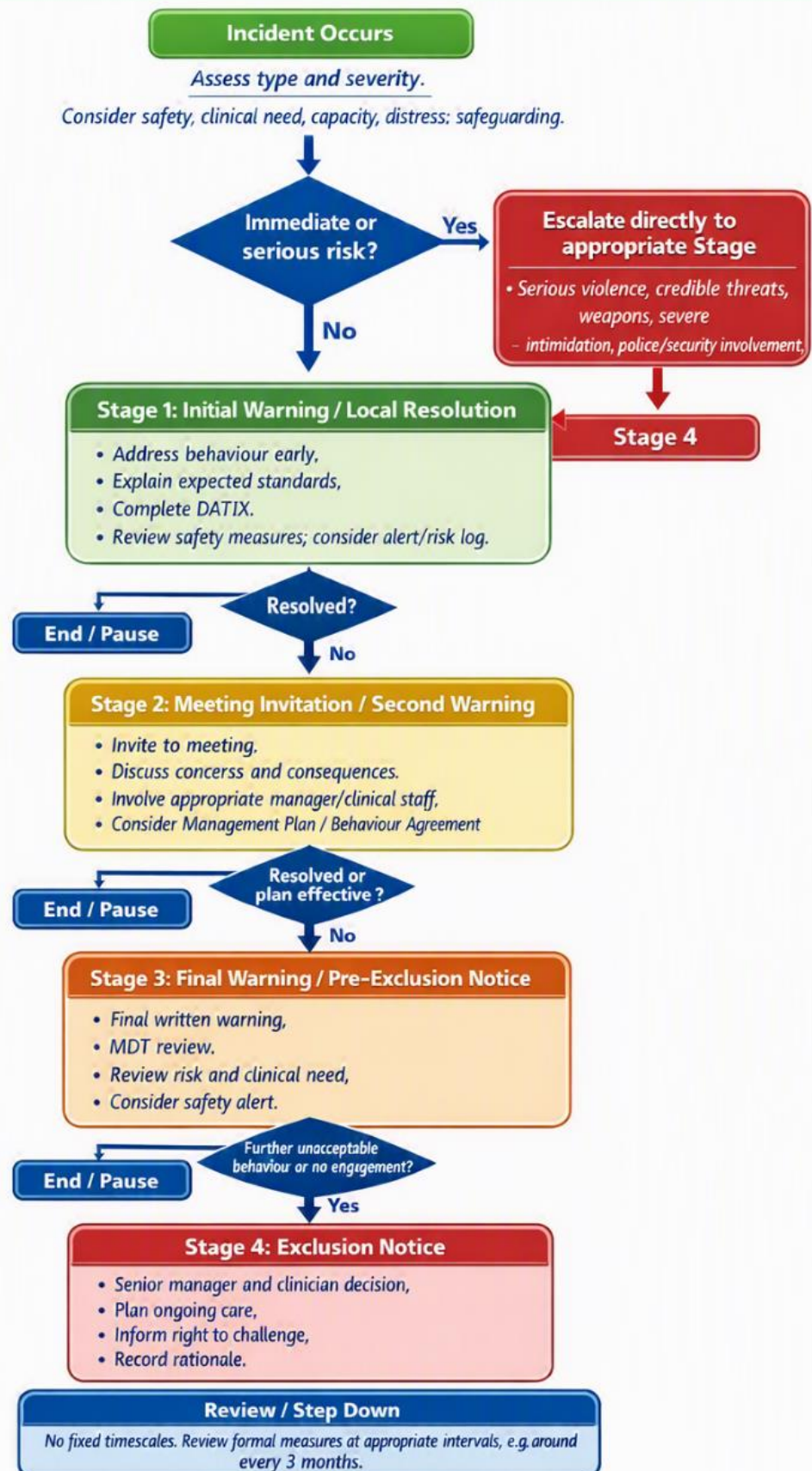
Purpose: Apply exclusion where earlier action has failed or a serious incident justifies immediate escalation.

Actions:

- Consider exclusion following discussion between the relevant manager/senior support and the clinician responsible for the patient's care. The decision must be taken by the relevant senior manager in line with local governance arrangements (e.g. General Manager, Head of Service, or delegated authority) and does not prevent normal discharge where inpatient care is no longer required.
- If the excluded patient still requires NHSG services, plan ongoing care, inform the patient's usual care provider (e.g. GP or relevant clinical service), where appropriate, and consider any alternative arrangements required.
- Where emergency assessment or treatment is immediately necessary, this process must not delay or prevent care. Treat and stabilise the individual, with police attendance where required for safety.
- Inform the patient of their right to challenge the decision through the complaints procedure, and send written confirmation to the home address.
- Ensure the exclusion letter includes the reason, duration, the patient's usual care provider (e.g. GP or relevant clinical service), where appropriate, any identified clinical need, alternative care arrangements where relevant, and how the decision may be challenged.
- Record the rationale for exclusion and any alternative care arrangements in the medical and nursing record. If an excluded individual returns other than for a medical emergency, contact police immediately.
- Apply safeguarding processes where a carer or parent of a child or young person is involved, including child protection procedures where required.
- The protocol should proceed only where there are clear reported evidence of the incidents and the measures taken by staff to manage the behaviour.
- Consider whether a generic safety alert should be added or updated in TRAKcare or other approved systems to support staff safety.

Period for review of arrangements

Arrangements should be reviewed at 3 monthly intervals



Challenging Visitor Process and Flowchart

Overview

When a visitor displays challenging or disruptive behaviour, follow the stages below.

Immediate escalation to Stage 2 may be justified following physical assault, credible threats of serious harm, weapon-related incidents, or severe intimidation requiring urgent senior management, security and or police attendance.

Review and Progression between stages

Removal process may be paused or discontinued at appropriate manager/senior support's discretion with personal circumstances being considered.

If removal process is paused or ended, a signed agreement, outlining appropriate visiting times and frequency should be completed.

If removal process was immediately actioned due to physical assault or serious threat, then removal is upheld and visitor will not be allowed on the premises.

Process Chart

Incident Occurs

- Assess type and severity.
- Move to the appropriate stage based on judgement.
- Consult appropriate manager/senior support if unsure.

Stage 1 – Initial Warning Local Resolution

Purpose: Address the behaviour early and seek resolution

Actions:

- Staff member or appropriate manager/senior support holds informal discussion.
- Speak to the visitor(s) at the time of the incident or as soon as possible afterwards. This should normally be done by the affected staff member, or by a line manager or other appropriate staff member if needed.
- Explain what behaviour was unacceptable, clarify the expected standards of behaviour, and provide a copy of those standards where appropriate.
- Complete a DATIX report, add supporting evidence, consider police involvement if required, and review local safety measures. Where locally used, a separate factual incident or risk log may also be maintained to support staff safety, escalation and review. (held outside the medical record) and consider whether a generic safety alert is required to support staff safety, in line with information governance guidance.

- Consider creating a visiting schedule that is agreed upon by visitor and appropriate manager/senior support from the area.

Outcome:

- If resolved → **End / Pause**
- If not resolved or behaviours escalate, proceed to stage 2.

Stage 2 - Immediate Removal

Purpose: Apply exclusion where earlier action has failed or a serious incident justifies immediate escalation.

Actions:

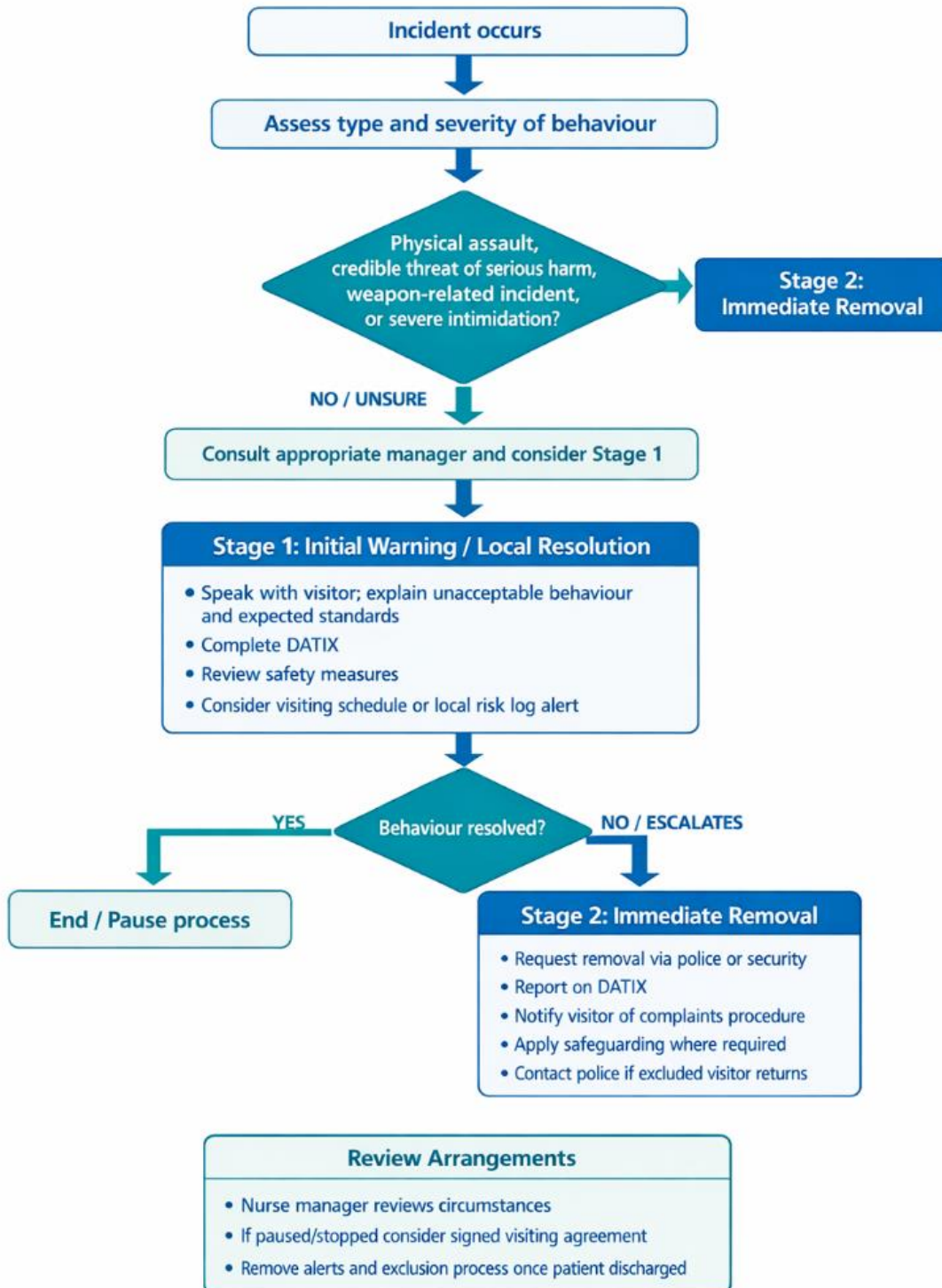
- Request removal via Police or security.
- Report on DATIX. Include steps taken and any other relevant details and documents.
- Notify the visitor of their right to challenge the decision through the Complaints Procedure.
- If an excluded individual returns to visit, contact Police immediately.
- Apply safeguarding processes where a carer or parent of a child or young person is involved, including child protection procedures where required.
- In the event that the exclusion is paused or stopped consider creating a visiting schedule that is agreed upon by visitor and appropriate manager/senior support of area.
- The protocol should proceed only where clear evidence of the incidents and the measures taken by staff to manage the behaviour has been reported.
- Where appropriate, the patient being visited should be informed of any restriction or exclusion of their visitor, taking account of confidentiality and safeguarding considerations.

Period for review of arrangements

Arrangements should be reviewed at the appropriate manager's discretion. Personal circumstances surrounding the patient being visited are required to be considered.

Alerts and exclusion process on visitors should be removed once patient is discharge

Visitor Behaviour Process



Use of Management Plan (also known as Behaviour Agreement) & Contact Plans

Where challenging behaviour is recurrent or escalating, services may use a Management Plan (also known as Behaviour Agreement) or Contact with Service Plan to set clear expectations and support improved interactions. For the purpose of this guidance, these are collectively referred to as Management Plans. These plans should outline agreed behaviours, communication expectations, any support measures where appropriate, and the consequences of continued challenging behaviour.

Management Plans (also known as Behaviour Agreements) or Contact with Service Plans are implemented to protect staff safety while supporting continued access to care wherever possible.

Patient signature is encouraged but is not required for the agreement or plan to take effect. Where a patient declines or fails to sign, the conditions outlined will still apply and should be communicated clearly in writing.

These plans should be reviewed proportionately and may be amended, stepped down or removed entirely where behaviour improves and is sustained over time. Review frequency should be determined based on risk, severity and recurrence, in line with local governance arrangements.

Management Plans (also known as Behaviour Agreements) may be particularly helpful ahead of or alongside Stage 1–3 escalation, where applicable. Example Management Plan templates are provided in the relevant appendix (see Appendices 1 and 2).

Records and Documentation

Purpose

To support safe, lawful and professional documentation when managing challenging behaviour, while protecting staff, patients, and services.

This guidance reflects BMA recordkeeping guidance and UK GDPR (ICO) accuracy principles, recognising that patients may request access to their records.

Where necessary to protect staff safety, factual risk information may be shared across NHS services in line with information governance and Caldicott principles.

Key Principles (Applies to All Staff)

Patient records must be:

- Clear
- Accurate
- Factual
- Proportionate
- Relevant to care or safety
- Free from emotive or judgemental language

Patients have the right to access their records. Anything written may be read by the patient.

Where to Record Information

Medical Record (TRAKcare)

Use **only** for:

- Clinically relevant information
- Generic, non-descriptive safety alerts
- Information required to deliver safe care

Do **NOT** record:

- Incident narratives
- Descriptions of behaviour in detail
- Personal opinions or character judgements

Separate Incident/Risk Log (Outside the Medical Record)

Use for:

- Detailed factual descriptions of incidents
- Staff safety concerns
- Escalation, learning and review
- Information sharing where lawful and necessary

These logs may be requested under access rights and must also be factual and professional.

DO/DON'T – Quick Reference

DO

- Record what was seen or heard
- Use exact words where relevant
- Record date, time, location and actions taken
- State who was present
- Keep language neutral and objective
- Distinguish fact from opinion
- Record decisions and next steps

DON'T

- Use emotive language (e.g. 'abusive', 'hostile', 'difficult') without facts
- Speculate about intent, motivation or personality
- Use labels (e.g. 'aggressive patient', 'frequent complainer')
- Record behaviour narratives in the clinical record
- Include personal views unless directly relevant to care or staff safety

Examples: How to Write Factually

Appropriate/Factual

- 'Patient raised voice and stated "this is a disgrace" repeatedly despite being asked to lower their voice.'
- 'Patient refused to leave reception when asked, police were contacted at 14:35.'
- 'Two staff members present during interaction, patient left premises at 14:50.'

Avoid

- 'Patient was aggressive and intimidating.'
- 'Patient is abusive and unreasonable.'
- 'Known troublemaker at reception.'

Recording Opinions (If Unavoidable)

If an opinion must be recorded:

- Make it clear that it is an opinion
- Attribute it appropriately e.g. 'Staff felt unsafe due to repeated refusal to lower voice.'
- Avoid presenting opinions as facts.

Safety Alerts – TRAKcare

Alerts may be used only to support staff safety and operational planning.

Examples:

- 'Safety protocol in place – follow service guidance'
- 'Two staff required for consultations'
- 'Do not book lone appointments'

Alerts must **not**:

- Describe incidents
- Summarise behaviour
- Include subjective language

Alerts must be reviewed at least every 3 months and removed when no longer necessary.

Why This Matters

- Patients can request access to their records.
- Inaccurate or emotive records can:
 - Undermine trust
 - Escalate complaints
 - Create legal and professional risk
- Clear, factual documentation protects:
 - Staff
 - Patients
 - The organisation

Further Guidance

- **British Medical Association (BMA):** Access to Health Records – Advice on Record-Keeping
- **Information Commissioner's Office (ICO):** UK GDPR – Accuracy Principle
- **Scottish Government:** Records Management Code of Practice for Health & Social Care (Scotland)

Reporting on the use of this Protocol

Incident reporting (Datix) supports not only retrospective reporting but also identification of patterns, escalation triggers and preventative actions

Whenever any stage of this protocol is used and a letter issued, a Datix should be completed to record that this has been done. This Datix should be linked to the Datix record/records which led to the course of action being taken.

The process for recording this when any stage of the protocol is triggered, is as follows:

- Open a PALS Behaviour Protocol Record if there is not already one for that person
- Complete all fields on the PALS form
- Create a Behaviour Action to record the stage (1 through 4 for patients) and (1 or 2 for visitors/public)
- The ID number of the adverse event record should be included in the title along with the stage number (for ease of review)
- A copy of the letter should be uploaded into the Behaviour Action
- The Datix Team can produce Templates on Datix to assist in creating the letter
- A new Behaviour Action should be added for each trigger

Reports can be generated from Datix by users who have access to these records. A report will be provided to the NHSG H&S Committee on a regular basis with the numbers and locations of letters issued.

Division/HSCP/Service H&S Committees must also ensure that use of this protocol is included in regular discussions at meetings under the heading of violence and aggression.

Appendix 1 - Behaviour Agreement/Management Plan Template

Private & Confidential

Dear [Patient Name],

This agreement is to help keep everyone safe and to support your ongoing care.

We are committed to providing safe, respectful and good-quality healthcare to you. This commitment applies to all NHS Grampian services.

To help care be provided safely and fairly, there are shared expectations about how patients and staff treat each other. These expectations are about keeping everyone safe, supporting respectful communication, and helping concerns to be raised and resolved in a constructive way.

What has happened

We have recorded the following behaviour concerns: [dates + brief, factual description].

What we need from you

Please help us keep everyone safe by:

- Speaking to staff in a calm and respectful way (in person, by phone, by letter or online)
- Not using abusive language, threats, or behaviour that makes staff or other patients feel unsafe
- Following the agreed way of contacting the service, for example:
 - using the online form rather than repeated phone calls, or
 - contacting the service no more than [X] times per day, where this has been agreed
- Attending appointments as agreed, or letting us know as soon as possible if you cannot attend

Examples of behaviour that we cannot accept include:

- shouting or swearing at staff
- making threats or intimidating comments
- repeatedly contacting the service in a short period of time after being asked to use an agreed contact method
- behaviour that causes distress or fear to staff or other patients

These examples are provided to help explain expectations. They are not exhaustive, and each situation will be considered based on the specific circumstances.

What we will do

We will:

- Treat you with dignity and respect
- Listen to concerns and explain decisions clearly
- Offer appropriate care, and explain how to access it
- Tell you who to contact if you need support with communication

If the behaviour continues

If the behaviour listed above continues, we may need to take further action to protect staff and patients. This could include limiting contact methods, arranging supported appointments, involving other services, making changes to how contact/care is provided to protect staff and patients, or withdrawal of care and exclusion from NHSG premises (except in an emergency).

Please sign and return this agreement within 14 days to show you have received and understood it. If you do not sign, the expectations in this letter will still apply.

Yours sincerely,

[Full Name]

[Title]

On behalf of [Service Name]

I have received and understood this agreement.

Name: _____ Signature: _____

Date: _____

Appendix 2 – Behaviour Expectations Letter Templates

This template is provided for guidance only. Services should adapt wording to reflect local circumstances, communication needs and the specific facts of the incident.

Appendix 2a – Generic NHS Grampian Services

Private & Confidential

Date:

Our Ref:

Service Name:

Dear [Name],

Re: Expectations of behaviour when using NHS Grampian services

We are writing following recent contact with our service where some behaviour caused concern for staff safety and wellbeing.

NHS Grampian is committed to providing care in a way that is respectful, safe and supportive. We also have a responsibility to make sure our staff can carry out their work without feeling distressed, intimidated or unsafe.

We understand that people may feel anxious, frustrated or upset when dealing with health issues. However, behaviour that causes staff to feel unsafe or unable to do their job cannot be accepted.

What we expect

When contacting or attending NHS Grampian services, we ask that:

- Staff are spoken to in a calm and respectful way
- Abusive, threatening or intimidating behaviour does not occur
- Reasonable instructions given by staff to support safety are followed

These expectations apply to all forms of contact, including:

- face-to-face interactions
- telephone calls
- written or electronic communication

If behaviour causes concern

If behaviour becomes unsafe or abusive, staff may:

- end the interaction or appointment
- ask you to leave the premises

- rearrange how care is provided
- escalate concerns in line with NHS Grampian procedures

These actions are taken to protect staff and others and are not intended as a punishment.

Moving forward

Our aim is to continue to provide care in a way that feels safe and respectful for everyone involved. If you have questions or need support with communication, please contact [named role/service].

Yours sincerely,

[Name]

[Role]

On behalf of NHS Grampian

Appendix 2b – Home Visiting Services

Date:

Our Ref:

Contact:

Private and Confidential

Dear [Name],

Expectations of Behaviour During Visits by NHS Grampian Staff

NHS Grampian is committed to providing care and support in a way that is respectful, safe and appropriate for everyone involved. We also have a duty to protect the safety, dignity and wellbeing of our staff while they are carrying out their work.

We recognise that home visits can sometimes feel stressful or intrusive, and this letter is intended to help make future visits safer and clearer for everyone.

We are writing to clearly set out expectations regarding behaviour during visits by NHS Grampian staff.

Expected Standards of Behaviour

When interacting with NHS Grampian staff, whether during visits, in communal areas, or by any other means of contact, the following expectations apply:

- Staff must be treated with dignity and respect at all times
- Behaviour that causes staff to feel unsafe, intimidated, distressed, or unable to carry out their duties is not acceptable
- Reasonable instructions given by staff to support safety must be followed
- Staff must be able to enter and leave areas freely and must not be obstructed or prevented from leaving

If behaviour causes concern for staff safety, visits may be ended immediately.

Visits and Safety Arrangements

To support staff safety:

- Visits will be undertaken by two members of staff
- Staff may end a visit early if behaviour causes concern or safety feels compromised
- Decisions to end or withdraw from a visit are made to protect staff and are not open to negotiation at the time

These arrangements will be kept under review.

Photography and Recording of Staff

NHS Grampian staff do not consent to being photographed, filmed, or recorded in any format. Any attempt to photograph, film, or otherwise record staff during visits is unacceptable and will result in the immediate termination of the visit.

Continued or repeated attempts to do so may lead to further restrictions on how care is provided and escalation to relevant agencies where required. This expectation is in place to protect staff safety, dignity and wellbeing and is non-negotiable.

If Behaviour Continues

If behaviour does not improve or continues:

- Visits may be ended early or rearranged
- Further restrictions may be placed on how care is delivered
- Incidents will be recorded and reviewed
- Concerns may be escalated to senior management or relevant agencies, including Police Scotland where appropriate

These actions are taken to ensure staff safety and are consistent with NHS Grampian policy and guidance.

Review

This letter and the arrangements outlined will be reviewed periodically. Where behaviour improves and remains appropriate, restrictions may be reduced.

Yours sincerely,

[Name]

[Role]

On behalf of NHS Grampian

Appendix 3 - Stage 1: Initial letter highlighting issue/incident & request to change behaviour

Use the template letter as a guide only. Please adapt the wording to suit the patient's needs and communication style, while keeping the key message and boundaries.

Before sending check:

- Keep it factual (what / when / where).
- Avoid labels or assumptions
- Use plain English (short sentences; avoid jargon)
- Consider any communication needs (e.g., support person, preferred contact method)

1. Find out what has happened and try to identify the cause
2. Agree the process, e.g. try to speak to the patient, visitor or relative (informally/privately) at the time of the incident or invite them to the service for discussion or write to them (template Stage 1 letter below) and invite them to explain, with the offer of meeting to discuss the incident/behaviour (it may be useful to use a skilled or sympathetic member of the service to facilitate this).
3. During the meeting, find out reasons for behaviour/incident, discuss consequences of reception etc. Keep file note of discussions
4. Consider involving senior management for further advice.

Stage 1 Template Letter

Private & Confidential

Dear [Name],

We are writing because we are concerned about what happened when you contacted or visited the service on [date].

Some of the behaviour on that occasion upset our staff and made it harder for us to provide care safely.

What we observed was: [brief, factual description – for example, raised voice, swearing, threats, repeated calls in a short time].

We understand that people can feel upset or stressed. There may also be things going on that we do not know about.

If you feel there are reasons for what happened, or you do not agree with the description above, please let us know as soon as you can.

Our service is here to help you. We also need everyone to treat staff and other patients with respect.

Please help us by keeping communication calm and respectful when you contact or visit the service.

If you would like to talk this through, please contact the service manager, [name], on [phone/email].

We hope we can move forward positively. If this type of behaviour happens again, we may need to take further steps to keep staff and patients safe.

Yours sincerely,

[Full Name]

[Title]

On behalf of [Service Name]

Appendix 4 - Stage 2: Where repetition of incident/behaviour (or something equally unacceptable) occurs, or improvement required has not taken place

Use the template letter as a guide only. Please adapt the wording to suit the patient's needs and communication style, while keeping the key message and boundaries.

Before sending check:

- Keep it factual (what / when / where)
- Avoid labels or assumptions
- Use plain English (short sentences; avoid jargon)
- Consider any communication needs (e.g., support person, preferred contact method)

Send further warning letter, inviting comments as before (template Stage 2 letter), and their attendance at a meeting with the service (individual is allowed to bring a representative with them)

Notify senior management and consider any other outside intervention (if not used before) e.g. Advocacy

Meeting to take place with appropriate managers and if required, other relevant colleagues

Actions agreed and implemented

Stage 2 Template Letter

Private & Confidential

Dear [Name],

We are writing about an incident on [date] at [time] at [place]. We understand that: [brief, factual description].

You may remember we wrote to you on [date] about a similar concern.

Before we decide what happens next, we want to hear from you. If there were reasons for what happened that we may not know about, please tell us.

We would like to invite you to a meeting to talk this through and agree a way forward.

Meeting details

- Date: [date]
- Time: [time]
- Location: [place / phone / video link]
- Who will be there: [names/roles]

The meeting is to:

- Listen to your concerns and any support needs
- Be clear about what we can offer and what we need from you
- Agree a simple plan for contact and appointments, where needed

Please contact us by [deadline date] to confirm you can attend.

You may bring someone with you for support. This person can help you feel supported and can take notes. We ask that the discussion is mainly between you and the service team so we can agree next steps clearly.

We want this to be respectful and supportive. Our aim is to improve how we work together and keep everyone safe.

If the behaviour continues after this, we may need to consider further action, which could include withdrawal of treatment/exclusion from NHSG premises.

Yours sincerely,

[Full Name]

[Title]

On behalf of [Service Name]

Appendix 5 - Stage 3: Should the behaviours continue following Stage 2

Use the template letter as a guide only. Please adapt the wording to suit the patient's needs and communication style, while keeping the key message and boundaries.

Before sending check:

- Keep it factual (what / when / where)
- Avoid labels or assumptions
- Use plain English (short sentences; avoid jargon)
- Consider any communication needs (e.g., support person, preferred contact method)

1. Service contacts patient for in-person facilitation/conciliation with clear consequence if behaviour doesn't cease
2. Service agree letter and a time/date of meeting and who should be attending
3. Service sends patient a final letter (template Stage 3 letter)
4. Meeting takes place with patient, senior management and if required, relevant clinical staff representatives
5. Actions agreed

Stage 3 Template Letter

Private & Confidential

Dear [Name],

We are writing because we are still concerned about your behaviour when using the service. We want to work with you to agree a safe way forward.

We would like to invite you to a further meeting with [name of] service.

Meeting details

Date: [date]

Time: [time]

Location: [place]

Who will be there: [names/roles]

The meeting is to:

Understand any issues affecting communication or behaviour

Agree clear expectations for future contact

Agree a plan that supports your care and keeps staff and other patients safe

Please confirm by contacting [email/phone] by [deadline date/time]. You may bring someone with you for support.

It is very important that the behaviour improves after this meeting. If it does not, the service may have to / will request removal from the [name of] service to protect staff and patients. If that happens, we will write to you again to explain the next steps.

Yours sincerely,

[Full Name]

[Title]

On behalf of [Service Name]

Appendix 6 – Useful links

The following link provides staff with further guidance, support and practical tips for preventing and managing violence and aggression at work and after an incident.

<https://scottish.sharepoint.com/sites/GRAM-CorporateHealthAndSafety/SitePages/Prevention%20and%20Management%20of%20Violence%20and%20Aggression.aspx#behaviour-protocol-additional-information>

TRiM Support after traumatic events

The NHSG Trauma Informed Risk Management (TRiM) service seeks to support staff who've been involved in a traumatic incident. A traumatic incident is an event which is outside of an individual's usual experience which overwhelms their ability to cope, causing physical, emotional or psychological harm.

NHSG has a network of TRiM Practitioners who can carry out multidisciplinary trauma information briefings within 72 hours of the incident and then offer individual, or group assessments of staff affected.

TRiM support can be accessed by contacting gram.trim@nhs.scot Referrals can be made by Managers who recognise that their staff have been witness to or impacted by a traumatic event. Individuals can also self-refer.

Risk Assessment

This link provides staff with guidance on completing a risk assessment for their area, as well as for completing a risk assessment for individual patients, service users or visitors who the Behaviour Protocol has been applied to: [Risk Assessment](#)



SAFE TO CARE **CAMPAIGN SUMMARY**



VERBAL ABUSE IS NOT.
VERBAL ABUSE IS UNDERSTANDABLE.

SHOUTING
SWEARING
THREATS
INTIMIDATION
ABUSE

Welcome to the
Emergency Department

NHS
Grampian

#SafeToCare
RESPECT STARTS WITH US ALL.

NHS
Grampian

#SafeToCare
RESPECT STARTS WITH US ALL.

NHS
Grampian

Automatic
door

Staff Involvement

The #SafeToCare campaign has been developed collaboratively, bringing together experience and feedback from colleagues working across Emergency Departments, reception, Security and other frontline services.

That has included working closely with ED Consultant **Dr Catharina Hartman**, whose clinical insight helped us better understand the experiences of patients, families and staff within the Emergency Department, and **Jug Johal and colleagues in Security**, who provided valuable feedback on the campaign and the wider issues surrounding violence and aggression.

Those conversations helped shape an approach which recognises that waiting,

uncertainty, anxiety and frustration can be very real parts of the healthcare experience, while making clear that verbal abuse, aggression and violence towards staff are not acceptable.

Rather than simply telling people what not to do, SafeToCare combines messages about respect and acceptable behaviour with useful information and context about our services and the pressures they can face. Feedback during its development has been very positive, including from Security colleagues and staff-side representatives who described the campaign as powerful.

At its heart is a simple message:
Respect Starts With Us All.



Click to play

#SafeToCare Campaign

Design Approach

The Safe to Care campaign uses a consistent **three-slide structure** to create a clear and engaging communication journey.

Each sequence begins by **acknowledging the emotions** patients, visitors and families may experience before progressing to **positive choices or behaviours** that support a safe and respectful environment.

The final slide provides information, reassurance or guidance to **improve understanding and manage expectations**.

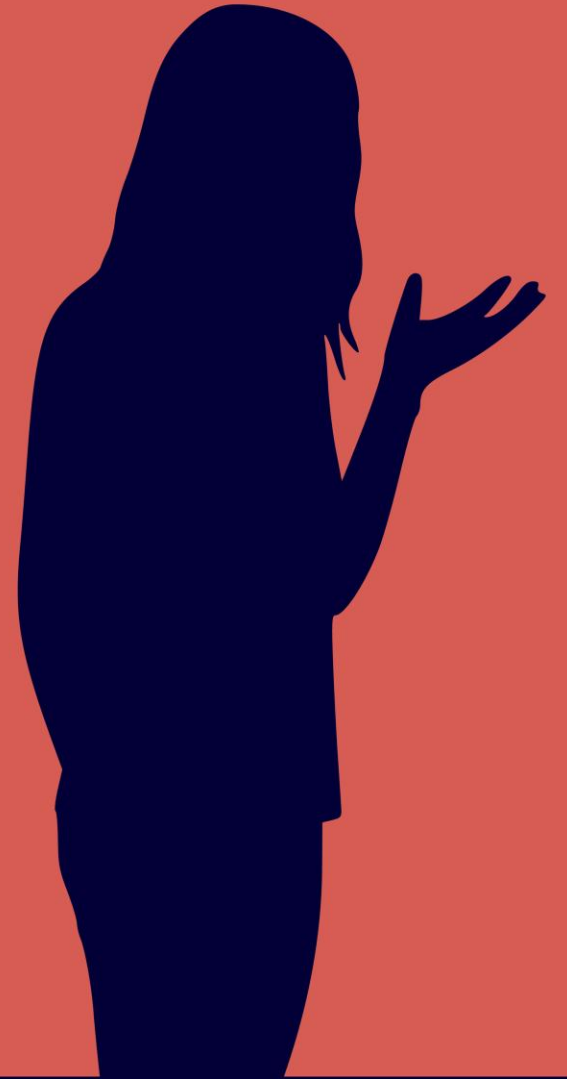


#SafeToCare Campaign



Silhouettes evolve throughout each sequence to reinforce the narrative, illustrating the progression from **emotion to behaviour** before concluding with clear information and support.

Colour transitions complement this journey while maintaining a consistent visual identity across the campaign.



#SafeToCare Campaign

Campaign Themes

Ten key themes will be targeted throughout the campaign. These will be promoted across **digital screens** within healthcare settings, on **social media** channels, and through **posters** displayed in public clinical areas.

Set 01 Waiting Times

Set 02 Stress

Set 03 Anxiety

Set 04 Confusion

Set 05 Respect

Set 06 Kindness

Set 07 Verbal Aggression

Set 08 Violence

Set 09 NHS Staff

Set 10 Patient Feedback

#SafeToCare Campaign

Digital Screen Advert - Landscape



Focuses on managing expectations around waiting times by acknowledging the frustration patients may experience before reinforcing that aggression is not an appropriate response.



The sequence concludes by explaining how patients are prioritised according to clinical need, helping to improve understanding and reduce uncertainty.

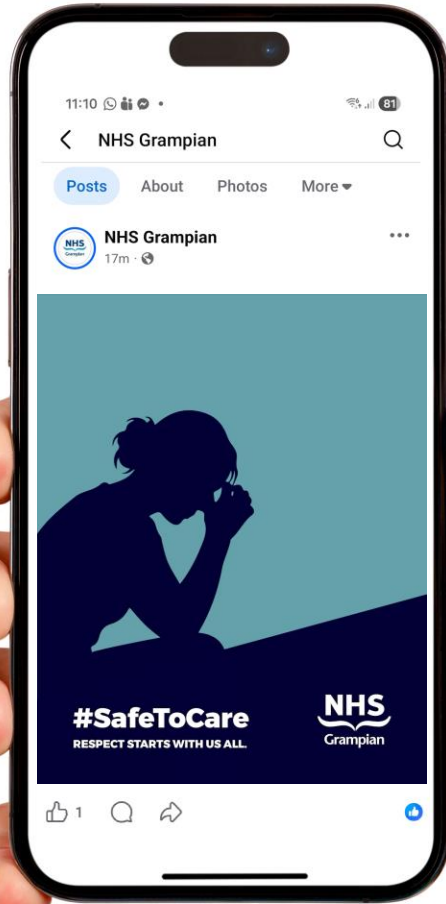


#SafeToCare Campaign



Social Media Advert

Click to
play



#SafeToCare Campaign



Posters for Public Clinical Areas



**YOUR VOICE MATTERS.
CHOOSE RESPECT.**

HOW WE TALK MATTERS

Our teams are here to listen and help, but verbal abuse, threats or intimidation can affect the safety and wellbeing of staff and others.

If you have concerns, please share them with us. We're here to listen.

Thank you for your patience and understanding.

#SafeToCare
RESPECT STARTS WITH US ALL.

NHS
Grampian



**TEST RESULTS BACK,
BUT NOT BEEN SEEN YET?**

WHY YOU MAY STILL BE WAITING

Your test results may be ready, but we're waiting for a doctor to review them and discuss them with you.

Each patient is seen according to their clinical needs, and due to demand this may take some time.

Thank you for your patience and understanding.

#SafeToCare
RESPECT STARTS WITH US ALL.

NHS
Grampian



**YOUR VOICE MATTERS.
CHOOSE RESPECT.**

DID YOU KNOW?

Dr Gray's Emergency Department provides emergency care for around **80 patients** every day 24 hours a day, 365 days a year.

That's more than **28,000 patients** every year!

Thank you for your patience and understanding during very busy periods.

#SafeToCare
RESPECT STARTS WITH US ALL.

NHS
Grampian

#SafeToCare Campaign