Title: Acceptable Behaviour Policy and Procedure

Document author: Corporate Governance & HR Teams

Document type: Policy & Procedure

Online Location: NHS Kernow Clinical Commissioning Group (NHS Kernow) Document Library

Can this document be published to the internet (publicly available) Yes

Brief summary of document
This policy outlines NHS Kernow’s approach to dealing with unacceptable behaviour from clients, professional/provider staff and members of the public towards employees of NHS Kernow

Approved Equality Impact Assessment attached Yes

Ratified by: Senior & Executive Management Team

Date of ratification 15th May 2017

Review date May 2020

Version Control

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<td>1.0</td>
<td>September ‘16</td>
<td>Georgia Clements</td>
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<td>1.1</td>
<td>November ‘16</td>
<td>Jayna Chapman</td>
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<td>12 February ‘17</td>
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<td>Feedback from JPC &amp; Solicitors</td>
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<td>1.6</td>
<td>30 March ‘17</td>
<td>Acceptable Behaviour Advisory Group &amp; SMT</td>
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<td>15 May 17</td>
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<td>4</td>
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1.0 AIMS

This policy sets out NHS Kernow's responsibility to provide a working environment that is safe and secure for its staff, where unacceptable behaviour is not tolerated. It establishes the framework for managing unacceptable behaviour, provides guidance on how incidents should be dealt with and outlines the arrangement for establishing a single point of contact should the need arise.

This policy explicitly bans discrimination, bullying and harassment, based on sexual orientation, gender identity and gender expression. The organisation will not tolerate discrimination, bullying and harassment against employees on the grounds of sexual orientation or gender identity and/or trans identity. NHS Kernow has a zero-tolerance approach to homophobic, biphobic and transphobic bullying and harassment.

Overt or subtle forms of biphobia, homophobia and transphobia will not be tolerated. This includes, for example, slurs and other inappropriate language, as well as outing someone without their permission or excluding people because of their sexual orientation, gender identity or gender expression.

2.0 INTRODUCTION

NHS Kernow recognises it has a duty to protect the safety and well-being of all employees and staff who deal with clients and service users in difficult and potentially confrontational situations. It will ensure it takes suitable steps to remove or reduce the likelihood and effect of unacceptable behaviour towards any employee or staff member and will take all necessary steps to demonstrate this behaviour will not be tolerated.

There are a number of areas within the organisation where employees and staff are required to also deal with the public and professionals, undertaking work where there could be a foreseeable potential risk of violent or aggressive attack or abusive behaviour.

If any member of staff feels threatened or distressed or has any kind of difficulty when providing our services, they should bring this to the immediate attention of their line manager or another manager as appropriate. Experience of incidents arising should form part of team meetings so that learning can be shared in order to further develop good practice in this area.

For the purposes of the Policy and Procedure the terms “service user”, “individual” and “person” is used interchangeably to define patients, clients, carers/family members, advocates, professionals and the public. “Unacceptable behaviour” is a collective term and includes those behaviours identified in Section 4.1.

3.0 SCOPE

3.1 Scope and Remit

This Policy applies to all employees and staff of NHS Kernow and covers circumstances where members of staff have contact with others such as staff from provider organisations, patients, carers or their family members, advocates, or the general public. Incidents may occur inside and outside of NHS Kernow property and working hours, and, may take place in person, by phone or in writing.
Outside of the scope of this policy is staff to staff interactions within NHS Kernow, the policy for which is the Dignity at Work Policy.

We recognise most interactions are positive, rewarding for staff and appreciated by the individuals they are in contact with. Individuals who exhibit challenging behaviour are rare but, if not handled effectively, can take up a lot of time. In extreme cases, the experience may be distressing for both the staff member and the individual.

We are aware of our responsibilities under equality and diversity legislation. Of equal importance is our code of conduct to maintain high standards and to treat people with respect. We appreciate occasionally, when service users or individuals are frustrated or unhappy with our services, they may behave in a way we find challenging. NHS Kernow will in all cases be mindful that the reasons for perceived difficult behaviour or actions may be of an individual having genuine issues, and perhaps due to memory or educational difficulties, has difficulties expressing or dealing with these matters. NHS Kernow will ensure that any process is fair and the individual's needs and interests have been taken into consideration. We also understand people may feel anxious and their difficult behaviour may reflect this. We will understand the difference between this understandable, albeit challenging behaviour, and other behaviour that is intentionally or maliciously challenging and respond to each appropriately.

Reflective practice will be undertaken to ensure NHS Kernow staff are not being obstructive to genuine issues being raised by members of the public. However, our need to be patient or make adjustments when providing our services does not extend to having to deal with unacceptable behaviour from individuals. We must also be fair to all our service users by prioritising our resources effectively. The time we spend with each person should be appropriate and proportionate.

### 3.2 Related Policies

This Policy should be read in conjunction with the following policies and procedures:

- Dignity at Work
- Complaints and Compliments Policy
- Lone Workers Policy (currently under development – expected Sept ‘17)
- Supervision Policy
- Incident Management Policy
- Information Governance Policies and Procedures

This list is not considered exhaustive.

### 4.0 POLICY STATEMENT

NHS Kernow has a zero tolerance to unacceptable behaviour. As such, employees, staff and managers need to be aware of this and the actions they need to take if they feel they have been subjected to violent, aggressive, abusive or nuisance behaviour in any form.
To enable NHS Kernow to meet its responsibility for dealing with unacceptable behaviour, the organisation follows the guidelines set out in the NHS Protect document “Unacceptable behaviour – Guidance on warning letters and other written communication”. It has also taken into consideration the Information Commissioner’s Office operating procedure for “Managing Customer Contacts”.

Employees may experience unacceptable behaviour in a number of different situations and the behaviour can be one-off, repeated or on-going. The nature of the situation will determine the most appropriate process to follow and these are documented in the appendices to this policy.

If an employee feels they are experiencing unacceptable behaviour from another employee or member of staff of NHS Kernow, they should refer to NHS Kernow’s Dignity at Work Policy.

All employees have a duty of care to co-operate and comply with NHS Kernow’s organisational policies and procedures. It is not possible to guarantee that unacceptable behaviour can be completely eradicated in any environment. However, through the application of this policy and its associated procedures and systems, the risk of such incidents occurring in the first place can be reduced and, where incidents do occur, clear actions can be taken against the individual’s involved.

4.1 Explanations of Terms used in this Policy

4.1.1 Difficult behaviour

Difficult behaviour is behaviour exhibited by any individual that causes the member of staff dealing with them any sort of unnecessary discomfort, concern or offence. This may not be due to a person’s unacceptable behaviour. It may simply be because the individual is struggling to understand something. Equally, it may be because the staff member is unfamiliar with the issues being discussed and is finding it difficult to convey the relevant information clearly. If an individual’s behaviour does not progress beyond difficult, it should be managed for as long as possible or passed to a colleague who may be in a better position to help and assist. Staff are expected to seek advice and support if they need to, in particular if the episode(s) of difficult behaviour require action under section 6.0 of this policy or the person’s behaviour is such that it could constitute unreasonably persistent behaviour.

4.1.2 Unreasonably persistent behaviour

Persistent behaviour can manifest itself in different ways and through different mediums, whether verbal, written (including email) or on social media. Individuals or service users can become preoccupied with one organisation and/or raise the same issues repeatedly under different guises and in different or multiple ways. Repeated contact regarding an enquiry or complaint that NHS Kernow has already addressed can be considered unreasonably persistent. If the individual is unable to add any

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further useful information to that which is already provided, and the member of staff continues to receive contact from the individual, the individual’s behaviour may at this stage be deemed unreasonably persistent.

If an individual demonstrates behaviour NHS Kernow considers to be unreasonably persistent, employees must consult line management who will consider appropriate options for managing this behaviour.

4.1.3 Unacceptable Behaviour

For the purposes of this policy, unacceptable behaviour is taken to mean any behaviour, including actions, words (written or verbal), physical gestures or tone of voice which could reasonably be perceived to cause distress or discomfort. It is not limited to face to face contact and can be through written, telephone, email or social media communication.

4.1.4 Violence

The Health and Safety Executive broadly define violence at work as:

“Any incident where staff are abused, threatened or assaulted in circumstances related to their work.”

This includes both explicit and implicit challenges to the individual’s safety, wellbeing or health and can relate to either physical or non-physical violence, which must be distinguished from each other for recording purposes.

4.1.5 Physical Assault

NHS Protect defines physical assault as:

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

It is not essential that the physical assault results in injury in order for the definition to be met.

4.1.5 Non-physical Assault

Non-physical assault is defined as:

“The use of inappropriate words or behaviour causing distress and/or constituting bullying or harassment”.

It is important to clarify the distinction between the terms bullying and harassment as this is an area which causes much confusion. The Advisory, Conciliation and Arbitration Service (ACAS) definitions are as follows:

- Harassment, in general terms, is unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident.

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3 Please note this is the collective term used to encompass all behaviours outlined in Section 4.1
4 http://www.hse.gov.uk/pubns/indg69.pdf
The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.

- Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. It may be obvious or it may be insidious.

In line with NHS Protect’s classification, NHS Kernow deems non-physical assault to include the following:

- Offensive or obscene language
- Verbal abuse and swearing
- Attempted assaults
- Offensive gestures
- Threats
- Intimidation
- Harassment or stalking
- Inappropriate sexual language or behaviour
- Brandishing weapons, or objects which could be used as weapons
- Offensive language or behaviour related to a person’s, race, gender, nationality, religion, disability, age or sexual orientation
- Damage to buildings, equipment or vehicles which causes fear for personal safety

Whatever form it takes, it is unwarranted and unwelcome to the individual. More information is available on the ACAS website at www.acas.org.uk

4.1.6 Nuisance behaviour

Nuisance behaviour is defined in the Crime and Order Act 1998 as:

“Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household”.

5.0 RESPONSIBILITIES

5.1 Governing Body Members/Senior Managers

Board members and senior managers will ensure that:

- Appropriate and adequate security arrangements are in place based on risk assessments
- Employees are appropriately trained to ensure they are competent to provide high quality care and deal with members of the public in a sensitive and courteous manner
- Arrangements are in place which are clear and understood by all employees on how to deal with situations where patients or visitors act in an unacceptable manner
- Support is provided where a member of staff has been the victim of an assault or attack by a patient, visitor or other member of the public
- Provide safe working conditions for all staff
• Ensure they, and all persons reporting to them, are aware of their responsibilities under this policy, its associated procedures and systems and are adequately trained to ensure its successful implementation

• Advise the Chief Operating Officer who has responsibility for Health and Safety or the Deputy Director of Corporate Governance where legal advice might be required

• Give prompt and appropriate attention to incidents brought to their attention

• Ensure proactive and reactive reporting to the Deputy Director of Corporate Governance of any compliance issues, incidents and any investigation undertaken which will inform quarterly reports to the appropriate committees and/or meetings in accordance with the Incident Management Policy

• Raise awareness to and provide training in the use of this Policy

5.2 Managers
Managers will ensure that:

• Staff report incidents\(^5\) promptly via the extraordinary contact form attached at Appendix 1 - these forms\(^6\) will be collected and saved by each department/directorate

• Should matters escalate sufficiently to warrant potential use of Section 6 of this Policy, copies of the extraordinary contact form(s) shall be forwarded to the Corporate Governance Team in accordance with this Policy

• All incidents receive appropriate investigation into root causes and these are reported to the Corporate Governance Team, where appropriate

• All employees who will potentially deal with difficult individuals are trained and aware of the procedures and systems in place and they are being followed correctly to minimise the risks associated with behaviour outlined in Section 4.1

• Risk assessments are carried out and reduce the risks identified

• All employees are provided with full support following any incident of behaviour (as outlined in Section 4.1) which may include, but is not limited to, de-briefing; access to internal support, supervision or coaching; referral to Occupational Health and support for access to counseling, as required

• They act upon any information relating to behaviour, as outlined in Section 4.1, received and provide feedback to staff about actions taken

5.3 Human Resources
The Human Resources team will:

• Provide information, instruction, and training as appropriate to managers and their teams

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\(^5\) Incident in this context relates to perceived or actual unacceptable behaviour

\(^6\) It is not intended that this Policy restricts the sending of Incident Forms, in accordance with the Incident Management Policy, to the Corporate Governance team
• Liaise with the relevant managers to help co-ordinate support and advice to employees who have experienced an incident of unacceptable behaviour
• Review and monitor the policy and its associated procedures and systems to ensure they are fit for purpose

5.4 **Individuals**
All employees will ensure:
• They have an awareness of the situations, language or behaviour that could potentially trigger a conflict or dispute in their own work area and will proactively try to minimise the impact of these
• They will complete identified training in conflict management skills, where appropriate
• They will highlight issues to their line manager which may increase the risk of unacceptable behaviour
• They do not behave in a way that is aggressive or violent
• They proactively engage in understanding the difference between intentional or malicious difficult behaviour, and behaviour that is caused by, for example, anxiety, fear, uncertainty or lack of knowledge

5.5 **NHS Kernow’s Commissioning Responsibilities**
In addition to directly employed staff, it is NHS Kernow’s responsibility to ensure that commissioned and independent contractors have arrangements in place to support their staff who may have experienced unacceptable behavior in the workplace.

This requirement forms part of NHS Kernow’s Quality Schedule which is included within each of the key NHS Contacts and service level agreements. Issues raised by providers as part of this process will be included within the Corporate Governance team’s quarterly report to the Workforce Committee.

6.0 **PROCEDURE**
The correct procedure following an incident is dependent on the nature of the situation in which the employee or member of staff has experienced the unacceptable behaviour. The various elements are documented below and in the accompanying appendices.

If an employee or member of staff has experienced persistent or unacceptable behaviour they should raise this to their line manager as soon as possible. The line manager will provide immediate support and ensure that the correct process is initiated.

If an employee or line manager is unsure which process is the most appropriate, or more than one applies, guidance should be sought from Human Resources.
6.1 Communication in general

When dealing with behaviours as outlined in Section 4.1, take the first available opportunity to explain to the individual precisely what behaviour you find unacceptable and tell them that you will be unable to continue the contact unless they stop. You should remain calm, polite and respectful, even if you need to take an assertive tone. There should be no need to raise your voice.

If the individual’s behaviour does not improve, warn them that if they continue the behaviour you have asked them to stop, you will end the contact. If the individual indicates that they are not happy with this approach you can offer them the opportunity to (i) call them back in half an hour, (ii) speak to your manager or (iii) make a formal complaint and tell them how to do so.

If the person’s behaviour still does not improve, explain this to the individual and tell them you will end the contact. You should provide this explanation, even if the individual tries to talk over you.

If their tone changes to become abusive or threatening, you can end the contact without further explanation.

If any individual is threatening or abusive (whether physical or verbal) from the outset, you may end the contact immediately. Again, if you are given the opportunity, explain that abusive or threatening behaviour is totally unacceptable and that you are ending the contact in line with NHS Kernow’s Policy on Acceptable Behaviour. If at any stage of any contact you consider that your safety or the safety of others (including the patient) is at risk, the contact should be ended immediately, reported to line management and the incident escalated to other agencies if necessary.

It is essential an employee records any contact of this nature by completing an extraordinary contact form (see Appendix 1), informs line management as soon as possible and determines whether a copy of the extraordinary contact form should be sent to the Corporate Governance Team to be recorded as an incident in accordance with the Incident Management Policy.

6.2 Terminating a telephone call

Whenever you terminate a call, you must complete an extraordinary contact form and send it to your line manager and place a copy on the appropriate file. The content must be limited to factual information. Any direct quotes from either side of the conversation should be clearly indicated. (See Appendix 1)

You should discuss any extraordinary contact forms you complete with your line manager to ensure they are clear about the circumstances. This also gives managers the opportunity to gauge how the call has affected you and to provide advice or support as needed. Managers should also consider whether they need to take further action including following up the matter with the individual, possibly pursuing one of the identified courses of action outlined in section 6.3 below. Further guidance for staff is available in the document, ‘Handling Difficult Telephone Calls’, available on the Staff Zone.
Staff should also decide whether they need to forward a copy of the form to the Corporate Governance Team in line with the Incident Management Policy. If in doubt, please check with your line manager or NHS Kernow's Corporate Governance Team who oversee Staff Incident Reporting.

6.3 Terminating written communication

Any form of written communication addressed to an NHS Kernow employee that is deemed offensive or persistent, will follow a similar process to terminating a telephone call. Use the extraordinary contact form to explain your rationale and submit it to your line manager (see Appendix 1).

Following discussion, you and your line manager you will agree a plan of action that may include one (or more) of the following:

i. With your agreement, ask you to respond to the individual

ii. Write to the individual outlining NHS Kernow’s Acceptable Behaviour Policy, explaining why their behaviour is deemed unacceptable and any actions that will be taken

iii. Request a single point of contact is identified for this individual - see Section 7

iv. If the individual already has an agreed point of contact, request Director approval to:
   a) Write a letter, signed by the Chief Operating Officer or a nominated Director, formally notifying the individual of their persistent/unacceptable behaviour and our expectation there shall be no further correspondence on this matter
   b) Request legal advice and secure further support from the police, if required

Reflective practice will be undertaken to ensure NHS Kernow staff are not being obstructive to genuine issues being raised by members of the public.

6.4 Dealing with individuals who threaten to self-harm or who are otherwise at risk

The vast majority of NHS Kernow staff are not qualified to make an assessment about whether threats of this nature are genuine. Staff are also not personally responsible for the well-being of any person who may be at risk. Staff do have a duty of care to members of the public and should raise concerns, as appropriate, to the issue presented.

If the threats are made during a telephone call, advise the individual you are not in a position to provide them with assistance and suggest they contact their GP or emergency services, or, offer to contact their GP/surgery for them. In all circumstances make a note of as many details as possible and immediately notify a senior member of staff. If the call relates to an on-going case, include details of the threats in a telephone note on the appropriate file. Should you be unable to contact
the individual’s GP or surgery, discuss with your line manager what other potential services may be able to assist.

If you receive threats of this nature in writing, pass them on immediately to a senior member of staff. On the basis of the report made and after speaking to you, the senior member of staff will decide whether to contact other agencies, including the individual’s GP and emergency services.

If you are a senior member of staff receiving a communication including threats of this nature, follow this procedure and take any appropriate steps to establish whether further action should be taken.

If there is the potential to receive threats of this nature whilst in a face to face meeting with an individual, possibly due to known circumstances, staff are asked follow the Lone Worker Policy (which will be ratified by September 2017).

6.5 Types of behaviour included within the Policy

Outlined below are the types of scenarios this Policy is intended to cover. The list is not exhaustive, nor does one single feature on its own necessarily imply the Acceptable Behaviour Policy shall or shall not be applied. Each case will be considered on an individual basis.

For the purpose of this policy, “issue” has a wide definition encompassing such areas as (but not limiting itself to) a formal complaint, an enquiry, a Freedom of Information (FOI) request, an Individual Funding Request (IFR), an appeal, phone calls to both an individual and various members of the organisation and other forms of correspondence, for example emails, social media platforms, letters received in the post, etc.

i. Persisting in an issue after being advised that there are insufficient or no grounds for their issue or that NHS Kernow is not the appropriate body

ii. Refusing to co-operate with the process outlined to them:
   • without good reason
   • whilst still wanting their issue to be resolved, including a failure or refusal to specify the grounds of the issue despite offers of assistance
   • changing the basis of the issue as inquiries are made by introducing what is considered to be trivial or irrelevant new information

iii. Submitting repeat requests after the appropriate procedure has been completed, essentially about the same issues with additions/variations which the individual then insists on being treated as a new matter to be entered into

iv. Having followed the appropriate procedure, refusing to accept the outcome outlined by the appropriate NHS Kernow team, after all lines of enquiry have been exhausted, by repeatedly arguing the point, complaining about the outcome, and/or denying that an adequate response has been given

v. Harassing, verbally abusing or otherwise seeking to intimidate employees dealing with the issue
vi. Making an unreasonable number of contacts with NHS Kernow, by any means, in relation to a specific issue or correspondence including making persistent and unreasonable demands or expectations of staff and/or the procedure after the unreasonableness has been explained, such as insistence on immediate responses to numerous, frequent and/or complex letters, faxes, telephone calls or emails

vii. Recording meetings and conversations without the prior knowledge and consent of the other person involved

viii. Putting an employee on a speakerphone without their prior knowledge or consent

ix. Unreasonably pursuing multiple lines of enquiry regarding the same issue

x. Persistent and inappropriate use of lines of communication and NHS Kernow procedures

6.6 Restricting access

NHS Kernow’s decision to restrict someone’s contact must always be taken by a Director who will first seek the input of the appropriate line manager and/or the Acceptable Behaviour Advisory Panel dependent on the level of restriction.

NHS Kernow can choose to restrict contact in a variety of ways using one or more of the mechanisms outlined below. Such decisions will not be taken lightly and NHS Kernow will only impose such restrictions in rare circumstances. However, we will do so where we think it is necessary to protect our staff from unacceptable behaviour as defined in this Procedure.

Reflective practice\(^7\), which will include regular discussion and review at the Acceptable Behaviour Advisory Group, will be undertaken to ensure NHS Kernow staff are not being obstructive to genuine issues being raised by members of the public. A part of reflective practice is also the ability for employees to speak with and seek guidance from senior and experienced clinical and non-clinical colleagues.

6.6.1 Specific cases

We may refuse to communicate in respect of a particular case, where we have carried out all actions and given all advice we can reasonably be expected to do in respect of it. We would, however, continue to offer a full service for any other matters the individual wants to raise with us.

If we decide to restrict contact in this way we will explain this to the individual in writing and add ‘NFC’ (no further contact) to the file/case, to prevent anyone promising a callback in relation to that particular case.

\(^7\) Reflective practice involves consciously analysing decision making, by using critical analysis and evaluating actions taken. This practice is in place in order to gain a thorough and objective understanding of an individual’s contacts and concerns to ensure there is no obstruction to the person receiving their desired outcome, and NHS Kernow is fulfilling its duty to the member of the public concerned.
6.6.2 Specific people

In some specific cases appointing a ‘single point of contact’ (SPOC) may help us achieve a better outcome for all concerned. This may be appropriate, for example, if an individual has raised a lot of issues, or has adopted a ‘scattergun’ approach whereby they contact a lot of different employees to gain their desired outcome. In these instances the SPOC ensures a person centred approach for the individual concerned.

If we decide to restrict contact in this way we will follow the SPOC procedure outlined in Section 7 below.

6.6.3 Specific channels

We may choose to restrict the way an individual can contact us, for example by saying we will only deal with communications from them in writing. If we decide to restrict contact in this way, we will explain this in writing and create a related record log to place on file. (See Appendix 1)

6.7 Decisions to restrict contact

Decisions to restrict contact should be taken by a Director after they have reviewed all the relevant information and evaluated the circumstances that applied. It is important all relevant factors are taken into account when making the decision.

A decision to restrict contact could be taken after unreasonably persistent behaviour becomes evident or fewer (even one) episode(s) of behaviour is considered serious enough to warrant restriction of contact.

Potential actions which may be taken include:

i. Limiting contact to a specific mailbox or one named member of staff – see Section 7 below

ii. Refusing to accept telephone calls or limiting phone calls in duration and/or to specific days and times

iii. Only accepting telephone contact through a third party, e.g. via a solicitor or advocate acting on their behalf

iv. Indicating correspondence will not be responded to unless new or unrelated matters are raised

v. In extreme cases, where all other options are exhausted we will consider blocking the individual’s email address so that communication is not received by the NHS Kernow network

vi. Requiring any contacts to take place in the presence of an NHS Kernow witness

vii. Exclusion of entry to premises, or entry to premises with conditions on behaviour

viii. Repeated calls may be deemed to be harassment, which, after consultation with the Chief Operating Officer, may be reported to the police
Employees are reminded without a detailed record of the entirety of the interaction(s), especially those which are verbal, it may not be possible to take action. Employees who are contacted by an individual, whose access has been restricted, should refer to their file and respond to the individual in line with their agreed restricted contact record.

A member of the Corporate Governance team will maintain a confidential list of individuals who NHS Kernow has chosen to restrict contact with. The list will be reviewed on a regular basis by the Acceptable Behaviour Advisory Group.

7.0 ESTABLISHING A SINGLE POINT OF CONTACT (SPOC)

If it becomes evident an individual’s behaviour is deemed persistent, unreasonable or unacceptable it may be appropriate to assign a single point of contact (SPOC). This may be appropriate, for example, if a person has a lot of issues they have raised, or have adopted a ‘scattergun’ approach whereby they contact a lot of different employees to gain their desired outcome, and it would be more efficient for us to deal with the individual in this way. In these instances the SPOC ensures a more person centred approach for the individual concerned.

It should be noted SPOCs may also be assigned to individuals who:
  i. Have, or are, accessing multiple different teams within NHS Kernow
  ii. Are receiving care from multiple organisations and individuals due to the complexity of the care needed – if a SPOC is appointed it may or may not be a member of NHS Kernow’s staff
  iii. Contact NHS Kernow intermittently (or infrequently) but, due to their needs, a prior knowledge is helpful when assisting the individual

(Please note: Under normal circumstances it is not deemed appropriate for NHS Kernow staff to case manage individuals. Should this situation arise, staff should discuss the individual case with their Line Manager.)

By necessity, any individual who is assigned a SPOC will be added to a confidential list (to include name, contact details and required action as a result of the restriction). This list shall be shared with a restricted number of staff within NHS Kernow and will abide by Information Governance policies and procedures.

SPOC arrangements shall be reviewed on a 6-monthly basis by the Acceptable Behaviour Advisory Group, or more frequently if needed, and individuals advised if changes are proposed.

8.0 KEEPING RECORDS

It is essential that adequate records be retained within the individual’s file. As a minimum this will include:
  • The name and address of the individual whose access is being restricted in accordance with this policy
• When any restriction came into force and ends
• What the restrictions are
• Whether a single point of contact has been assigned
• All formal documentation completed
• When the individual and members of staff were advised of a SPOC being in place

A record of any behaviours which are considered to reach any or all of the thresholds as defined in section 4.1 should be made as soon as practicable following the incident, including but not limited to:

• Time and date of the incident
• Time and date of the record
• Location of the incident and medium by which the behaviour occurred, i.e. written, telephone, face to face, social media
• Details of the incident including who was present what was said by whom and any actions taken
• Whether an Incident Report Form was completed [and if available the Incident Report number]

Where appropriate, any matters formally reported by employees as part of NHS Kernow’s Incident Management Policy should be recorded and a copy retained in the employee’s ‘P’ file. Records kept may be referred to at future stages of the procedure, as necessary.

9.0 TIMESCALES

The timescales will vary depending on the nature of the behaviour and the process that is being followed. The initiation of line management support and the most appropriate process should be triggered as quickly as possible to ensure that the employee can be confident in how the matter is being dealt with.

10.0 MONITORING AND REVIEW ARRANGEMENTS

This policy will be reviewed a minimum of every 3 years or following a change to legislation or associated policy.

11.0 ABILITY TO COMPLAIN ABOUT DECISION

An individual who has been informed their contact is or has been considered under this policy, and has had restrictions or enforcement action taken against them, has the right to raise their concerns against this particular course of action. This should be done in accordance with the NHS Kernow Complaints Procedure. It is expected that, where restrictions or enforcement action has been taken, that a Director (or a nominated Deputy) will review the case and arbitrate on whether the decisions taken have been reasonable and proportionate to the behaviour or actions demonstrated by the individual.
# APPENDIX 1 - EXCEPTIONAL CONTACT FORM

<table>
<thead>
<tr>
<th>Name of employee:</th>
<th>Date and time of contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of individual:</td>
<td>Where did the contact take place:</td>
</tr>
<tr>
<td>Reason for contact:</td>
<td>How long did the contact last (approximate if not sure):</td>
</tr>
</tbody>
</table>

**Medium by which the contact occurred:**
- Written / telephone / face to face / social media (delete where not applicable)
- Other – please specify:

**Name of any others who were present for all or part of the contact:**

**Have you had any previous contact with the individual:**
- Yes / No
- If Yes, please provide a brief description:

**How would you describe the language or behaviour used?** More than one box may be ticked. Please refer to section 4.1 of the policy for definitions and guidance.
- Offensive
- Abusive
- Swearing
- Discriminatory
- Threatening
- Bullying/Intimidating
- Other – please specify

**Please provide a written record of the contact which includes, as far as possible, the exact words used. Please also include any actions taken during and after the contact up to this point, including anyone you have informed about this contact.**

**Were you able to provide an explanation for terminating the contact:**
- Yes / No
- If Yes, please provide the words used:

**Signed:**

**Date and time:**

Once completed, please pass a copy of this form to your Line Manager who will discuss with you next steps and any further action necessary.

If deemed appropriate:
- Forward a copy to the Corporate Governance Team in line with the Acceptable Behaviour Policy and/or Incident Management policy
- Request a copy I placed on your "P" file
- Place a copy of the individuals “file”