

# **Unacceptable Actions Policy**

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Author:	Emma Murphy, Patient Feedback Manager			
Reviewer:				
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#### 1. INTRODUCTION

NHS Dumfries and Galloway believe that everyone has the right to be treated with respect and dignity. We also believe that our staff have the same rights, and that we must provide a safe working environment for them. We must also ensure that we are efficient and effective in the delivery of our services. Occasionally, the behaviour or actions of individuals makes this very difficult.

This policy explains how we address unacceptable actions towards our staff. The policy sets out examples of actions and behaviours that may have a negative effect and what we will do if this occurs.

We recognise that some people may have difficulties in expressing themselves or communicating clearly, especially when anxious or upset. We also understand that some people may find it difficult to identify what impact their behaviour might have on other people. We will always take this in to consideration and will seek to make reasonable adjustments if we are able to do so.

Please note - This policy relates specifically to members of the public and those using our services. Whilst the same principles may apply to members of staff, partners or volunteers, separate policies and procedures are in place for those groups.

#### 2. POLICY AIMS

This policy aims to detail:

- Examples of the types of actions and behaviours we consider to be unacceptable.
- how we will deal with unacceptable actions and behaviours.
- what support is available for those experiencing and/or dealing with unacceptable actions or behaviours.

When referring to this policy consideration should also be given to the Conflict Management Policy and Procedures, and the Complaints Handling Procedure.

## 3. DEFINING UNACCEPTABLE ACTIONS

NHS Dumfries and Galloway acknowledges that people can act out of character in times of trouble or distress. There may be upsetting or distressing circumstances leading up to the unacceptable actions or behaviours. We do not view behaviour as unacceptable just because a person is forceful or determined. We accept that being persistent can be a positive advantage when raising concerns. However, the actions of those who are angry,

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demanding or inappropriately persistent may result in unreasonable demands on the organisation, or unacceptable behaviour towards staff. It is these actions that we consider unacceptable and aim to manage under this policy.

NHS Dumfries and Galloway have grouped these actions under four broad headings:

## 3.1 Aggressive or Abusive Behaviour

We understand that people may become frustrated or angry when they are concerned. We will consider each situation individually and appreciate individuals who are displaying unacceptable actions or behaviours may be upset or distressed. If that anger or frustration escalates into aggression or abusive behaviour towards staff, we consider that unacceptable. Examples of aggressive or abusive behaviour include:

- Behaviour or language (whether oral or written) that may cause staff to feel offended, afraid, threatened or abused.
- Language which is designed to insult or degrade, is racist, sexist or homophobic or which makes serious allegations that individuals have committed criminal, corrupt or perverse conduct without any evidence is unacceptable.
- Unacceptable actions or behaviours aimed at third parties, which our staff have to read, listen to or witness.
- Language which demeans and calls into question staff professionalism without any evidence to substantiate these claims
- Recording ( audio or video) interactions with staff without prior consent
- Abusive posts on social media

#### 3.2 Unreasonable Demands

People may make what the organisation considers unreasonable demands on services through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. Consideration will always be given to the circumstances surrounding the behaviour. A demand becomes unacceptable when it starts to (or when complying with the demand would) impact substantially on the work of the organisation unreasonably.

Examples of actions grouped under this heading include:

- repeatedly demanding responses within an unreasonable timescale.
- insisting on seeing or speaking to a particular member of staff when that is not possible or appropriate.

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 repeatedly changing the substance of a concern or complaint, or repeatedly raising concerns, which cannot be related to the original concern despite the person having been given time, space and support to do so.

An example of such impact would be that the demands take up an excessive amount of staff time, limiting the ability of the staff involved to deliver services to others.

#### 3.3 Unreasonable Levels of Contact

Sometimes the volume and duration of contact made to the organisation by an individual causes problems. This can occur over a short period for example, the number of call in one day or one hour. It may occur over a longer period with an individual making long telephone calls to us or inundating us with copies of information that has been sent already or that is irrelevant.

We consider that the level of contact has become unacceptable when the amount of time spent responding to someone or managing their communications, impacts on our ability to deal with their concerns or limits our ability to deliver services to others.

Examples of actions grouped under this heading include:

- levels of contact that go beyond what is considered reasonable for the circumstances.
- engaging with multiple services and levels in the organisation simultaneously around the same issue whilst a concern is live, despite support being offered appropriately
- persistent refusal to accept a decision made, for example in relation to a complaint.
- continuing to unreasonably pursue a matter after a final response or decision has been provided.
- persistent refusal to accept explanations relating to what the organisation can or cannot do.

The way in which individuals displaying these behaviours approach the organisation may be reasonable, it is their persistent behaviour in continuing to do so that is not.

#### 3.4 Unreasonable Use of the Complaints Process

Individuals with complaints about NHS Dumfries and Galloway have the right to pursue their concerns through a range of means, including the Board's Complaints Handling Procedure. They also have the right to complain more than once if subsequent incidents occur. If they remain dissatisfied following

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a final response from the Board, they have the right to progress their complaint to the Scottish Public Services Ombudsman.

Complaint related contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent an organisation from pursuing a legitimate aim or implementing a legitimate decision. We fully support the rights of individuals to complain and it will only be in exceptional circumstances that we would consider such repeated use as unacceptable.

#### 4. MANAGING UNACCEPABLE ACTIONS

It is important that consideration is given to the circumstances surrounding unacceptable actions and behaviours. Where possible, we aim to work with individuals to resolve any concerns they may have and to agree a way forward. This may involve exploring alternative dispute resolution options (for example mediation) or linking patients with services that may be able to support them with any issues they are facing. Where it is not possible to agree a way forward, we may have to take action to ensure that our staff and ability to deliver services to others is not detrimentally affected. In doing so, we will try to ensure that any action we take is the minimum required, taking into account relevant personal circumstances and the needs of the individual. The action we will take is dependent on a number of factors, including the seriousness of the behaviours and the impact that they are having.

Where an individual repeatedly phones, visits premises (without an appropriate reason to do so), raises repeated issues, or sends large numbers of documents where their relevance isn't clear, we may decide to:

- limit contact to telephone calls or writing only.
- restrict contact to set times and days, or a set frequency e.g. once per month.
- restrict contact to a nominated member of staff who will deal with future calls or correspondence from the individual.
- restrict contact to via a third party only.
- see the individual by appointment only.
- not reply to communications we consider repetitive, inappropriate or irrelevant.
- take any other action that we consider appropriate.

Where we consider continued correspondence on a wide range of issues to be excessive, we may tell the individual that only a certain number of issues will be considered in a given period and we may ask them to limit or focus their requests accordingly.

In exceptional cases, we reserve the right to refuse to consider issues raised by an individual. We will take into account the impact this may have on the individual and also whether there would be a broader public interest in considering their concerns further.

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Where actions or behaviours are considered violent or significantly aggressive, the Board's Conflict Management Policy and Procedures may be applied. We may also report incidents to Police Scotland or take legal action. This will always be the case if physical violence is used or threatened.

#### 5. DECIDING TO RESTRICT CONTACT

Any member of staff who directly experiences offensive, aggressive or abusive behaviour has the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this Policy.

With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, we will give the individual involved the opportunity to change their behaviour or action before a decision is taken.

When a staff member makes an immediate decision in response to offensive, aggressive or abusive behaviour, the individual should be advised at the time of the incident. When a decision has been made by senior management, the individual will be given the reason in writing (where possible) as to why a decision has been made to restrict future contact, the restricted contact arrangements and the length of time that these restrictions will be in place (or when they will be reviewed). This ensures that the individual has a record of the decision. The individual will also be provided with signposting to further support.

#### 6. APPEALING A DECISION TO RESTRICT CONTACT

It is important that decisions to restrict contact can be reconsidered and therefore individuals should be provided with details as to how the decision can be appealed. If they choose to appeal, we will only consider arguments that relate to the restriction.

The individual may choose to appeal for a number of reasons, including because they feel:

- their actions were wrongly identified as unacceptable.
- the restrictions were disproportionate.
- that they will adversely impact on the individual because of personal circumstances.

When an individual appeals, a senior member of staff who was not involved in the original decision will consider the appeal. That senior member of staff will have discretion to remove or vary the restriction if they feel it is appropriate to

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do so. They will make their decision based on the evidence available to them. They will advise the individual of their decision in writing (where possible).

### 7. RECORDING AND REVIEWING A DECISION TO RESTRICT CONTACT

Patient Services should be advised of all decisions to restrict contact. Incidents involving aggressive, abusive or violent behaviour should be recorded on Datix (the Board's system for recording adverse events).

All decisions to restrict contact will be regularly reviewed. Where appropriate and possible, the individual will be advised of the outcome of that review.

#### 8. SUPPORT

We recognise that being subjected to or witnessing unacceptable actions and behaviours can be concerning, distressing and at times frightening. In the first instance staff should speak to their line manager for support. Advice and guidance can also be provided by Patient Services and the Violence and Aggression Reduction Adviser. Staff can also contact Occupational Health.

#### 9. MONITORING

The Healthcare Governance Committee will be responsible for monitoring and reviewing the effectiveness of this policy and its deployment across the Board and will receive a progress report quarterly.

This Policy will be reviewed every three years.

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## **DOCUMENT CONTROL SHEET**

## 1. Document Status

Title	Unacceptable Actions Policy
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Approver	Board
Document reference	
Version number	3

## 2. Document Amendment History

Version	Section(s)	Reason for update
1	Original Policy	
2	Unknown	Policy was due for review
3	ALL	Policy was due for review

## 3. Distribution

Name	Responsibility	Version number
General Managers	Patient Feedback Manager	3
Feedback Coordinators	Patient Feedback Manager	3
Health and Safety	Patient Feedback Manager	3
Manager	_	
Violence and	Patient Feedback Manager	3
Aggression Reduction	_	
Advisor		

## 4. Associated documents

- Complaints Handling Procedure
- Conflict Management Policy and Procedures

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## 5. Action Plan for Implementation

Action	Lead	Timeframe
Circulate draft for comments	Patient Services	May 2020
Equality Impact Assessment	Patient Services	May 2020
Policy to Healthcare	Patient Services	January 2021
Governance Committee for		
consideration		
Policy to Board for approval	Patient Services	February 2021
Place on policy register	Board Secretary	February 2021
Place on Website	Communications	February 2021
	Team	
Place on Beacon	Patient Services	February 2021
Awareness Raising	Patient Services	February 2021
Use Policy	All Staff	February 2021 onwards