

## Unreasonable behaviour policy

### Policy statement<sup>1</sup>

1. We are committed to dealing with all people fairly and impartially and to providing a high-quality service. In order to do this it is important that we are able to communicate with patients to ensure that we fully understand the problems they have. We therefore do not normally limit the contact that people have with us.
2. We do not expect our staff to tolerate any form of behaviour that could be considered abusive, offensive or threatening, or that becomes so frequent it makes it more difficult for us to complete our work or help other people. We will take action under this policy to manage this type of behaviour and this applies to all contact with us including the use of social media.
3. We will make reasonable adjustments to ensure our service is accessible to everyone. It is important to us though, that we provide a safe environment for our staff to work in, which may mean we decide to restrict how someone can contact us.
4. If we consider a person's behaviour is unreasonable we will tell them why and will ask them to change it. If this behaviour continues, we will take action including deciding whether to restrict the person's contact with us. This decision will usually be taken by the Partners.
5. We will usually only take action to restrict someone's contact with us after we have considered whether there are any other adjustments we could make to prevent unreasonable behaviour from occurring. Any restrictions imposed will be appropriate and proportionate. The options we are most likely to consider are:
  - asking for contact in a particular form (for example, email only);
  - only allowing contact with a specific member of staff or at specific times;
  - asking the person to enter into an agreement about their future behaviour; and/or
  - actions designed to specifically meet the needs of the person.
6. In all cases we will write to tell the person why we believe their behaviour is unreasonable, what action we are taking and how long that action will last. We will also tell them how they can challenge the decision if they disagree with it.

7. If, despite any adjustments we have made, a person continues to behave in a way which is unreasonable, we may decide to remove the patient from the practice list.
8. There will be occasions where we decide that a person's behaviour is so extreme that it threatens the immediate safety and welfare of our staff or others. In these instances we will consider stopping all contact immediately, reporting what has happened to the police or taking legal action. In such cases, we may not warn the person before we do this.

### **What is unreasonable behaviour?**

9. Unreasonable behaviour is difficult to define and will usually depend on the situation of the individual concerned. It can occur in a variety of circumstances including in person, on the telephone, in written correspondence or on social media (see paragraph 69).
10. Any behaviour that makes someone feel uneasy, uncomfortable, distressed, anxious or unsafe is likely to be considered unreasonable and action can be considered under the policy in these instances. Examples include behaviour that a staff member considers abusive, offensive or threatening in nature.
11. We should also consider taking action under the policy where a high frequency of contact causes a disruption to the service we provide. For example, a series of disruptive calls which contain no abusive content may be suitable for action to be taken under this policy as much as a single call which contains a specific threat.
12. If at any stage we consider a person's behaviour poses an immediate threat to the health, welfare or safety of staff then we should decide whether more immediate action is required. Further information about what action to take is available at paragraph 57.

### **Considering equality issues in deciding whether to take action under the policy**

13. The staff member must take into account any equality issues that may affect a person's behaviour before deciding whether to take action under the policy. This should include reviewing any adjustments currently in place and deciding whether any further steps could be taken to manage the person's behaviour. Any changes should be recorded on the Alerts in patients records **(Policy requirement)**
14. If the staff member considers further adjustments cannot be made to support the person, or their request for adjustment is unreasonable, then the reasons for this decision must be recorded and discussed with the Partners. If the staff member has any concern about deciding that a requested adjustment is not reasonable, they must consult the manager. **(Policy requirements)**
15. A staff member can still take action under this policy even if a relevant equality or diversity issue is identified. They must take account of any reasonable adjustments agreed in deciding what action to take. **(Policy requirement)** For example, a dyslexic complainant may only want

telephone contact. We may therefore decide to limit their contact to one person, rather than restrict all telephone calls to us.

### Recording unreasonable behaviour

16. The staff member should log full details of any behaviour they consider to be unreasonable in the incident book. This record should include details of why they consider the behaviour is unreasonable and details of, for example, any offensive terms used. **(Policy requirement)**
17. The staff member should record the exact language used in the contact and give as much information as possible about how and when it was used. This should not only include what someone said or did but the way they spoke and how they acted. They should also create a new record for each telephone call to capture the frequency of the contact. **(Policy requirement)**

### **The process**

18. Staff members should complete each stage of the process below before moving to the next and should only take further action if the person's behaviour continues to be unreasonable. **(Policy requirement)**
  - Tell the person that we consider their behaviour to be unreasonable and why.
  - Consider if a new or existing advocate can be used to communicate with the person as an alternative method of communication.
  - Issue a warning with the agreement of a manager and provide details of our policy.
  - Escalate to the Partners to consider applying the policy.

### Tell the person that we consider their behaviour to be unreasonable and why

19. The staff member who has experienced the unreasonable behaviour should usually be the one to challenge it. This is because they are in the best position to explain why the person's behaviour is unreasonable.
20. The staff member should tell the person involved that they consider their behaviour unreasonable, explain why, and give them the opportunity to stop. (This explanation can, if necessary, be given at the same time as a warning about the potential application of this policy.) They should also ask the person at this time if there is a way we can adjust our service to help them. **(Policy requirements)**
21. If for any reason the staff member feels uncomfortable in challenging the person's behaviour at the time, or is concerned their personal safety is at risk (particularly if the behaviour is threatening or occurs in a face-to-face setting), they should record any details of the person's behaviour and discuss what happened with their manager as soon as possible. The staff member can still contact the complainant to discuss their behaviour after the telephone call if appropriate.

### Examples of when and how to challenge unreasonable behaviour

22. If a person uses offensive language during a telephone call the staff member involved should explain to the person that their language is unreasonable and ask them to stop. If the person refuses to comply with that request the staff member should politely end the call. A record should be made in the incident book of what has happened and the telephone call should be discussed with a manager. (Recording retrieved)
23. If a person uses offensive language in letters or emails, the staff member should explain in their next written response to the person that the language they have used is unreasonable and ask them not to repeat this in future correspondence.
24. If a person persistently makes repeated telephone calls without legitimate purpose (for example, to ask about progress on their case when they have recently been given that information) the staff member involved should explain to them that their behaviour is disruptive and is preventing work on their case and others. They should ask the person to stop doing this. If the person refuses to comply with the request then in the short term further calls can be terminated politely after a brief explanation (for example, that we have nothing further to add to the last update given on the case). If the behaviour continues the staff member must take action under the policy and should not continue to just terminate calls. **(Policy requirement)**
25. If a person sends repeated letters or emails without legitimate purpose (for example, if they send one letter each day that does not add anything to the evidence in support of their case) the staff member should ask, in their next contact with the person, that they limit the amount of correspondence sent to us.

### Consider if a new or existing advocate can be used to communicate with the person

26. If a person displaying unreasonable behaviour has an advocate, the staff member should approach them as soon as possible to ask for assistance in understanding and managing the person's behaviour.
27. If the person does not have an advocate, the staff member should, if appropriate, suggest they get one and provide details of a suitable provider. This may be particularly suitable in cases where there are equality considerations. **(Policy requirement)**

### Issue a warning with the agreement of a manager and provide details of our policy

28. A warning will normally be given before the policy is applied. This is different to telling the person their behaviour is unreasonable. The staff member will usually have already told the complainant why their behaviour was unreasonable and given them the opportunity to change.
29. The staff member should consider the most appropriate way of giving the warning, whether this is telephone, email or by post. The staff member

should also record the warning in the incident book. This must include a summary of the reasons for the warning, and the manager it was discussed with. **(Policy requirement)**

30. If the warning is communicated over the telephone the staff member should also send the person concerned either a copy or a link to the policy statement via email or writing . This should be accompanied by a brief letter reiterating the warning and if appropriate a statement of our willingness to discuss a reasonable adjustment if helpful. **(Policy requirement)**
31. The staff member involved should usually deliver the warning as they are best placed to explain why the complainant's behaviour was unreasonable. Another staff member can do this though if appropriate. The warning should explain what the behaviour was, why we consider it to be unreasonable and the likely consequences of any continuation.
32. The staff member should usually discuss the decision to issue a warning in advance with a manager. There will be occasions when a person's behaviour (usually during a telephone call) requires a staff member to issue a warning without being able to discuss the case with a manager first. In these instances the staff member should inform their manager as soon as possible after the event. **(Policy requirement)**
33. If a Member of Parliament and/or representative have been involved in the case, the staff member should tell the person that, if the unreasonable behaviour continues and we decide to apply our policy, that we will tell the MP and/or the representative. **(Policy requirement)**
34. If the staff member considers the person's behaviour is particularly serious (for example, there has been a specific and immediate threat made) a decision may be taken by the Manager to apply the policy without prior warning. In that event, the staff member who authorises the application of the policy should contact the person immediately explaining the reasons for doing this. **(Policy requirement)**
35. The staff member should also consider whether the whole team should be informed. This will mainly be relevant when the staff member feels threatened by the person's actions, for example a threat is made to come to the practice.

#### Escalate to consider application of the policy

36. If the person continues to behave in a way that is unreasonable, a request to apply the policy should be referred to the manager. The staff member should ensure the request provides relevant details (for example, steps taken so far, nature and frequency of the behaviour, information about the complainant's needs and circumstances (if known), and the type and duration of any proposed requirements or conditions). **(Policy requirement)**

37. In deciding whether to apply the policy the manager should consider and record in the incident book; **(Policy requirements)**
- The requirements/conditions for the person to follow in order to manage their behaviour.
  - Whether there are any equality or diversity considerations that may impact on the requirements/conditions agreed.
  - Advice and support to any staff members who receive contact from that person.
  - Date for review of requirements/conditions.
  - Responsibility for handling requests for review of requirements /conditions.
38. The staff member should record the outcome in the incident book and detail the reasons why it has been agreed or not agreed that the policy should be applied. This should include whether restrictions need to apply to any other existing enquiries, reviews, investigations or information requests that the person has with us. **(Policy requirements)**
39. If it is decided that the policy should not be applied then the manager who considers the request should decide how to manage contact from the person in the future and record this on CMS. **(Policy requirement)**
40. If it is decided the policy should apply, the manager considering the request should agree how to restrict the person's contact with us. In doing this they should balance the interests of the person with the duty to protect the health, safety and welfare of staff. **(Policy requirements)**
41. Possible actions include:
- requesting contact in a particular form (for example, emails only);
  - requiring contact to take place with a named person;
  - restricting telephone calls to specified days and times;
  - asking the person to enter into an agreement about their conduct; and/or
  - actions designed specifically to meet the needs of the person.
42. When applying a restriction then the manager considering the request should set a date when it will be reviewed. This date should be recorded in the incident book. This will not be more than 6 months after the restrictions are imposed. **(Policy requirement)**
43. The manager applying the restrictions should contact the person and explain:
- the reasons for the decision;
  - the requirements/conditions the person must follow and any adjustments that can be made to assist with this;
  - the date set for review;
  - how the person can challenge the decision;
  - a warning that continued unreasonable behaviour may lead to the case being closed; and

- where relevant, that the MP/representative has been told of the action.
44. The manager should preferably make this contact by writing. If they are aware that the person has a preferred method of communication then contact should be made this way instead. **(Policy requirements)**

#### Recording the application of the policy and restrictions

45. The staff member should record that the policy has been applied and the restrictions under the 'alerts' section of the patient record. They should also include details of the manager who approved the decision and the date the restrictions should be reviewed. **(Policy requirement)** This will now appear on the alerts on the patient record.
46. The staff member should set up a task via NHS mail calendar to alert them when the policy is due for review. If they are no longer the staff member dealing with the person on this date then they should contact the staff member currently dealing with the person to inform them a review is due. **(Policy requirements)**
47. The staff member who is currently dealing with the person (or their case) is responsible for keeping the case record updated about the application of the policy. This includes where restrictions on contact are altered, varied or removed. **(Policy requirement)**

#### **What if contact restrictions that have been applied are not complied with?**

48. If a staff member receives a telephone call from a person who has been informed they cannot contact us this way, they should explain the restriction to the complainant. They should politely ask the person to contact us using an alternative method or via an advocate. The call can then be terminated. **(Policy requirement)**
49. If a staff member receives a letter or email from a person who has been informed they cannot contact us this way, then they should explain this restriction to the complainant (this can be in writing if appropriate). They should then ask the person to contact us using an alternative method or via an advocate.

#### **What if unreasonable behaviour continues after the policy is applied?**

50. If the person continues to behave unreasonably after the policy has been applied, then the manager of the staff member currently dealing with the person should decide whether further restrictions are required. They should ensure that any changes made are recorded in the incident book as soon as possible. **(Policy requirement)**
51. The Manager can decide to terminate contact with a person completely if appropriate, resulting in removal from the practice list. The intention of

this policy though is to manage challenging behaviour so we can continue to offer NHS services to the patient. This should therefore only be considered in rare circumstances. If the decision is made to do this then this should be recorded in the incident book. **(Policy requirement)**

52. If the decision is made to remove the patient from the list, then the manager of the staff member currently dealing with the person should decide whether to acknowledge or consider any further contact. This should be considered on a case by case basis and any action taken must be recorded in the incident book.

### **Complaints about decisions to apply the policy**

53. The Partners can consider complaints about whether the policy has been applied in line with this guidance. If the process has not been followed correctly, the Partners should pass the case back to the manager who applied the policy and ask for it to be reconsidered. The outcome should be recorded in the incident book. **(Policy requirement)**
54. If the complaint concerns our decision to apply the policy, the complaint should be forwarded to the manager who agreed the restrictions to review. The member of staff carrying out that review must issue a written decision to explain the outcome and record the decision. **(Policy requirement)**

### **Behaviour that poses an immediate risk**

55. There will be exceptional cases where we consider a person's behaviour poses an immediate threat to the health, welfare or safety of staff members. In these cases the Partners may decide to take action without prior warning, including terminating all contact. They may also consider other suitable action such as police involvement. **(Policy requirement)**
56. The staff member taking this action must clearly record what action has been taken **(Policy requirement)** A risk assessment template and guidance on completing a risk assessment are available (see Annex C for details).

### **Modification of behaviour**

57. If a staff member considers the person has modified their behaviour before the review date to the extent that existing restrictions should not apply, a proposal to remove or modify the restrictions can be agreed by the manager
58. If restrictions are removed on a person's contact with us before the review date set the staff member should contact the person to explain this. At this time they should also make it clear to the person that if their previous behaviour resumes this could lead to restrictions being imposed again or further restrictions imposed. **(Policy requirement)**



## Deciding whether to continue applying the policy at the review date

59. The staff member who was involved with the incident shares the responsibility for ensuring a review is conducted. This is because they are best placed to comment on whether the person's behaviour has changed and restrictions should be lifted. **(Policy requirement)**
60. Before the review date the staff member should discuss the case with their manager to review. **(Policy requirement)**
61. The person reviewing the case should take into account the evidence and reasons for making the original decision, and any evidence of the person's subsequent behaviour. They should also seek comments from appropriate staff, including those affected by the behaviour, and consider the effectiveness of any adjustment already made. **(Policy requirement)**
62. If the person reviewing the case decides not to extend the original restrictions for a further period, the conditions imposed will lapse. This decision should be recorded on the alerts.
63. If there is continuing contact with the person, the person reviewing the case should write to them explaining the decision. If the person is not in regular contact then contact does not need to be re-established to tell them about the decision. The decision should then be shared if and when they make contact again.
64. If the person reviewing the case does not extend the original decision and the unreasonable behaviour occurs again at a later point they can decide to enforce the previous restrictions again without going through the warning stage.
65. If the person reviewing the case decides to extend the original decision, they should set a further period during which restrictions should apply up to a maximum of twelve months. When this expires, a further review should be conducted. **(Policy requirement)**
66. The review of the application of this policy should be recorded in the incident book. The alerts box should then be updated to reflect any decisions made. **(Policy requirement)**

## Social media

67. We generally consider unreasonable behaviour on social media (for example, Facebook or Twitter) to be when a person is abusive, makes personal threats or repeatedly references an individual member of staff. We should not usually take action under this part of the policy if the comment is a general criticism of our organisation or service.
68. If a person displays unreasonable behaviour on social media then this policy can be used to try to manage it. In these circumstances the staff member responsible for responding to the person should not continue to respond online, in order to prevent personal or confidential information (either about a case or about a member of staff) being disclosed or publicised further.

69. If a social media post about a specific member of staff is found online, then this should be referred to the manager. The manager should inform the staff member and take responsibility for agreeing what action to take, working with the Partners and, if appropriate, the Legal Team. **(Policy requirements)** The following options can be considered:

- support for the employee
- asking the person who made the post to remove it;
- Report the person to the social media platform (if the behaviour persists);

#### Contact received on staff member's personal social media

70. Most comments we receive on social media will be made to our corporate accounts. Action can be taken under this policy though in relation to contact received from a person that is sent directly to a member of staff's personal social media account.

71. If a staff member receives contact through social media from a person who is currently, or has previously, used our service then they should raise this with their manager. The staff member should not respond to the contact or acknowledge the person has a case with us, as this may be considered a breach of data protection. **(Policy requirement)**

72. If this contact is threatening or abusive the staff member should report it to their manager as soon as possible. The manager should then consider whether action is required under this policy. **(Policy requirement)**

#### **Further complaints and information requests**

73. Restrictions under this policy should usually be applied to an individual. We can still decide to apply restrictions on a case-specific basis if appropriate. **(Policy requirement)** This should be considered on the individual circumstances of the case.

74. If a person who has had restrictions applied under this policy seeks to make a fresh complaint, the staff member should consult the manager for a decision on how to respond to that further contact.

75. If a person who has had restrictions applied under this policy makes a Freedom of Information request or Data Protection Act subject access request then the manager should be consulted for advice. **(Policy requirement)**

#### **Variation of these procedures**

76. These procedures may be varied in individual circumstances or on a specific issue by agreement with the Partners.