

BROMLEY CCG PERSISTENT/UNREASONABLE CONTACTS POLICY

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Description:	The aim of this policy is to provide a consistent interpretation and clear guidance for CCG staff on how to communicate with members of the public who are deemed to be demonstrating persistent and/or unreasonable behaviours towards Bromley Clinical Commissioning Group (BCCG)	
Equality Impact:	<p>This Policy is applicable to all staff employed by the CCG and those staff who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates Bromley's CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners.</p> <p>The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.</p> <p>Due to the nature of this policy, it could potentially impact protected groups – significantly those with mental ill health who may be exhibiting behaviours related to their current mental health. These issues are mitigated by the recommendation to review each individual case on specific circumstances taking account any issues which may influence the nature of communications. Where there is an issue identified there is a recommendation to utilise advocacy to support members of the public raise concerns without impacting on the CCG or its staff.</p>	

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Publishing and Distribution

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1. Introduction

Handling persistent and unreasonable communications from members of the public places a strain on time and resources and can cause unacceptable stress for staff who may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all service users but there are times when there is nothing further that can be reasonably done to assist them or to rectify a real or perceived problem.

The aim of this policy is to provide a consistent interpretation and clear guidance for CCG staff on how to communicate with members of the public who are deemed to be demonstrating persistent and/or unreasonable behaviours towards Bromley Clinical Commissioning Group (BCCG).

The policy will only be used after all reasonable measures have been taken to try to resolve requests, concerns and complaints.

2. Purpose and Scope

The objective of this policy is to set out how Bromley CCG expects situations to be managed when the volume and/or tone of communications from a specific individual or surrounding an individual issue is deemed to be unreasonable.

This policy applies to any kind of communication from members of the public to CCG staff and any individual working for the CCG, including Governing Body and committee members.

Where staff feel that the communications received are of a violent, aggressive or abusive nature they should take immediate advice from their Line Manager and make a reasonable assessment of the risk.

It should be noted that the Protection from Harassment Act 1997 and the Malicious Communications Act 1988 will take precedent over this policy with regards to the behaviours displayed by a member of the public contacting the CCG.

This policy does not replace the arrangements for handling vexatious complainants as set out in the CCG's Complaints Policy and Procedure, Appendix D. Nor does it replace the provisions of the CCG's Bullying and Harassment at Work Policy which apply to staff and individuals working within the CCG.

3. Definition of a Persistent/Unreasonable member of the Public

- 3.1 A member of the public may be deemed to be exhibiting persistent and/or unreasonable behaviours where current or previous contact with the CCG shows that they have met two or more (or are in serious breach of one) of the following criteria:
- i. Has harassed or been personally abusive or verbally aggressive on one or more occasion towards employees of the CCG
 - ii. Has shown signs of bullying behaviour towards employees of the CCG. This is 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. Bullying or harassment may be obvious or insidious and is unwarranted and unwelcome to the individual

- iii. Persists in pursuing a complaint/appeal when the correct procedures have been fully and properly implemented and exhausted or when an investigation/appeal is still pending an outcome
- iv. Does not clearly identify the issue they wish to be investigated despite reasonable efforts and/or where concerns identified are not within the remit of the CCG to investigate
- v. Changes the substance of a complaint/enquiry or continually raises new issues; or seeks to prolong contact by continually raising further concerns or questions
- vi. Has an excessive number of contacts with the CCG placing unreasonable demands on staff. Contacts can include telephone, email, letter or in person
- vii. Insists that they have not had an adequate response in spite of a large volume of correspondence specifically addressing their concerns and confirmation from the CCG that the matter is considered closed
- viii. Is unwilling to accept documented evidence that has been given as factual or denies receipt of an adequate response in spite of correspondence answering questions, or does not accept that facts can be difficult to verify when a long period of time has elapsed
- ix. Refuses to complete necessary paperwork to enable the CCG to progress requests or complaints
- x. Consumes a disproportionate amount of time and resource in trying to identify and respond to concerns
- xi. Continually focusses on a matter which is disproportionate to its significance (as this is subjective, careful judgement must be used)
- xii. Electronically records meetings or conversations without the prior knowledge and consent of the other parties involved. It may be necessary to explain to the member of the public that such behaviour is unacceptable and can, in some circumstances, be illegal
- xiii. Displays unreasonable demands or expectations and fails to accept these may be unreasonable e.g. timeframes for responding to emails

xiv. Purports to act on behalf of a patient or multiple patients, who do not have a personal complaint, to raise their own issues

3.2 Persistent and unreasonable behaviours include all methods of communication which may consist of (but is not limited to) written; email; telephone; social media or several methods of communication

4. Duties and Responsibilities

4.1 Managing Director

The Managing Director has overall responsibility to ensure that policies, procedures and systems are in place to reduce the impact of unreasonably persistent communications on the organisation and individual staff and is ultimately responsible for the safety and well-being of CCG employees.

4.2 Directors

Directors will:

- Ensure that they and all persons reporting to them are aware and undertake their responsibilities under this policy and other related policies and are adequately trained to enable its successful implementation
- Advise the Director of Quality, Governance and Patient Safety and/or the Head of Corporate Affairs if legal advice is required
- Give prompt attention to matters brought to their attention
- Ensure proactive and reactive reporting to the Head of Corporate Affairs of any compliance issues, incidents and investigations undertaken

4.3 Line Managers

Line Managers are responsible for ensuring their staff receive all necessary training, instruction and information. They will:

- Ensure that, where persistent and unreasonable communications occur, these are reported promptly and appropriate action agreed.
- Organise the department/workplace so that work related to the incident results in minimal disruption
- Make a reasonable assessment of the risk and consider how this might be reduced/mitigated
- Ensure staff are trained and aware of procedures
- Ensure staff are fully supported following an incident in line with the CCG Health and Wellbeing Framework

4.4 Staff

Staff are required to identify incidents and ensure line managers are kept informed of any possible persistent and/or unreasonable communications situations. Staff are also required to co-operate with investigations and report incidents appropriately.

5. Organisational Arrangements

There are several stages to managing persistent communications: all staff will need to work through the process from Stage 1 and move to another stage if the persistent communications continue.

Employees receiving communication from members of the public that meet the above criteria are encouraged to report any such incidents to their line manager and the Quality Team who will review the situation and advise on a reasonable course of action. Where there is an imminent risk to the safety of any staff member, an incident report form should be completed (in line with the CCG's Accident and Incident Reporting Procedure).

The line manager should be informed at the earliest possible opportunity if a contactor appears to meet the criteria set out in this policy.

5.1 Stage 1 – Advise the contactor of the issue

The member of staff receiving the contacts or their line manager should advise the contactor that their contact is unreasonable/persistent and include an explanation of how this is affecting the organisation/individual and, if possible, giving an opportunity for the contactor to alter their behaviour.

Full and accurate documentary records and any recordings must be kept of all communications, which may be shared with the contactor if appropriate.

5.2 Stage 2 – Involve an Advocate where possible

It may be appropriate to suggest communications via a third party – this may be particularly relevant if there is an equality or diversity issue. This can only be done with consent of the contactor.

5.3 Stage 3

The Head of Corporate Affairs is to be notified and will discuss the case with the Director or Quality, Governance and Patient Safety or an appropriate alternative Director of the CCG.

If they agree that the contacts continue to be unreasonable and/or persistent the Director will send a formal warning letter which includes a named single point of contact together with a copy of this policy. The warning should explain:

- Why the communication is found to be unreasonable/persistent
- The likely consequences of continuation of unreasonable/persistent communication
- The restrictions on future contacts with the CCG and the consequences of persisting with unacceptable behaviours. Where possible, warning should be in writing as this provides a clear statement and an audit trail. If it is necessary to provide a telephone warning or face to face this should be followed up in writing.

5.4 Stage 4 – Further Action

If the persistent/unreasonable communication continues the case should be considered further by the Director of Quality, Governance and Patient Safety or other appropriate director(s) in relation to imposing restrictions. The restrictions and consequences may include:

- Restricting the number of contacts
- Restricting the point of contact i.e. single point of access via a generic email
- Restricting the type of contact e.g. accepting hard copy communications only
- Drawing up an 'agreement' setting out a code of communications
- Decline further communication
- In exceptional circumstances the CCG might take legal advice or, if appropriate, refer the matter to the police.
- This is not an exhaustive list and further options can be considered by the Director

The contactor must be notified in writing of the course of action being taken.

The action decided upon will be applied for a set period determined by the Director. The CCG will automatically reconsider whether unrestricted CCG/patient communications can resume after 6 months dependant on the individual's behaviour over this period. However, should unreasonable/inappropriate communication resume the CCG will immediately re-invoke the policy, including a further review after six months.

5.4.1 If further action is not taken

Upon full consideration of the case the Director may decide not to take further action. If this is the case the Director will need to consider:

- The need to provide advice and guidance for staff in dealing with the contactor
- Changing the staff dealing with the contactor
- Steps required to safeguard the health and well-being of staff

CCG staff should always consider whether the communications from a previous unreasonable/persistent contactor are raising new points that the CCG should address. However, Directors should always be informed if staff are communicating with a previously identified contactor.

New complaints/requests for information received from members of the public who meet or have previously met the criteria in this policy and have restrictions in place will be treated on their merits. The Director of Quality, Governance and Patient Safety, or other appropriate director, will decide whether any restrictions which have been applied previously are still appropriate and necessary in relation to the new complaint/information request.

5.5 Right of Appeal

The unreasonable/persistent contactor has a right of appeal to the CCG's Managing Director who will review the case and make a final decision.

6. Monitoring

An annual report on the implementation of this Policy will be presented to the Quality Assurance Subcommittee. If appropriate, more frequent reports will be made to the Subcommittee

Related Policies and Procedures

This document should be read in conjunction with the following:

Bromley CCG Complaints Policy & Procedure

Bromley CCG Accidents and Incidents Reporting Procedure

Bromley CCG Security Management Policy

Bromley CCG Staff Health and Wellbeing Framework