NHS
Kernow
Clinical Commissioning Group

Acceptable behaviour policy

Date approved: 17 September 2021

This policy was adopted by NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) on 1 July 2022.

We are working to change the branding on our policies and to make sure they are accessible.

We intend to complete this work by 1 April 2023. While this work is underway, all references to NHS Kernow, the CCG and related structures should be taken to relate to the ICB.

This policy may not be suitable for users of assistive technology. If you use assistive technology (such as a screen reader) and need a version of this document in a more accessible format, please email ciosicb.corporategovernance@nhs.net. Please tell us what format you need. It will help us if you say what assistive technology you use.

Document control sheet

Title of document: Acceptable behaviour policy
Originating directorate: Finance
Originating team: People and organisational development
Document type: Policy
Subject category: Acceptable behaviour
Author(s) name: POD and corporate governance
Date ratified: 17 September 2021
Ratified by: People and organisational governance committee
Review frequency: 3 years
To be reviewed by date: 17 September 2024
Target audience: All colleagues
Can this policy be released under FOI? Yes
Give reasons for exemption if no:

Version control

Version number	Revision date	Revision by	Nature of revisions
	September 2016	Georgia Clements	
	30 March 2017	Acceptable behaviour advisory group and SMT	Acceptable behaviour advisory group and SMT
	15 May 2017	Executive management team	
	6 August 2019	POD assistant and patient experience and quality manager	
V1.0	April 2021	POD team member	Update for accessibility and removal of NHS Protect references
V1.1	June 2021	Corporate governance team	To reflect the violence prevention and reduction standard
V2	17 September 2021	POG committee	Ratified by POG committee
V3	October 2021	POD team and corporate governance committee	Final accessibility checks completed

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1. Introduction

NHS Kernow Clinical Commissioning Group (NHS Kernow) recognises it has a duty to protect the safety and well-being of all colleagues including those who deal with clients and service users in difficult and potentially confrontational situations. We will ensure we take suitable steps to prevent or reduce the likelihood and effect of unacceptable behaviour towards any colleague and will take all necessary steps to demonstrate this behaviour will not be tolerated, in line with the national violence reduction and prevention standard.

There are a number of areas within the organisation where colleagues are required to work with the public and professionals, undertaking work where there could be a foreseeable potential risk of violent or aggressive attack or abusive behaviour. All of these roles should have a workplace risk assessment to help reduce these risks. If any colleague 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.

2. Purpose

This policy sets out how NHS Kernow provides a safe and secure environment for its colleagues, 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 any protected characteristic, including sexual orientation, gender identity and race. The organisation will not tolerate discrimination, bullying and harassment against colleagues, and has a zero-tolerance approach to discrimination and hate related speech.

This policy applies to all colleagues of NHS Kernow and covers circumstances where colleagues have contact with others such as colleagues 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 colleague to colleague interactions within NHS Kernow, the policy for which is the grievance and dignity at work policy.

We recognise most interactions are positive, rewarding for colleagues 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 and resource. In

extreme cases, the experience may be distressing for both the colleague and the perpetrator.

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 an individual having genuine issues, and perhaps due to memory or educational difficulties. We also understand people may feel anxious and their 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 colleagues 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. Definitions

Difficult behaviour

Difficult behaviour is behaviour exhibited by any individual that causes the colleagues 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 colleague 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. Colleagues are expected to seek advice and support if they need to, in particular if the episode or episodes of difficult behaviour require action under the procedure section of this policy or the behaviour could constitute unreasonably persistent behaviour.

Hate crime

A hate crime is any hate incident which constitutes a criminal offence and the victim or any other person believes it to be motivated by prejudice or hate of someone because of a particular factor. Those factors include:

- a person's disability
- race, ethnicity, or nationality
- religion or belief

- sexual orientation
- transgender identity
- sex or gender

Hate crime can be against the person, or the person's property.

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 protected characteristic and may be persistent or an isolated incident.

The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.

Hate speech relates to abusive or threatening speech or writing that expresses prejudice against a particular group, especially on the basis of race, religion, sexual orientation or gender expression.

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".

NHS Kernow deems non-physical assault to include the following:

- offensive or obscene language
- verbal abuse and swearing
- attempted assaults
- offensive gestures
- threats and intimidation
- harassment or stalking
- inappropriate sexual language or behaviour
- brandishing weapons, or objects which could be used as weapons
- damage to buildings, equipment or vehicles causing fear for personal safety

It also includes offensive language or behaviour related to a person's race, gender, nationality, religion, disability, age, or sexual orientation.

Whatever form it takes, it is unwarranted and unwelcome to the individual. More information is available on the ACAS website.

Nuisance behaviour

Nuisance behaviour is defined in the Crime and Order Act 1998 as acting in a manner that causes or is likely to cause harassment, alarm or distress to 1 or more people who are not of the same household

Physical assault

Physical assault is the intentional application of force to the person or 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.

Unacceptable behaviour

For the purposes of this policy, unacceptable behaviour is taken to mean any behaviour, including actions, written or verbal words, 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.

Unreasonably persistent behaviour

Persistent behaviour can manifest itself in different ways and through different mediums, whether verbal or 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 further useful information to that which is already provided, and the colleague continues to receive contact from the individual, the individual's behaviour may at this stage be deemed unreasonably persistent.

You can see guidance on managing customer contacts.

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

Violence

The Health and Safety Executive broadly define violence at work as any incident where colleagues 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. Responsibilities

Accountable officer and governing body members

As part of their responsibilities under the violence prevention and reduction standard Governing Body members and the accountable officer are responsible for the acceptable behaviour policy, which is NHS Kernow's version of the violence prevention and reduction policy. They will receive assurance regarding this twice a year.

Senior managers

Senior managers will ensure that appropriate and adequate security arrangements are in place, based on risk assessment.

They will also ensure that colleagues are appropriately trained to provide high quality care and deal with members of the public in a sensitive and courteous manner.

They will also understand how to deal with situations where patients or visitors act in an unacceptable manner and ensure that support is provided where a colleague has been the victim of an assault or attack by a patient, visitor or other member of the public.

Managers

Managers will ensure that colleagues report unacceptable behaviour promptly via the extraordinary contact form. These forms will be collected and sent to the people and organisational development team for collating and reporting.

It is not intended that this policy should restrict the sending of incident forms, in accordance with the incident management policy, to the corporate governance team. Managers will ensure that all incidents receive appropriate investigation into root causes, and these are reported to the corporate governance team, where appropriate.

Should matters escalate sufficiently to warrant potential use of the procedure detailed in this policy, copies of the extraordinary contact form(s) should be forwarded to the corporate governance team to be logged as a formal incident.

Managers will ensure that all colleagues 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.

They will ensure that risk assessments are carried out and will reduce the risks identified in the assessment. Violence prevention and reduction workforce and workplace risk assessments should be managed and reviewed as part of an ongoing process and where appropriate documented in the corporate risk register.

Managers will provide support following any incident of behaviour which may include, but is not limited to:

- de-briefing
- access to internal support, supervision or coaching
- referral to occupational health
- support for counselling, as required

People and organisational development

The People and organisational development (POD) team will provide information, instruction, and training as appropriate to managers and their teams, informed by any extraordinary contact forms received from colleagues.

They will review data regarding violence and aggression on at least a bi-annual basis, this will then be reported to the people and organisational governance committee, in line with the violence prevention and reduction standard.

They will also review and monitor the policy and its associated procedures and systems to ensure they are fit for purpose.

Colleagues

All colleagues will ensure they have an awareness of 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 also:

- complete identified training in conflict management skills, where appropriate
- highlight issues to their line manager relating to unacceptable behaviour
- ensure they do not behave in a way that is aggressive or violent

They will 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.

Our commissioning responsibilities

In addition to directly employed colleagues, it is NHS Kernow's responsibility to ensure that commissioned and independent contractors have arrangements in place to support their colleagues 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 contracts and service level agreements. Issues raised by providers as part of this process will be included within the corporate governance team quarterly report to the people board.

5. Policy statement

NHS Kernow has a zero tolerance to unacceptable behaviour. As such, colleagues 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.

Colleagues may experience unacceptable behaviour in a number of different situations and the behaviour can be one-off, repeated or ongoing. The nature of the situation will determine the most appropriate process to follow.

If a colleague feels they are experiencing unacceptable behaviour from another colleague or colleagues of NHS Kernow they should refer to the grievance and dignity at work policy.

All colleagues have a duty of care to co-operate and comply with NHS Kernow 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 individuals involved.

6. Procedure

The correct procedure following an incident is dependent on the nature of the situation in which the colleague has experienced the unacceptable behaviour. The various elements are documented below and in the accompanying appendices.

If a colleague 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 a colleague or line manager is unsure which process is the most appropriate, or more than one applies, guidance should be sought from the POD team.

Communication to the individual

When dealing with difficult behaviour 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 indicates that they are not happy with this approach you can offer them the opportunity to:

- call them back in half an hour
- speak to your manager
- 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 should end the contact and do not need to provide further explanation.

If any individual is threatening or abusive from the outset, whether this is physically or verbally, you should end the contact immediately. If you are given the opportunity, explain that abusive or threatening behaviour is totally unacceptable.

If at any stage of any contact you consider that your safety or the safety of others 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 that colleagues record any contact of this nature by completing an extraordinary contact form (appendix 1), informs line management as soon as possible and sends a copy to the people and organisational development team. If the event is severe, a copy should also be sent to the corporate governance team, in line with the incident management policy.

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 (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 1 of the identified courses of action outlined in the section on terminating written communication below.

A copy of the completed form should be sent to people and organisational development team and colleagues 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 the corporate governance team who oversee incident reporting.

Terminating written communication

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

Following discussion, you and your line manager will agree a plan of action that may include a number of possible actions. Firstly, with your agreement, they may ask you to respond to the individual explaining why their behaviour is deemed unacceptable and any actions that will be taken. They may request a single point of contact is identified for this individual (see establishing a single point of contact).

If the individual already has an agreed point of contact, you may request director approval to write a letter, signed by the accountable officer or a nominated director, formally notifying the individual of their persistent and or unacceptable behaviour and our expectation there shall be no further correspondence on this matter.

If appropriate and with approval of a director, request legal advice and secure further support from the police, if required.

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

Dealing with threats to self-harm or who are otherwise at risk

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

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 or surgery for them. In all circumstances make a note of as many details as possible and immediately notify a senior colleague. If the call relates to an ongoing 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 colleague. On the basis of the report made and after speaking to you, the senior

colleague will decide whether to contact other agencies, including the emergency services.

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, colleagues are asked to follow lone working guidance in the agile policy.

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 this policy shall or shall not be applied. Each case will be considered on an individual basis.

For the purposes of this policy, issue has a wide definition encompassing such areas as 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 and letters received in the post.

During the process:

1. Refusing to co-operate with the process outlined to them without good reason.
2. Whilst still wanting their issue to be resolved, including a failure or refusal to specify the grounds of the issue despite offers of assistance.
3. Changing the basis of the issue as inquiries are made by introducing what is considered to be trivial or irrelevant new information.
4. Harassing, verbally abusing or otherwise seeking to intimidate colleagues dealing with the issue.
5. 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 colleagues 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.
6. Recording meetings and conversations without the prior knowledge and consent of the other person involved.
7. Putting a colleague on a speakerphone without their prior knowledge or consent.
8. Unreasonably pursuing multiple lines of enquiry regarding the same issue.
9. Persistent and inappropriate use of lines of communication and NHS Kernow procedures.

Afterwards:

1. 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.

2. Submitting repeat requests after the appropriate procedure has been completed, essentially about the same issues with additions and or variations which the individual then insists on being treated as a new matter to be entered into.
3. 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.

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.

NHS Kernow can choose to restrict contact in a variety of ways using 1 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 colleagues from unacceptable behaviour as defined in this procedure.

Reflective practice will be undertaken to ensure NHS Kernow colleagues are not being obstructive to genuine issues being raised by members of the public. A part of reflective practice is also the ability for colleagues to speak with and seek guidance from senior and experienced clinical and non-clinical colleagues.

Specific cases

We may refuse to communicate in respect of a particular case, where we have carried out all actions and given all advice which is reasonable to expect. 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 no further contact to the file or case, to prevent anyone promising a call-back in relation to that case.

Specific people

In some specific cases appointing a single point of contact 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 colleagues to gain their desired outcome. In these instances, the single point of contact ensures a person-centred approach for the individual concerned.

If we decide to restrict contact in this way, we will follow the single point of contact procedure.

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 (appendix 1).

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 1, episode(s) of behaviour is considered serious enough to warrant restriction of contact.

Potential actions which may be taken include:

- limiting contact to a specific mailbox or 1 named colleague
- refusing to accept telephone calls
- limiting phone calls in duration and or to specific days and times
- only accepting telephone contact through a third party
- only responding to new or unrelated matters are raised
- blocking the person's email in extreme cases
- requiring any contacts to take place in the presence of an NHS Kernow witness
- exclusion of entry to premises, or entry to premises with conditions on behaviour

Repeated calls may be deemed to be harassment, which, after consultation with the accountable officer, may be reported to the police.

Colleagues are reminded that without a detailed record of the entirety of the interaction(s), especially those which are verbal, it may not be possible to take action. Colleagues 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.

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 colleague can be confident in how the matter is being dealt with.

7. Establishing a single point of contact

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. 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 colleagues to gain their desired outcome. In these instances, the single point of contact ensures a more person-centred approach for the individual concerned.

It should be noted single point of contacts may also be assigned to individuals who have, or are, accessing multiple different teams within NHS Kernow. They may also be assigned to those who are receiving care from multiple organisations and individuals due to the complexity of the care needed. In this case, if a single point of contact is appointed it may or may not be a member of NHS Kernow. A single point of contact is also useful if contact with NHS Kernow is intermittent or infrequent 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 colleagues to case manage individuals. Should this situation arise, colleagues should discuss the individual case with their line manager.

By necessity, any individual who is assigned a single point of contact will be added to a confidential list to include name, contact details, and required action because of the restriction. This list shall be shared with a restricted number of colleagues within NHS Kernow and will abide by information governance policies and procedures.

Single point of contact arrangements shall be reviewed on a 6-monthly basis or more frequently if needed, and individuals advised if changes are proposed.

8. Complaining about a decision

An individual who 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.

9. Keeping records

It is essential that adequate records be retained and this will include:

- the name and address of the individual whose access is being restricted
- 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 colleagues were advised of a single point of contact being in place

A record of any behaviours which are considered to reach any or all of the thresholds 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
- how it occurred, such as written, telephone, face to face, social media
- details of the incident including who was present
- what was said by whom
- any actions taken
- whether an incident report form was completed and its number

Where appropriate, any matters formally reported by colleagues as part of the incident management policy should be recorded, and a copy retained in the colleague's file. Records kept may be referred to at future stages of the procedure, as necessary.

10. Implementation plans and monitoring effectiveness

The policy will be reviewed by staff voice and the unions and then all colleagues will be informed that a new policy is available on the document library and IRIS.

Training will be incorporated into the relevant existing management training

People and organisational development will monitor number of cases.

11. Update and review

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

12. Policies referred to in this document

- Grievance and dignity at work
- Complaints and compliments policy

- Incident management policy
- Violence prevention and reduction policy (to be published)
- Agile policy

Appendix 1: Extraordinary contact form (word version available on IRIS for staff)

Name of employee:
Date of contact:
Time of contact:
Name of individual:
Where did the contact take place:
Reason for contact:
How long did contact last (approximate if unsure):
Medium by which the contact occurred:

☐ Written
☐ Telephone
☐ Face to face
☐ Social media
☐ 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?

If yes, please provide a brief description:

How would you describe the language or behaviour used?

☐ 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:
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 is placed on your personnel (P) file
- place a copy on the individual's file

Appendix 2: Equality impact assessment

An equality impact assessment is used to establish how a policy or similar document may impact on individuals, communities, or equality groups to identify and minimise or remove any disproportionate impact. A full impact assessment should be undertaken for policies, strategies, procedures, or projects which are anticipated to have an impact on members of the public. Read guidance on how to complete this document.

Name of policy or service to be assessed: Acceptable behaviour policy
Department or section: POD
Date of assessment: April 2021
Person(s) responsible for the assessment: April 2021
Is this a new or existing policy? Existing

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
To provide clear guidance, advice and support to managers and colleagues regarding managing unacceptable behaviour.

Who is intended to benefit from this policy, and in what way?
The policy is intended to ensure colleagues are protected from unacceptable behaviour. Managers have a clear process to follow with regard to unacceptable behaviour. Clear guidelines will benefit all within NHS Kernow and people in the community.

What outcomes are wanted from this policy?
Well managed conflict situations.

What factors or forces could contribute or detract from the outcomes?
Poor communication and awareness of both colleagues and managers with regards to the application of this policy.

Who are the main stakeholders in relation to the policy?
All colleagues and managers.

Who implements the policy, and who is responsible for the policy?

The POD team and corporate governance.

Differential impacts

Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another. The existence of this policy and procedure should ensure that NHS Kernow protects colleagues in difficult situations.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another. People considered to have a disability may be positively impacted by this policy as they may need to be treated differently or more advantageously than others in order to afford them equal working opportunities.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another and looked at on a case by case basis.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
The policy exists to facilitate and support all colleagues irrespective of their marriage or civil partnership status.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?
The policy exists to facilitate and support all colleagues irrespective of any gender reassignment or transgender issues.

Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impact be mitigated?
This policy is designed to protect all colleagues and does not impact on any 1 group of people over another.

Are they any other identified groups? How will any negative impact be mitigated?
No other groups were identified

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
This policy is designed to ensure that a fair system is in place for those colleagues who experience unacceptable behaviour. All colleagues working for NHS Kernow will be treated fairly, with dignity and respect, whilst acknowledging their right to equality and autonomy whilst undertaking their work.

Which of the human rights articles does this document impact?

☐ To life
☒ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☐ To respect for home and family life, and correspondence
☐ To freedom of thought, conscience, and religion
☐ To freedom of expression

☐ To freedom of assembly and association
☐ To marry and found a family
☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
The policy is underpinned by a commitment to protect the rights and individual needs of those individuals who are treated unacceptably.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
Through a series of management updates via the staff intranet and guidance and best practice information from the POD team.

Public Sector Value Act 2020

NHS Kernow is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
This is not applicable as this policy it not a commissioning or procurement policy.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
The process ensures fairness and consistency in approach.

Describe how the policy contributes towards advancing equality of opportunity.
It treats all consistently.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
It supports all colleagues.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
A consistent approach is ensured.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
Not applicable.

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.
Not applicable.

Signed (completing officer): Tricia Phillips
Date: April 2021
Signed (head of department or section): Emma Goudge
Date: April 2021
Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.