Changes in this version

New Policy.

Policy

Introduction

This policy applies to all individuals in communication with NHS Blood and Transplant ("NHSBT") on behalf of themselves, another individual or group. It applies to all contact, defines the behaviours, and actions that are not acceptable to NHSBT.

We recognise that some individuals who contact NHSBT may have reason to feel aggrieved, upset, or distressed. However, while we accept that those in contact with us may feel angry, it is not acceptable when that anger is directed towards our employees. We will manage behaviour that is aggressive or abusive, or which places unreasonable demands on our employees under this policy.

NHSBT has a zero-tolerance position on threats against our employees. Violent or abusive behaviour is not tolerated, and we will take decisive action to press for the maximum possible penalty for anyone who behaves in a violent, aggressive, or abusive way to our staff.

Blood Supply staff should use this in conjunction with their own documents in place for dealing with events at session including SOP3593 Violence and Aggression at Blood Donor Sessions and SOP3615 Managing Inappropriate Behaviour and Follow Up After an Incident.

Guidelines for dealing with Unacceptable Behaviour

1. Principles

The behavioural expectations for NHSBT employees and individuals interacting with us are for us to:

- Provide a fair, open, proportionate, and accessible service.
- Listen and understand.
- Treat everyone who contacts us with respect, empathy, and dignity.

For those interacting with us to:

- Treat employees with respect and courtesy.
- Engage with us in a way that does not impact on our ability to carry out our work effectively and efficiently for the benefit of all individuals interacting with our organisation.
- Recognise that as an NHS organisation our resources, including employees time are limited, and must be used for the benefit of all. This might mean that we cannot respond to every issue in the way an individual might wish, if in doing so it would take up what NHSBT regards as being a disproportionate amount of time and resources.

2. What behaviour is unacceptable?

Behaviour and/or actions are unacceptable if they involve abuse of NHSBT employees, associates, or our service.

Some examples of what we consider to be unacceptable behaviour and/or actions are provided below, although this is not an exhaustive list:

Aggressive/abusive behaviour

Physical behaviour, language, or images (whether verbal i.e., face to face, via telephone or written in emails, letters or online) that may cause employees to feel intimidated, uncomfortable, threatened or abused. This includes behaviour about any protected characteristic, as defined by the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). Abuse may include but is not limited to:

- threats or harm to people or property.
- verbal abuse of any kind, including racist, homophobic or sexist abuse.
- degrading, patronising, defamatory, offensive, discriminatory, harassing and/or derogatory language or behaviour.
- rudeness.
- escalating agitation, intimidation, oppressive or coercive behaviour.
- raising unsubstantiated allegations.

Unacceptable demands

Demands which may be considered unacceptable and vexatious in nature:

- Requesting responses to concerns in unreasonable timescales.
- Insisting on speaking with senior colleagues or escalating contact to senior colleagues when not getting the answer sought from NHSBT employee.
- Making repeated approaches about the same issues without raising new information.
- Repeatedly changing the substance of a complaint or raising unrelated concerns.
- Refusing to accept a decision where explanations for the decision have been given.
- Continually contacting us while we are in the process of looking at the issue/complaint e.g., numerous calls/emails in one day or excessive contact over a short period of time.
- Repeatedly sharing copies of information that has been sent already.
- Continually reframing the issue/complaint in such a way as to make it challenging to do our job effectively i.e., numerous emails providing different information each time.

Refusal to cooperate

During communication we may need to ask an individual to work with us to progress an issue/complaint. Sometimes they may refuse to engage in this process. This may include:

- Refusal to provide information and/or evidence.
- Not providing a summary of their concerns or refusal to provide information.
- Not providing comments or responses to reasonable deadlines.
- Not agreeing to a defined complaint scope within a reasonable timescale.

3. Approaches that may be taken as a result of unacceptable behaviour

The approach taken will be the minimum required to solve the problem. The threat of violence, verbal abuse, or harassment towards a NHSBT employee is likely to result in termination of all direct contact and their donation account immediately withdrawn. In the case if violence is used or threatened, we will normally report all such incidents to the police and we will not be able to respond until they have conducted their own investigation.

The individual will be advised at the time of incident their behaviour is inappropriate and this followed up in writing (or in an agreed format where a reasonable adjustment is in place) detailing the restrictions that have been imposed. This will include:

- why the decision has been made,
- what arrangements for contact, if any, have been put in place,
- the length of time the restrictions will be in place,
- when the restriction will be reviewed.

The decision to reinstate the donor may be escalated to the Donor Behaviour Panel. They will go through the case work and consider if the individual could positively change their behaviour and have any restrictions removed. If restrictions are removed the individual should be informed in writing by the Panel members, or in alternative agreed format, if a reasonable adjustment is in place, of the removal of the restriction.

4. Abusive correspondence

If a caller is being aggressive, the staff member will warn them that if they continue to be aggressive, they will end the call. If this does not help to settle the situation down NHSBT employees should end the telephone call and instruct the caller, why they are terminating the call. The employee will immediately pass the details to the manager and log an incident, in the event the caller calls back again.

We will not respond to any correspondence, in any format, that contains statements that are abusive or contain allegations about NHSBT employees that lack evidence. Staff should ensure they include the abusive correspondence as a screenshot or attachment to any incident which is logged.

Where necessary, we will restrict individuals from direct contact. Any contact must be through a third party, such as an advocate. It will be the responsibility of the individual to arrange third party support.

In addition, we reserve the right to:

- Limit telephone contact of the caller to set times on set days.
- Restrict contact to a nominated employee who will deal with all future calls or correspondence.
- Restrict contact to in writing only.
- Restrict the issues we will correspond on.
- Block emails or telephone numbers if the number and length of communications sent is excessive.
- Refuse to consider a complaint or any further contact in exceptional circumstances.

5. Not adhering to a restriction

Where an individual does not follow the restriction put in place as a result of unacceptable behaviour, our staff are within their right to discontinue the forms of contact deemed unsuitable until the restriction has ceased e.g., if the restriction included no telephone contact, our staff will remind individuals of the restriction in place and end the call immediately.

If an individual continues to ignore the restriction, you should consult with Donor Behaviour Panel members to consider whether further restrictions in line with this policy are required, for example blocking calls or emails.

6. Restrictions in place when a case concludes.

If a restriction is in place when a case concludes this should remain in place and be reviewed by the caseworker who put the restriction in place 3 months following the case conclusion to decide if restrictions can be removed. The individual responsible for reviewing should be updated in MS Dynamics.

7. Support

In the first instance colleagues who are abused or exposed to abuse or indeed individuals who have witnessed the abuse, not just those on the receiving end should in the first instance find links to services including EAP that they may find useful at this time. https://nhsbloodandtransplant.sharepoint.com/sites/ourwellbeinghub/

8. Legal advice

If after consultation with a manager further advice is required, the legal team will provide the necessary support.

9. How an individual can appeal our decision.

Information on appealing against the decision to restrict contact will be provided in the letter sent to the individual. A request for an appeal can be made after the decision to restrict contact.

Any appeal will only consider arguments against the restriction and not in relation to any complaint or issue brought to us. An appeal could include, for example, the individual saying that the restrictions:

- are disproportionate.
- will be disproportionally impacted upon because of personal circumstances, e.g., a previously undisclosed disability.

The Donor Feedback Team will consider the appeal unless the restriction was put in place by that team. If so, an Assistant Director will consider the appeal. They have discretion to remove, change or uphold the restriction based on the evidence available to them.

The appeal will be considered within 18 working days of receipt of the request for an appeal and the individual will be advised in writing (or alternative agreed format if a reasonable adjustment is in place) of the outcome of their review and whether restrictions will be maintained, removed, or varied as a result.

Whilst the appeal is being considered, the restricted contact arrangements will remain in force.

There is the option for the individual to seek independent counsel from the Parliamentary and Health Service Ombudsman. The Ombudsman makes final decisions on complaints that have been resolved by the NHS, government departments and some other public organisations. Their service is free and can be accessed at: www.ombudsman.org.uk or call 0345 015 4033.

10. Record Keeping

If a donor has been involved in an incident regrading unacceptable behaviour, their personal donor record will be updated on our internal systems to ABU, so that anyone accessing the individual's records is immediately aware.

If the individual does not have a donor account our Donor Feedback Team will ensure a case is opened on their customer service platform, Microsoft Dynamics.

If the incident has taken place over the telephone and a recording is available, the recording will be added to the to the individual case file on Microsoft Dynamics.

Any review of the restriction and the outcome of that review should also be recorded on the individual's donation or case record and communicated with the individual.