

# Complaints Engagement Policy

Lead Manager:	Corporate Services Manager - Complaints and Public Affairs
Responsible Director:	Board Nurse Director
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## Section 1 –

### 1. Overview

- 1.1 Why we need an engagement policy and its aims
- 1.2 Who this policy covers
- 1.3 Supporting positive management of difficult behaviour

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### 1.1 Why we need an engagement policy and its aims

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NHS Greater Glasgow and Clyde welcomes feedback, including complaints, and uses them to improve services, to address complaints in a person-centred way and to respect the rights of patients, families and staff involved. Thus retaining everyone's right to be heard, understood and respected. We also support staff to resolve complaints and to conduct fair investigations making evidence-based decisions but retaining our compassionate, person centred ethos.

As with any complaint, we understand the emotion that may be present, especially when it surrounds someone's health and wellbeing. We also realise that people can act differently in times of stress however in some circumstances we need to take action to protect and support our staff's wellbeing and protect our ability undertake our work and provide a service to others.

The aim of this policy is to set out how we identify and respond to different types of engagement, what should be expected of us and equally what we expect from our service users.

We aim to cover three main sections within this policy, restorative approaches, active management and unacceptable actions.

This policy will cover why we need an engagement policy and its aims, who this engagement policy applies to, what is covered within this policy and positive management of engagement.

Throughout this policy we will provide various strategies to actively manage difficult behaviour. We will also provide examples of active management which, when implemented, can de-escalate challenging behaviour and help protect and empower our staff.

This policy will also provide examples of unacceptable actions and how staff can identify and manage these types of engagement. We will explain how staff approach unacceptable actions and how to support staff during and after this engagement.

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## 1.2 Who this policy covers

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Complaints are handled in the spirit of goodwill, to find resolve or to learn from mistakes. This policy applies to everyone who engages in the Complaints Handling Process i.e. Complainants, elected officials, Advocates and all NHS GGC Staff members. All individuals are required to adhere to the guidelines set out in this policy. All forms of contact are included (verbal - via telephone calls or face to face, written contact - via emails and letters or online) with the aim being, to defuse highly emotive engagement, to improve relations between staff and service users and to ensure de-escalation for the benefit of all involved. This will ensure all are treated fairly, with respect and dignity and to ensure staff operate in a safe working environment and do not feel intimidated, frightened or upset as part of their working day.

### **Engagement can be between**

- Complainants and Complaint Handlers
- Complaint Handlers and other NHS GGC Staff
- Complaint Handlers and Elected representatives/Advocates

Staff are aware that the circumstances surrounding a complaint often lead to people, both complainants and staff members, feeling angry, upset and frustrated but by adhering to this policy we can ensure that a positive experience is undertaken leading to all involved feeling they are being listened to, in the hope of promoting positive engagement.

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## 1.3 Positive management of engagement policy

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We believe in positive engagement and will ensure through the management of this policy that our service users and staff are aware of how they can engage with us positively. Our service users and staff will be provided with information on how our services can be accessed and what we need from our service users to ensure and support this positive engagement.

The policy will also be used in supporting service users with expressing their concerns in a constructive manner and assisting staff engaging with the Complaints Policy. Supporting positive engagement would also include providing information to service users to help ensure concerns can be made about our service publicly without putting our staff, or our legal need to investigate in private, at risk.

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## **Section 2 -**

### **2. Overview**

- 2.1 Civility Saves Lives
- 2.2 Restorative Approaches

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### **2.1 Civility Saves Lives**

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Incivility has a huge impact on the care we can offer. This is because incivility reduces the quality of people's work, recipients of incivility lose time worrying and can be less productive when performing their duties.

We realise that people can react differently in times of stress and worry, and our staff will always make allowances for this to a degree, however our staff have the right to perform their duties without fear of abuse, both physical and verbal. It is important that anyone, both staff and users of our services, understand that it is not always how something said was intended, but how it comes across.

Whilst we will always work to restore relationships, it is paramount that incivility does not get in the way of us being able to provide a full, safe service to our service users. We will therefore actively manage a range of situations to ensure we can continue to do this.

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### **2.2 Restorative Approaches**

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#### **2.2.1 Why restorative approaches**

What is the purpose of restorative engagement?

The purpose of restorative engagement is to provide the resources required to be able to acknowledge someone's experience and help implement changes when possible. Understanding and acknowledging a complainant's experience may help develop restorative engagement.

How can we benefit from a restorative approach?

- A Restorative approach helps to develop the complainant's social and emotional competency, this may encourage the complainant to become more empathetic.
- This removes the focus from blame and negativity of the complainant or employee and focuses on building the relationship with the complainant and how we can help. Which helps to build and maintain positive relationships.
- Restorative approaches allow complainants to feel their view, perspectives and needs are being listened to and will be acknowledged and responded to.

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## 2.2.2 Strategies

- 1) Staff can suggest breaks to de-escalate a situation where a conversation with the person has become heated. This will give the member of staff time to reflect over the conversation and why it escalated so that this can be addressed when the conversation resumes at a later date. For example – if a particular topic was emotive for a person, it can be agreed at the start of a further conversation that this topic will not be discussed until broached specifically by the individual.
- 2) Staff can and should escalate any issues to senior management. This could potentially restore the relationship between NHS GGC and the person where the individual is insistent on a specific action or wishes to speak to a member of the senior team regarding their complaint. Escalating this, where appropriate, to a line manager can show that we are listening and are doing what we can to seek a resolution for the person.
- 3) We may suggest a meeting to resolve concerns before taking these through the complaints process. Most of our contact with people making complaints tends to be either by telephone or via written communication and this can be difficult for some people, where the matter is particularly distressing or complex. Giving the individual an opportunity to meet with us to discuss their concerns face-to-face can restore the trust they have in us as it shows we are willing to engage in an open and transparent manner.
- 4) Early intervention can help to deescalate behaviour. By doing this, we can clearly set out to the person, at an early stage, what we consider to be unacceptable behaviour. They are then aware that this behaviour needs to be managed and if it continues, staff will take appropriate action. In highlighting this at an early stage, it is hoped that the person will consider their actions and desist in the behaviour before it escalates to a point where the Unacceptable Actions policy is evoked.
- 5) Proactively making adjustments to our service to help people to engage with us is important. Some individuals may for example, find it difficult to communicate with us through written correspondence. Staff could therefore proactively suggest phoning the person to relieve their anxiety and worry and support them with engaging in the complaints process in a suitable manner.
- 6) Actively manage expectations. Staff should seek to manage people's expectations throughout their interaction with us. For example, someone may be seeking a specific resolution regarding their care and whilst it may lead to a difficult conversation, staff should advise from the outset that we are unlikely to influence this.

## Section 3 -

### 3. Overview

- 3.1 Protecting our Staff
- 3.2 Unacceptable actions
- 3.3 Management of unacceptable actions
- 3.4 Recording & reviewing a decision



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### **3.1 Protecting our Staff**

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The physical and mental health of our staff is of paramount importance. NHSGGC takes extremely seriously, the health, safety and welfare of all its employees, patients and visitors. Whilst all patients and relatives should be treated with respect, NHSGGC equally expects patients and relatives to treat our staff with respect in return and we have a zero tolerance policy when it comes to any violence and/or aggression towards staff and others. Staff have the right to perform their duties without fear of abuse or violent acts from members of the public.

We consider care occurs in partnership with patients and negative behaviour towards staff is not considered to be conducive or constructive to our working relationship or the investigation of complaints. Negative engagement will always be identified to line managers and may result in disengagement from any future correspondence or in the withdrawal of investigation of the complaint.

Negative engagement often results in a less effective outcome than when positive engagement has taken place, therefore staff will always endeavour to promote positive engagement.

Appropriate steps will be taken to protect and secure the well-being of our staff, including withdrawal of our services and progression to the police if appropriate.

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### **3.2 Unacceptable actions**

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Our staff should feel safe and supported when they come to work and we have a duty of care towards all staff to ensure their safety is maintained. We will review conduct in a pragmatic way to ensure the safety of our staff is prioritised. We understand that the complaint process can be emotive and our staff will always try their utmost to work with service users and support them throughout. However, at times, staff are subject to unacceptable and unreasonable behaviour which puts them at risk and creates added difficulty in addressing/investigating complaints. We would ask all service users to treat our staff with the same dignity, respect and civility that they would expect for themselves. Unacceptable behaviour is behaviour which shows characteristics of violence, aggression, discrimination, harassment, bullying, unreasonableness or a combination of all of these.

We also need to make sure are staff are able to help all service users who require our services. Negative engagement results in obstructing and hindering our staff's ability to provide service to others.

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### **3.2.1 Violence**

#### **Violence towards staff or others will not be accepted**

Violence is not simply restricted to acts of aggression that may result in physical harm. It also includes actions or language (whether verbal or written) that would reasonably cause someone to feel offended, afraid or threatened.

Violence, inappropriate behaviour, and threats are serious matters, and any person engaging in such conduct will be subject to appropriate action up to and including termination of contact.

### **3.2.2 Abuse**

#### **Abuse of staff or others will not be accepted**

##### **Abuse**

Inappropriate or abusive behaviour is different to anger. It ranges from short personal comments, to abuse, to borderline harassment.

Types but not limited to

- Abusive language includes all language that is designed or could be perceived as designed to insult or degrade, is racist, sexist or homophobic, or which makes serious allegations that individuals have committed criminal, corrupt or perverse conduct without any supporting evidence.
- Language which makes unfounded allegations about an individual's professional ability or capability or seeks to belittle them personally is also unacceptable.
- Abusive or violent comments which are not aimed directly at our staff but at a third party due to the effect that listening or reading them may have on our staff.
- Abusive comments made about our staff on social media
- Angry communications
- Derogatory remarks
- Rudeness
- Inflammatory statements

Behaviours considered to be inappropriate, concerning or threatening may include

- undue and unwanted attention, despite being asked to stop
- angry, aggressive or sexual communications (verbal or written)
- sexual harassment (unwelcome sexual conduct of any kind)
- stalking (repeated attempts to impose unwanted communication or contact)
- any act or threat of physical violence or property damage

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### 3.2.3 Harassment

#### Harassment (in and out of office)

Harassment is defined in law as "unwanted conduct on the grounds of race, gender, sexual orientation, ethnic or national origins, disability, gender reassignment, or religion which has the purpose or effect of either violating the claimant's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them."

Harassment occurs if the conduct has the purpose or effect of violating the victim's dignity; or creating an intimidating, hostile, degrading, offensive or humiliating environment for the individual.

Types but not limited to

- Harassment of staff, whether accompanied or not by violence or abusive comments
- Repeatedly contacting or continuing to contact individual staff members when previously asked not to
- Contacting staff outside of the office to seek to influence them
- Targeting and naming them on public or other easily shared social media.

#### 3.2.4 Demands on our office & levels of contact

A demand becomes unacceptable when it starts to (or when complying with the demand would) impact substantially on the work of the office. An example of such impact would be that the demand takes up an excessive amount of staff time and, in so doing, disadvantages other users/stakeholders and prevents us from providing a service to the person making the demands within a reasonable timescale. This can include talking to, responding or filing emails or written correspondence impacting our ability to help others. Further examples would include the following however this list is not exhaustive:

- Repeatedly demanding responses within an unreasonable timescale
- Repeated contact when an individual has been asked to speak to the SPSO as the next stage in the process when a formal response has been issued and all concerns addressed.
- Unrealistic persistent demands – e.g. to have a meeting or speak with the CEO directly. An organisation of our scale is unlikely to be able to facilitate this.
- Demands with a short, unreasonable timescale or with the intention to intimidate – e.g. request to have a situation resolved by the end of the day otherwise it is taken to the press.
- Insisting on seeing or speaking to a particular member of staff when that is not possible
- Repeatedly changing the substance of their issue or raising unrelated or additional concerns.
- Repeatedly making very long telephone calls discussing information that has already been discussed or is irrelevant to the complaint.
- Sending large amount of information or emails that have already been submitted.
- Information that is difficult for staff to decipher e.g. an example of this would be photographs of a hand written letter. Complaints of this nature may be directed to PASS for their assistance.
- A number of calls within a short time frame such as 1 hour or 1 day.

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- Repeatedly insisting on a course of medical treatment.
  - Unwillingness to accept the complaint investigation findings and conclusion.
  - Persistent or unrealistic demands that cause stress to staff, will not be accepted.
  - Requests will be met wherever possible and explanations given when they cannot.
  - Threats of escalation. Our staff will provide you with details of points of contacts should you be unhappy with your response, it is also important to note that threats of escalation or legal action will not change the outcome of your complaint so we politely ask complainants to refrain from doing this as it is upsetting to staff.

### **3.2.5 Refusal to co-operate**

We believe care occurs in partnership with patients and their families and we want Complainants to work with us. This can include agreeing with us the service we are providing, the issues we will look at; providing us with further information, evidence or comments on request; or helping us by summarising their concerns or completing paperwork.

It is important to understand that as any other organisation has set processes and procedures which they follow, we in NHSGGC also have procedures which must be adhered to. This will ensure we are held accountable for the care we deliver and ensures all Complainants are treated equally. We understand that our processes may at times seem frustrating, especially when Complainants are concerned for a loved one and wish answers, however, it is essential these processes are adhered to and we ask that Complainants work with us in this respect.

Repeated refusals to cooperate makes it difficult for staff to proceed. We will always seek to assist someone if they have a specific, genuine difficulty complying with a request. However, we consider it is unreasonable to bring a matter to us, or ask us to provide a service, and then not respond to a reasonable request.

### **3.2.6 Use of the complaint processes**

We support the rights of people and organisations to complain more than once about our organisation when they have a continuing relationship with us and if subsequent incidents occur.

Such contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent our teams and services from pursuing a legitimate aim. We consider access to our complaints system to be important, and it will only be in exceptional circumstances that we would consider such repeated use is unacceptable, but we reserve the right to do so in such cases. Such decisions can only be made by a member of the service management.

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## **3.3 Management of unacceptable actions**

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Although at times our resources may be under more pressure than others, any assessment should take into consideration whether we would be able to deal with this behaviour if we

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were operating effectively and normally. For this reason we have identified a number of situations where active management will be applied where restorative approaches have not been successful.

### **3.3.1 Contact outside the office**

Any contact with a complainant outside the office should be discussed with a manager who should decide whether this should be recorded. This includes contact via social network sites and includes social contact in public places. This, in part, reflects the need to ensure there is no appearance of bias and that any conflicts of interest that may not have been apparent at the point of allocation are picked up (for example, where there is significant social overlap).

### **3.3.2 Naming and targeting staff publicly**

We encourage those who wish to criticise do so in relation to NHSGGC rather than individuals. We are clear that our staff are acting on behalf of and on the authority of the organisation. We also encourage the use of forums such as Care Opinion to express views. However, the naming of individuals online may lead to restrictions being put in place as this could be viewed as harassment.

### **3.3.3 In person**

#### **Raising complaints**

We know that there will be times when we do not get it right and we give all patients and their representatives the right to raise concerns regarding their care. When a concern is raised staff require the following information in order to progress concerns,

- what exactly is the person's complaint (or complaints)
- what do they want to achieve by complaining
- can the complaints process achieve this, if not, explain why not; and
- If the complaints process cannot resolve this, who can help with resolution?

This is not intended to be obstructive but is necessary so that a full and transparent investigation can be conducted.

Staff will issue a warning if behaviour is becoming unacceptable however, for example if the language used becomes deeply upsetting, extreme or our staff feel unsafe then they will be empowered to end contact immediately without a warning being given.

If staff are informed they are being recorded or filmed or are being live streamed, they will end the contact politely but immediately. It is also important to stress that recording videos or taking photos of staff, patient and / or visitors without consent is not permitted within NHSGGC and as such may be reported to Police Scotland.

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## **In person meetings**

To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint.

However, if disrespectful behaviour has already been displayed and behaviour has breached what is considered to be acceptable then a meeting would not be supported.

Prior to the meeting, all participants will be advised that the purpose of the meeting is to seek resolution, and they will be advised on what behaviour will not be acceptable.

Recording of meetings can be facilitated however each person in attendance must be in agreement to this. Our legislation requires us however to work in a private manner and only limited staff are able to speak on behalf of the organisation.

### **3.3.4 Telephone**

During telephone contact staff should issue a warning before ending contact if it is safe and they consider it appropriate to do so, but a warning is not required if the language is intense, deeply upsetting or extreme. Staff should not be subject to inappropriate language, a warning will be given if it is appropriate to do so but may not be necessary in certain circumstances.

### **3.3.5 Written Correspondence – Emails/Letters/Online posts**

Managers may intervene and advise that the contact has been found to be unacceptable. Staff may use a generic email so that individual staff members cannot be targeted.

Staff should not have to respond or engage with service users who write to them in an aggressive or abusive manner. If a member of staff receives communication of this nature, they should inform the sender that their manner of communication is unacceptable. This could be done by a manager or from an account that is not linked to an individual if this has been aimed at an individual staff member.

If there is an indication of a risk to health or safety or a public interest, we may use evidence that is supplied with the correspondence as part of our investigation. The decision that correspondence is unacceptable should be made by a manager to ensure consistency. Where this behaviour is repeated despite warnings we may need to take steps to restrict methods of contact with the office.

### **3.3.6 Online, web and social media**

This is a fast-moving and changing area; nevertheless, the principles outlined in this policy will still apply. NHSGGC will follow the best practice advice available at the time of any incident and note and record the reasons for our decisions. Actions may include:

- blocking accounts or using other technical options available on the relevant platform to minimise exposure
- using the relevant social media platform's own reporting mechanisms to seek to have the content removed

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- limiting contact with the individual through other channels to reduce risk to staff –
  - direct threats on social media should be dealt with like any physical threat (see below).

### **3.3.7 Physical threats**

When a physical threat is made, we will normally report it to the police. This includes situations when the threat made is not to us but a threat to harm a third party.

It should be noted that deciding to contact the police is a matter of judgement and in some cases may not be appropriate (if, for example, the threat is immediately withdrawn and was clearly flippant). However, this is an important safeguard and the person who receives the threat, and particularly anyone who has been personally threatened, should discuss the matter with their line manager before contacting the police. The manager should take into account not only the views of the staff member but also consider the impact on other staff who may come into contact with the individual. If other staff have witnessed the event, they should all be asked to record their experience.

### **3.3.8 Home Working**

While the skills of managing a complaint are similar whether staff are working from the office or are based at home, the location of where staff receive negative engagement and manage difficult conversations is having an impact on them.

This impact is heightened when staff are in their home environment, which should be a safe space, and this results in the negative experience feeling more intrusive. This is also compounded by staff not having the physical support of their colleagues around them, and other ways of de-briefing, after a highly emotive engagement, must be found. Home workers may also experience loneliness, increased stress and anxiety levels and this must not be underestimated and should be recognised and supported by their managers. Employers have a responsibility to protect all staff and careful consideration must be made in regards to any negative engagement staff may receive.

### **3.3.9 Level of Demand**

Where a complainant repeatedly phones, visits, raises repeated issues, or send large numbers of documents whose relevance is not clear, we may

- Limit contact to telephone calls regarding the issues raised as set times on set days
- Restrict contact to a nominated member of staff only
- Restrict contact to written form only
- If the contact and wide range of issues seems to be excessive, staff may advise the complainant that only a certain number of issues will be considered in a given period and ask them to limit or focus their request accordingly
- Take any other action that we consider appropriate

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### 3.4 Recording and reviewing a decision

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Steps we ask our staff to take when escalating concerns

- All incidents will be recorded on our incident recording system, DATIX and an entry made in the complaints file
- The complainant will always be notified of the decision in writing and the reasons why contact is being limited or stopped
- Where possible we will give the complainant the opportunity to change their behaviour or actions before a decision is taken
- A complainant can appeal a decision and this will be considered by a manager

#### Keep a record

- This may help staff remember incidents as they occur, so they are easier to recall if necessary, at a later date
- We ask that our staff create a file-note of events – noting the date, time, location and details of the cause for concern
- We ask that staff keep copies of letters, text messages and emails, or take screenshots of online messages sent on social media

#### Seek support

Staff can:

- Talk to a supervisor
- Speak to the HR team for guidance and policies

#### Escalate your concerns

Contact the police for support if staff feel harassed or in danger at any point. This may include (but is not limited to):

- verbal or physical threats
- unwanted physical or sexual advances
- stalking (repeated attempts to impose unwanted communication or contact)
- any threat of physical violence, property damage, or production of a weapon

If staff feel in any immediate danger, we advise them to not hesitate to call 999.

*This policy is subject to review*



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## Appendix 1 – Helpful links

### **NHSGGC – Complaint Internet Pages**

<http://www.nhsggc.org.uk/get-in-touch-get-involved/complaints/>

### **NHSGGC – Complaints Intranet Pages**

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

### **NHSGGC – Significant Clinical Incident Toolkit**

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Complaints/Pages/NHSComplaints.aspx>

### **NHSGGC – Whistleblowing Information**

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/>

### **Patient Advice and Support Service**

<http://www.patientadvicescotland.org.uk/>

### **Scottish Mediation Network**

<https://www.scottishmediation.org.uk/>

### **Scottish Public Services Ombudsman**

[www.spsso.org.uk](http://www.spsso.org.uk)

### **General Medical Council**

[www.gmc-uk.org](http://www.gmc-uk.org)

### **General Dental Council**

[www.gdc-uk.org](http://www.gdc-uk.org)

### **Nursing and Midwifery Council**

[www.nmc.org.uk](http://www.nmc.org.uk)

### **General Optical Council**

[www.optical.org](http://www.optical.org)

### **Royal Pharmaceutical Council**

[www.pharmacyregulation.org](http://www.pharmacyregulation.org)

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## Appendix 2 – Unacceptable Behaviour and Vexatious Complainants

### Definition of unacceptable behaviour

Complainants (and/or anyone acting on their behalf) may be deemed to be displaying unacceptable behaviour where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria or meet criterion number 10 alone:

1. Persist in pursuing a complaint where the NHSGGC Complaints Policy and Procedure has been fully and properly implemented and exhausted.
2. Persistently change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. We will, where reasonable, aim not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.
3. Repeatedly unwilling accept documented evidence of treatment given as being factual, for example, drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
4. Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of NHSGGC to help them specify their concerns and/or where the concerns identified are not within the remit of NHSGGC to investigate.
5. Regularly focus on trivial matters to an extent which is out of proportion and significance, and continue to focus on this point or points. We recognise that determining what a trivial matter is is subjective and careful judgement will be used in applying this criteria.
6. If staff have, in the course of addressing a registered complaint, an excessive number of contacts with NHSGGC, placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact would be made in person, by telephone, letter or email. Discretion will be used in determining the precise number of excessive contacts applicable under this paragraph, using judgement based on specific circumstances of an individual case.
7. Have harassed or demonstrated abusive behaviour (whether in person or in writing about an individual) or been verbally aggressive on more than one occasion towards staff. We recognise that complainants may act out of character in times of stress, anxiety or distress and we will make reasonable allowances for this. We will document all instances of harassment, abusive or verbally aggressive behaviour. This includes behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened or abused.

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8. Are known to have tape recorded meetings or face to face/telephone conversations without the prior knowledge and consent of other parties involved.
  9. Make unreasonable demands on the patient/complainant relationship with NHSGGC staff and fail to accept that these may be unreasonable, for example, insist on responses to complaints or enquiries being provided more urgently than is reasonable or within the NHS Complaints Policy or normal recognised practice.
  10. Have threatened or used physical violence towards staff at any time. This will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued. All such instances will be documented. NHSGGC has determined that any complainant who threatens or uses actual physical violence towards staff will be regarded as demonstrating unacceptable behaviour and will receive such written confirmation from the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer. This will also inform the complainant of what action may be taken with regards to any further communications received.

### **Dealing with Unacceptable Behaviour by Complainants**

Before classifying a complainant's behaviour as unacceptable we will consider how best to deal with future correspondence in one or more of the following ways:

- By drawing up a signed "agreement" with the complainant (and if appropriate, involving any relevant Practitioner in a two-way agreement) which sets out a code of behaviour for all parties involved if the complaint is to continue being investigated. If these terms are contravened, consideration would then be given to implementing other action.
- Declining contact with the complainant either in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained.
- Temporarily suspending all contact with the complainant (or investigation of the complaint) whilst seeking legal advice or guidance from other relevant agencies.
- Threatening or using physical violence towards NHSGGC staff, at any time, will be grounds for invoking the Protocol and terminating future contact. Such incidents will be reported to the Police.

Where a decision is taken that an individual's behaviour is unacceptable the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will notify the person in writing of the reasons why they have been so classified and the actions which will be taken with any future communication. This letter will provide a summary of the Board's position on their complaint, including where appropriate:

- We are dealing with (or have fully responded) to the points raised and, as there may be nothing more to add, continuing contact on the matter will serve no useful purpose.
- Further correspondence will simply be acknowledged unless it raises a new matter of substance.

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- In extreme cases, the complainant may also be advised that we reserve the right to pass future correspondence to our solicitors.

This letter may be copied **in confidence** for the information of others involved in the process (for example, a conciliator, MSP, MP, MEP, local councillor, Citizens Advice Bureau, SPSO) and a record will be kept of the reasons why a complainant's behaviour is considered unacceptable.

### **Change of Status**

NHSGGC may also review or withdraw from classifying a person's behaviour as unacceptable where, for example, the complainant subsequently demonstrates a more reasonable approach. Once again, the Board Chief Executive / Acute Chief Officer / HSCP Chief Officer will make such a decision. Subject to their approval, the normal contact arrangements under the NHS Complaints Policy will be resumed. This change of status will be copied to anyone who previously was informed of the decision to classify the correspondent as unreasonably demanding or persistent.

### **Monitoring Arrangements**

NHSGGC receives quarterly a report with statistical information on complaints. That report will include data on the number of complainants whose behaviour has been classified as unacceptable or vexatious.