

Ref: FOI/CAD/ID 3017

**Please reply to:**  
FOI Administrator  
Trust Management  
Service Centre  
Maidstone Hospital  
Hermitage Lane  
Maidstone  
Kent  
ME16 9QQ  
Email: mtw-tr.foiadmin@nhs.net

01 February 2016

### **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to complaints against nurses and agency nurses.

*Could you please furnish me with the policies and procedures that determine how complaints against nurses and agency nurses are investigated and finalised. Specifically complaints that are raised by staff against other staff members. For example, a doctor raises a complaint against a nurse or agency nurse with respect to alleged inappropriate behaviour. All necessary policies and procedures in full would be greatly appreciated.*

The Trust would follow the relevant policy and procedure, dependent upon the complaint. These policies would include, though not be limited to:-

- Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure
- Bullying and Harassment Policy & procedure
- Grievance & Disputes Policy & Procedure
- Disciplinary Policy & Procedure
- Speak out Safely Policy & Procedure

Please see the attached policies and procedures.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

# Speak Out Safely (SOS) Policy and Procedure (formerly Whistle Blowing)

<b>Requested/ Required by:</b>	Workforce Committee
<b>Main author:</b>	HR Business Partner
<b>Other contributors:</b>	
<b>Document lead:</b>	HR Business Partner <b>Contact Details:</b> <u>01892 638920</u>
<b>Directorate:</b>	Corporate
<b>Specialty:</b>	Workforce
<b>Supersedes:</b>	Whistle Blowing Policy and Procedure (Version 3.0, December 2011)
<b>Approved by:</b>	Senior HR Meeting, 20 August 2013
<b>Ratified by:</b>	Workforce Committee, 9 September 2013
<b>Review date:</b>	September 2018 or at times of significant change

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## Document history

<b>Requirement for document:</b>	To provide a mechanism for staff to raise concerns in confidence and for these concerns to be investigated and appropriate action taken. To comply with legislation, regulatory requirements, agenda for change, and doctors' terms and conditions of service.
<b>Cross references:</b>	<ul style="list-style-type: none"> <li>Chartered Institute of Personnel and Development. <i>Whistleblowing Factsheet</i></li> <li>NHS Terms and Conditions of Service Handbook, section 21.</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Bullying and Harassment Policy and Procedure</i> [RWF-OPPPCS-NC-WF24]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Grievance and Disputes Policy and Procedure</i> [RWF-OPPPCS-NC-WF27]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Concerns about Performance of Doctors and Dentists Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF8]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Supporting Staff involved in Traumatic and Stressful Incidents, Complaints or Claims Policy and Procedure</i> [RWF-OPPPCS-NC-WF59]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Anti Fraud, Bribery and Corruption Policy and Procedure</i> [RWF-OPPPCS-NC-WF48]</li> <li>KSS Deanery. <i>Trainee Whistleblowing Guidance</i> (<a href="http://kssdeanery.org/sites/kssdeanery/files/Deanery%20Guidance%20-%20Whistleblowing%20Guidance%20for%20Trainees%20-%20Version%201.0.pdf">http://kssdeanery.org/sites/kssdeanery/files/Deanery%20Guidance%20-%20Whistleblowing%20Guidance%20for%20Trainees%20-%20Version%201.0.pdf</a>)</li> </ul>

<b>Version Control: Details of approved versions</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial document	May 2005
2.0	Updated Draft Document	February 2008
3.0	Update in line with Trust format and general review; minor changes.	November 2011
4.0	Full review of policy and procedure. Change of name and process for raising concerns.	September 2013
4.1	Amendment to Designated Officer job title	May 2014

## Policy statement for

# Speak Out Safely Policy

Maidstone and Tunbridge Wells NHS Trust is committed to creating, sustaining and promoting a culture and climate of openness and honesty, ensuring that all staff are confident and encouraged to raise concerns in accordance with Professional Codes of Conduct and Trust policy. The Trust wants staff to have confidence that their concerns will be taken seriously and that the issues are resolved thus ensuring that all activities of the Trust are carried out in a way that promotes the highest standards of patient care and business practices.

Free expression by individuals of their genuine concerns is welcomed by management as a contribution towards protecting patients, staff and the public and improving services. The Trust is committed to dealing responsibly, openly and professionally with all concerns that are raised.

At one time or another we will all have a concern about what is happening at work. However, such concerns are usually easily resolved through a quick discussion with the person best placed to resolve the problem, whether that be your line manager, a colleague, or other person within the organisation. However, occasionally the concern cannot be resolved in this way and needs escalation through a different route and that is when this policy should be used.

The purpose of this policy is therefore to provide a safe mechanism for staff to raise legitimate concerns in good faith and have a clear process to follow about how to do this, with the assurance that such concerns will be fully investigated and dealt with by the Trust, with the individual raising the concern receiving feedback on the outcome of the investigation.

This policy applies to all employees of Maidstone and Tunbridge Wells NHS Trust, secondees, those holding honorary contracts, locum/bank/agency staff and any independent contractors and volunteers who experience/witness issues of concern during the course of their period of work on Trust premises that relate to activities or services for which the Trust has responsibility.

# Speak Out Safely Procedure

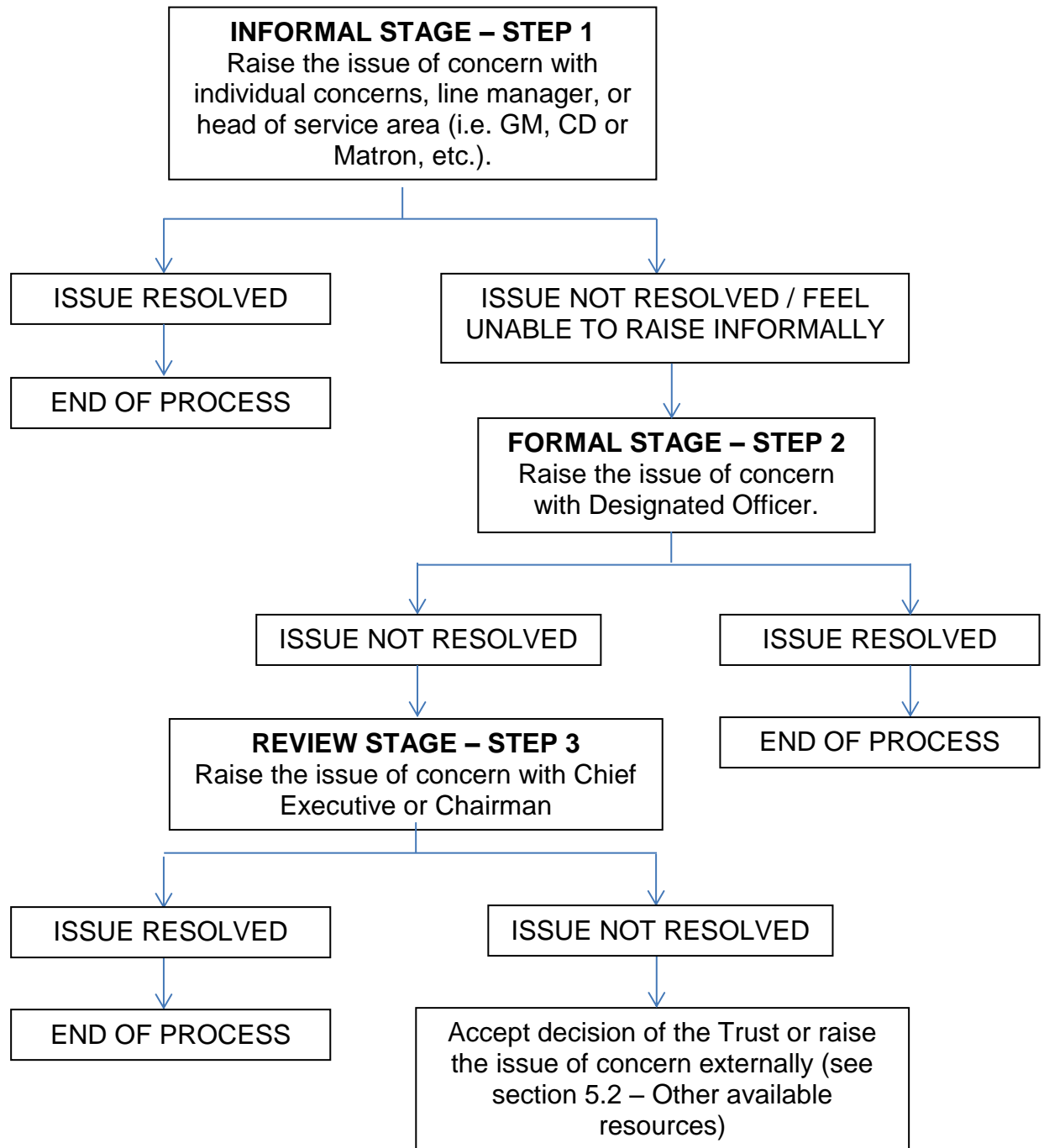
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Appendix	Title
4	Speak Out Safely – record of concern, investigation and action form
5	List of Designated Officers and contact details

## FLOWCHART

(Please note staff can seek advice from a recognised Trade Union at any stage of this policy)



**NOTE:** Healthcare Professional should refer to their Professional Code / Bodies for further guidance and obtain advice / representation from a recognised Trade Union at any stage of this policy.

### 1.0 Introduction and scope

- 1.1 “All employees working in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest” (NHS Terms and Conditions of Service Handbook, paragraph 21.1).
- 1.2 The Public Interest Disclosure Act 1998 gives significant statutory protection to employees who disclose information reasonably and responsibly in the public interest.
- 1.3 The Act is intended to encourage employees to raise concerns in a responsible way and without fear of detrimental treatment.
- 1.4 Maidstone and Tunbridge Wells NHS Trust is committed to creating, sustaining and promoting a culture and climate of openness and honesty, ensuring that all staff are confident and encouraged to raise concerns in accordance with professional codes of conduct and Trust policy, and that they have confidence that their concerns will be taken seriously and that the issues are resolved thus ensuring that all activities of the Trust are carried out in a way that promotes the highest standards of patient care and business practices.
- 1.5 Free expression by individuals of their genuine concerns is welcomed by management as a contribution towards protecting patients, staff and the public and improving services. The Trust is committed to dealing responsibly, openly and professionally with all concerns that are raised.
- 1.6 At one time or another we will all have a concern about what is happening at work. However, such concerns are usually easily resolved through a quick discussion with the person best placed to resolve the problem, whether that be your line manager, a colleague, or other person within the organisation. However, occasionally the concern cannot be resolved in this way and needs escalation through a different route and that is when this policy should be used.
- 1.7 The purpose of this policy is therefore to provide a safe mechanism for staff to raise legitimate concerns in good faith and have a clear process to follow about how to do this, with the assurance that such concerns will be fully investigated and dealt with by the Trust, with the individual raising the concern receiving feedback on the outcome of the investigation.
- 1.8 This policy applies to all employees of Maidstone and Tunbridge Wells NHS Trust, secondees, those holding honorary contracts, locum/bank/agency staff and any independent contractors and volunteers who experience/witness issues of concern during the course of their period of work on Trust premises that relate to activities or services for which the Trust has responsibility.

## **2.0 Definitions**

- 2.1 Malpractice – in law malpractice refers to suspected fraud or corruption.
- 2.2 Financial Impropriety – using Trust, and therefore public, money improperly.
- 2.3 Misconduct – this is where a member of staff behaves in a way that contravenes either their professional code of conduct or Trust policies and procedures, or behaves in a manner that creates risk or refuses to reasonably carry out managerial requests.

### 3.0 Duties

#### 3.1 Staff have a responsibility to:

- Be familiar with this policy and procedure and use it when necessary and appropriate.
- Ensure conduct of the highest standard to ensure that public confidence in the integrity of the NHS is maintained at all times, as well as ensuring public/staff/patient safety.
- Raise concerns initially informally to try and resolve the issue locally but through this policy if that fails to resolve the issue satisfactorily, or if they feel unable to raise the concern informally, or if the issue is of sufficient seriousness than it needs to be raised formally through this policy.

#### 3.2 Managers have a responsibility to:

- Ensure they understand and correctly deploy this procedure equally, fairly and consistently to all employees and that their staff are fully aware of this policy and procedure.
- Ensure that all concerns they are made aware of are taken seriously and dealt with promptly.
- Provide prompt feedback to staff who raise concerns on what investigation and action has been taken as a result.
- Support staff who have raised concerns under this policy and procedure and take all reasonable steps to protect them from any detriment as a result of raising concerns.

#### 3.3 Designated Officers have a responsibility to:

- Be a point of contact for staff to contact to raise their concerns to.
- Attend the training provided by the HR Department.
- Commission investigation from appropriately skilled individuals within the Trust and ensure that resolution to the issue of concern is achieved in a timely manner, escalating issues as necessary through internal channels as required.
- Provide feedback to the individual raising the concern on the outcome of the investigation undertaken as a result of them raising their concerns and any actions taken as a result.
- Ensure that the necessary paperwork is completed (**see Appendix 4 – Speak Out Safely – Record of Concern, Investigation and Action Form**) and sent to the Director of Strategy and Workforce for central logging.

#### 3.4 The HR department will:

- Provide advice and support to staff, managers and designated officers on this policy and provide any necessary training.
- Ensure that all concerns formally raised through this policy are resolved, ensuring communication of the outcome to the individual who raised the concern and the central recording of the issue and resolution for reporting purposes.

#### 3.5 The Trust Board has a responsibility to ensure:

- That this policy and procedure is applied fairly and equitably for all staff;
- That managers and staff are informed about this policy and procedure;
- That this policy and procedure is monitored and audited to assess its effectiveness and equal and consistent application.



## 4.0 Training / competency requirements

4.1 Training will be provided to the designated officers identified within this policy to enable them to fulfil their duties in relation to this policy.

## 5.0 Procedure

### How to speak out safely (raising a concern)

5.1.1 The flowchart on page 5 of this policy and procedure outlines the steps available within the Speaking Out Safely process.

5.1.2 Some examples of the types of issues that staff may choose to raise under this policy and procedure include:

- Verbal or physical abuse or mistreatment of patients or staff
- Poor clinical practice or care
- Poor infection control practices
- Negligence
- Poor professional practice
- Fraud or corruption
- Financial mismanagement
- Health and safety breaches / issuing putting staff/patients/public at risk
- Environmental damage
- Cover-up's and criminal offences committed at work
- Breaches of legal or regulatory obligations including discrimination and human rights
- Concealment of evidence
- Breach of contract
- Breach of a code of conduct or policy

(This is not an exhaustive list)

### 5.1.3 Informal stage – step 1

5.1.3.1 The Trust encourage all issues of concern to be raised initially with your line manager, by addressing issues of concern directly with the individual concerned or raising your concerns to the head of your service area (i.e. General Manager, Clinical Director, Matron, etc.).

5.1.3.2 However, the Trust acknowledges that there are times when this may not resolve the issue of concern or that an individual may feel that this approach may not be appropriate for whatever reason, including the severity of the concern. If this is the case then staff should instigate **step 2** of this process.

### 5.1.4 Formal stage – step 2

5.1.4.1 If the informal stage of this procedure has not satisfactorily resolved the issue of concern or for whatever reason the member of staff feels it must be raised formally, then they should contact one of the Designated Officers within the Trust.

5.1.4.2 The Designated Officers are:

- Associate Director of Workforce
- Head of Quality & Governance
- Staff-side Chairs

- Responsible Officers (Chief Nurse and Medical Director)
- Trust Secretary
- Senior Independent Director

See **Appendix 5 – List of Designated Officers and contact details**

- 5.1.4.3 The Designated Officer will be the point of contact for the member of staff who has raised the concern and will maintain appropriate contact directly with the member of staff until the matter has reached a resolution.
- 5.1.4.4 The member of staff should choose a Designated Officer and make contact with them to discuss their concern.
- 5.1.4.5 At the initial discussion the Designated Officer will require as much information as possible about the issue of concern and may ask several questions to determine all the necessary information. The Designated Officer will also use this initial discussion to explain the process going forward.
- 5.1.4.6 Whilst timescales will inevitably be discussed, the actual timings to resolve the concern will vary from case to case dependent upon a range of factors, including the complexity and gravity of the issues of concern. However, the Designated Officer will keep the member of staff advised on progress on a regular basis.
- 5.1.4.7 A number of options are available to the Designated Officers in dealing with and finding resolution to the issue of concern. These include:
- Advise the member of staff of a more appropriate route for dealing with the issue of concern (i.e. through another Trust policy and procedure) and providing guidance and support on how to do this.
  - Instant resolution through the Designated Officer taking immediate action.
  - Information gathering prior to making a decision on how to progress.
  - Sufficient information and concern to instigate a full investigation.
- 5.1.4.8 If a full investigation is required, the Designated Officer will arrange for a senior manager within the organisation, not implicated or directly involved with the matter of concern raised, to undertake the investigation and report back their findings. The Designated Officer will make a decision once the investigation report is complete as to what action is required and will ensure that such actions are carried out. The Designated Officer will provide feedback at this point to the individual who raised the concern.
- 5.1.4.9 The Designated Officer is required to complete the Speak Out Safely – record of concern, Investigation and Action Form (**Appendix 4**) for all issues of concern raised to them which will be sent, once complete, to the Director of Strategy and Workforce for central confidential recording.
- 5.1.4.10 The Designated Officer will ensure that the necessary members of Trust Management are kept advised of serious issues that are reported and progress of investigations.

5.1.4.11 The Designated Officer will feedback the outcome to the member of staff that raised the concern in as much detail as possible, whilst ensuring that Data Protection is not breached.

### **5.1.5 Review stage – step 3**

5.1.5.1 If a member of staff is unsatisfied with the outcome from the Designated Officer, they can raise their request for a review of the information with either the Chief Executive or Chairman of the Trust.

5.1.5.2 To do so, the member of staff should put their request in writing and send it to Trust Management, Maidstone Hospital.

### **Other available resources**

5.2.1 The Trust hopes that all issues of concern raised under this policy will be dealt with to the satisfaction of the member of staff raising the concern. However, there may be occasions where the member of staff is not happy with the outcome. It is hoped that in these circumstances the individual will be assured that a robust process has been undertaken and that the Trust have handled the concern fairly, properly and given due consideration to the outcome.

5.2.2 If a member of staff considers that the Trust had not dealt with the issue of concern appropriately and a risk remains then the next stage would be to raise the matter (providing the member of staff acts in good faith and have evidence to support their concerns and has tried to resolve their concerns through the use of this policy) with one of the following external bodies:

- Trust Development Authority
- Health Ombudsman
- NHS Protect
- National Patient Safety Agency
- Care Quality Commission
- Audit Commission
- Environment Agency
- Health and Safety Executive
- National Audit Office
- Serious Fraud Office
- Department of Health
- Minister for Health
- Secretary of State

5.2.2 For independent advice on raising concerns at work, there is an independent charity called Public Concern at Work where you can obtain free confidential advice from lawyers. They can be contacted on 0207 404 6609. Staff can also seek advice from their Trade Union.

## Assurance from the Trust

5.3.1 **Safety** – if you raise a genuine concern under this policy you will not be at risk of losing your job or suffering any form of retribution or detriment as a result. Providing you are acting in good faith, it does not matter if you are mistaken. Of course the Trust does not extend this assurance to anyone maliciously raising an issue that they know not to be true.

5.3.2 **Anonymity** – although the Trust will ensure that any individual raising a concern under this policy is protected from retribution or detriment which should enable people to raise their concerns in an open and honest way, the Trust does recognise that in a small number of cases the member of staff may wish to raise a concern in confidence and have their identity protected. If this is the case then the member of staff should ensure that they make the Designated Officer aware of this request during the initial discussion about the issue of concern.

If the case, once fully investigated, results in some form of action needing to be taken, it may at this stage not be possible to proceed with that action unless the member of staff who reported the issue is prepared to reveal their identity (i.e. if required to give evidence in court). In such circumstances the Designated Officer will contact the member of staff concerned to discuss how to proceed, ensuring appropriate and sufficient support if provided.

The Trust will not reveal the identity of a member of staff without their prior permission.

5.3.3 **Support** – the Trust recognises that those raising concerns under this policy may need additional support and the Designated Officer will ensure that the services of Occupational Health and Counselling are provided and that the Supporting Staff involved in Traumatic Incidents, Complaints or Claims Policy is initiated.

The Trust will also support staff by taking disciplinary action against anyone who unreasonably tries to discourage an employee from coming forward to express a concern or who harasses or victimises a member of staff who has raised a concern under this policy.

## 6.0 Monitoring and audit

6.1 This policy and procedure will be monitored on an on-going basis by the HR Department via:

- Review of Speak Out Safely – record of concern, investigation and action forms.

## APPENDIX ONE

### Process requirements

#### 1.0 Implementation and awareness

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust's intranet with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All HR staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

#### 2.0 Review

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

#### 3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

**APPENDIX TWO**

**CONSULTATION ON: Speaking Out Safely (SOS) Policy and Procedure**

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** HR Business Partner (SH)

**By date:** 16<sup>th</sup> August 2013

Name: Name: <i>List key staff appropriate for the document under consultation. Select from the following:</i>	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Local Counter Fraud Specialist (MA)	18/07/13	19/07/13	Y	Y
Clinical Governance Assistant (RD)	18/07/13	25/07/13	Y	Y
Staff-side Chair (AK)	18/07/13	25/07/13	Y	Y
Medical Staff-side Chair (MB)	18/07/13			
Chief Nurse (AB)	18/07/13			
Medical Director (PS)	18/07/13	04/08/13	N	N
Head of Quality & Governance (CR)	18/07/13			
Director of Strategy & Workforce (PB)	18/07/13			
Associate Director of Workforce (RH)	18/07/13			
Head of Employee Services (TK)	18/07/13			
HRBP Team	18/07/13			
ADO's/HoN's	18/07/13			
GM's/Matron's	18/07/13			
JCF Members	18/07/13	01/08/13	Y	Y
JMNC Members	18/07/13			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

## APPENDIX THREE

### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Speaking Out Safely (SOS) Policy and Procedure
<b>What are the aims of the policy or practice?</b>	The purpose of this policy is therefore to provide a safe mechanism for staff to raise legitimate concerns in good faith and have a clear process to follow about how to do this, with the assurance that such concerns will be fully investigated and dealt with by the Trust.
<b>Identify the data and research used to assist the analysis and assessment</b>	Consultation process, as per Appendix Two of this policy and procedure.
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	Yes if someone is sight-impaired. This policy can also be produced in Braille should this be required for the sight impaired.
People who have a mental disability	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns	No



(part time, full time, job share, short term contractors, employed, unemployed)	
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	The potential discrimination identified above is minimal and justifiable and therefore a stage 2 assessment is not required.
<b>When will you monitor and review your EqIA?</b>	Alongside this policy/procedure when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy/procedure on the Trust Intranet (QPulse).

## FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Speak Out Safely – record of concern, investigation and action form	RWF-OPF-NC-WF66
5	List of Designated Officers and contact details	RWF-OWP-APP692

## DISCIPLINARY POLICY & PROCEDURE

### DISCIPLINARY HEARING PROCESS



- 1 The manager conducting the hearing will ask all people present to introduce themselves, advise all present of the procedure to be followed and outline the complaint being made against the staff member.
- 2 At any time throughout the formal hearing the Manager conducting the hearing may:
  - i. adjourn the hearing for a break;
  - ii. ask questions of any of the parties;
  - iii. invite anyone involved to clarify or expand on what has been said;
  - iv. ask for additional witnesses to be called;
  - v. adjourn the hearing to obtain further evidence and/or to further investigate any matter relevant to the case.
- 3 The investigating manager will present the management case, stating what investigation took place and the evidence that has been gathered. S/he may be questioned by the member of staff and/or their representative and disciplinary hearing panel members.
- 4 During or immediately after the presentation of the management case, management witnesses may be called to present evidence and to be questioned by the investigating Manager. The staff member and/or their representative and the disciplinary hearing panel members will be given the opportunity to ask questions of witnesses. The investigating Manager will be able to re-examine their witnesses.
- 5 The staff member and/or representative will present their statement of case and may be questioned by the investigating manager and disciplinary hearing panel members. Witnesses for the member of staff may be called to present evidence and be questioned by the staff member and/or their representative, the investigating manager, and the disciplinary hearing panel members. Opportunities for cross-examination and re-examination of witnesses will be provided as described at 3 above.
- 6 The investigating Manager and the member of staff/or representative will both be asked to sum up their cases.
- 7 The Manager chairing the Hearing will call an adjournment to decide if the evidence presented supports the allegations and what action if any is reasonable and necessary as a result.
- 8 The meeting will be reconvened on the same day, or if further time is required by the panel at a later date (unless agreed that the decision will be confirmed in writing only), and the member of staff and representative will be advised of the decision and advised of their right of appeal (if appropriate).

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Please note:

- The outcome of the disciplinary hearing will be confirmed in writing within 14 calendar days.
- The disciplinary hearing may be digitally recorded as outlined in section 5.6.5 of the disciplinary procedure [RWF-OPPPCS-NC-WF10].

**MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST**

# **Grievance and Disputes Policy and Procedure**

**Requested/**

**Required by:** Workforce Committee

**Main author:** Acting HR Business Partner

Bullying and Harassment Policy and Procedure  
Written by: HR Business Partner  
Review date: May 2018  
Document Issue No. 5.0

**Other contributors:** HR and Staff-side

**Document lead:** Acting HR Business Partner  
**Contact Details:** 01892 634458

**Directorate:** Corporate

**Specialty:** Workforce

**Supersedes:** Grievance and Disputes Policy and Procedure (Version 3.0: June 2009)  
Grievance and Disputes Policy and Procedure (Version 3.1: September 2011)

**Approved by:** Workforce Committee, 13 February 2013

**Ratified on behalf of the Board by:** Workforce Committee, 13 February 2013

**Review date:** To be formally reviewed, February 2016 or at times of significant change

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## Document history

<b>Requirement for document:</b>	<ul style="list-style-type: none"> <li>To provide a framework to ensure compliance with our statute, regulation, codes of practice and national terms and conditions.</li> <li>To comply with the ACAS Code of Practice April 2009.</li> <li>To provide clear guidance around the procedures for carrying out grievance meetings/investigations/appeals.</li> </ul>
<b>Cross references:</b>	<ul style="list-style-type: none"> <li>ACAS. <i>Code of Practice April 2009 – Disciplinary &amp; Grievance Procedures</i>.</li> <li>Agenda for Change Handbook.</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Bullying and Harassment Policy and Procedure</i> [RWF-OPPPCS-NC-WF24]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Whistle Blowing Policy and Procedure</i> [RWF-OPPPCS-NC-WF33]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Management of Concerns about the Performance of Doctors and Dentists</i> [RWF-OPPPCS-NC-WF8]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Performance Management (Capability) Policy and Procedure</i> [RWF-OPPPCS-NC-WF53]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Probation Policy and Procedure</i> [RWF-OPPPCS-NC-WF54]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Standards of Conduct Policy and Procedure</i> [RWF-OPPPCS-NC-WF32]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Supporting Staff Involved in Traumatic and Stressful Incidents at Work Policy</i> [RWF-OPPPCS-NC-WF59]</li> <li>Maidstone and Tunbridge Wells NHS Trust. <i>Job Evaluation Policy and Procedure (AfC)</i> [RWF-OPPPCS-NC-WF36]</li> </ul>

<b>Version Control: Detail of approved versions</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial document	2006
2.0	Reviewed and approved	March 2008
3.0	Reviewed; ACAS Code 3 step process – Informal, formal and appeal	May 2009
3.1	Minor amendments and timeframes inserted at Page 7 (Version 3.1 approved at HR Committee 8 <sup>th</sup> September 2011)	September 2011
4.0	Timeframe removed. No HR representation at informal resolution. Section 5.7 appeal process changed to bring it in line with the Disciplinary P & P. Appeals will be submitted to the Director of their area and heard by an Executive Director of the Trust, supported by another Director/Associate Director and a member of HR. Dealing with a grievance after a member of staff has left the Trust added. Mediation stage added.	February 2013

Policy statement for

## Grievance and Disputes Policy

This policy provides a framework within which Trust staff can raise their grievances in confidence and with an overall aim of reaching long lasting and mutually acceptable resolution.

The Trust is committed to ensuring that, wherever possible, grievances and disputes are resolved by informal discussion and every effort should be made to do so by the manager and staff members. Where this is not achieved this policy provides a formal framework for staff to raise their grievance within a specified timescale.

Investigations, hearings and appeals will be conducted fairly, reasonably and with the aim of establishing the facts and reaching an appropriate conclusion.

Staff can be accompanied to formal meetings convened under this policy by a workplace colleague or trade union representative.

# Grievance and Disputes Procedure

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## 1.0 Introduction and scope

- 1.1 This document provides a framework within which Trust staff can raise their individual or collective grievances in confidence and with an overall aim of reaching lasting resolution.
- 1.2 A key principle of the procedure is that no manager involved or implicated in a formal grievance may investigate or hear the grievance thus ensuring fairness and objectivity.
- 1.3 The Trust is committed to ensuring that, wherever possible, grievances and disputes are resolved by informal discussion and every effort should be made to do so by the manager and staff members. Where timescales are specified, these may be reasonably varied following discussion with all parties.
- 1.4 Grievances relating to bullying and harassment issues, including those related to bullying and harassment on the grounds of an individual's sex, race, marital status, disability, age, creed, nationality, ethnic or national origin, social background or sexual orientation, should be handled in line with the Trust's *Bullying and Harassment Policy and Procedure*.
- 1.5 Any other grievance relating to discrimination on the grounds of the individual's sex, race, marital status, disability, age, creed, nationality, ethnic or national origin, social background or sexual orientation, should be addressed through this procedure.
- 1.6 Grievance/disputes related to the Grading Appeals should be handled in line with the Trust *Job Evaluation Policy and Procedure (AfC)*.
- 1.7 It is not possible to provide a comprehensive list of all issues that might give rise to a grievance but these might include terms and conditions of employment, health and safety, relationships at work, new working practices, organisational change and equal opportunities.
- 1.8 The *Grievance and Disputes Policy and Procedure* applies to all staff directly employed by the Trust including medical staff and individuals holding a bank contract.
- 1.9 It also applies to both individuals and groups.

## 2.0 Definitions

- 2.1 A grievance is a complaint that has been presented to a Trust manager by a staff member. A collective grievance or dispute is presented in the same way by two or more staff members.

## 3.0 Duties

### 3.1 Staff have a responsibility:

- To raise issues they have with their managers.
- To clearly state the nature of their grievance (or appeal) and the resolution sought.
- Participate in mediation where appropriate.
- To work with managers to seek resolution.
- To co-operate with any action taken under this procedure.

### 3.2 Managers have a responsibility:

- To ensure grievances are dealt with promptly, fairly and without repercussion to the person (s) raising the grievance.
- To ensure grievances are dealt with in accordance with this policy and procedure.
- To achieve sustainable and mutually acceptable outcomes wherever possible.

### **3.3 The HR department will:**

- Provide advice and support to staff and managers on this policy as required.
- Arrange, and undertake where necessary, mediation between individual to aid in the resolution of grievances informally.
- Take steps to ensure managers are applying this policy and procedure fairly and that all staff are treated in a consistent, fair and equitable way.
- Maintain a record of all formal outcomes.
- Monitor trends in grievance cases and take steps to address underlying issues.

### **3.4 The Trust Board has a responsibility to ensure that:**

- This policy and procedure is applied fairly and equitably for all staff.
- Managers and staff are informed about this policy and procedure.
- This policy and procedure is monitored and audited to assess its effectiveness and equal and consistent application.

## **4.0 Training / competency requirements**

4.1 Training will be provided as necessary on a 1;1 basis.

4.2 A summary of this policy/procedure will be provided at staff induction.

## **5.0 Procedure**

### **5.1 Raising a grievance**

### **5.2 Timeframe**

5.2.1 This process aims for grievances and disputes to be resolved promptly and within a reasonable timescale. Normally this will be within 2 months from the complaint being received to resolution unless an appeal is lodged in which case it may take up to 3 months. Where this is not possible it should be resolved as soon as is reasonably possible. All parties to the grievance will be kept fully briefed on the grievance arrangements and agree a reasonable timeframe to address that issue.

5.2.2 To ensure there is no undue delay where a designated manager is unavailable within a reasonable period e.g. due to leave, action may be taken by the manager deputising for him/her.

5.2.4 Should the employee appeal against the grievance outcome, then the appeal meeting should be convened within 28 calendar days of receipt of the appeal.

## **5.3 Representation**



- 5.3.1 Staff have the right to be accompanied at the formal stages by a workplace colleague or trade union representative. It is for the member of staff to determine their workplace colleague except where there is a conflict of interest. A conflict of interest may arise if the workplace colleague has been previously involved in the concern in another capacity or where they are the current or prospective line manager.
- 5.3.2 The work place colleague or trade union representative is able to address the hearing to put and sum up the staff member's case, respond on behalf of the worker to any views expressed at the meeting and confer with the worker during meetings. They do not however, have the right to answer questions from the panel on the individual's behalf.
- 5.3.3 If a staff member's trade union representative or workplace colleague cannot attend on the initial proposed date, a further alternative date will be organised which will proceed.

#### **5.4 Informal resolution**

- 5.4.1 The Trust is committed to resolving grievances and disputes through informal discussion between the manager and staff member. The aim shall be to deal quickly and confidentially with the issues raised so that a resolution can be reached and agreed.
- 5.4.2 The manager will arrange to meet with the staff member without unreasonable delay to hear details of the grievance or dispute and agree how the issues raised can be resolved. A written record of the discussion will be kept. There is no right of representation at this stage.
- 5.4.3 In some situations the grievance may be better addressed through the use of a neutral third party who can mediate between those in dispute to help reach a mutually agreeable resolution. The HR department can assist in finding a suitable person who can mediate the situation if the circumstances warrant this.

#### **5.5 Formal stage**

- 5.5.1 If it is not possible to resolve a grievance informally and the staff member wishes to raise a grievance or dispute formally, this should be submitted to a manger/managers manager who is not the subject of the grievance and who has not already been involved at the informal stage. This should be raised within 14 calendar days of the end of the informal process. The letter should state clearly the details of the grievance and describe the outcome sought.
- 5.5.2 On receipt of the formal grievance a meeting with the employee who raised the grievance will be arranged within 14 calendar days to hear their case and what outcomes they are looking for.
- 5.5.3 Where necessary a member of the HRBP team will assist the manager conducting the meeting/investigation providing support and advice.
- 5.5.4 Consideration will be given to adjourning the meeting for any investigation that may be necessary. If an investigation is required to establish the facts this should be carried out fairly, promptly and in a timely fashion.
- 5.5.5 Following the meeting/investigation the manager conducting the grievance will reconvene with the member of staff who has raised the grievance to feedback

the outcome. This will also be confirmed in writing setting out their decision and the actions to be taken to resolve the grievance. The right of appeal under the policy must also be confirmed.

## **5.6 Appeal hearing**

- 5.6.1 All staff have a right to appeal against the outcome of the grievance. Appeals should be submitted in writing to the Director of their work area (the name of the individual will be contained in the letter sent by the Manager confirming the outcome of the grievance) within 14 calendar days of the date of the letter confirming the outcome. The appeal letter must state clearly the grounds for their appeal.
- 5.6.2 The purpose of an appeal hearing is to review the outcome of the grievance based on the grounds of the appeal and any other matters the appeal panel considers relevant. The appeal panel will determine whether to uphold the original decision or whether to substitute an alternative outcome.
- 5.6.3 The appeal will be heard by an Executive Director of the Trust, supported by another Director/Associate Director. Neither person will have been previously involved in the matter. A member of the HR department will normally advise the Appeal Panel (except where either Director of Strategy & Workforce or Associate Director of Workforce is a panel member).
- 5.6.4 Where the issue concerns professional or technical matters the panel hearing the Appeal may seek additional advice from an appropriate person with specialist and professional knowledge. This person shall form part of the panel and should have had no direct involvement in the case previously.
- 5.6.5 The appeal hearing should take place within 28 calendar days.
- 5.6.6 The following actions should be taken prior to the appeal hearing:
- 5.6.7 The member of staff should be informed in writing of the time, date and location for the hearing and their right to be accompanied to the hearing by a workplace colleague or trade union representative. The hearing should be convenient for all attendees including the workplace colleague or trade union representative.
- 5.6.8 The Manager who carried out the investigation/ formal stage should prepare a management case which should outline the findings of the investigation/formal stage and the reason for the decision. This should be sent to the Appeal Panel members and the member of staff by the investigator at least 5 days before the Appeal hearing along with details of any witnesses the manager intends to call to the hearing.
- 5.6.9 The member of staff should send to the director chairing the appeal hearing and the investigator any statements and documents which they intend to rely on at the hearing, a list of witnesses they intend to call and the details of their workplace colleague or trade union representative at least 3 days prior to the hearing.
- 5.6.10 The appeal hearing will be conducted according to the process outlined at **Appendix 4**.
- 5.6.11 The appeal stage represents the final stage of the procedure and there are no further appeal stages in the Trust.

## **6.0 Dealing with a grievance after a member of staff has left the Trust**

- 6.1** If a grievance is received after the member of staff has left the Trust's employment, the following process will be followed:
- The ex-member of staff will receive acknowledgement of their grievance in writing and estimated timescale for a full response.
  - The Manager will arrange for the issues to be investigated.
  - Once investigation of issue(s) is complete, and the issues arising considered, the manager will write to the individual with the outcome of their investigation and outcome to the grievance raised.
  - This is the end of the process. There is no right of appeal.

## **7.0 Status quo during conduct of a grievance or dispute**

- 7.1 Where it is practical to do so and where both parties agree, the circumstances that applied prior to the grievance being raised will continue to apply. Where this is not possible the status quo will not apply and the reasons for this will be clearly described to staff affected. Every effort will be made to minimise distress and difficulty where the status quo cannot be preserved.

## **8.0 Overlapping grievance and disciplinary cases**

- 8.1 Where an employee raises a grievance during a disciplinary process the disciplinary proceedings will continue unless it is deemed necessary by the Manager/Director due to hear the case to temporarily suspend it in order to deal with the grievance. Where the grievance and disciplinary cases are related it may be appropriate to deal with both issues concurrently. HR in consultation with Trade Union Representatives (where applicable if a member of a union) will determine the appropriate process to be followed in these cases.

## **9.0 Monitoring and audit**

This policy and procedure will be monitored on an on-going basis by the HR Department via:

- NHS staff survey results.
- More general feedback from staff, managers and HRBP staff who have used the policy.
- Analysis of Employee Relations data.
- Feedback and learning from management training events.
- External reported best practice developments and case-law precedents.

## **Process requirements**

### **1.0 Implementation and awareness**

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet.
- A monthly table of Trust publications will be produced by the Clinical Governance Assistant; this will be published on the Bulletin Board (Trust intranet) under “Trust Publications”, and a notification email circulated Trust wide by the COMMS team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust’s intranet with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- Upon approval - e-mail to all line managers informing them of the new policy and summarising the main points;
- HRBP team trained on main aspects of the policy;
- Further promotion via trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

### **2.0 Review**

To be reviewed three years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

### **3.0 Archiving**

The Trust approved document management database on the intranet retains all superseded files in an archive directory [obsolete register] in order to maintain document history.

**APPENDIX TWO**

**CONSULTATION ON:** Grievance and Dispute Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Acting HR Business Partner (LO)

**By date:** November 25th 2012

Name: Name: <i>List key staff appropriate for the document under consultation. Select from the following:</i>	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Clinical Governance Assistant (RD)	26.10.12	08.11.12	Y	Y
Staff-side Chair (AK)	26.10.12	26.10.12	Y	Y
Medical Staff-side Chair (MB)	26.10.12			
Director of Strategy & Workforce (PB)	26.10.12			
Associate Director of Workforce (RH)	26.10.12			
HRBP Team	09.10.12	23.10.12	Y	Y
Director of Corporate Affairs	26.10.12	26.10.12	Y	Y
JCF Members	26.10.12			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

**APPENDIX THREE**

**Equality Impact Assessment**

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Grievance and Disputes Policy & Procedure
<b>What are the aims of the policy or practice?</b>	Provides an effective mechanism for handling all grievance and dispute issues raised by staff
<b>Identify the data and research used to assist the analysis and assessment</b>	ACAS Code of Practice 1 – April 2009 Disciplinary & Grievance Procedures
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). Yes If yes give details.</b>
Males or Females	Both
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak english as a first language	May have difficulty translating/ understanding the policy. Where this is the case the Trust has access to staff of multi nationalities to support individuals during this process.
People who have a physical disability	No
People who have a mental disability	May have difficulty putting a formal grievance in writing. Where this is the case the HR BP Team are able to support those individuals in this process.
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	Yes, minimal discrimination
<b>When will you monitor and review your EqIA?</b>	At the same time this policy/procedure is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix 3 of this policy / procedure on the Trust Intranet (Policies and Guidelines)

## FURTHER APPENDICES

The following appendix is published on the Trust approved document management database on the intranet (Policies and Guidelines) as a related link to the main entry for this policy (*Grievance and Disputes Policy and Procedure*):

No.	Title	Unique ID
4	The appeal hearing	RWF-OWP-APP533

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

# Bullying and Harassment Policy and Procedure

**Requested/**

**Required by:** Workforce Committee

**Main author:**HR Business Partner

**Other contributors:** Staff Side

**Document lead:** HR Business Partner

**Contact Details:**

**Directorate:** Corporate

**Specialty:** Workforce

**Supersedes:** Bullying and Harassment Policy and Procedure (Version 4.2, March 2012)

**Approved by:** Workforce Directorate Committee, 7<sup>th</sup> May 2013

**Ratified by:** Workforce Committee, 7<sup>th</sup> May 2013

**Review date:** May 2018 or at times of significant change

Disclaimer: Printed copies of this document may not be the most recent version.  
The master copy is held on Q-Pulse Document Management System  
This copy – REV5.0



## Document history

<p><b>Requirement for document:</b></p>	<p>The purpose of this policy is to set out the Trust's position and procedures on dealing with issues of bullying and harassment in the workplace. As well as to comply with national legislation, recommendations and good practice:</p> <ul style="list-style-type: none"> <li>• The Equality Act 2010</li> <li>• Employment Rights Act 1996</li> <li>• Health and Safety at Work Act 1974</li> <li>• Trade Union and Labour Relations (Consolidation) act 1992</li> <li>• Protection from Harassment Act 1997</li> <li>• Human Rights Act 1998</li> <li>• Agenda for Change Terms and Conditions</li> <li>• National Terms and Conditions for Medical Staff</li> <li>• NHSLA Standard Risk Management Standards (2012/13) 3.8 Bullying and Harassment</li> </ul>
<p><b>Cross references:</b></p>	<ol style="list-style-type: none"> <li>1. NHS Employers (April 2006) <i>NHS Employers Guidance – Bullying and harassment</i> <a href="http://www.nhsemployers.org">www.nhsemployers.org</a></li> <li>2. GOV UK <i>Workplace bullying and harassment</i> <a href="http://www.gov.uk/workplace-bullying-and-harassment">www.gov.uk/workplace-bullying-and-harassment</a></li> <li>3. ACAS (October 2010) <i>Bullying and harassment at work: guide for managers and employers</i> <a href="http://www.acas.org.uk">www.acas.org.uk</a></li> <li>4. ACAS (October 2010) <i>Bullying and harassment at work: advice for employees</i> <a href="http://www.acas.org.uk">www.acas.org.uk</a></li> <li>5. Health and Safety Executive <i>Bullying and harassment</i> <a href="http://www.hse.gov.uk/stress/furtheradvice/bullyingharassment.htm">www.hse.gov.uk/stress/furtheradvice/bullyingharassment.htm</a></li> <li>6. Chartered Institute of Personnel and Development (CIPD) (January 2008) <i>Managing conflict at work: a guide for line managers</i> <a href="http://www.cipd.co.uk">www.cipd.co.uk</a></li> <li>7. CIPD (April 2005) <i>Bullying at Work: beyond policies to a culture of respect</i> <a href="http://www.cipd.co.uk">www.cipd.co.uk</a></li> <li>8. CIPD (December 2012) <i>Harassment and bullying at work</i> <a href="http://www.cipd.co.uk">www.cipd.co.uk</a></li> <li>9. British Medical Association (BMA) <i>Stopping bullying and harassment at work</i> <a href="http://www.bma.org.uk">www.bma.org.uk</a></li> <li>10. Medical Association (BMA). (2006). <i>Bullying and Harassment of Doctors in the Workplace</i></li> <li>11. Department of Health (October 2002) <i>Code of Conduct for NHS Managers</i> <a href="http://www.dh.gov.uk">www.dh.gov.uk</a></li> <li>12. Department of Health (2010) <i>The NHS Constitution: the NHS belongs to us all</i> <a href="http://www.dh.gov.uk">www.dh.gov.uk</a></li> <li>13. Department of Health. (2000). <i>Improving Working Lives Standard</i></li> <li>14. NHS Employers. (2010). 'Health and Safety Essential Guide'. NHS <a href="http://www.nhsemployers.org">www.nhsemployers.org</a></li> <li>15. Royal College of Nursing. (2005). <i>Bullying and Harassment at Work: A Good Practice Guide for RCN Negotiators and Healthcare Managers</i></li> </ol>
<p><b>Associated documents:</b></p>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Induction Policy and Procedure</i> [RWF-OPPPCS-NC-WF19]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Statutory and Mandatory Policy and Procedure</i> [RWF-OPPPCS-NC-WF22]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> </ul>

	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Grievance and Disputes Policy and Procedure</i> [RWF-OPPPCS-NC-WF27]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Performance Management (Capability) Policy and Procedure</i> [RWF-OPPPCS-NC-WF53]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Concerns about Performance of Doctors and Dentists Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF8]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Traumatic and Stressful Incidents at Work, Supporting Staff involved in</i> [RWF-OPPPCS-NC-WF59]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Whistle Blowing Policy and Procedure</i> [RWF-OPPPCS-NC-WF33]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Stress at Work Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF3]</li> </ul>
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<b>Version Control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial document	July 2002
2.0		
3.0		November 2007
4.0	Reformatted to Trust template and amended for NHSLA standard 3.8 requirements	January 2009
4.1	Minor amendments to headings and for NHSLA requirements	November 2009
4.2	Minor amendment to ensure monitoring and audit is aligned with the Mandatory and Statutory Policy and Procedure.	September 2011
5.0	Complete full policy review	May 2013

## Policy statement for

# Bullying and Harassment Policy

The Trust recognises that all employees have a right to work in an environment in which the dignity of individuals is respected and is free from harassment and bullying.

The Trust is committed to encouraging and maintaining good employee relations within a working environment which fosters team working and encourages employees to give their best.

Everyone in the Trust and those who have dealings with the Trust have a duty to behave and conduct themselves so as to respect the rights of employers and other employees to dignity, courtesy and respect at work, and to maintain good working relations and not use words or deeds that may harm the wellbeing of others.

In addition to the obligations placed upon both employers and employees by The Equality Act and Human Rights legislation, everyone has the right to be treated with consideration, fairness, dignity and respect, and not to have their safety, health and welfare at work put at risk through bullying and harassment by the employer, other employees or other persons.

The policy applies to all staff working within the Trust and to all employees working off the premises. It extends to include non-permanent workers such as seconded staff, contractors, agency, temporary staff, consultants and other workers. The policy, in addition, covers the behaviour of staff outside working hours which may impact upon work and working relationships.

The Trust has a 'zero tolerance' policy and will investigate vigorously any allegations of bullying and harassment, regardless of whether the matter has been raised formally or informally. This contributes to a workplace environment in which individuals feel safe and can work effectively, competently and confidently.

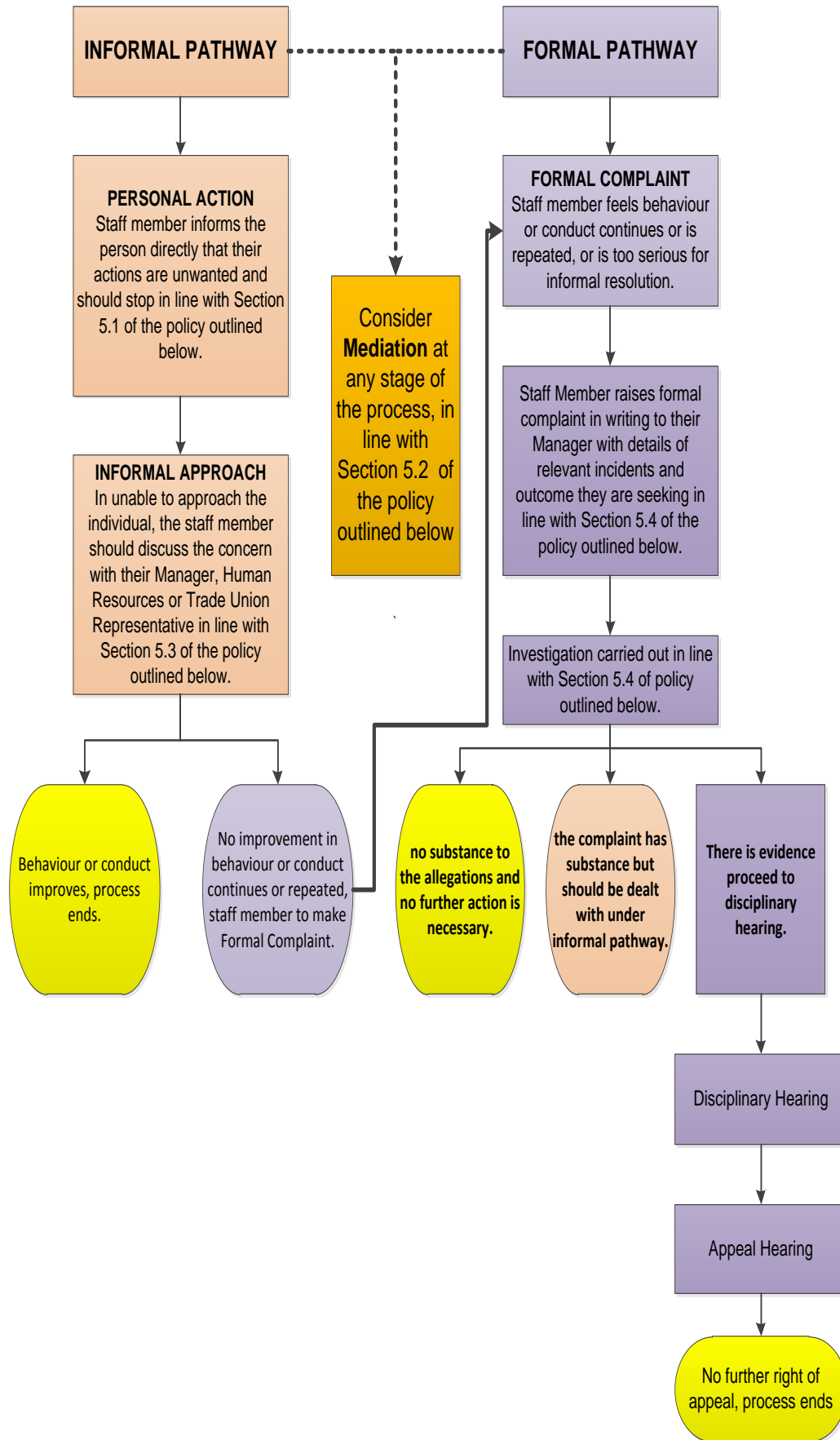
Bullying and harassment will not be tolerated by the Trust in any form.

# Bullying and Harassment Procedure

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No.	Title
4	Examples of bullying and harassment in the workplace
5	Investigation guideline
6	Appeals procedure

## BULLYING AND HARASSMENT FLOWCHART



- **Introduction and scope**

- 1.1 As an equal opportunities employer, the Trust supports a working environment for individuals in which their dignity at work is paramount. The Trust has a rich diversity of staff which is both welcomed and valued. The purpose of this document is to support a working environment and culture in which bullying and harassment is unacceptable in any form.
- 1.2 This document applies to all staff working within the Trust, employees, contractors or agency, volunteers and staff from other organisations working on the Trust premises or associated premises. Where bullying and harassment cases involve staff employed by other organisations the Trust will work with their employer to determine the most appropriate course of action. For those staff employed as a contractor, agency or volunteer where bullying and harassment has been founded may have their contract terminated.
- 1.3 The Trust recognises that all employees have the right to be treated with consideration, dignity and respect. The Trust seeks to support all employees in their professional development and aims to provide a happy and fulfilling environment in which to work. The document promotes the respectful treatment of staff within the Trust and the protection of employees from bullying and harassment at work. Bullying and harassment will not be tolerated by the Trust in any form.
- 1.4 Each member of staff carries a personal responsibility for their own behavior in relation to this policy/procedure and is responsible for ensuring that their conduct is in line with the standards set out in this document. Staff should report to the appropriate manager, trade union representative, Workforce Department any incidents of bullying and harassment which come to their attention. All staff must also co-operate by providing any relevant information when an allegation of bullying and harassment at work is being looked into.
- 1.5 Allegations raised regarding bullying and harassment will be taken seriously and treated confidentially. The organisation gives an assurance that there will be no victimisation against an employee making a complaint under this document or against employees who assist or support a colleague in making a complaint.
- 1.6 Bullying and harassment may be treated as a disciplinary offence and, where allegations are founded, may lead to summary dismissal. Disciplinary action may also be taken if a complaint is found to have been submitted maliciously or in bad faith.
- 1.7 Bullying and harassment may be by an individual against an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people. It may be obvious or subtle. Whatever form it takes, it is unwarranted and unwelcome to the individual.

- **Definitions**

It is important to clarify the distinction between the terms bullying and harassment as this is an area that causes much confusion. **Appendix Four** gives examples of unacceptable behaviour that can be considered to constitute bullying and harassment. The Advisory, Conciliation and Arbitration Service (ACAS) definitions clarify the terms:

- 2.1 **Bullying** - bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, or abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.
- 2.2 **Harassment** - in general terms harassment is unwanted conduct related to a relevant protected characteristic, affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated event. The key is that it has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for the recipient.
- 2.3 **At work** - includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to that employment.

- **Duties**

**3.1 Staff member**

All staff have a personal responsibility for their own behaviour and for ensuring that they comply with this policy/procedure. There are a number of things that staff can do to help prevent bullying and harassment such as:

- set a positive example by treating others with respect;
- be aware of the Trust's policy/procedure and comply with it;
- do not make personal comments;
- do not accept behaviour that may be offensive when directed against you or others, and take positive action to ensure that it is challenged and/or reported;
- be aware of how your behaviour can affect other people;
- be supportive of colleagues who may be subject to bullying and harassment.

If employees are subject to bullying and harassment but do not feel able to talk about it yet, they should make notes including dates and details which will help them recall events clearly at a later date. Staff can also contact their Workforce Department or union representative for advice and support.

**3.2 Line manager**

All managers have a responsibility to implement this policy/procedure and to bring it to the attention of staff in their work area. In order to establish and maintain a work environment free of bullying and harassment they must:

- ensure good communications and trust with and between staff;
- set a positive example by treating others with respect and setting standards of acceptable behaviour;
- promote a working environment where bullying and harassment is unacceptable and not tolerated;
- treat a complaint seriously and deal with it promptly, sensitively and confidentially, giving the employee and the alleged perpetrator full support during the whole process;



- recognise, tackle, and where possible, resolve incidents of bullying and harassment;
- ensure there is no retaliation against the complainant or alleged perpetrator, and take action to resolve
- consult with Workforce as required for advice and support.

### **3.3 Human Resources Department**

The HR Department has a responsibility to ensure that the policy/procedure is followed, fairly and consistently, including:

- advising managers on the application of the 'bullying and harassment' policy and procedure;
- advising managers and staff where individuals feel that they are being bullied or harassed in the course of their employment;
- ensuring the effective implementation of the 'bullying and harassment' policy/procedure;
- monitoring incidence of bullying and harassment and initiating appropriate action;
- reviewing and amending the 'bullying and harassment' policy/procedure as appropriate.

### **3.4 Occupational Health**

Any member of staff who is involved in a claim of bullying and harassment may find it helpful to talk to the Occupational Health Service. All employees have a right to self-refer to Occupational Health.

### **3.5 Independent mediators**

It may be appropriate for the matter to be dealt with by way of mediation, depending on the nature of the complaint. This involves the appointment of an independent mediator via the Workforce Team. Mediation must:

- have received training and are accredited mediators
- operate independently
- be arranged and concluded within a reasonable timeframe
- maintain impartiality and confidentiality
- be voluntary and without any repercussions
- clearly explain the process of mediation and individual rights

### **3.6 Trust Board**

The Trust Board will ensure this policy/procedure is applied fairly and equitably across all groups of staff, including ensuring that:

- all managers and groups of staff are informed and made aware of their personal responsibilities under this policy/procedure.
- formal training is provided to managers and staff who are involved in implementing this policy/procedure;
- the policy/procedure is monitored and audited to assess its effectiveness and equal and consistent application.



- **Training / competency requirements**

- 4.1 All new staff will be made aware of this policy during their corporate induction.
- 4.2 Managers will be provided training on the handling of issues raised under this policy in the New Manager HR Workshop.

- **Procedure**

### 5.1 Personal action

5.1.1 Where a member of staff believes they are being bullied and harassed it is possible for the concern to be resolved quickly by taking personal action themselves:

- the person may not know that their behaviour is unwelcome or upsetting and by explaining directly to the person the effect their behaviour is having and that you want it to stop it may help the person understand and agree to change it. This is often the most effective means of dealing with concerns.
- arrange a discussion in a private location with the person concerned, as it would not be appropriate to raise such matters in a public environment.
- be prepared to listen to and understand any explanation from the person, to facilitate a better understanding of what has caused the problem and how it can be resolved.
- if the behaviour of a person is aggressive it may be necessary to walk away, making it clear that it is unacceptable.
- the employee should make it clear to the person that if their behaviour continues a formal complaint will be made.
- keep a diary of all incidents; record dates, times, any witnesses, feelings etc.
- keep copies of any correspondence that may be relevant, for example: reports, letters, memos, notes of any meetings that relate to the concern.
- keep a record of any agreements reached, and if no agreement is reached, a record of the discussion.
- if the employee does not feel able to raise their concerns with the person directly, they could write to them stating that they feel bullied and harassed, where and when this occurred and how they wish to be treated, retaining a copy of the letter.

5.1.2 Personal action does not require a report to be made, although the employee who believes they are being subjected to bullying and harassment may wish to seek guidance on how to take personal action from their manager, Workforce Department or trade union representative.

5.1.3 It is recognised that personal action may not be appropriate for all situations. This may be because the employee does not feel comfortable in dealing directly with the person who is causing them concern or it may be that the behaviour is too serious to be dealt with in this way. In such situations employees should consider the options below.

5.1.4 Employees are encouraged to discuss any concerns about bullying and harassment with their manager, Workforce Department, a trade union representative or Occupational Health Department.

## 5.2 Mediation

5.2.1 The employee may wish to consider mediation as an alternative method of resolution. Mediation can be considered at any stage of the process whether personal action, informal or formal.

5.2.2 Mediation is a process which brings people together in the presence of an impartial third party who facilitates a resolution. The mediator will normally meet with the parties individually before advising on the next steps of the mediation process. A possible option would include a further meeting between the parties, facilitated by the mediator. At this meeting the employee would be given an opportunity to explain to the individual the reasons why they consider their behaviour to constitute bullying and harassment and the person would have the opportunity to respond. The participants to the process (not the mediator) decided on the terms of any resolution to help improve working relationships.

5.2.3 Mediation is a voluntary, sensitive and confidential process that encourages feelings to be aired and empowers those involved. It is most effective when all parties are willing to resolve matters and reach a solution. Participants can withdraw from the process at any stage and this does not affect the right of the employee to make a formal complaint.

5.2.4 Mediation can be accessed through the Workforce Department.

## 5.3 Stage 1 - Informal approach

5.3.1 Where personal action is not effective and the concern persists or where the employee is not comfortable with taking personal action then the employee should raise the concern informally with their manager in the first instance. Where the manager's behaviour is causing the concern, then the concern should be raised with their manager.

5.3.2 In addition, managers may decide that informal action is necessary after receiving notification about the behaviour of one of their employees from another manager or member of staff.

5.3.3 In most cases, the manager should seek advice and guidance from the Workforce Department before taking informal action.

5.3.4 The purpose of taking informal action is to address the concern without recourse to formal procedures such as investigations or disciplinary hearings. Informal action is much more likely to provide a successful and long term solution and allows for a quicker process, minimises disruption at work and minimises any impact on those employees involved.

5.3.5 Examples of informal action are listed below.

- The manager or another staff member could discuss the issues directly with the alleged bully. The aim of the meeting will be to make the alleged bully or aware of the problem, giving them an opportunity to respond and agree how the problem can be resolved to improve working relationships.
- The manager or another member of staff can facilitate discussions between the individuals with the aim of reaching agreement on how to resolve the problems.
- Mediation as outlined 5.2 above.

5.3.6 The outcome of informal action to resolve problems will depend on the circumstances but could include a verbal or written agreement between those involved, training and development opportunities to address specific concerns, greater senior management support or different working and reporting arrangements.

5.3.7 The manager will monitor the situation over a period of time to check that the matter has been fully resolved and that the behaviour or conduct has ceased.

5.3.8 If the employee believes that matter is too serious to be dealt with or informal action has not succeeded in resolving the concern then this employee should make a formal complaint in writing.

## 5.4 Stage 2 - Formal complaint

5.4.1 If the bullying and harassment continues, the employee feels unable or unwilling to deal with the matter informally, informal resolutions have been unsuccessful or the allegation is so serious as to prevent use of the informal procedure, a complaint should be raised formally.

5.4.2 The employee requesting formal action is taken to address the concern should set this out in writing and include details of the behaviours they have experienced, the dates of incidents, the impact the behaviour or conduct has had, any attempts to try to resolve the concern, and any witnesses.

5.4.3 The manager and a representative from Workforce will ensure that a preliminary investigation is undertaken to determine the seriousness and substance of the bullying and harassment concern, from which they will decide on appropriate next steps and means of resolution. The possible outcomes are:

- there is no substance to the allegations and no further action is necessary;
- the complaint has substance but should be dealt with informally;
- the complaint has substance, is serious and a more detailed and independent investigation is required.

5.4.4 Where formal action is appropriate a full investigation will take place. The investigation process is set at **Appendix Five**.

5.4.5 The possible outcomes of the investigation are:

- there is no substance to the allegations and no further action is necessary
- the complaint has substance but should be dealt with informally as per section 5.3 above
- A disciplinary hearing under the provisions of the Trust *Disciplinary Policy and Procedure* is required to determine the appropriate action to take. There is no requirement for a further investigation under the Trust *Disciplinary Policy and Procedure* in such circumstances.

5.4.6 The Trust will aim to complete formal investigations as soon as possible, usually within three months. However, given the complexity of some issues, this may not always be achievable. Updates on the progress and likely timescales of each investigation will be communicated to all parties involved during the investigation process.

5.4.7 Investigatory meetings may be digitally recorded to increase the accuracy and efficiency of meeting notes. Meetings that are recorded will be stored

electronically in a secure location and produced in hard copy when/if the investigation concludes that a formal disciplinary hearing will be required (transcripts will be available at this stage). Where meetings/hearings are not recorded, a handwritten summary note will be taken as accurately as possible. If digital recording is proposed this will be discussed and agreed with the individual at the beginning of the meeting.

5.4.8 Where a staff member who has reported bullying and harassment is not satisfied with the outcome of the investigation they have the right of appeal as set out in Section 5.7 below.

## **5.5 Stage 3 - Appeal**

5.5.1 Employees who have requested formal action have the right of appeal against the decision of the manager and Workforce and the outcome of the investigation.

5.5.2 The appeal should be submitted in writing to the director responsible for their Directorate within 14 days of receipt of the recommendation and this should set out the reasons why they are dissatisfied with the decision or investigation.

5.5.3 A meeting will be convened and will be conducted according to the procedure outlined in **Appendix Six**.

5.5.4 There is no further right of appeal under this or any other Trust policy.

## **5.6 Action if accused of bullying and harassment**

5.6.1 If someone approaches you informally about your behaviour, do not dismiss the complaint out of hand because you were only joking or think the employee is being too sensitive. Remember that different people find different things acceptable and everyone has the right to have their feelings respected by others.

5.6.2 You may have offended someone without intending to. If that is the case the employee concerns may be content with an explanation and an apology from you and an assurance that you will be careful in future not to behave in a way that you now know may cause offence. Provided that you do not repeat the behaviour which has caused offence, this may be enough to resolve the matter.

5.6.3 If a formal complaint is made about your behaviour, this will be fully investigated, and if well founded may result in disciplinary action. The Trust's *Disciplinary Policy and Procedure* will be followed.

5.6.4 You have the right to be informed of the allegations against you, to put your side of the story and to be accompanied at formal meetings by a Trust work colleague or trade union representative.

## **5.7 Right to representation**

Employees are entitled to be accompanied to meetings, supported and advised by a work colleague from the Trust or a trade union official throughout the formal process including appeal. Relatives (even if employed by the Trust) are not deemed as suitable workplace colleagues.

## **5.8 Feedback**

Employees who have reported bullying and harassment or are the subject of an investigation should be regularly kept informed of the progress of investigations, and any possible next steps.

## 5.9 Confidentiality

5.9.1 The Trust will treat complaints of bullying and harassment sensitively and maintain confidentiality to the maximum extent possible. Investigation of allegations will normally require limited disclosure on a 'need to know' basis. For example, the employee's identity and nature of the allegations must be revealed to the person being complained about, so they are able to respond to the allegations. Some details may also have to be given to potential witnesses but the importance of confidentiality will be emphasised to them.

5.9.2 All employees involved with an investigation and any subsequent process are required to respect the need for confidentiality.

5.9.3 All complaints, associated correspondence and interviews will be treated in strict confidence.

5.9.4 Breaches in confidentiality may be subject to disciplinary action.

## 5.10 Support

Employees are entitled to support from the Trust before, during and after the process whether they are the employee making the complaint, the alleged bully or witnesses. Guidance on the support available is contained in the Trust's *Supporting Staff Involved in Traumatic and Stressful Incidents at Work* policy and procedure.

- **Monitoring and audit**

The Workforce Department will be responsible for monitoring compliance with this policy/procedure on behalf of the Trust, as follows:

What needs monitoring	Lead	Tool	Frequency	Reporting Arrangements	Action Lead(s)	Change in practice and lessons to be shared
Duties	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Statement by the organisation that bullying and harassment are not acceptable	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
How concerns about harassment or bullying can be raised						
What should be done once a concern has been raised						
NHS Staff Survey	Directorates supported by Workforce	Staff Survey Results	Annual	Directorates and Workforce	Directorates	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Employee relations case reporting	Workforce	ER Case Report	Quarterly	Updates or areas of concerns highlight at Workforce Monthly Meetings	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
How the organisation trains staff, in line with the training needs analysis						
New starter awareness training	Workforce	Induction	Once only on induction	Workforce	Workforce	Information on attendance and DNA's reported.
Awareness training for Managers	Directorates supported by Workforce	New Managers HR Workshop	If identified	Updates or areas of concerns highlight at Workforce Monthly Meetings	Directorates supported by Workforce	Areas of concern and action plans agreed, monitored through performance reporting.

## APPENDIX ONE

### Process requirements

#### 2.0 Implementation and awareness

- Once approved the document lead or author will submit this policy / procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database.
- A monthly table of Trust publications will be produced by the Clinical Governance Assistant; this will be published on the Bulletin Board (Trust intranet) under “Trust Publications”, and a notification email circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust’s intranet (approved document management database) with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All Workforce staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via Trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

#### 3.0 Review

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

#### 4.0 Archiving

The Trust intranet (approved document management database) retains all superseded files in an archive directory [obsolete register] in order to maintain document history.



**APPENDIX TWO**

**CONSULTATION ON: Bullying and Harassment Policy and Procedure**

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** HR Business Partner

**By date:** 12 April 2012

Name: <i>List staff to be included in the consultation. See Section 5.5 of the "Production, Approval and Implementation of Policies and Procedures" policy and procedure for guidance.</i>	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff MUST be included in ALL consultations:</b>				
Local Counter Fraud Specialist	15.03.13			
Clinical Governance Assistant	11.02.13	25.02.13	Y	Y
<b>Please list key staff whose reply is compulsory before approval can be granted:</b>				
Staff-side Chair	15.03.13			
Medical Staff-side Chair	15.03.13			
Director of Workforce and Strategy	15.03.13			
Associate Director of Workforce	15.03.13			
L&D Manager	11.02.13	20.02.13	Y	Y
<b>Please list other staff to be included in the consultation but whose reply is not compulsory:</b>				
Chief Executive and Directors	15.03.13	29.03.13	N	N
Associate Director of Operations	15.03.13			
Directorate Directors	15.03.13			
Deputy Director of Nursing	15.03.13			
Head of Functions	15.03.13			
Head of Information Governance	15.03.13	15.03.13	Y	Y
Directorate Risk Lead	15.03.13			
Clinical Governance Lead	15.03.13			
Health and Safety Lead	15.03.13			
Head of Quality and Governance	15.03.13			
HR Business Partnering Team	07.02.13 15.03.13			
JCF Members	15.03.13			
JMNC Members	15.03.13			
ADO's, ADNS's	15.03.13			
GM's, Matron's, Senior Nurses	15.03.13			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				



### APPENDIX THREE

#### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Bullying and Harassment Policy and Procedure
<b>What are the aims of the policy or practice?</b>	This policy promotes the respectful treatment of staff and supports a working environment and culture in which bullying and harassment is unacceptable in any form.
<b>Identify the data and research used to assist the analysis and assessment</b>	Consultation process as per Appendix Two of this policy and procedure.
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes as they may have difficulty reading the policy but an interpreter can be sourced / provided.
People who have a physical disability	Yes – this policy can also be produced in Braille should this be required for the sight impaired.
People who have a mental disability	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review your EqIA?</b>	Alongside this policy/procedure when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy/procedure on the Trust Intranet (approved document management database).

**FURTHER APPENDICES**

The following appendices are published on the Trust Intranet (approved document management database), as related documents, under the main entry for this policy/procedure:

<b>No.</b>	<b>Title</b>	<b>Unique ID</b>
<b>4</b>	Examples of bullying and harassment in the workplace	RWF-OWP-APP529
<b>5</b>	Investigation guideline	RWF-OWP-APP530
<b>6</b>	Appeals procedure	RWF-OWP-APP531

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

# Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure

**Requested/**

**Required by:** Workforce Committee

**Main author:**HR Business Partner

**Other contributors:** Staff Side

**Document lead:** HR Business Partner

**Contact Details:** 34457

**Directorate:** Corporate

**Specialty:** Workforce

**Supersedes:** Supporting staff involved in traumatic and stressful incidents at work policy and procedure (Version 2.1, March 2009)

**Approved by:** Workforce Directorate Committee, 7<sup>th</sup> May 2013

**Ratified by:** Workforce Committee, 7<sup>th</sup> May 2013

**Review date:** May 2018 or at times of significant change

Disclaimer: Printed copies of this document may not be the most recent version.  
The master copy is held on Q-Pulse Document Management System  
This copy – REV3.0

## Document history

<b>Requirement for document:</b>	<p>The purpose of this policy is to set out the Trust's position and procedures on supporting staff involved in traumatic and stressful incident, complaint or claim in the workplace. As well as to comply with national legislation, recommendations and good practice:</p> <ul style="list-style-type: none"> <li>• NHSLA Standard Risk Management Standards (2012/13) 3.9 Supporting Staff Involved in an Incident, Complaint or Claim</li> </ul>
<b>Cross references:</b>	<ol style="list-style-type: none"> <li>16. Department of Health. (March 2012). <i>The NHS Constitution: The NHS belongs to us all</i> <a href="http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh132958.pdf">http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh132958.pdf</a></li> <li>17. NHS Employers. (November 2010). <i>Occupational Health and Safety Standards</i> <a href="http://www.nhsemployers.org/Aboutus/Publications/Documents/Occupational%20health%20and%20safety%20standards.pdf">http://www.nhsemployers.org/Aboutus/Publications/Documents/Occupational%20health%20and%20safety%20standards.pdf</a></li> <li>18. Royal College of Nursing. (October 2008). <i>Work-related violence – An RNC Tool to manage risk and promote safer working practices in health care</i> <a href="http://www.rcn.org.uk/_data/assets/pdf_file/0010/192493/003271.pdf">http://www.rcn.org.uk/_data/assets/pdf_file/0010/192493/003271.pdf</a></li> <li>19. National Patient Safety Agency (NPSA). (November 2009). <i>Being Open Framework</i> <a href="http://www.nrls.npsa.nhs.uk">http://www.nrls.npsa.nhs.uk</a></li> <li>20. NHSLA. (March 2012). <i>An Organisation-wide Document for Supporting Staff Involved in Incidents, Complaints or Claims</i> <a href="http://www.nhs.uk/.../Document%20for%20supporting%20staff%20involved%20in%20incidents">www.nhs.uk/.../Document%20for%20supporting%20staff%20involved%20in%20incidents</a></li> <li>21. Health and Safety Executive (HSE) website provides further information and resources in relation to stress <a href="http://www.hse.gov.uk">www.hse.gov.uk</a></li> <li>22. Department of Health. (2005). <i>The management of health, safety and welfare issues for NHS staff</i></li> <li>23. Royal College of Nursing. (2005). <i>Managing your stress: A guide for nurses</i></li> </ol>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Stress at Work Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF3]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Occupational Health Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF43]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Concerns about Performance of Doctors and Dentists Policy and Procedure</i> [RWF-OPPPCS-NC-WF8]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Bullying and Harassment Policy and Procedure</i> [RWF-OPPPCS-NC-WF24]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Grievance and Disputes Policy and Procedure</i> [RWF-OPPPCS-NC-WF27]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Whistle Blowing Policy and Procedure</i> [RWF-OPPPCS-NC-WF33]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Performance Management (Capability) Policy and Procedure</i> [RWF-OPPPCS-NC-WF53]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]</li> </ul>

Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure

Written by: HR Business Partner

Review date: May 2018

Document Issue No. 3.0

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	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Claims Policy and Procedure, Management of Legal</i> [RWF-OPPPCS-NC-CG30]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Concerns and Complaints Policy and Procedure</i> [RWF-OPPPCS-NC-CG31]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Adults: Protection and Support of Vulnerable Adults Policy and Procedure</i> [RWF-OPPPCS-NC-NUR5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Children Policy and Procedure</i> [RWF-OPPPCS-NC-NUR6]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Violence and Aggression Policy and Procedure</i> [RWF-OPPPCS-NC-FH8]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure</i> [RWF-OPPPCS-NC-WF5]</li> </ul>
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<b>Version Control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial document	October 2007
2.0	Reformatted to Trust template and NHSLA requirements	January 2009
2.1	Minor amendments to headings – content unchanged	October 2009
3.0	Complete review	May 2013

## Policy statement for

# Supporting staff involved in traumatic and stressful incidents, complaints or claims policy

The Trust has a duty of care to look after the psychological as well as the physical well-being of staff who have been exposed to a traumatic or stressful incident to ensure that they are appropriately supported. When a traumatic event occurs, staff need to be aware of exactly what support is available to them both internally and externally, and in the short and longer term.

This policy ensure that adequate support systems are in place for staff who have been involved with, or directly affected by incidents, complaints or claims, regardless of the extent of their involvement. This will also include being involved in cases of safeguarding children or adults, in cases of harassment or bullying, or violence or aggression.

This document applies to all staff working within the Trust, employees, contractors or agency, volunteers and staff from other organisations working on the Trust premises or associated premises. Where incidents involves staff employed by other organisations the employing organisation retains responsibility for staff welfare and support and the Trust will liaise with them to agree the practical contribution that it can make.

The definition of what is a traumatic and stressful incident is wide. It ranges from incidents which are serious enough to require investigation and may result in a hearing, tribunal or court case to less serious incidents but which the member of staff has found traumatic or stressful and requires support. They could be due to mistakes, negligence, misconduct, serious untoward incidents (SUIs), harassment or bullying, violence, abuse or complaints. They could also be due to an injury at work or a work related illness.

Support will be offered to all staff regardless of whether they are the complainant, a victim, a witness or a person who is alleged to have done something wrong.

It is also important for staff to be kept informed of the progress of any incident, complaint or legal investigation in which they have been involved. In particular, staff must be given of a named contact whom will ensure the provision of support and made aware when the investigation has been completed, and the findings, recommendations and any action to be taken should be relayed to them. They must also be provided with an opportunity to ask any questions the may have.

Managers should keep a record of support given to staff who are involved in such incidents using the 'support checklist'. The support will be reviewed on a regular basis by the manager and additional support will be provided as appropriate. Any support offered should remain confidential.

It is important to recognise the need for support is not a sign of weakness. Although the support of colleagues is essential, the Trust recognises that there may be occasions when any member of staff requires additional support outside this immediate circle.

# Supporting staff involved in traumatic and stressful incidents, complaints or claims procedure

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No.	Title
4	Supporting staff checklist
5	Frequently asked questions



## Introduction and scope

- 1.8 The Trust recognises that during the course of working practice members of staff may occasionally become involved in incident, complaint or claim processes that they may find traumatic and stressful.
- 1.9 Staff can often feel vulnerable when involved in investigations/procedures. It is particularly important that individuals are appropriately supported during and after the investigation/procedure. Staff, regardless of grade or position will often feel anxious about their involvement and their future role in the process.
- 1.10 This document applies to all staff working within the Trust, employees, contractors or agency, volunteers and staff from other organisations working on the Trust premises or associated premises. Where incidents involve staff employed by other organisations the Trust will work with their employer to determine the most appropriate course of action.
- 1.11 The Trust recognises it is important for them to provide support to individuals during an investigation/procedure that they may find stressful, whilst maintaining impartiality and confidence. The main aims are to:
- i) value, support and protect staff
  - ii) provide support in the 'best interests' of the individual concerned
  - iii) provide individuals with appropriate and relevant information necessary for them to provide a positive input into any investigation/procedure
  - iv) reduce instances of staff leaving or being absent from work due to poor experiences of investigations/procedures and inappropriate suspension/exclusion of staff
  - v) protect patients and improve service provision.
- 1.5 Involvement in a serious adverse incident, complaint or claim can have profound consequences on those staff members involved, who may experience a range of reactions from stress and depression to shame and guilt. The high personal and professional standards of most staff make them particularly vulnerable to these experiences. It should also be recognised in applying this document that different individuals will have differing responses to the same incident, complaint or claim and will therefore require different levels of support during or immediately after an incident has occurred. The following examples set out support provisions that are available for any staff involved:
- i) A named contact at the Trust who will be responsible for ensuring support.
  - ii) Clear, concise information regarding the investigation/proceedings.
  - iii) Advice on professional groups and trade unions (i.e. RCN, BMA) that may assist.
  - iv) Agreed timetable for case review and communication with the individual.
  - v) Assistance with incident/statement writing.
  - vi) Advice from Human Resources.
  - vii) Counselling service accessed through Occupational Health.
  - viii) Access to a mentor.
  - ix) Access to legal and professional advice.
  - x) Update on case outcome and recommendations.
  - xi) Opportunity to evaluate the effectiveness of the support offered.



## 2.0 Definitions

2.1 **A traumatic or stressful event:** one that invokes unusually strong emotions, overcoming normal coping abilities.

Examples of such incidents may include the following, although the list is not intended to be exhaustive:

- Serious incidents/Complaints/Claims
- Allegations of negligence
- Dealing with a major incident
- Involvement in cases of safeguarding children or adults
- Cases of harassment and/or bullying
- Involvement in an incident of violence or aggression, whether as a victim or witness
- Being called as a witness in a Court of Law

2.2 **Root cause analysis:** a well recognised way of investigating incidents, claims and complaints, which offers a framework identifying what, how and why the event happened. Analysis can then be used to identify areas of change, develop recommendations and look for new solutions.

2.3 **Work related illness:** any disease or medical condition that may have resulted from a work related activity. This is required to be supported by a 'fit note'.

2.4 **Debrief:** a semi-structured conversation with an individual who has just experienced a stressful or traumatic event. The purpose of a debriefing is to reduce the possibility of psychological harm by allowing individuals to talk about their experiences.

2.5 **National Health Service Litigation Authority (NHSLA):** deals with negligence claims and works to improve risk management practices in the NHS.

## 3.0 Duties

### 3.1 Staff member

All staff are expected to access those sources of support which will assist them in dealing with the impact of any incident, complaint or claim in which they are involved.

All staff involved in a traumatic or stressful event must inform their manager of any ongoing difficulties and concerns they may be experiencing.

All staff are expected to cooperate with the complaints and claims handling process and with any serious incident, investigation or root cause analysis. If required, staff must provide witness statements that are factual, truthful, timely and accurate.

Staff should be supportive of colleagues reporting any serious incidents or concerns to the line manager.

Staff must work in accordance with their professional codes of practice and are expected to look after and maintain their own physical and well-being.

### 3.2 Line manager

All managers have a responsibility to implement this policy/procedure and to bring it to the attention of staff in their work area.

All managers have are responsible to be the first point of contact (the named contact) for an individual seeking support. In certain circumstances (i.e. where there may be a conflict of interest) it may be appropriate for the individual to seek assistance from the Human Resources and/or Risk Department who will agree a named contact with the member of staff seeking support.

The manager will have a proactive duty to offer support to staff and should consider whether there is a need to offer immediate and proportionate support and the potential avenues (internal and external) for provision.

The manager should ensure that the Clinical Director/General Manager/Lead Manager is made aware of the support being offered to individual staff members.

### 3.3 Human Resources Department

The HR Department has a responsibility to ensure that the policy/procedure is followed, fairly and consistently, including:

- advising managers on the application of the 'supporting staff' policy and procedure;
- ensuring the effective implementation of the 'supporting staff' policy/procedure and checklist;
- monitoring incidents, complaints or claims and initiating appropriate action;
- reviewing and amending the 'supporting staff' policy/procedure as appropriate.

### 3.4 Occupational Health

Provide access to confidential, independent and impartial advice to any member of staff who is involved in an incident, complaint or claim. All employees can either self-refer or be referred by their nominated manager. The Occupational Health Practitioners can also provide support and can signpost staff to appropriate external support where this is thought to be more appropriate or if requested.

**3.5 Chaplaincy Service** can provide confidential, independent and impartial counselling

### 3.6 Trust Board

The Trust Board will ensure this policy/procedure is applied fairly and equitably across all groups of staff, including ensuring that:

- all managers and groups of staff are informed and made aware of their personal responsibilities under this policy/procedure.
- formal training is provided to managers and staff who are involved in implementing this policy/procedure;
- the policy/procedure is monitored and audited to assess its effectiveness and equal and consistent application.

#### **4.0 Training / competency requirements**

The following training provisions are to be provided:

- New staff to be made aware of the 'supporting staff' policy/procedure by their manager when reporting or involved in an incident, complaint or claim;
- Managers upon request to be effectively supported by the HR Department.
- Where any deficits are identified as a result of the audit of Supporting Staff Checklist additional awareness will be provided to managers at the appropriate level via the HR Department.

#### **5.0 Procedure**

##### **5.1 Immediate support**

5.1.1 In all cases, the first line of support is the line manager and as soon as the manager becomes aware that one of their staff has been involved in a potentially traumatic or stressful event, they should offer immediate support and reassurance to them. Much of the reassurance required by the staff member can be given by the manager, informing the staff member of the process, support and referring them to appropriate resources. The manager should ensure:

- Debrief is confidential and takes place in a suitable environment, at which up to date information on the current position with regards to the incident and the process of managing the incident are given.
- Member of staff is given time to talk and is listened to and feels supported.
- Arrangements are put in place for the staff member to receive any appropriate support, other sources of support is discussed and appropriate arrangements commenced if required.
- Advice is offered concerning any requirement to write a statement.
- A named contact and contact details are provided for ongoing support.

5.1.2 It is very important that the manager provides close support in the immediate aftermath of an event. This is a vital opportunity to help the individual involved in the situation keep the issues in perspective and not feel or become isolated.

5.1.3 The line manager should be aware of those members of staff who may be especially vulnerable perhaps due to similar past experiences or who have particularly close involvement with the incident or with those involved in it. Staff should be seen individually and extra support provided if appropriate.

5.1.4 The fitness of staff to undertake or continue their full range of duties following a stress event should be risk assessed and consideration given to appropriate adjustments to duties or responsibilities should this be necessary.

##### **5.2 Other sources of support**

- i) Advice or referral to Occupational Health Services opening hours Monday to Friday 08.30 to 16.30 hours on 01622 224324 Maidstone Hospital or 01892 633232 Tunbridge Wells Hospital.
- ii) Advice on support available from professional bodies and trade unions (e.g RCN, Unison, BMA).
- iii) Advice from HR Business Partnering Team on the processes that may be followed on 01892 634457.

- iv) Expert advice from Trust competent persons such as Local Security Management, Health & Safety, Radiation Protection Adviser (contact Risk Department for advice on 01892 224778).
- v) Time off in accordance with the Trust leave policies, in particular the *Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure* which are available on the trust intranet through Q-Pulse.

### 5.3 Ongoing support

5.3.1 Managers should remember that, in the initial stages following an event, they or a staff member may be unaware of the impact of that event on their well-being or ability to undertake their full range of duties. For this reason it is essential that on-going support is provided. This should involve one to one meeting no later than 2 weeks after the event. At the meeting any follow-up arrangements, for members of staff still experiencing difficulties should be put in place as a matter of urgency, if this has not already been commenced.

5.3.2 The support may be different depending on what the circumstances and the specific needs of the individual. The following examples set out ongoing support provision that is available to staff and immediate support set out above may also be provided as ongoing support.

- i) A named contact at the Trust who will be responsible for ensuring support.
- ii) Clear, concise information regarding the investigation/proceedings
- iii) Agreed timetable for case review and communication with the individual.
- iv) Assistance with incident/statement writing.
- v) Update on case outcome and recommendations.
- vi) Opportunity to evaluate the effectiveness of the support offered.

### 5.4 Long term support

5.4.1 It should be remembered that an incident, complaint, or claim (including possible court appearance) may arise some considerable time after the actual event occurred. This does not alter the fact that this may be equally traumatic for staff and support may be required at this stage.

Further guidance on the subject is incorporated in the Trust's Management of Legal Claims Policy and Procedure, section 7.0 which is available on the Trust approved document management database on the intranet.

### 5.5 Supporting staff checklist

5.5.1 To ensure staff are provided with timely and appropriate support both internally and externally, managers should refer to and complete the checklist at **Appendix Five**.

5.5.2 The checklist must be completed and retained by the manager until the event and required support have reached conclusion. Then the manager should retain a copy of the file and forward a copy to HR Department to be placed on the individual's personnel file.

### 5.6 Staff leaving

5.6.1 Line managers should ensure 'Exit Questionnaires' for staff leaving the organisation are completed. The questionnaire includes a section on 'reason for leaving'. Line managers will need to ensure that any comments and/or suggestions regarding support received for stressful/traumatic incidents are fully reviewed in conjunction with other departments as appropriate.

## **5.7 Supporting staff debrief recommendations**

5.7.1 Action plans and reports developed as part of an incident investigation or procedural process may include recommendations or actions taken for supporting staff issues and must be copied to the HR Department for review.

## **5.8 Supporting staff witness statements**

5.8.1 On occasion staff will be required to write a witness statement or report. These statements are usually required when a serious adverse incident or adverse incident has occurred or when a claim is likely to result.

5.8.2 Further guidance on the subject is incorporated in the Trust's Incident Management Policy and Procedure, Appendix 10 'Witness Statements and Notes' which is available on the Trust approved document management database on the intranet or seek guidance from the HR Department.

## **6.0 Monitoring and audit**

The Workforce Directorate will be responsible for monitoring compliance with this policy/procedure on behalf of the Trust, as follows:

What needs monitoring	Lead	Tool	Frequency	Reporting Arrangements	Action Lead(s)	Change in practice and lessons to be shared
Duties	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Statement by the organisation	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
New starter awareness training	Workforce	Induction	Once only on induction	Workforce	Workforce	Information on attendance and DNA's reported.
Existing manager awareness training	Directorates supported by Workforce	E-Learning or classroom refresher sessions	If identified	Updates or areas of concern	Directorate supported by Workforce	Areas of concern and action plans agreed, monitored through performance reporting.
NHS Staff Survey	Directorates supported by Workforce	Staff Survey Results	Annual	Directorates and Workforce	Directorates	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
NHS Staff Survey	Directorates supported by Workforce	Staff Survey Results	Annual	Directorates and Workforce	Directorates	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Ongoing support offered to staff (internally, and if necessary, externally)	<p>Each of these 4 elements is monitored through the data extracted from the tools listed in italics below.</p> <ul style="list-style-type: none"> <li><i>Staff Survey Results</i></li> <li><i>ER Case Report</i></li> <li><i>Risk report to the Health and Safety Committee.</i></li> <li><i>Exit Questionnaire comments relating to traumatic or stressful incidents</i></li> </ul>					
Ongoing support offered to staff (internally, and if necessary, externally)						
Advice available to staff (internally and, if necessary, externally) in the event their being called as a witness.						
Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event.						

<i>NHS Staff Survey</i>	<i>Directorates supported by Workforce</i>	<i>Staff Survey Results</i>	<i>Annual</i>	<i>Directorates and Workforce</i>	<i>Directorates</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Employee relations case reporting</i>	<i>Workforce</i>	<i>ER Case Report</i>	<i>Quarterly</i>	<i>Updates or areas of concerns highlight at Workforce Monthly Meetings</i>	<i>Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Support Staff Checklist</i>	<i>Workforce and Quality Governance</i>	<i>ER Case Report and Risk report to the Health and Safety Committee.</i>	<i>Quarterly and Bi-monthly</i>	<i>Updates or areas of concerns highlight at Workforce Monthly Meetings and Risk report to the Health and Safety Committee.</i>	<i>Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Exit Questionnaires</i>	<i>Managers</i>	<i>Exit Questionnaire comments relating to traumatic or stressful incidents.</i>	<i>Quarterly</i>	<i>Managed to highlight to HR Business Partner Team areas of concern.</i>	<i>Manager supported by Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>

### Process requirements

#### **5.0 Implementation and awareness**

- Once approved the document lead or author will submit this policy / procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database.
- A monthly table of Trust publications will be produced by the Clinical Governance Assistant; this will be published on the Bulletin Board (Trust intranet) under “Trust Publications”, and a notification email circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust’s intranet (approved document management database) with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All Workforce staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via Trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

#### **6.0 Review**

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

#### **7.0 Archiving**

The Trust intranet (approved document management database) retains all superseded files in an archive directory [obsolete register] in order to maintain document history.



**APPENDIX TWO**

**CONSULTATION ON:** Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** HR Business Partner

**By date:** 12 April 2012

Name: <i>List staff to be included in the consultation. See Section 5.5 of the "Production, Approval and Implementation of Policies and Procedures" policy and procedure for guidance.</i>	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
<b>The following staff MUST be included in ALL consultations:</b>				
Local Counter Fraud Specialist	15.03.13			
Clinical Governance Assistant	11.02.13 15.03.13	25.02.13 & 10.04.13	Y	Y
<b>Please list key staff whose reply is compulsory before approval can be granted:</b>				
Staff-side Chair	15.03.13	27.03.13	Y	Y
Medical Staff-side Chair	15.03.13			
Director of Workforce and Strategy	15.03.13			
Associate Director of Workforce	15.03.13			
Director of Corporate Affairs	15.03.13	22.03.03	Y	Y
<b>Please list other staff to be included in the consultation but whose reply is not compulsory:</b>				
Chief Executive and Directors	15.03.13	29.03.13	Y	Y
HR Sub-committee members	15.03.13			
Associate Director of Operations	15.03.13			
Directorateal Directors	15.03.13			
Deputy Director of Nursing	15.03.13			
Head of Functions	15.03.13			
Head of Information Governance	15.03.13			
Directorateal Risk Lead	15.03.13			
Clinical Governance Lead	15.03.13			
Health and Safety Lead	15.03.13			
Head of Quality and Governance	15.03.13			
HR Business Partnering Team	07.02.13 15.03.13			
JCF Members	15.03.13			
JMNC Members	15.03.13			
ADO's, ADNS's	15.03.13			
GM's, Matron's, Senior Nurses	15.03.13			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

**APPENDIX THREE**

**Equality Impact Assessment**

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

<b>Title of Policy or Practice</b>	Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure
<b>What are the aims of the policy or practice?</b>	This policy ensures that adequate support systems are in place for staff, who have been involved with, or directly affected by incidents, complaints or claim.
<b>Identify the data and research used to assist the analysis and assessment</b>	Consultation process as per Appendix Two of this policy and procedure.
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes as they may have difficulty reading the policy but an interpreter can be sourced / provided.
People who have a physical disability	Yes – this policy can also be produced in Braille should this be required for the sight impaired.
People who have a mental disability	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review your EqIA?</b>	Alongside this policy/procedure when it is reviewed.
<b>Where do you plan to publish the</b>	As Appendix Three of this policy/procedure on

<b>results of your Equality Impact Assessment?</b>	the Trust Intranet (approved document management database).
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## FURTHER APPENDICES

The following appendices are published on the Trust Intranet (approved document management database), as related documents, under the main entry for this policy/procedure:

<b>No.</b>	<b>Title</b>	<b>Unique ID</b>
<b>4</b>	Supporting staff checklist	RWF-OPF-NC-WF61
<b>5</b>	Frequently asked questions	RWF-OWP-APP689