

File reference	W18FOI318
Key words	Bullying and Harassment
Date of release	28/09/2018
Attachments	Yes

Freedom of Information Act Disclosure log - Reply Extract

You asked

Please see attachments.

Attachments included: Yes

FREEDOM OF INFORMATION REQUEST

1. Have you got a specific strategy, policy or action plan in place to address the issue of bullying and harassment at your trust which was highlighted through the staff survey results over the past few years?

Yes

The Trust has 'Dealing with Harassment and Bullying Standard Operating Procedure' in place which is attached. In addition we also have a 'Raising Concerns Policy' which may be more appropriate if staff members need to raise a concern about a culture of bullying within a department as opposed to a complaint relating to a specific individual. This policy is also attached.

The Trust has also appointed three Freedom to Speak Up Guardians (currently recruiting a further one), the purpose of which is to encourage and enable staff to speak up if they have concerns.

If no, does the Trust have plans to put one in place this financial year?

2. Did you take any specific actions at your Trust in the last 3 years to identify the main causes of harassment or bullying at work?

We used our staff survey Big Conversation programme to understand what helps staff to feel valued in the organisation – part of this was around exploring if staff feel safe to speak about a range of issues including harassment and bullying.

We supported the Social Partnership Forum Tackling Bullying in the NHS: A Collective Call to Action programme of work and as a result made some changes to processes and approach based on staff feedback.

If yes, what actions were taken, what were the causes and what actions were taken to remove these causes?

We appointed a further Freedom to Speak Up Guardian

We made more support available to staff

We made some changes to policy and process to better support those involved.

We have management training which promotes a zero tolerance to bullying and harassment message

3. Do you encourage any preventive measures at your Trust to reduce occurrences of workplace bullying and harassment?

Yes

If yes, please outline what preventative measures are taken.

We reinforce Trust values from induction and through all leadership and management development

We train managers in Positive Manager Behaviour

We have a culture that constantly reinforces the importance of speaking up

We have appointed a lead to train staff in de-escalation and conflict resolution skills

4. Do you have any specific procedures in place for reporting an incident when the alleged harasser or bully is a senior leader, supervisor or someone acting on behalf of the employer?

Yes

If yes, please outline what reporting procedures they are.

As detailed in the Dealing with Bullying and Harassment Standard Operating Procedure – if staff member does not feel able to raise a complaint to their line manager, they can do this to another manager, or they can contact HR who will advise who would be most appropriate to deal with the complaint.

As detailed in the Raising Concerns Policy, concerns can also be raised to the following:

- Freedom to Speak up Guardian
- The Director of People (Trust's Executive Director with responsibility for raising concerns)
- The Trust Chairman (Trust's Non-Executive Director with responsibility for raising concerns)

5. Do you have a freedom to speak up guardian?

Yes

If yes, who are they, please provide their title and contact details.

Dr Jamie Read
Louise Shalders
Charlotte Burgoyne

F2sguardian@nhs.net

Currently recruiting a further Freedom To Speak Update Guardian

Also, is there an executive lead outside of the HR team?

The Freedom to speak up guardians report to the Chief Executive and the Executive lead is the Director of People, however there is a Non-Exec Director with responsibility for raising concerns

6. Does your Trust examine the leadership styles most often used in your workplace, and how that can affect the prevalence of bullying and harassment?

No

If yes, when did you examine it last time and what type of leaders did you find to have?

7. Please quantify how many staff have been funded by your trust in the past 3 years to attend any Leadership and/or Management course to strengthen the leadership at the trust?

The Trust have a Staff Development (Charitable) Funds process which allows all staff to apply for

funding, which includes Leadership and Management courses. However, there have not been any applications for this funding in the last three years as staff has used the NHS opportunities listed below.

If any, please indicate the length of the course, for example: a few days course, Mary Seacole 6-month leadership development programme, under/post graduate studies.

A range of development has been undertaken by Trust staff in the last 3 years such as:

- Manager's passport
- LIFT programme
- Coaching Skills training
- South West Leadership Academy Leadership development (courses and masterclasses)
- Internal leadership development programme Leading Teams the Plymouth Way

List is not exhaustive and numbers not available for Leadership Academy courses

8. Do you also know how many management/ leadership courses were funded as a result of supportive, remedial measures following an investigation into bullying and/or harassment?

Whilst we do have a record of outcomes of B&H investigations, we do not currently separately record whether these outcomes include remedial measures.

9. Do you proactively assess managers' and workers' competencies and skills to combat workplace bullying and harassment?

Yes

If so, what type of assessment do you undertake, how often and what staff group does this cover?
This is undertaken as part of appraisal for those who manage teams.

10. Are you actively promoting awareness and recognition of bullying in your workplace?

Yes

Big Conversation programme
Promoting the Freedom to Speak Up Guardians
Used National NHS Fab Change Day to raise awareness
Internal communication messages
Messages from the Chief Exec and Chairman specifically addressing bullying
Your Voice sessions with Executives and teams

11. Do you have any operational frameworks in place that support the culture, values and behaviours of the Trust and what will not be accepted?

Yes

We have Trust values which are part of appraisal process
We promote the NHS Constitution
We have a Bullying and Harassment SOP which sets out acceptable and unacceptable behaviour

12. What specific actions have been taken in the last 3 years to build a culture of respect in your trust?

We have built a process of listening to staff through group focus sessions with the Executives (Your Voice)
Management training embeds positive behaviours throughout
Clear messages from Chief Exec and Chairman about culture
Focused on how we value staff (learning from excellence)

13. Have you made available any tools for staff to use to report bullying (anonymously or not). This does not include reporting it through the normal channels e.g. through a line manager.

Yes

If yes, please outline what tools they are.
We have the Freedom to Speak Up Guardian team
Ask Ann – direct anonymous line to the Chief Executive

14. What policies do you have in place related to managing bullying and harassment? Please provide copies.

Also have those policies been updated in the last 3 years with any substantial changes to strengthen it in view of the recent survey results?
Yes
Dealing with Bullying and Harassment Standard Operating Procedure updated in light of staff feedback.
Raising Concerns Policy (full review July 2016 following national Raising Concerns Policy guidance)
(attached)

15. Do your Trust use selection tools, such as written tests, performance tests and/or psychological tests to identify the right individuals for the job at your trust? This does not include the standard face to face interviews.

No

If yes, please outline what tools you have in place and how they are applied.

16. Does your recruitment process and appraisal processes link to the behavioural framework for managers and how is this monitored?

The Trust appraisal process links to our Trust Values and managers are strongly encouraged to use a Values Based Recruitment process when recruiting to posts.

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17. Is your Occupational Health team involved in the proactive prevention of bullying and harassment in the workplace seeing this as part of promoting and maintaining the health and wellbeing of staff?

Yes

Co deliver Positive Manager Behaviour course
Undertakes team and individual support in relation to burnout

18. Do you review and check the effectiveness of preventive measures taken? (If any).

Yes

19. Do you have a system through which employees can provide regular feedback to make it relevant and effective?

Yes

If yes, what system do you use?

The Trust has various methods for feedback via Ask Ann, F2SU Guardians, work with our trade unions and individual 1:1s and appraisal.

20. Is your mandatory training on Equality and Diversity face to face led or e-learning? Please advise.

If face to face, what content is included specifically in respect of bullying and harassment?

(Headings only)

E-Learning

If e-learning, have you assessed your training package and content specifically to bullying and harassment in light of recent staff survey results and did you find it effective/ fit for purpose?

Yes

21. Does your Trust Clinical and Corporate Induction programme include Equality and Diversity?

Yes

If yes, what information specific to bullying and harassment is given to new staff? (Headings only)

Information about Raising concerns and freedom to Speak Up Guardians

Talk about Trust Values

Talk about impact of behaviours

22. Do you have any Non-Executive Directors who act in the capacity of 'Bullying and Harassment Advisors', or any similar roles that offer an independent support to staff feeling bullied/harassed?

Yes

If yes, please explain the roles of those individuals.

Trust Chairman - non-executive director with responsibility for raising concerns. Trained in receiving concerns, role is to receive concerns and advise staff about sources of additional support.

Non-executive Director with responsibility for speaking up.

23. Do you Trust undertake a regular risk assessment in relation to work-related stress?

Yes

If yes, which department is responsible for completing it and how are the findings acted on?
When was the last time this was undertaken?

This is undertaken in an ad hoc basis dependent on indicators.

Our Occupational Health Team and HR undertake a Stress Audit process to triangulate a range of workforce data to identify potential stress hot spots for action.

24. What was your training compliance with regards to the Equality and Diversity training in 17-18 (by staff group) please?

Mandatory training compliance is 89%

25. What percentage of staff completed an exit interview in 2017-18?

19.62%

Do you know how many staff left your trust in 2017-18 due to bullying and harassment being the main reason?

5 or fewer members of staff left the Trust specifically stating that bullying and harassment were the main reason

26. Sharing Lessons Learnt:

Do you believe your acute Trust has taken any unique steps to combat bullying and harassment that have proved successful and that you would be happy to share with other acute NHS trusts?
Yes

If yes, please outline what they are.

We worked in Partnership with Trade Unions, HR and OD and Freedom to Speak Up Guardians during Fab Change week and produced a case study for NHS Employers on the work.

Raising Concerns Policy

Date	Version
July 2016	7

Purpose

To ensure that all staff are aware of how to raise concerns if they believe a concern is not receiving the correct attention.

Who should read this document?

All staff.

Key messages

The Trust has introduced and revised this Raising Concerns Policy, taking into account the recently published national Raising Concerns Policy, as a recommendation of the review by Sir Robert Francis into whistleblowing in the NHS. This policy aims to ensure that employees and workers can raise their concerns if they believe a concern is not receiving correct attention.

Accountabilities

Production	HR and OD Directorate
Review and approval	JSNC
Ratification	Director of People
Dissemination	Director of People
Compliance	Director of People

Links to other policies and procedures

- [Bullying and Harassment SOP](#)
- [Child Protection Policy](#)
- [Adverse Events guidance](#)
- [Responding to Formal Complaints SOP](#)
- [Grievance Policy](#)
- [Respecting Religion at Work Guidance – Spiritual & Religious needs of employees.](#)
- [Safeguarding Adults at Risk Policy](#)
- [Health & Safety Policy](#)

Version History

V7	Full review in line with national Raising Concerns Policy guidance
V6.3 – March 2013	Full Review
V6.2 – July 2012	Updated to new Trust Policy format and contact details updated with reference to NHS Constitution
V 6.1 – February 2012	Contact details updated throughout policy.
V 6 – March 2011	Trust commitment to valuing people statement amended in line with Equality Act 2010. Electronic Policy paths updated.
V 5.2 – August 2009	Reformatted, dissemination plan and checklist included.
V 5.1 – July 2008	Appendix 2. Updated contact list. Section 10 added. Contact details updated throughout the policy. Revised 4-step procedure. Employee pro forma when raising concerns. Definition of Protected Disclosures added. Reference made to the Public Interest Disclosure Act.

Last Approval	Due for Review
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PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

Trust Chairman's Forward

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

The Trust has revised this policy to enable everyone to raise concerns correctly, so that such issues are addressed at an early stage and in the right way. The Trust welcomes your genuine concerns and is committed to dealing responsibly, promptly, openly and professionally with them. Without your help, we cannot deliver a safe service and protect the interests of patients, staff and the Trust.

2 Purpose, including legal or regulatory background

This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. This policy incorporates the key elements of the national Raising Concerns Policy, (produced by NHS Improvement and NHS England) which has been adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Our local process adheres to the principles of the national policy and provides more detail about how we will look into a concern. This policy complies with the requirements of the Public Interest Disclosure Act 1998.

In the first instance please refer to the list of policies and procedures below to ensure the correct process is used.

3 Definitions

Raising Concerns & Whistle blowing – where workers bring information about a wrongdoing to the attention of their employer or a relevant organisation, and are protected in certain circumstances under the Public Interest Disclosure Act 1998.

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud team)
- a bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the Health Education England [video](#).

Remember that if you are a NHS employee you may have a duty to report a concern. If in doubt, please raise it. Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

Healthcare professionals who are bound by their code or regulatory standards should refer to their own professional body standards.

This policy is not for people with concerns about their employment that affect only them – that type of concern can be addressed via the Trust's Grievance and Dispute Policy or Harassment and Bullying Procedure.

Feel safe to raise a concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values and, if upheld following investigation, could result in disciplinary action. Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

All staff have the right to a confidential self-referral to the Occupational Health & Wellbeing Department to discuss any aspect of health and work that concerns them. If you are concerned about an issue, or about confirming your identity, contact your Trade Union or professional organisation representatives for support and advice.

Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police).

You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

5 Who should I raise my concern with

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance. Further guidance on who to raise concerns with can be found in Annex A. You can also contact the HR Team to get advice in relation to how you can best deal with a concern.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- our Freedom to Speak Up Guardian – this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation
- our Governance Team

Depending on the seriousness of the concern or if you still remain concerned after this, you can contact:

- Director of People, (Trust's executive director with responsibility for raising concerns)
- Trust Chairman, (our non-executive director with responsibility for raising concerns).

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with these external bodies

- NHS Improvement for concerns about
 - how NHS trusts and foundation trusts are being run
 - other providers with an NHS provider licence
 - NHS procurement, choice and competition

- the national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption.

If your concern relates to **NHS Fraud** you should contact the local Counter Fraud team as detailed in section 4.

If staff have any **clinical concerns** these must be raised immediately with the relevant Clinical Director in writing. You will receive written acknowledgement of your concern. Junior Medical staff are further able to raise their concerns with their Clinical or Education Supervisor and the Director for Medical Education.

If your concern suggests or relates to **a serious incident**, an investigation will be carried out in accordance with the Serious Incident Framework.

Advice and support

Details on the local support available to you can be found on StaffNet. However, you can also contact the Whistleblowing Helpline for the NHS and social care on 0800 724 725, your professional body or a trade union representative (internal ext. 39274).

6 How do I raise my concern

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

7 What will we do

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Annex B). We are committed to listening to our staff, learning lessons and improving patient care.

On receipt, the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

Investigation

Where you have been unable to resolve the matter quickly (usually within 5 days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident).

The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Board oversight

The Trust Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Trust Board supports staff raising concerns and wants you to feel free to speak up.

8 What are qualifying and protected disclosures

A qualifying disclosure is defined as any disclosure of information which, in the reasonable belief of the staff member making the disclosure, tends to show one or more of the following:

- there is a risk to patient safety;
- that a criminal offence has been committed, is being committed or is likely to be committed;

- that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject;
- that a miscarriage of justice has occurred, is occurring or is likely to occur;
- that the health or safety of an individual has been endangered, is being or is likely to be endangered;
- that the environment has been damaged, is being damaged or is likely to be damaged;
- that information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed.

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it).

To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative.

9 National Freedom to Speak Up Guardian

The new National Guardian (once fully operational) can independently review how staff have been treated having raised concerns where NHS trusts and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

10 Overall responsibility for the document

The Director of People has overall responsibility for this document.

11 Consultation and ratification

The Director of People is responsible for ratifying this document and has overall responsibility for the dissemination, implementation and review of this policy.

12 Dissemination and implementation

Following approval and ratification, this policy will be adopted across the Trust. Publication of this policy will be publicised in Vital Signs, the Trust's weekly staff news briefing and it will be available electronically on the TrustDocument Network Shared Folder.

13 Review, monitoring compliance and effectiveness

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

Monitoring of the policy and procedure will be undertaken by the Deputy Director of HR. This Policy will be reviewed in accordance with the Trust's Policy on the Development and Management of Trust wide Documents, by the HR and OD Directorate, management, and staff side through the JSNC mechanism.

On an annual basis, a review of any formal disclosures made under this policy will be undertaken by the Deputy Director of HR, to establish through discussion with the discloser and other Trust colleagues, how effective the process was. These results will be reported to the Director of People and any concerns will be reported to the HR and OD Committee.

The standards and Key Performance Indicators identified with the implementation of this policy are the NHSLA and Standards as determined by the Care Quality Commission.

The Trust will undertake a regular review of this policy. It should be noted that the responsibilities in this policy are legally enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

Information for equality monitoring will be recorded as required to ensure equality regulations are met in respect of any formal process commenced under this policy.

Core Information				
Document Title	Raising Concerns Policy			
Date Finalised	June 2016			
Dissemination Lead	HR Business Partner			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.				
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Richard Maguire
Directorate	HR
Date	July 2016
Title	Raising Concerns Policy
What are the aims, objectives & projected outcomes?	To ensure that all staff are aware of how to raise concerns if they believe a concern is not receiving the correct attention.
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race.
Religion	There is no evidence to suggest there is a disproportionate impact on religion.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. Where an individual has a disability the Trust will ensure that reasonable adjustments are made to facilitate the raising of or dealing with concerns.
Sex	There is no evidence to suggest there is a disproportionate impact on sex.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on on gender identity.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation.
Age	There is no evidence to suggest there is a disproportionate impact on age.
Socio-Economic	No impact.
Human Rights	Positive impact.
What are the overall trends/patterns in the above data?	That there are no significant impacts.
Specific issues and data gaps that may need to be addressed through consultation or further research	None.
Involving and consulting stakeholders	
Internal involvement and consultation	Director of People; JSNC; HR Operations
External involvement and consultation	National Raising Concerns Policy

Impact Assessment				
Overall assessment and analysis of the evidence	No concern and overall a positive impact moving forward.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Monitoring of workforce data on a regular basis	HR Business Partner		On-going	Action will be taken as and when required.

If you have a concern, as an Employee or worker, read this Policy and if unsure, consider taking advice from the HR Team, your trade union or professional association.

Check that the Raising Concerns Policy is the correct policy to use.

If the issue is fraud, clinical concerns or relating to a serious incident, refer to section 5 of the Policy.

Step 1.

Raise the concern with your line manager, lead clinician or tutor, either verbally or in writing, including email.

Step 2.

If it is not appropriate to raise the issue with the line manager, or the response at step 1 was inadequate, raise the concern with the Freedom to Speak Up Guardian.

They will:

- treat your concern confidentially unless otherwise agreed
- ensure you receive timely support to progress your concern
- escalate to the board any indications that you are being subjected to detriment for raising your concern
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- ensure you have access to personal support since raising your concern may be stressful.

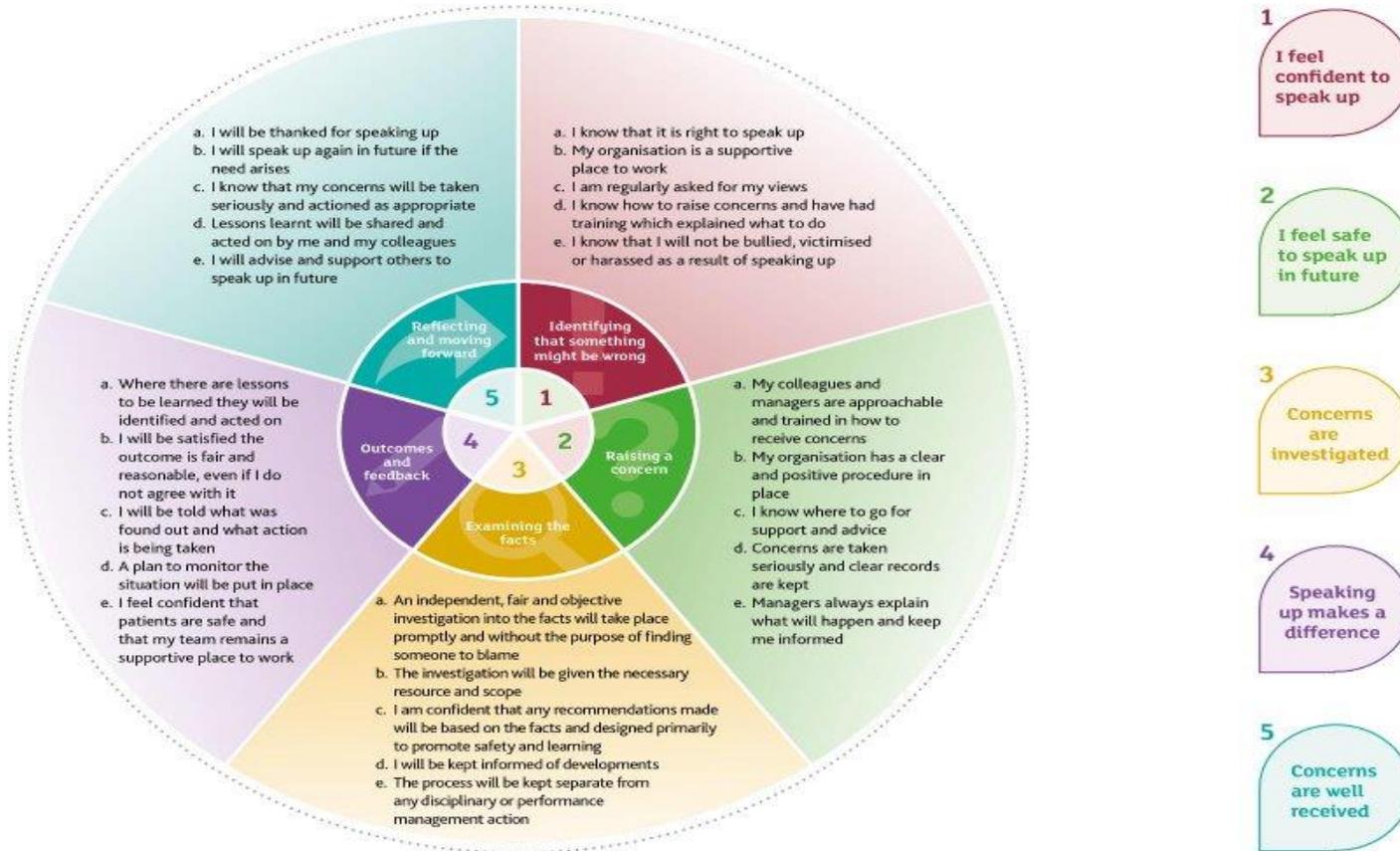
If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step 3.

If the issue is so serious and cannot be dealt with at Step 2, or the response at Step 2 is inadequate, raise the concern with the Director of People or the Trust Chairman.

Step 4.

Alternatively refer the matter to external agencies as set out in this Policy.



Dealing with Bullying and Harassment Standard Operating Procedure

Date	Version	
September 2016	7	
Purpose		
The aim of this procedure is to provide a framework for employees who believe they are being harassed, bullied, victimised or discriminated against to raise a complaint.		
Who should read this document?		
All Trust staff.		
Key messages		
The Trust will not tolerate bullying and harassment in the workplace. When instances arise, the Trust expects:		
<ul style="list-style-type: none"> - managers and staff to adopt the Trust's zero tolerance position in their behaviour and in their response to witnessed harassment - managers to investigate incidents and complaints promptly and thoroughly - managers to deliver equitable solutions on the outcome of investigations 		
In the worst cases, the Trust will dismiss individuals.		
Accountabilities		
Production	Lisa White, HR Business Partner	
Review and approval	Director of People	
Ratification	Director of People	
Dissemination	Lisa White, HR Business Partner	
Compliance	Workforce & OD Committee	
Links to other policies and procedures		
Supporting Staff Policy Performance and Conduct Policy Policy and procedure for individuals who are violent or aggressive Respecting religion at work Policy Raising Concerns Policy Workforce Induction & Training Policy and Training Needs Analysis		
Version History		
V2.1	8/10/08	Approved by Policy Sub group 9/7/08 and approved by JSNC 8/10/08
V3.1	10/2/10	Approved by JSNC
V4.1	24/11/10	Amended in line with Equality Act 2010
V5	July 2012	Draft – Amended from a Policy to Standard Operating Procedure and to reflect NHSLA expectations.

V6	May 2013	Removing Third Party Harassment references due to a change in employment law and increase of accountability for protection of staff who make complaints.
V7	November 2016	Minor amendments
Last Approval		Due for Review
November 2016		November 2021

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP) Bullying and Harassment

1 Purpose and Scope

Plymouth Hospitals NHS Trust is committed to providing a safe and healthy working environment for its employees, which includes an environment that is free from harassment, bullying and victimisation, where every employee is treated with respect and dignity and in which no employee feels threatened or intimidated for any reason.

Harassment and bullying are not acceptable. This SOP provides a framework for all Trust employees who believe they are being harassed, bullied, victimised or discriminated against to raise a complaint. This includes where an employee is subject to repeated harassment from a third party, such as a customer, client, patient or contractor. It also provides managers with a fair and consistent process to follow when they receive a complaint from an employee.

For the purpose of this procedure the term 'harassment' will be used throughout to cover 'harassment, bullying, victimisation and discrimination' from this point forward.

Complaints will be dealt with sensitively, discretely and as quickly as possible. Employees making a complaint or assisting in an investigation about alleged harassment can do so in line with this process without fear of reprisal.

The Trust will not tolerate bullying or harassment from co-workers as a result of staff reporting their concerns.

Whilst allegations of harassment will be taken very seriously, every effort will be made to resolve issues informally. However, those incidents which are more serious in nature, will be dealt with immediately under the formal procedure. Harassment at work is inappropriate behaviour. It will not be permitted or condoned and will be treated by the Trust as misconduct, which may be deemed as gross misconduct, warranting dismissal.

It should be noted that:

- It does not constitute harassment where a manager or other employee is carrying out their job properly and fairly within Trust Policies or Procedures.
- Appropriate use of the Trust's Performance and Conduct Policy does not constitute harassment.

Disciplinary action may be taken if there is found to be substance to any allegation and in cases where allegations made by an employee are deliberately false, vexatious or malicious, in the absence of mitigating factors.

Employees who have raised a complaint with their manager or who have witnessed harassment and feel that it is not being dealt with in line with this procedure may wish to follow the Trust's Grievance and Dispute Policy or the Raising Concerns Policy which can be found in the Human Resources folder on the Trust Documents Drive: [G:\TrustDocumentsDefinitions](#)

Harassment

The Equality Act (2010) defines harassment as:

“unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, humiliating or offensive environment for that individual”.

The protected characteristics covered by the Equality Act (2010) are: age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

Under the Act, employees are also protected from harassment because of perception and association. Employees are able to complain of behaviour that they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves.

Harassment can involve a single incident or be persistent and it may be directed at one or more individuals.

Unwanted physical contact includes unnecessary touching, patting, pinching, brushing against another individual's body, insulting or abusive behaviour or gestures, physical threats, assault or sexual assault.

Unwanted verbal conduct includes unwelcome advances, such as repeated requests for 'dates', patronising titles or nicknames, propositions or remarks, innuendo, lewd comments, jokes, banter or abusive language which refer to an individual's or group's race, sex, disability, religion, belief or non-belief, age, or sexual orientation etc.

Unwanted non-verbal conduct for example, graffiti referring to individual characteristics or private life, abusive or offensive gestures, leering, whistling at someone i.e. 'wolf whistles', displaying pornographic or suggestive literature, pictures, or films/videos or inappropriate use of computers including email for this purpose.

Bullying

Bullying is defined as “the unwanted behaviour, one to another, which is based upon the unwarranted use of authority or power”.

Bullying includes persistent criticism and personal abuse and/or ridicule, either in public or private, which is humiliating or demeaning. Bullying behaviour can also include berating or belittling employees, unreasonably changing an employee's workload, hours, or place of work without their knowledge/agreement, or misuse of capability or disciplinary procedures.

Victimisation

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act (2010), or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

There is no longer a need to compare treatment of a complainant with that of a person who has not made or supported a complaint under the Equality Act (2010).

In all cases it will be for the recipient to define what inappropriate behaviour is.

“At work” includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to the same employment. It includes any place where NHS care is delivered.

At Work

Includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to the same employment. It includes any place where NHS care is delivered.

Regulatory background

The Equality Act (2010)

The Equality Act (2010) gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of any of the following protected characteristics: age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

Some forms of harassment, as covered by the Equality Act (2010), can amount to unlawful discrimination and could result in criminal and/or civil prosecution.

Human Rights Act (1998)

The Human Rights Act (1998) applies to all public authorities, including the NHS, and makes it unlawful to violate the rights contained in the European Convention on Human Rights.

Human Rights are defined as those ascribed to individuals by the Human Rights Act, (1998), including (but not limited to) the right to:

- Life.
- Liberty and security.
- Respect for private and family life.
- Freedom of expression.
- Freedom of thought, conscience and religion.

This Act protects the right to enjoy these freedoms without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. The issue of human rights is one which covers both employment and service delivery.

Discrimination

Direct Discrimination: occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perception discrimination), or because they associate with someone who has a protected characteristic (see discrimination by association).

Discrimination by association: is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

Perception Discrimination: is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Indirect Discrimination: can occur if the Trust has a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if it can be shown that the Trust acted reasonably in managing its business, i.e. that it is 'a proportionate means of achieving a legitimate aim'.

- **Legitimate aim** – any lawful decision made in running the Trust, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful.
- **Proportionate** - fair and reasonable, including showing that 'less discriminatory' alternatives to any decision made have been considered.

Key Duties

Trust Board and Chief Executive

The Trust Board recognises its responsibilities under the Equality Act, (2010), the Human Rights Act (1998) and related legislation and regulations for safeguarding the rights of its employees, to expect to enjoy a working environment that is free from harassment. Direct responsibility for gaining assurance that these statutory responsibilities are delivered is delegated to the Director of HR and Organisational Development.

The Chief Executive is ultimately responsible for ensuring that the Trust maintains adequate procedures for ensuring that, as far as possible, employees are protected from harassment at work.

HR and Organisational Development Committee

Under delegated authorities, the Committee is responsible for seeking assurance that:

- The Trust's working practices and customs promote a no tolerance response to harassment.
- Instances and allegations of harassment are investigated promptly and concluded fairly.

Director of People

Under delegated authorities, the Director of People is responsible for ensuring that adequate arrangements are in place to promote this SOP and to gain assurance that it is being adhered to across the Trust.

The Director is responsible for:

- Ensuring that an adequate framework exists for resolving employees' concerns regarding harassment.
- Ensuring that compliance with this SOP is monitored and reported upon, to the required extent.
- Escalating serious concerns to the Trust Board, when necessary.

Line managers (*and managers designated to act in their place*)

As part of their overall management duties, line managers will:

- Ensure that employees are aware of the Trust's procedures on harassment.
- Be proactive in promoting a culture of respect for fellow staff, for instance by leading by example, and by giving informal guidance and warnings when behaviours start to veer away from what is expected.
- Not allow harassment to happen; and take appropriate action when they witness instances of harassment, regardless of whether a complaint is made.

In specific instances of complaints of alleged harassment, the designated manager is responsible for:

- Supporting employees who feel that they are being harassed via the Supporting Staff Policy.
- Informing the alleged harasser of the complaint made against them.
- Determining any changes to working arrangements that might be required during the investigation of the complaint and when it has been concluded.
- Investigating the alleged incident(s), within the timeframes set, including interviewing witnesses.
- Keeping comprehensive records, including interview notes, of each step of investigation of a formal complaint, or incident, and

- Evaluation records at the end of the process. The designated manager should not keep a record of incidents that are addressed informally.
- Liaising with the Workforce team and Staff Health and Wellbeing team to identify an equitable solution to the investigation, including decision on what sanctions, if any, to raise.
- Identifying appropriate training needs.

Where an employee requests to speak to a manager 'in confidence', the manager must first inform the employee that the manager may be obliged to act on the information that is given, regardless of the wishes of the employee. The employee can then choose whether to continue the conversation.

HR team and representatives

The HR Team will provide members of staff who will maintain an up to date knowledge of relevant legislation and will advise and support the line managers, as necessary. The HR Team representative(s) will:

- Attend, as an observer, all investigation interviews completed by the designated line manager.
- Provide guidance to the line manager during the investigation and after the results are known.
- Guide the line manager in determining equitable and proportionate disciplinary actions.
- Liaise with the Occupational Health and Wellbeing team, as required.
- Act appropriately on the outcome of monitoring of trends in complaints and timeliness of the investigation process, by providing guidance and training to managers, when the need is indicated.

Occupational Health and Wellbeing team and representatives

The Occupational Health and Wellbeing team will liaise with the designated manager and Workforce team, as required.

All employees

All employees are required to keep an up to date understanding of the Trust's procedures with regard to bullying and harassment. Employees will:

- Treat everyone with dignity and respect.
- Set an example of acceptable behaviour to help to create an environment that is free from discrimination, bullying and harassment.
- Support colleagues being harassed and challenge unacceptable behaviour.
- Report any incidents of harassment that cannot be resolved directly, to their own manager, or the manager of the employee who is being harassed, as soon as possible.
- Attend appropriate awareness training.

Employees who have raised a complaint with their manager or who have witnessed harassment and feel that it is not being dealt with in line with this procedure may wish to follow the Trust's Grievance and Dispute Policy and the Raising Concerns Policy which can be found in the **Human Resources folder on the Trust Documents Drive: [G:\TrustDocuments](#)**

Trades Unions and other staff representative bodies

Staff group representatives are there to help promote an anti-harassment culture, by:

- Promoting the Trust's Bullying & Harassment procedures providing support to staff, if asked to do so.
- Supporting the Trust in any initiatives to strengthen its stance against harassment.

Training

Bullying and harassment training is included within the Trust mandatory update training which must be completed on an annual basis through e-learning or the distance learning programme. This is provided in accordance with the training needs analysis documented within the Workforce Induction and Training Policy.

Monitoring and assurance

The Director of People is responsible for ensuring that adequate monitoring and review of compliance with this procedure is carried out and that the results of these reviews are recorded and reported appropriately.

The HR Team will carry out, directly, or indirectly, the following monitoring, analysis and reporting of results to the Health and Safety Committee:

- Annual audit and monitoring:
 - Completion of mandatory training related to bullying and harassment.
 - Staff survey and other relevant survey results which might be relevant to the Trust's culture and attitude towards harassment.
- Quarterly monitoring and analysis;
 - Numbers and trends in formal complaints and investigations, including analysis of 'hot-spots'.
 - Analysis of outcomes of investigations.
 - Statistical analysis of compliance with the investigation time-line targets and compliance with the formal complaint process set out in this SOP. The completed Process and Timescale proforma (Appendix 2) submitted by managers on conclusion of an investigation will be used to inform this analysis.
 - Monitoring and review of incidents reported in the Trust's (Datix) risk management database.

The results of the monitoring process will be reported to the Health and Safety Committee on an annual basis. The results may be reported separately or as part of a wider process of monitoring of delivery of the human resources function.

Ongoing review and implementation of recommendations and actions will be overseen by the HR&OD Committee and will be managed in accordance with the severity and priority of the issue arising.

Reporting to the Trust Board will be by exception.

2 Procedure to Follow

Informal action

This stage is outside of the formal process and applies where the harassment is relatively minor and does not warrant immediate formal action or has not been repeated.

Employees who feel able to, can seek to resolve the situation informally by:

- Approaching, or writing to the alleged harasser directly and making it clear that the behaviour in question is offensive, is unwelcome and must be stopped.
- Approaching the alleged harasser with the support of a colleague, HR representative or Trade Union (TU) representative.

If it is too difficult for the employee to do this personally, a designated representative, for example HR representative or TU representative may approach the alleged harasser on the employee's behalf.

The employee, or their designated representative, should make a note of the conversation, or keep a copy of the letter sent to the alleged harasser, and any response, which will be used in formal procedures if necessary. However, it is the employee's responsibility to determine what evidence they should retain.

A formal investigation and potential disciplinary action will only take place if the complaint is investigated under the formal procedure by an appropriate manager.

Mediation

Mediation is an informal and confidential process whereby impartial trained mediators can help employees who are in dispute to work out a mutually acceptable agreement.

Mediation is normally appropriate where two employees are in dispute but could also be appropriate where an employee feels unable to speak to their manager about an issue, and where employees wish to avoid formal procedures. If an employee thinks that mediation is appropriate to their situation they should contact a HR representative who will contact appropriate mediators.

Mediation is not appropriate where there is formal or other action taking place that would run counter to the mediation process.

The Trust's Mediation Policy can be found in the **Human Resources folder on the Trust Documents Drive: <G:\TrustDocuments>**

Formal action

Where the nature of the harassment is such that the Trust has no alternative but to deal with the matter formally, where the employee would prefer to go through the formal stage, or if the harassment continues, the formal procedures should be used.

Employees can raise their complaint with their manager, or where it would be more appropriate, another member of the Management team. For example, where the employee's manager is the alleged harasser, the complaint would be raised with the manager's line manager.

Alternatively, the employee may approach a HR representative, who can provide advice about who is best placed to deal with the complaint.

The manager to whom the complaint is made is responsible for proceedings at this stage, and will be advised and supported by a HR representative.

It is the manager's responsibility to ensure that this Procedure is followed, accurate notes are made and retained relating to any meetings, and copies of letters and emails are retained. The manager is also responsible for completing the Process and Timescale proforma at Appendix 2. This document will assist the manager in following the procedure correctly and a completed copy of which should be sent to the HR Team.

Confidentiality

It is important that anything discussed throughout this process, including during investigations and at hearings, is treated in the strictest confidence. Breaches of confidence may result in disciplinary action.

Making a formal complaint

Employees must raise their complaint of alleged harassment with their manager, or other appropriate person, as soon as possible following the alleged act, so that the matter can be dealt with quickly.

The employee may request a manager of the same sex to prevent embarrassment, where appropriate.

The complaint should be made in writing to the manager (or other appropriate manager). However a complaint that is made verbally does not mean managers should not take action. If the complaint is made verbally then the manager should make a written record of the complaint and the date that it was made. The manager should contact the HR team to gain advice and support for dealing with the complaint.

The manager will, within 10 working days, acknowledge receipt of the complaint in writing and will agree the timescale for dealing with the complaint with the complainant. During the formal process, where the timescale cannot be achieved for any reason, then a revised timescale must be agreed with the complainant. Upon completion of the investigation process and once the

outcome has been determined, the line manager will inform the complainant and alleged aggressor of the outcome in writing, within 5 working days.

Where the manager decides to take formal disciplinary action against the alleged harasser, the Trust's Performance and Conduct Policy must be followed.

The complainant will be informed in writing whether their case has been upheld or not and that appropriate action has been taken in line with Trust policies. However the manager must not reveal any further sanction details as these are confidential.

Process to be followed once a complaint has been made

Initial meeting with the complainant:

The line manager must inform all employees of support available to them when they are involved in formal proceedings through the Supporting Staff Policy.

At the meeting with the complainant the manager will clarify and record the following:

- The nature of the complaint and confirm that it is being dealt with under the formal Bullying & Harassment Procedures.
- Advise the employee that they have the right to be represented at any investigatory meetings by a work colleague, or trade union representative, and that the meetings will be carried out sensitively and discretely.
- Inform the employee of the stages in the procedure.

This meeting also provides the manager with the opportunity to obtain the names of any potential witnesses. A file note of this meeting will be made by the line manager.

If it is appropriate, the employee may be referred to the Occupational Health and Wellbeing Department who can arrange counselling.

Informing the alleged harasser:

Informing the alleged harasser must be done sensitively and in private.

The manager will arrange to meet the alleged harasser to:

- Outline the nature of the complaint.
- Confirm that it is being handled under the formal procedure, and that all meetings will be confidential, and discussed only between those involved in the procedure.
- Ensure that the individual is aware of the stages in the procedure.
- Inform the individual about their right to be represented at the next stage of the procedure.
- Advise the employee of support that is available to them through the Supporting Staff Policy.

If suspension, pending further investigation is appropriate, the employee must be informed at this meeting. Suspension does not imply that the individual is guilty of the alleged harassment and this must be made clear. If an employee is suspended they will not be permitted to re-enter the hospital unless they have the explicit consent of the manager who suspended them or they are required to attend the hospital for medical treatment.

The procedure for suspending employees can be found in the Performance and Conduct Policy. Further guidance can be sought from the HR representative.

Following this meeting the manager must inform the alleged harasser, in writing, of the issues discussed and action taken.

At the next stage (the formal investigation meeting) the alleged harasser has the right to be represented by a work colleague or trade union representative, who is not a relative and is not acting in a legal capacity. At this meeting the manager should also ask if there are any potential witnesses.

Informing the alleged harasser when they are not at work

Employees must always, as far as possible, be told verbally by the line manager that an allegation has been made against them before anything is put in writing as a matter of courtesy.

Avoiding contact between the complainant and alleged harasser

If there is an issue about the complainant and the alleged harasser continuing to work together the line manager may consider:

- Seeking guidance from an HR representative regarding the option to suspend both parties on full pay.
- Seeking guidance from an HR representative regarding the option to suspend the alleged harasser on full pay (suspension does not imply that the employee is guilty of the allegations made against them).
- Transferring the alleged harasser to a different department or team.

The Trust takes its duty of care to employees very seriously and on some occasions it may be necessary to make appropriate adjustments to an employee's work location and/or hours/days of work to prevent further allegations or harassment.

All parties (including witnesses) must be informed that during the formal procedures there should be no communication between them, either directly or indirectly, in relation to any allegations. Disciplinary action may be taken in the event that contact takes place.

Investigating complaints

General issues

The manager, with assistance from the HR representative, will undertake a full investigation into the allegations made.

The purpose of the investigatory interviews is to establish the facts, which will allow the manager to decide what action, if any, is appropriate.

The investigatory interviews will take place in private, will be carried out in confidence, discussed with those involved in the procedure, and a record of each meeting kept.

Each individual is entitled to be represented at the formal stage. In exceptional cases, for example where a trade union representative or colleague is unable to attend the proposed date, the meeting may be postponed by agreement.

Investigations and sickness absence

Investigations should not be delayed because an individual is away from work because of sickness – unless they have been signed off work by the GP for 'work related stress' or where Occupational Health and Wellbeing Report states that continuing with an investigation would be detrimental to the employee's health.

If you are concerned about how an employee's health is going to be affected by the investigation you must refer them to the Occupational Health and Wellbeing Department.

Process for undertaking investigatory interviews

The manager and HR representative will arrange to meet individually with the complainant, the alleged harasser and any witnesses to ask any questions or to clarify any queries they may have.

At the end of the investigation the manager, with advice from their HR representative must decide what action, if any, to take considering all of the evidence heard.

The following are possible outcomes and actions that might be considered:

- **If a complaint is not upheld or the evidence is inconclusive** – mediation sessions could be offered with both parties or voluntary transfers could be considered;
- **If there is sufficient evidence of harassment** – formal disciplinary action must be taken in line with the Performance and Conduct Policy which could include (depending on mitigating circumstances) a disciplinary warning as appropriate, a transfer or dismissal;
- **If a complaint is upheld and the behaviour was unintentional and the actions regretted, or where the behaviour was a result of a lack of training** - counselling or mediation could be offered to both parties to repair any damage done to the working relationship, awareness training provided for the perpetrator, or where appropriate, consideration may be given to using the Trust's Performance and Conduct Policy;
- **If a complaint is upheld, consideration may need to be given to separating the parties involved although this may not always be possible** – however the complainant will not be adversely affected by the action taken. A check will also be made that the harassment has stopped and that there has been no victimisation;

- **If a complaint is not upheld** – there may still be the need to separate the parties involved in the interests of harmonious staff relations.

If formal disciplinary action is appropriate, the Performance and Conduct Policy will be invoked. It should be noted that the investigation under the Bullying and Harassment procedure will constitute the formal investigation process outlined within the Performance and Conduct Policy. Therefore, following the bullying and harassment investigation the investigation manager is able to progress to a disciplinary panel or disciplinary outcome outside of a panel, in line with the Performance and Conduct Policy.

Mediation sessions could be considered for both parties, if appropriate, following the formal process.

Appeals

The complainant's right of appeal

The complainant has the right to appeal where they feel that the investigation process has been unfairly or poorly carried out. If the complainant wishes to appeal they must do so in writing to the Director of People within five working days of the date of receiving the outcome of the investigation/hearing. The complainant may not appeal against the disciplinary sanction given to the perpetrator.

The alleged harasser's right of appeal

The alleged harasser has the right to appeal where they feel that the investigation process has been unfairly or poorly carried out. If the alleged harasser wishes to appeal they must do so in writing to the Director of People within five working days of the date of receiving the outcome of the investigation/hearing.

The alleged harasser also has the right to appeal against any formal disciplinary sanction issued in line with the Trust's Performance and Conduct Policy.

Harassment of an employee by a patient or member of the public

An employee who perceives that they are being harassed by a patient or member of the public or other third party should immediately raise their concerns with their line manager who will take prompt action to deal with the situation.

In this situation the line manager must ensure that the complainant is not placed in a position where further incidents may take place. Please refer to the Trust's Policy & Procedure for Individuals who are Violent or Aggressive available from in the **Human Resources folder on the Trust Documents Drive: [G:\TrustDocuments](#)**

Support Available for Employees

Employees involved in formal proceedings should be directed, by their line manager, to the support available for them through the Supporting Staff Policy. This can be found in the **Human Resources folder on the Trust Documents Drive: [G:\TrustDocuments](#)**.

Employees who are Trade Union members may wish to contact their Trade Union Representative for support if they feel they are being bullied and/or harassed.

Employees requiring support from an external agency, such as the Disability Information and Advice Centre, can find a list of contacts in [Appendix 1](#).

All employees, in any circumstances, are able to access the Supporting Staff Policy and obtain Occupational Health and Wellbeing support directly, if they wish.

3 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the JSNC and the HR and Organisational Development Committee and ratified by the Director of HR and OD.

Non-significant amendments to this document may be made, under delegated authority from the Director of People, by the nominated author. These must be ratified by the Director of HR & OD and should be reported, retrospectively, to the HR and Organisational Development Committee.

Significant reviews and revisions to this document will include a consultation with the Senior Management Team and JSNC representatives across the Trust. For non-significant amendments, informal consultation will be restricted to directors and managers who are directly affected by the proposed changes, together with JSNC representatives.

Dissemination and implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of People and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

The following documents are referred to in this SOP, or provide additional sources of reference material:

Guidance about compliance. Essential standards of quality and safety. **Care Quality Commission**, March 2010

NHSLA Risk Management Handbook, 2011/12. **NHS Litigation Authority**, February 2011.

NHSLA Risk Management Standards for NHS Trusts providing Acute, Community or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care, 2011/12. **NHS Litigation Authority**, January 2011.

Appendix 1 - List of External & Support Agencies

Black and Minority Ethnic (BME) Counselling Service (based at Plymouth & District Racial Equality Council), Tel: 01752 224555

Website: <http://plymouthanddevonrec.org.uk/contact-us/contact-us.html>

Disability Information and Advice Centre (DIAC)

Mon 10-1pm, Tues-Fri 10am -1pm then 2pm – 4pm

Tel: 01752 201065, Textphone: 01752 201766

Email: diac@plymouthguild.org.uk

Plymouth Pride Forum (links to support groups on website)

Website: www.plymouthprideforum.org.uk/links

Email: info@plymouthprideforum.org.uk

Derriford Hospital Department of Pastoral and Spiritual Care (**can signpost to local faith groups/leaders**)

Contact: via Switchboard - available 24 hours a day for support

Plymouth Centre for Faiths and Cultural Diversity (PCFCD)

9am – 4pm

Tel: 01752 254438

Website: www.plymouthcfcd.co.uk Email: pcfcd@plymouth.gov.uk

Plymouth Voluntary Guild

Tel: 01752 201766

Simply Counselling

Tel: 01752 605504

Staff Counselling service at Plymouth Hospitals (located in the Occupational Health and Wellbeing Department, Kingstor House)

Tel: 01752 437212 Email: [PLH-TR.OccHealth-DutyNurse @nhs.net](mailto:PLH-TR.OccHealth-DutyNurse@nhs.net)

TRW.HUM.SOP.99.7 Bullying and Harassment Standard Operating Procedure

Formal Process - Bullying and Harassment Process and Timescale

Complainant:

Alleged Aggressor

HR contact

Manager

Anticipated date of completion of formal process agreed with complainant.....

Action to be taken	Date/Completed
Manager receives complaint	
Manager contacts HR for support and advice	
The manager will, within 10 working days, acknowledge receipt of the complaint in writing and will agree the timescale for dealing with the complaint with the complainant	
Initial meeting with complainant Discuss: <ul style="list-style-type: none"> • Support available to them through the Supporting Staff Policy/Staff Health and Wellbeing. • The nature of the complaint and confirm that it is being dealt with under the formal Bullying & Harassment Procedures. • Advise the employee that they have the right to be represented at any investigatory meetings by a work colleague, or trade union representative, and that the meetings will be carried out sensitively and discretely. • Inform the employee of the stages in the procedure. A file note of this meeting will be made by the line manager.	

<p>Informing the alleged harasser:</p> <p>Discuss:</p> <ul style="list-style-type: none"> • The nature of the complaint. • Confirm that it is being handled under the formal procedure, and that all meetings will be confidential, and discussed only between those involved in the procedure. • Ensure that the individual is aware of the stages in the procedure. • Inform the individual about their right to be represented at the next stage of the procedure. • Advise the employee of support that is available to them through the Supporting Staff Policy/Occupational Health and Wellbeing. 	
<p>Consideration of suspension with HR. If Suspension applicable, refer to Conduct and Performance Policy.</p>	
<p>Inform the alleged harasser, in writing, of the issues discussed at the meeting and action taken.</p>	
<p>Identification of witnesses to be interviewed. Advise them of support that is available to them through the Supporting Staff Policy/Staff Health and Wellbeing.</p>	
<p>Formal investigation meetings (to include complainant, alleged aggressor and witnesses). Notes to be taken.</p>	
<p>Confirmation from complainant, alleged aggressor and witnesses that notes are accurate (statements/notes to be signed by individuals)</p>	
<p>Inform complainant of outcome and right of appeal upon completion of the investigation process and once the outcome has been determined, within 5 working days.</p>	
<p>Inform alleged harasser of outcome and right of appeal upon completion of the investigation process and once the outcome has been determined, within 5 working days.</p>	
<p>Manager sends Supporting Staff Evaluation Form (available in the Staff Support Policy) to staff involved in the process for them to complete and return to the HR Team</p>	

Core Information	
Manager	Lisa White
Directorate	HR and OD
Date	July 2012 (reviewed in September 2016)
Title	Bullying and Harassment Policy
What are the aims, objectives & projected outcomes?	This Policy provides a framework for all Trust employees who believe they are being harassed, bullied, victimised or discriminated against to raise a complaint. This includes where an employee is subject to repeated harassment from a third party, such as a customer, client, patient or contractor. It also provides managers with a fair and consistent process to follow when they receive a complaint from an employee.
Scope of the assessment	
Collecting data	
Race	<p>There could potentially be an impact on staff whose first language isn't English. Special attention must be paid to ensuring that employees for whom English is not their first language are supported through the process.</p> <p>This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions</p>
Religion	This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions
Disability	<p>There is potentially an impact on people with a disability. Those who are disabled in any way should be supported through the process and reasonable adjustments should be put in place as appropriate.</p> <p>This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions</p>
Sex	This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions
Gender Identity	There is currently no data collected to show the impact in this area, however, this will be monitored via feedback from line managers/trade unions
Sexual Orientation	This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions
Age	This area, will continue to be monitored through workforce data reporting and analysis and any feedback from line managers/trade unions

Socio-Economic	There is currently no data collected to show the impact in this area, however, this will be monitored via feedback and incident reporting as appropriate.			
Human Rights	Staff have the right to representation within this process.			
What are the overall trends/patterns in the above data?	No trends or patterns have been identified at this stage. However, workforce data will be continued to be monitored and any trends or patterns will be identified and appropriate actions will be put in place.			
Specific issues and data gaps that may need to be addressed through consultation or further research	There is currently no data to monitor the impact on gender identity, socio-economic and human rights.			
Involving and consulting stakeholders				
Internal involvement and consultation	HR Business Partners, Senior Management & JSNC			
External involvement and consultation	None.			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>There could potentially be an impact on staff whose first language isn't English. Special attention must be paid to ensuring that employees for whom English is not their first language are supported through the process.</p> <p>There is potentially an impact on people with a disability. Those who are disabled in any way should be supported through the process and reasonable adjustments should be put in place as appropriate.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Monitoring of workforce data on a regular basis	Martin Bamber		On-going	Action will be taken as and when required.