This policy does not apply to Medical/Dental Staff

UNCONTROLLED WHEN PRINTED
## Version Control

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Purpose/Change</th>
<th>Author</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Version Control was introduced in July 2011 and previous versions of this Policy, prior to this date, are available in the Electronic Document Store.</td>
<td>J Mudie</td>
<td></td>
</tr>
</tbody>
</table>
## Rapid Impact Checklist (RIC): Summary Sheet

Each policy must include a completed and signed template of assessment

<table>
<thead>
<tr>
<th>1. POSITIVE IMPACTS (NOTE THE GROUPS AFFECTED)</th>
<th>2. NEGATIVE IMPACTS (NOTE THE GROUPS AFFECTED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in people’s attitude and behaviour</td>
<td></td>
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<tr>
<td>Improvement in the working environment</td>
<td></td>
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<tr>
<td>Positive impact on stress</td>
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<tr>
<td>Positive impact on discrimination</td>
<td></td>
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<tr>
<td>Promote equal opportunities</td>
<td></td>
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<tr>
<td>Good working relationships</td>
<td></td>
</tr>
<tr>
<td>Provide an exemplary service</td>
<td></td>
</tr>
<tr>
<td>Clearly defined process will provide a mechanism to highlight Dignity at Work issues thus allowing them to be addressed expeditiously</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. ADDITIONAL INFORMATION AND EVIDENCE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dignity at Work is not a stand alone policy and should be use in conjunction with other relevant NHS Tayside polices.</td>
</tr>
<tr>
<td>Statistical evidence will be gathered through the number of formal complaints received. It is anticipated that initially this may increase as a result of heightened awareness of the policy following the launch.</td>
</tr>
<tr>
<td>The training of this policy will also be monitored.</td>
</tr>
<tr>
<td>Equality and Diversity Champions Network Group to monitor the role and activity of the Diversity Champions. The recommendations of that group will be shared with the Dignity at Work Group towards the end of 2009.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dignity at Work working group will continue to oversee the implementation of the policy.</td>
</tr>
<tr>
<td>We will look at good practice around monitoring procedures within other organisations. And look at how we can introduce best practice within NHS Tayside.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. FROM THE OUTCOME OF THE RIC, HAVE NEGATIVE IMPACTS BEEN IDENTIFIED FOR RACE OR OTHER EQUALITY GROUPS? HAS A FULL EQIA PROCESS BEEN RECOMMENDED? IF NOT, WHY NOT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This policy will be reviewed in 12 months time at which point a decision will be made as to whether a full EQIA process is required.</td>
</tr>
<tr>
<td>It may highlight a need to gather additional evidence.</td>
</tr>
</tbody>
</table>

Jennifer Jamieson, Head of Human Resources  
Date: 9 September 2008
Dignity at Work

Group Members

Andy Anderson  Management Representative
Jenny Alexander  Staff Side
John Boland  Staff Side
Santosh Chima  Management Representative
Dr Duncan Forbes  BMA
Margaret Harper  Staff Side
Irené Henderson  Management Representative
Jennifer Jamieson  Management Representative
Jenni Jones  Management Representative
Gillian Kiddie  Management Representative
Lesley McCallum  Staff Side
Bob McGlashan  Management Representative
Dr Helen Millar  BMA
Pat Millar  Management Representative
Gillian Munro  Management Representative
Arlene Napier  Management Representative
Karin Rebecca  BMA
Vanessa Shand  Staff Side
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<td>3. Responsibilities and Organisational Arrangements</td>
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<td>4. Key Contacts</td>
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| APPENDIX 1: Good Practice Guidelines and Procedure | AP 1.1 – 1.12 |
| APPENDIX 2: NHS Grievance Procedure             | AP 2.1 – 2.13 |
| APPENDIX 3: Racist Incident Report Form A       | AP 3.1 – 3.3  |
| APPENDIX 4: Racist Incident Report Form B       | AP 4        |
| APPENDIX 5: Flowchart for Reporting of Racial Incidents | AP 5        |
| APPENDIX 6: Acceptable Behaviours as agreed by the Area Partnership Forum | AP 6        |
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1. PURPOSE AND SCOPE

1.1 The purpose of this document is to:

1.1.1 detail NHS Tayside’s statement of policy in relation to all employees being treated with dignity and respect in the workplace;

1.1.2 describe the procedural arrangements for dealing with employees’ concerns about bullying behaviour or harassment within the workplace.

1.2 This policy applies to all workers within NHS Tayside including temporary and agency staff, bank staff, service users and visitors, advocates, volunteers, non-executive Board members, students and those on work experience. Similar standards are also expected of contractors working on our premises.
2. STATEMENT OF POLICY

NHS Tayside is committed to provide a working environment which is free from harassment, bullying or intimidation of any nature. Every employee of the organisation has a responsibility to treat colleagues with dignity and respect irrespective of their gender, race, ethnicity / national origin, relationship, health status, age, disability, sexual orientation, religion, political conviction or membership or non-membership of a trade union / professional organisation. Behaviour involving the bullying and harassment of any member of staff for any reason is unacceptable and the organisation will not condone or tolerate bullying or harassment in any form.

As well as applying to all staff directly employed it will also apply to temporary and agency staff, bank staff, service users and visitors, advocates, volunteers, Non Executive Board Members, students and those on work experience. Similar standards are also expected of contractors working on our premises.

NHS Tayside defines bullying as offensive, intimidating, malicious or insulting behaviour, and abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.

Harassment may be persistent or an isolated incident and may be directed towards any individual or group of individuals at work, by one individual or by a group of individuals. Harassment is defined as any behaviour where a person, ‘A’, subjects another person ‘B’, to harassment, either on the grounds of the sex / race or ethnic or national origins/religion or beliefs / sexual orientation or age, or for a reason which relates to ‘B’s disability, ‘A’ engages in unwanted conduct that has the purpose or effect of violating ‘B’s dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for ‘B’. The conduct has to be considered as amounting to harassment only if, having regard to all the circumstances of the case, it can reasonably be so regarded – taking into account the perception of ‘B’.

NHS Tayside will not tolerate the victimisation of or retaliation against employees who raise complaints in relation to dignity at Work. Management will take disciplinary action against any employee who acts in this way.

In order to protect the integrity of this policy and procedure, management will take disciplinary action against any employee if it is found that the individual maliciously or vexatiously raises a complaint. Such behaviour will be deemed to be an abuse of the policy.

The organisation views bullying and harassment as serious or gross misconduct, dependent upon the circumstances, which will be subject to action under the disciplinary procedure. In addition, to intentionally harass, alarm or distress anyone can be a criminal offence, therefore, reference to, and application of, the Dignity at Work policy does not deny or inhibit in any way whatsoever, either the organisation or the employee’s legal rights, responsibilities, obligations and remedies. In serious cases dismissal and criminal prosecution can result.

The attached policy, procedure and guidelines are intended to eliminate bullying and harassment from the workplace by:

1. Promoting a climate in which all employees feel valued and sufficiently supported in bringing forward complaints without fear of victimisation or recrimination.

2. Raising the awareness for all staff of the stance taken against all forms of bullying and harassment by the organisation and their own responsibilities for preventing such behaviour.
3. Promoting awareness amongst staff of the reasonableness or otherwise of what may or may not be acceptable behaviour to colleagues and the standards of behaviour expected by the organisation and the impact which unacceptable behaviour can have on colleagues.

4. Providing information regarding the adverse effects which bullying and harassment can have on staff and the organisation.

5. Outlining the informal and formal procedures for dealing with bullying and harassment ensuring that the matter is dealt with promptly and sensitively and takes into account the rights of both parties involved.

6. Providing access to confidential counselling, advice and support for victims of bullying and harassment at work.

7. Providing a programme for the communication of the policy, monitoring its effectiveness and training for those involved in applying the policy.

All staff, patients and visitors have a responsibility for their own behaviour and to ensure that their actions, attitudes or behaviours do not cause distress or upset to staff or colleagues. In addition, managers and supervisors have a specific responsibility to be vigilant in respect of the identification and elimination of bullying or harassment at work and to ensure implementation of, and adherence to, this policy.

This policy, procedure and guidelines are endorsed by the Board, senior management and the recognised trade unions / professional organisations and will be communicated to all of those who require to be made aware of its contents.

Chairman

Chief Executive

Employee Director

Date 18 September 2008
3. RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

3.1 NHS Tayside Board is responsible for:
   • actively encouraging an open and trusting culture.

3.2 The Chief Executive is responsible for:
   • promoting the agreed acceptable behaviours – see APPENDIX 6;
   • providing resources for putting the policy into practice;
   • ensuring there are arrangements for monitoring the levels of concern around dignity at work issues.

3.3 Senior and line managers are responsible for:
   • making sure all staff are aware of the policy;
   • promoting the agreed acceptable behaviours – see APPENDIX 6;
   • managing the staff and working environment in accordance with the statement on policy;
   • reacting timeously and effectively to inappropriate behaviour within the workplace.

3.4 Trade Unions are responsible for:
   • promoting the agreed acceptable behaviours – see APPENDIX 6;
   • responding at an early stage to support positive changes in workplace behaviour to avoid escalation from informal procedures to the formal procedures.

3.5 All staff / workers are responsible for:
   • treating each other at all times with dignity and respect;
   • promoting the agreed acceptable behaviours – see APPENDIX 6;
   • developing a culture which will not allow bullying and harassment to survive by being prepared to report bullying behaviour and appear as a witness at any subsequent meeting to resolve the situation.
4. **KEY CONTACTS**

4.1 Line Managers.

4.2 Staff Side Representative:

If individuals are unsure as to whom they can contact, a list of the contact details of the representatives will be made available by contacting the office of the Employee Director at King’s Cross, Dundee.

4.3 Human Resource Staff:

HR staff who deal with employment relations work throughout NHS Tayside, their offices are based at King’s Cross, Dundee; Orchardbank, Forfar; Perth Royal Infirmary, Perth and Ninewells Hospital, Dundee

4.4 Department of Spiritual Care:

Chaplains are available in all hospitals and can provide a listening ear or confidential counselling. They may be contacted directly. Staff working in the community may access the same support by contacting the Department of Spiritual Care on 01382 423110.

4.5 OHSAS:

Individuals can self refer to confidential counselling by telephoning (01382) 346016.

4.6 Equality and Diversity Manager and Diversity Champions:

If staff are unsure how to contact a Diversity Champion, the Equality and Diversity Manager will provide the appropriate and available details. The Equality and Diversity Manager is based in the HR Department at King’s Cross, Dundee.
NHS TAYSIDE
DIGNITY AT WORK
GOOD PRACTICE GUIDELINES AND PROCEDURE

1. IMPACT OF BULLYING / HARASSMENT

1.1 It is crucial that organisations treat seriously any form of intimidating behaviour. Failure to do so may perpetuate a working environment in which it is unpleasant to work since staff are unable to perform to the best of their ability if under fear of bullying, harassment or abuse.

1.2 The health and morale of staff may suffer and levels of stress, anxiety and sickness may increase. It makes sense that a working environment which is free from bullying and harassment will enable staff to contribute more effectively and achieve higher levels of job satisfaction. It will also avoid the loss of staff with valuable skills and experience.

2. DEFINITIONS OF BULLYING/ HARASSMENT / FIRM FAIR MANAGEMENT

Bullying:

2.1 NHS Tayside defines bullying as offensive, intimidating, malicious or insulting behaviour, and / or abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.

2.2 Bullying is most commonly associated with an abuse of power most typically by a line manager or supervisor over subordinate staff.

2.3 Other relationships may equally lead to bullying by colleagues or a group of people who may target one individual.

2.4 It must also be recognised that, albeit less common, managers may find themselves bullied by subordinate staff who use the threat of higher powers or formal procedures to make unreasonable demands.

2.5 The following list is not intended to be exhaustive but provides some examples of bullying behaviour which the organisation deems to be unacceptable:

- Shouting at a colleague; persistently negative and inaccurate attacks on a colleague's personal or professional performance; criticising a colleague in front of others;
- Spreading malicious rumours / making malicious allegations;
- Threatening behaviour, both verbal and physical;

AP 1.1
- Persistently setting objectives with impossible deadlines or unachievable tasks;
- Removing and replacing areas of responsibility with menial or trivial tasks and taking credit for work achieved;
- Undervaluing a colleague’s contribution, placing unreasonable demands on and/or over-monitoring a colleague’s performance;
- Withholding information with the intent of deliberately affecting a colleague’s performance;
- Excluding colleagues by talking solely to third parties to isolate another;
- Isolating staff by treating them as non-existent and preventing them accessing opportunities.

Harassment:

2.6 Harassment in general terms is unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, national origins, disability, religion or beliefs, sexual orientation or any personal characteristic of the individual and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.

The conduct has to be considered as amounting to harassment only if, having regard to all the circumstances of the case, it can reasonably be so regarded – taking into account the perception of the recipient. See paragraph 4 of the Statement of Policy for precise definition.

2.7 Harassment tends to be directed towards individuals on account of characteristics, for example: race or ethnic origin; gender or sexual orientation; trade union / professional organisation membership (or non-membership); disability; ex-offender status; age; health; physical characteristics; personal beliefs / religious beliefs.

2.8 The following list is not intended to be exhaustive but to provide some examples of harassing behaviour which the organisation deems to be unacceptable:

**Harassment in Relation to Gender, Sexual Orientation, Transgender, etc**

- Unwanted non-accidental physical contact ranging from unnecessary touching, patting, pinching or brushing against a colleague’s body, to assault and coercing sexual relations;
- Unwelcome sexual advances, propositions or pressure for sexual activity; continued suggestions for social activity within or outside the workplace, after it has been made clear that such suggestions are unwelcome; offensive flirting;
- Suggestions that sexual favours may further a colleague’s career or refusal may hinder it eg. promotions, salary increases etc;
- The display of pornographic or sexually suggestive pictures, objects or written materials;
• Leering, whistling or making sexually suggestive comments or gestures, innuendoes or lewd comments;

• Conduct that denigrates or ridicules or is intimidatory or physically abusive of an employee because of his or her gender or sexual orientation, such as derogatory or degrading abuse or insults which are gender-related and offensive comments about appearance or dress.

Harassment in Relation to Race, Nationality, Religious Belief, etc

• Conduct that denigrates or ridicules a colleague because of his or her race, such as derogatory remarks, graffiti, jokes. Such conduct can be verbal or physical;

• The display or sending of offensive letters or publications: threatening behaviour;

• Being “frozen out” of conversations; jostling or assault, or other non accidental physical contact;

• Derogatory nicknames or racial name calling;

Harassment in Relation to Disability

• Mimicking the effect of a disability or speech impairment;

• Ostracising, “freezing out”, ignoring and staring;

• Making fun of a disability;

• Use of inappropriate terms (eg “criple”, “spastic”);

• Inappropriate personal questions / comments about a disability;

• Belittling or patronising comments / nicknames;

• Moving a wheelchair without the user's agreement;

• Practical jokes (eg hiding a disability aid);

• Touching a visibly impaired person (to annoy).

Examples of all types of harassment have not been given, for example, sexual orientation or religious belief, it has to be recognised that similar and / or other specific behaviours can be demonstrated against these groups of staff.

AP 1.3
Harassment in Relation to Age

- Conduct that denigrates or ridicules or is intimidating or physically abusive of an employee because of his or her age, such as derogatory or degrading abuse or insults which are age related and offensive comments and jokes about appearance or dress.
- Being “frozen out” of conversations, or excluded from social interaction.
- Being discounted from development opportunities.

Firm, Fair Management

2.9 Line managers are responsible for ensuring that staff who report to them perform to an acceptable standard within a performance management framework. Legitimate, justifiable, appropriately conducted monitoring of an employee's behaviour or job performance does not, therefore, constitute bullying or harassment.

2.10 It is reasonable to expect a manager to carry out these functions in a fair, firm and consistent manner. Carrying out these functions does not constitute an act of bullying or harassment, although some staff may feel stressed or anxious while the procedures are ongoing. However, abuse of these procedures may constitute bullying or harassing behaviour.

2.11 It is important to differentiate between firm, fair management and bullying or harassing behaviour. It is in the interests of the organisation that managers should be able to carry out their duties without threat of ill-intentioned, malicious or vexatious complaints.

2.12 Because there can be differences in perception, it is not always easy to differentiate between firm, fair management and bullying and harassment. Some useful comparisons have been drawn up by the Benefits Agency Equality Team when developing their own Bullying at Work Policy. These are listed below:

<table>
<thead>
<tr>
<th>Firm / Fair Manager</th>
<th>Bullying / Harassing Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent and fair</td>
<td>Aggressive, inconsistent and unfair</td>
</tr>
<tr>
<td>Determined to achieve the best results, but reasonable and flexible</td>
<td>Unreasonable and inflexible</td>
</tr>
<tr>
<td>Knows their own mind and is clear about their own ideas, but willing to consult with colleagues and staff before drawing up proposals</td>
<td>Believes that they are always right, has fixed opinions, believes they know best and is not prepared to value other people's opinions</td>
</tr>
<tr>
<td>Insists upon high standards of service in quality of and behaviour within the team. Will discuss, in private, any perceived deterioration before forming any views or taking action and does not apportion blame on others when things go wrong</td>
<td>Insists on high standards of service and behaviour but blames others if things go wrong. Loses temper regularly, degrades people in front of others, threatens official warnings without listening to any explanation</td>
</tr>
<tr>
<td>Asks for people's views, listens and assimilates feedback</td>
<td>Tells people what will be happening, does not listen</td>
</tr>
</tbody>
</table>

AP 1.4
2.13 It is accepted that these descriptions represent extremes of behaviour. In practice things may not be so clear and perpetrators may display characteristics which fall somewhere in the middle.

3. LEGAL FRAMEWORK

Various legislative provisions exist to protect staff from bullying and harassing behaviour at work. These provisions include protection against bullying and harassing behaviour that affects the health and safety of workers and against detrimental treatment of an individual on the grounds of sex, race, disability, religion or belief, sexual orientation, age, parental status, employment status (e.g. part-time or fixed term employees), ex-offender status, trade union/professional organisation membership or non-membership and age. Further information on the relevant legislative framework can be obtained from NHS Tayside’s Human Resources Department upon reasonable request.

4. PROCEDURE

4.1 Where an individual believes that they have been bullied or harassed there are a number of options available to them dependent upon the circumstances of their own particular situation. These options are listed below:

Accessing an Equality and Diversity Champion

4.2 NHS Tayside has identified and trained Equality and Diversity Champions.

4.3 The role of an Equality and Diversity Champion is to provide a focus and communication channel for the discussion and implementation of equality and diversity concerns and practices in NHS Tayside and to participate in an NHS wide network of Equality and Diversity Champions, to assist in the promotion of equality of opportunity across NHS Tayside. One of their main purposes is to help drive behavioural and cultural change across the service.

4.4 The Equality and Diversity Champion will listen to the individual and highlight the different sources of assistance that are available, such as policies/procedures and members of management, HR and staff side who could provide guidance. A member of staff approaching an Equality and Diversity Champion will do so on the understanding that this is not part of the formal process, nor is it formal notification of a complaint. The role of the Equality and Diversity Champion, where it relates to issues of bullying and harassment, is best described as a signpost for individuals who are concerned.

4.5 It is not the role of the Equality and Diversity Champion to be counsellors, advocates for those who are concerned, mediators, or experts in Equality and Diversity legislation. An Equality and Diversity Champion will not take part in the formal Dignity at Work process.
4.6 Due to the particular nature of bullying and harassment it can be helpful for an individual who feels they have been bullied or harassed to talk to someone from a similar group or ethnic origin and gender background who is familiar with the issues surrounding bullying and harassment and also understands the philosophy behind the organisation’s policy. If an employee wishes to contact a person from a specific background, they should contact the Equality and Diversity Manager who will arrange, if possible, for the individual to make contact with an appropriate person.

Informal Stage

4.7 This will involve the individual approaching the alleged bully or harasser in order to tell them that their behaviour is found to be offensive and why and to ask them to stop using such behaviours. The individual may ask a colleague or a staff representative to be present for moral support. If the individual would find confronting the alleged bully or harasser too difficult but still wishes to pursue the matter informally they can ask either the trade union / professional organisation representative, line manager, or a representative of the Human Resources Department to speak to the person concerned. Another option may be for the individual to write directly to the alleged bully or harasser detailing the offensive behaviour and confirming the requirement to stop any further bullying or harassment.

4.8 The individual should keep a record of any informal action taken along with a note of the date and what was said by those involved. This is necessary should evidence be required at a later date should the bullying or harassment continue or subsequently recur.

4.9 It has to be emphasised that in order to maintain working relationships matters should be dealt with by an informal intervention wherever possible. This may involve facilitated discussion between the parties involved. However, this does not remove the inherent right of the individual to deal with the matter formally.

4.10 Currently management and Staff Side are working in partnership to develop a joint approach to facilitate resolution of such issues without redress to the formal processes. Details of this approach will be formally agreed and this policy / procedure will be updated in due course.

4.11 Where the informal approach is unsuccessful or the individual has chosen to go straight to the formal stage of the procedure the following arrangements will apply.

Formal Stage

4.12 Where an employee wishes to lodge a formal complaint, he / she should lodge his / her complaint with his / her line manager or supervisor, the Head of Human Resources or with the line manager of the alleged bully or harasser. The complaint should be investigated in accordance with the NHS Tayside Grievance Procedure, attached as Appendix 2, as amended by the following Guidance and Procedure for Dignity at Work Grievances.
Guidance for Managers Investigating Grievances regarding Dignity at Work Grievances

4.13 Any formal grievance hearing should be conducted in accordance with natural justice provisions. All parties involved will be guaranteed a fair and impartial hearing.

4.14 It will be for the chair of the panel to determine how the hearing will be structured, following consultation with the parties, taking into account the sensitivity of the issues involved and the need to protect the rights of all concerned.

4.15 It will be the responsibility of a line manager along with an independent representative from human resources, with no previous knowledge of the complaint, to investigate timeously the allegation and to come to a conclusion regarding the action to be taken. Complaints are generally lodged with the line manager of the complainant. Where different professional groups and staff from different departments are involved or based upon the circumstances of each specific case, it may be more appropriate for a manager from another area to carry out the investigation. This should be discussed in partnership with the individual and their trade union / professional organisation representative if they have chosen to be represented.

4.16 As formal disciplinary action is a possible outcome from this investigation the person against whom the allegations have been made has the right to be accompanied at any meetings by their Trade Union representative or a workplace colleague who is not a witness. It is also crucial that timescales are kept to a minimum. Although it is not practicable to stipulate within this procedure timescales to suit every situation, the individual, their representative and the alleged harasser must be advised of the estimated timescale in writing by the Chairperson of the Panel prior to the commencement of the investigation. Any significant changes to the timescale must also be advised in writing with the reasons for these changes. Suspensions / relocations of individuals may result at any point during or after from the outcome of the investigation, and will be carried out taking account of all of the circumstances.

4.17 At all stages of the process the individual and the alleged bully or harasser will each have the opportunity to be accompanied by a colleague or trade union / professional organisation representative and it is crucial that at all stages confidentiality is assured. Those involved in carrying out the investigation must recognise the difficulty which some individuals will have in talking to a third party about the incidents involved and that they may become distressed during the process. They may harbour feelings of embarrassment, a fear of being disbelieved or not being taken seriously, a fear of further damaging the working environment or a fear of management being biased against them. Talking and being questioned about the incident(s) therefore often serves to add considerably to the stress already suffered as a result of the bullying or harassment itself.

4.18 It is important that an individual is not questioned in a way which implies that they have either consciously or unconsciously invited the bullying or harassment. That in its own way can be a form of bullying or harassment which will add to the stress being experienced by the individual.

4.19 It should not be necessary for the individual or the alleged bully or harasser to have to repeat their statements to different managers at different times thereby potentially increasing the stress they may suffer. Full, written and signed statements from all involved should be taken at an early stage. A written and dated record of all investigatory interviews should be made.

AP 1.7
Decision

4.20 There are four potential outcomes following the grievance hearing. These are:

1. The complaint is not founded;
2. There is insufficient evidence;
3. Evidence and/or nature of complaint justifies counselling/advice, teambuilding, mediation, discrimination awareness training, etc only; or
4. Evidence justifies formal disciplinary action.

4.21 Both the individual and alleged bully or harasser will be notified of the outcome of the Dignity at Work grievance in writing with due regard for confidentiality of both parties.
Formal Action

4.22 If a complaint is held to be valid following the hearing, appropriate formal action will be taken. Where this involves disciplinary action, which in serious cases may include dismissal, a disciplinary hearing will be convened. In serious circumstances if relocation proves necessary, every effort will be made to relocate the individual against whom the complaint is found and not the complainant unless it is the stated wish of the individual that they wish to be moved. The organisation will seek to prevent a recurrence of this behaviour in all cases where bullying or harassment is founded.

No Formal Action

4.23 If following the hearing no formal action is taken, best practise is to explain the grievance panel's findings in person, both separately to the parties and then the decision will be confirmed in writing with due regard for the confidentiality of both parties. If a claim is found to be malicious or vexatious in nature then the complainant may find themselves subject to formal disciplinary action.

4.24 It may be the case that whilst no formal action is taken some informal action may be appropriate, such as counselling of the alleged harasser or facilitated discussion to attempt to resolve the situation. In these circumstances the outcome will be explained to both parties and confirmed in writing with due regard for the confidentiality of both parties.

Formal Appeal

4.25 If the employee who lodged the complaint remains aggrieved following the outcome of the grievance hearing, he / she may lodge an appeal with the designated senior manager, within 14 calendar days of receipt of the Grievance Panel's decision. The designated senior manager will be identified within the letter confirming the Grievance Panel's decision.

A meeting will be held to hear the grounds of the appeal and the views of the Grievance Panel. Attendance of witnesses will be kept to a minimum to protect those involved. It will be for the Appeal Panel to decide how the Appeal Hearing will be structured, following consultation with the parties, taking into account the sensitivity of the issues involved and the need to protect the rights of all concerned. There are no further rights of appeal within the organisation.

During and After the Procedure

4.26 Given the potential sensitivity of the issues involved and the stress present when dealing with bullying and harassment situations the organisation may consider providing confidential counselling for the individual and the alleged bully or harasser at any stage of the application of this procedure. This is available through the Department of Spiritual Care and OHSAS.

AP 1.9
5. MONITORING AND REVIEW OF POLICY

5.1 Responsibility for monitoring the application of this policy will rest with senior management and the Area Partnership Forum.

5.2 This policy will be reviewed on an tri-annual basis with amendments being made as appropriate following consideration by staff, staff representatives and management.

6. BULLYING AND HARASSMENT BY PATIENTS, CARERS, RELATIVES, VISITORS AND ADVOCATES

6.1 Staff have the same rights as patients and service users to be treated with respect and dignity at all times and have the right to complain if bullied or harassed by a patient, service user, carer, relative, visitor or other voluntary workers.

6.2 NHS Tayside has a duty of care towards its employees. Guidance notes are available to managers to consider what additional support systems should be put in place if a member of staff raises concerns about the behaviour of patients, carers, relatives, visitors and advocates towards them. See Appendix 8. Managers will investigate Dignity at Work Grievances thoroughly and take the appropriate action.

6.3 If a member of staff is bullied or harassed in the course of carrying out their duties the following procedure should be adopted. It is inappropriate to swap the member of staff with another member of staff without dealing with the inappropriate behaviour of the individual. It is a priority of the organisation to ensure that no staff are put in a situation of potential risk and the following procedures are put in place to protect staff whilst carrying out their duties. In all cases an Incident Report Form should be completed.

Informal Stage

6.4 Where possible incidents should be dealt with informally in the first instance. At any stage, if the employee who made the complaint is dissatisfied with the action taken by management, he or she may lodge a formal grievance in accordance with the NHS Tayside Grievance Procedure (attached at Appendix 2). If the employee feels able to do so they should inform the alleged bully or harasser, at the time if possible, that they find their actions / remarks and behaviour to be unacceptable. They should state that they wish the unwanted behaviours to stop. If the situation warrants the need for a witness staff are advised to approach a colleague to accompany them when approaching the alleged bully or harasser. The employee should then report the matter to their manager as soon as possible.

6.5 If the employee does not feel able to speak to the alleged bully or harasser personally they can ask their manager to do this on their behalf.

6.6 It will be the responsibility of the manager involved to discuss the action taken to date and what should be done in the future if any further incidents occur.

6.7 If the alleged bully or harasser is a patient or service user it may be appropriate to discuss the matter with a carer or relative at the earliest opportunity. It may be that a carer or relative could be more successful in addressing the unwanted behaviour with the patient or service user.

AP 1.10
If the alleged bully or harasser is a carer / relative / member of the public or advocate, it may be appropriate to discuss the matter with the patient / service user.

In these circumstances, care and consideration should be taken regarding the duty of confidentiality to the patient or service user.

6.8 The manager must inform the alleged bully or harasser of the consequences of further incidents. Where it appears the alleged bully or harasser is refusing services on personal / racial grounds they should be advised that their action may be discriminatory. It should also be made clear to the alleged bully or harasser that in taking this action they may be deemed to be refusing services altogether which could result in either the withdrawal of a service or the loss of access to organisation premises.

6.9 A file note should be kept of the details of the incident, the action taken and by whom.

6.10 If informal action proves insufficient to deal with persistent acts of bullying and harassment then management reserves the right to take further formal action. In serious cases it may be appropriate to move directly to this stage.

6.11 The manager should monitor the situation by ensuring the appropriate supervisor liaises with staff involved with the care of the alleged bully or harasser to identify if the harasser’s behaviour has improved.

**Formal Action**

6.12 The manager must consider the following prior to taking any action and making their decision:

- the degree to which the incident undermines the relationship between parties;
- if any previous incidents have occurred and, if so, the severity of these;
- the health problem of the patient / service user
- the effects of the incident on the employee, and
- advice must be sought from a more senior manager to ensure that clinical governance is assured.

6.13 If the incident is serious, or a repetition of a previous incident(s) for which informal action has been taken, then the alleged bully or harasser should be written to officially by the relevant senior manager informing them:

- that their comments/actions/behaviour is not acceptable and is potentially discriminatory;
- that further incidents will not be tolerated; and
- that further incidents may result in the withdrawal of services.

**AP 1.11**
6.14 Where the incident is sufficiently serious the senior manager will meet with the individual employee prior to putting the matter in writing as above. Any letters should be discussed with and copied to the appropriate senior management.

**Note:** Where there is a possibility of a serious impact upon the provision of services to patient / client, including the withdrawal of services, this should be dealt with in accordance with NHS Tayside policy and procedures.

6.15 In cases of physical violence or serious threats of violence the senior manager should also involve the police as appropriate. Notwithstanding this, a member of staff may at any time involve the police as they wish.

6.16 If the employee who made the complaint is dissatisfied with the action taken by management, he or she may lodge a formal grievance in accordance with the NHS Tayside Grievance Procedure (attached at Appendix 2)

6.17 Guidance notes are available suggesting support mechanisms for staff that should be considered and discussed with staff who are experiencing inappropriate behaviours from patients / clients and service users.

**Bullying / Harassment by Contractors and Staff from Other Agencies**

6.18 In cases where the alleged bullying or harassment involves contractors or staff from other agencies the stages as detailed in paragraph 4.3 should be applied. However, due to the specific nature of the relationship between the organisation and these individuals / organisations the following additional step should be included at the informal stage.

6.19 If the alleged harasser is a contractor or staff member from another non-NHS agency the manager will contact the appropriate senior person within the company / organisation concerned to advise them that this type of behaviour is unacceptable and that if it is repeated, the individual concerned may be refused entry to organisation premises. This is predicated on the basis that all contractors are advised that the provisions of the Policy apply to them in advance of the award for the contract for services under which they operate. Also, on the basis that partnership organisations are aware that whilst on organisation premises or dealing with staff employed by the organisation, such individuals will be expected to behave in an acceptable manner.

6.20 Should the matter not be resolved informally, the formal stage would require the appropriate senior manager to write to the appropriate senior person within the company / organisation concerned to advise them again that this type of behaviour is unacceptable and that if it is repeated then the individual concerned may be refused entry to organisation premises or refused continued contact with staff of the organisation.

6.21 If the employee who made the complaint is dissatisfied with the action taken by management, he or she may lodge a formal grievance in accordance with the NHS Tayside Grievance Procedure (attached at Appendix 2).

6.22 Guidance notes are available suggesting support mechanisms for staff that should be considered and discussed with staff who are experiencing inappropriate behaviours from contractors or staff from contractors and other agencies.
NHS TAYSIDE - POLICY/STRATEGY APPROVAL CHECKLIST
This checklist must be completed and forwarded with policy to the appropriate forum/committee for approval.

POLICY/STRATEGY AREA: Human Resources      POLICY/STRATEGY TITLE: Grievance Policy
LEAD OFFICER: Director of Strategic HR and Workforce Development

<table>
<thead>
<tr>
<th>Why has this policy been developed?</th>
<th>Review of existing policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.</td>
<td>Employment Act 2002</td>
</tr>
<tr>
<td>Has a risk control plan been developed? Who is the owner of the risk?</td>
<td>N/A</td>
</tr>
<tr>
<td>Who has been involved/consulted in the development of the policy/strategy?</td>
<td>Tayside-wide consultation.</td>
</tr>
<tr>
<td>Has the policy/strategy been assessed for Equality and diversity in relation to:-</td>
<td>Has the policy/strategy been assessed For Equality and Diversity not to disadvantage the following groups:-</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Minority Ethnic Communities (includes Gypsy/ Travellers, Refugees &amp; Asylum Seekers)</td>
</tr>
<tr>
<td>Gender</td>
<td>Women and Men Religious &amp; Faith Groups</td>
</tr>
<tr>
<td>Age</td>
<td>Disabled People</td>
</tr>
<tr>
<td>Religion/Faith</td>
<td>Children and Young People</td>
</tr>
<tr>
<td>Disability</td>
<td>Lesbian, Gay, Bisexual &amp; Transgender Community</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>Does the policy contain evidence of the Equality &amp; Diversity Impact Assessment Process?</td>
<td>YES ☒ NO ☐</td>
</tr>
<tr>
<td>Is there an implementation plan?</td>
<td>YES ☒ NO ☐</td>
</tr>
<tr>
<td>Which officers are responsible for implementation?</td>
<td>HR Director</td>
</tr>
<tr>
<td>When will the policy/strategy take effect?</td>
<td>Review of existing policy following APF approval.</td>
</tr>
<tr>
<td>Who must comply with the policy/strategy?</td>
<td>All managers and staff</td>
</tr>
<tr>
<td>How will they be informed of their responsibilities?</td>
<td>Intranet, Induction, PIN Awareness</td>
</tr>
<tr>
<td>Is any training required?</td>
<td>YES ☒ NO ☐</td>
</tr>
<tr>
<td>If yes, has any been arranged?</td>
<td>YES ☒ NO ☐</td>
</tr>
<tr>
<td>Are there any cost implications?</td>
<td>YES ☒ NO ☐</td>
</tr>
<tr>
<td>If yes, please detail costs and note source of funding</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for auditing the implementation of the policy?</td>
<td>Area Partnership Forum</td>
</tr>
<tr>
<td>What is the audit interval?</td>
<td>2 years</td>
</tr>
<tr>
<td>Who will receive the audit reports?</td>
<td>Area Partnership Forum and Staff Governance Committee</td>
</tr>
<tr>
<td>When will the policy/strategy be reviewed and by whom? (please give designation)</td>
<td>2 years</td>
</tr>
<tr>
<td>Name: Wendy Farquharson</td>
<td>Date: 5 March 2007</td>
</tr>
</tbody>
</table>

AP 2.2
Rapid Impact Checklist (RIC) : Summary Sheet
Each policy must include a completed and signed template of assessment

<table>
<thead>
<tr>
<th>1. Positive Impacts (Note the groups affected)</th>
<th>2. Negative Impacts (Note the groups affected)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Groups</strong></td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td></td>
</tr>
<tr>
<td>Providing staff with an opportunity to raise grievances and have these resolved.</td>
<td></td>
</tr>
<tr>
<td><strong>Working Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>Providing staff with an opportunity to raise grievances relating to working conditions and having these resolved.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Additional Information and Evidence Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Equality and Impact Assessment not required. Policy to APF for approval.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No negative impacts identified only positive impacts identified.</td>
</tr>
</tbody>
</table>

Manager’s signature:    Alison L Johnston/John Young    Date: 01/03/07
CONTENTS

5. INTRODUCTION
6. DEFINITION
7. TYPES OF GRIEVANCE
8. GENERAL PRINCIPLES
9. TIME LIMITS ON HANDLING A GRIEVANCE
10. STATUS QUO
11. INVOLVEMENT OF HUMAN RESOURCES
12. GRIEVANCE PROCEDURE
13. CONDUCT AT FORMAL HEARINGS
14. APPENDICES - APPENDIX 1: POLICY FLOW DIAGRAM
    - APPENDIX 2: GRIEVANCE NOTIFICATION - GUIDANCE
1. INTRODUCTION

NHS Tayside encourages open and honest communication at all levels. It recognises, however, that from time to time employees may wish to seek redress for grievances arising from their employment.

Employees and managers are encouraged to make every effort to resolve issues at the most local level possible and where appropriate before resorting to the formal procedure. Matters will be dealt with as they occur and be settled as near to the point of origin as possible and as quickly as it is reasonably practicable. It is, however, recognised that a formal procedure is necessary to resolve some grievances quickly, to allow employees to pursue concerns relating to their working conditions without fear or incrimination, to prevent conflict and maintain employee relations.

Any employee, who may require assistance with this policy, should contact the Human Resources Department. This policy can also be made available in Braille, audiotape or other languages.

DEFINITION

Grievances are concerns, problems or complaints that employees raise with their employers.

Issues that may cause grievances include;

- Terms and conditions of employment
- Health and safety
- Work relations
- Bullying and harassment
- New work practices
- Working environment
- Organisational change
- Equal opportunities

Where NHS Tayside’s policies exist for dealing with grievances on particular issues (for example, bullying and harassment) such policies should be referred to in these cases.

2. TYPE OF GRIEVANCE

Individual: which concerns one employee who seeks a satisfactory solution to a personal difficulty.

Collective: which occurs when a group of employees share a complaint.

3. GENERAL PRINCIPLES

- All grievances and disputes concerning matters arising out of employment with the organisation will be settled in accordance with the undernoted procedure;

- Managers must deal with all grievances raised, whether or not the grievance is presented in writing. However employees need to be aware that should they wish to apply to an employment tribunal, they must have first raised their grievance in writing. (i.e. the Standard Statutory Procedure)

- Employees who have difficulty expressing themselves on paper, or those, for example, whose first language is not English, are encouraged to seek help from a work colleague, trade union representative or a Human Resources Representative in setting out their grievance. The services of the Language Line telephone interpreting service can also be made available and information on how to access this service can be provided by the HR Department. Guidance on how to set out the details of a grievance is attached in Appendix 2.
- It is the policy of the organisation that an employee(s) will receive a fair hearing concerning any grievance. The spirit and intention of this policy is to promote the best possible relations between management and staff;

- Throughout formal and informal stages of the procedure, the employee(s) has the right to be represented by a trade union/professional organisation representative or work colleague.

- In a Collective Grievance, a spokesperson should be nominated to represent the group.

- It is recognised that informal approaches can be an aid to resolving grievances, therefore, the provisions outlined in this procedure do not preclude informal discussions between management, the employee and their trade union/professional organisation representatives;

- It is recognised that all stages of the procedure may not be applicable to an individual and/or a group of employees where the chain of command is short;

- Each panel member must be in a position to act impartially when they hear the case. Therefore panel members must not have been involved formally in earlier meetings with regard to the grievance, unless agreed in writing by the parties.

- It is important that in the interests of both employer and employee to keep written records during the grievance process. Copies of meeting records, including a record of the meeting that have been taken should be made available to the employee, if requested. In certain circumstances (for example to protect a witness) the employer might withhold some information. Records should be treated as confidential and kept in accordance with the Data Protection Act 1998.

4. TIME LIMITS ON HANDLING A GRIEVANCE

- Employees must raise their grievance as close to the time of the event, or series of events as possible, to assist in a prompt investigation and resolution of the issue.

- Where possible, employees must raise their grievance within three months of the event, or series of events, to assist in a prompt investigation and resolution of the issue. Any grievance raised outwith the three-month period will be dealt with at the discretion of the employer, taking into account the particular circumstances and reason for the delay in raising the grievance”.

- All time limits expressed in this procedure are the maximum. However, all grievances will be dealt with as quickly as possible and both parties shall endeavour to reach agreement at an early stage in the procedure.

- The time limits specified within this procedure may be varied with the consent of both parties, but it is in everyone’s interest to resolve matters at the earliest opportunity.

- Where a particular manager is not available the use of a nominated deputy can ensure that this procedure is followed within the specific time limits.

5. STATUS QUO

The status quo is defined as:

“The working arrangements that were in place prior to the change in working practice over which the grievance was raised.”

AP 2.6
Where the grievance is one relating to working practices, the status quo should operate until the procedure has been exhausted. However, exceptionally the status quo may be set aside:

- When the agreement is reached by both parties to do so;
- Where the continuation of the status quo will result in the breach of statutory or other mandatory regulations.

6. INVOLVEMENT OF HUMAN RESOURCES

Advice on the application of this procedure should be sought from the Human Resources Department. **A representative from the Human Resources Department should be present at the hearing of all formal grievances.**

7. LEGISLATION

The Employment Act 2002 (updated 2004) sets out statutory minimum grievance procedures. The **standard grievance procedure**; (detailed below), which the employee should initiate where he/she wishes to raise concerns, problems or complaints with their employer.

The **standard statutory procedure**; where the employee must inform the employer of their grievance in writing if they subsequently wish to use the grievance as the basis of certain applications to an employment tribunal.

The **modified grievance procedure**; applies **where the employment has already ended**, the employer was unaware of the grievance before the employment ceased, or the employer was aware of it but the standard procedure was not commenced or was not completed before the last day of employment; and that the parties have agreed in writing that the modified procedure should apply. In such instances please contact a representative from the Human Resources Department before proceeding.

**Modified (two step) Grievance Procedure**

**Step One** – The employee sets down in writing the nature of the alleged grievance and sends the written complaint to the employer. (N.B. It should be noted that it is not necessary for the employee to say formally that they have a grievance. E.g. a letter of resignation may be classed as a grievance)

**Step Two** – The employer must set out his response in writing and send it to the employee.

8. GRIEVANCE PROCEDURE

- **Informal Stage**
  When an employee(s) feels aggrieved about an issue it should be raised informally in the first instance with their immediate line manager. The line manager will meet with the employee **as soon as possible**, and within the maximum timescale of 20 working days from the date of the notification. This time limit should take account of the nature and seriousness of the case. Should the manager fail to meet the timescale in any of the stages, reasons should be given in writing, to the employee.

  Where the grievance lies with the line manager, then the employee has the right to raise the matter informally with the next level of management.

  If no resolution is achieved at the informal stage, the employee may choose to initiate the formal procedure. The decision to progress to the formal stage of the process must be notified to the next level of management, in writing, within 20 working days.

  Although formal documentation of these discussions is not mandatory, the outcome of this stage of the process should be noted so that details of the episode can be recorded for audit purposes.

AP 2.7
First Formal Stage

In the event that the employee(s) remains dissatisfied after the informal consideration of the grievance the matter will be referred to the First Formal Stage. The employee must raise their grievance in writing to their line manager or relevant manager who will be responsible for hearing the grievance. On receipt of the notification, the manager will arrange a Formal Grievance Hearing to discuss the matter, within 20 working days.

At the hearing the employee must be allowed to explain their grievance and say how they think it should be settled. If at any stage the employer feels that further investigation is necessary to establish facts, or to take the time to ensure that the matter is fully investigated, the meeting should be adjourned. It may be necessary to invoke the NHS Tayside’s policies, which would the assist the manager in dealing appropriately with issues that have been raised during the hearing e.g. Dignity at Work or Disciplinary Procedure.

A written reply detailing the manager’s decision and the reasons for the decision will be given to the employee(s) within 20 working days of the hearing. The letter must inform the employee of their right of appeal to the second formal stage of the procedure and include the details of the manager who will hear the appeal, this should be a more Senior Manager within the organisation.

The decision to progress to Stage 2 must be lodged within 20 working days of the date of receipt of the Stage 1 decision.

Second Formal Stage

In the event that the employee(s) remains dissatisfied after Stage 1 the matter will be referred to the Second Formal Stage. On receipt of the notification the relevant Senior Manager, will arrange an appeal panel to be constituted. The hearing will be arranged within 20 working days of receipt of the appeal notification.

The Senior Manager will arrange for all sides of the issue to present written statements surrounding the grievance. These should be circulated amongst the parties at least 5 working days before the hearing.

A written reply detailing the manager’s decision and the reasons for the decision will be given to the employee(s) within 20 working days of the hearing. This letter must include details of the employees right of appeal to the Chief Operating Officer (or Chief Executive for those staff who are not accountable to the COO) who will arrange for the Third and Final Stage to be heard.

The decision to progress to the third and final stage must be lodged within 20 working days of the date of receipt of the Stage 2 decision.

Third and Final Formal Stage

In the event that the employee(s) remains dissatisfied after Stage 2 the matter will be referred to the Third and Final Formal Stage. The hearing will be arranged within 20 working days of receipt of the appeal notification.

The appeal panel will have a membership of 3 and will include the Chief Operating Officer, or his/her designated representative, a Non-Executive Board Member and a Senior Human Resources Representative.

AP 2.8
The Human Resources Representative will arrange for all sides to present written statements surrounding the grievance. These must be circulated amongst the parties at least 5 working days before the hearing. (Should statements not be presented within the timescale, the panel may wish to postpone the meeting until they are received).

A written reply detailing the Panel’s decision and the reasons for the decision will be given to the employee(s) within 20 working days of the hearing. This letter must state that this is the final stage of the process.
9. CONDUCT AT FORMAL HEARINGS

The main purpose of a formal hearing is to ensure that all present have a full understanding of the issue, so that an impartial decision can be based on facts. The hearing should adopt as flexible approach as possible, whilst adhering to the following principles:

- **Grievance Hearing (1st Stage)**
  - The purpose of a grievance hearing is to gain a clear understanding of the issues of concern and to identify a resolution within the scope of NHS Tayside’s policies and procedures.
  - On arranging the Hearing, the employee must be given their right of representation.
  - At the hearing, the manager will invite the employee and/or his representative to restate their grievance, giving the appropriate detail, and how they would like to see it resolved.
  - Care and thought should go into resolving grievances. They are not normally issues calling for snap decisions and the employee may have been holding the grievance for some time. The manager should take the time to establish all the facts in connection with the grievance.
  - Management may find it necessary to adjourn the hearing to investigate further or may wish to take advice on how to proceed in order to resolve the grievance. Following investigation the manager will reconvene the hearing to share the outcome of the investigation.
  - A response to the employee’s grievance must be confirmed in writing within the time limits specified, giving their right of appeal if they are unsatisfied with the outcome.

- **Appeal Hearing (2nd & 3rd Stage)**
  - The employee or his/her representative shall state his/her case in the presence of the management representative and may call witness who shall remain present only when they are giving evidence.
  - The management representative shall have the opportunity to ask questions of the employee/representative and witnesses.
  - The members of the appeal panel or the manager hearing the appeal shall have the opportunity to ask questions of the employee/representative and witnesses.
  - The employee/representative shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the appeal panel or the manager hearing the appeal, or the management representative.
  - The management representative shall state his/her case in the presence of the employee/representative and may call witnesses who shall remain present only when they are giving evidence.
  - The employee/representative shall have the opportunity to ask questions of the appellant or his/her representative and his/her witnesses.
  - The members of the appeal panel or the manager hearing the appeal shall have the opportunity to ask questions of the management representative and the witnesses.
- The management representative shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the appeal panel or the manager hearing the appeal or the employee/representative.

- The management's representative and the appellant or his/her representative shall have the opportunity to sum up their case if they so wish. The appellant or her representative shall have the right to speak last. In their summing up neither party may introduce any new matter.

- Nothing in the foregoing procedure shall prevent the members of the panel or the manager hearing the appeal from inviting either party to elucidate or amplify any statement they may have made; or from asking them such questions as may be necessary to ascertain whether or not they propose to call any evidence in respect of any part of their statement, or alternatively, whether they are in fact claiming that the matters are within their own knowledge, in which case they will be subject to examination as a witness under 2 or 6 above.

- The appeal panel or the manager hearing the appeal may, at their discretion, adjourn the appeal in order that further evidence may be produced by either party to the dispute or for any other reason.

- The management's representative, the appellant and, if present, his/her representative shall withdraw.

- The appeal panel or the manager hearing the appeal and where appropriate the assessor shall deliberate in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary both parties shall return notwithstanding only one is concerned with the point giving rise to doubt.
Employee(s) informs employer of grievance

Informal Stage
Employee(s) raises issue with Line Manager

Issue resolved

Formal Stage
Employee(s) raises matter in writing with appropriate manager. Manager gives response in writing within 20 working days.

Resolved
Not Resolved

Formal Stage 2
Employee(s) appeals to more senior manager within 20 working days. Appeal hearing will be constituted within 20 working days. Both manager and employee should provide written evidence five days prior to the hearing. Written response from manager within 20 working days.

Resolved
Not Resolved

Formal Stage 3
Employee appeals to the Chief Operating Officer within 20 working days. Both manager and employee must provide written evidence five days prior to the hearing. Written response given within 20 working days

FINAL DECISION
GRIEVANCE NOTIFICATION

This form gives guidance to an employee(s) in setting out a grievance and may be used with or in place of a letter.

Employees who have difficulty expressing themselves on paper, or for those for example, whose first language is not English, are encouraged to seek help from a work colleague, Trade Union Representative or Human Resources Representative, in setting out their grievance.

Use of this form or a letter, will be used as notification of the GRIEVANCE and as a Record of subsequent discussion(s) and decision(s) during the stages of the Grievance Procedure.

Name of employee(s) raising the grievance: ______________________________________________________

Post: ______________________________________________________________________________________

Department: ________________________________________________________________________________

Name of employee’s Representative: __________________________________________________________________

Details of the GRIEVANCE being raised; (continue on separate sheet if necessary)

Signed: ___________________________________________ Date: _______________________

Name in Block Capitals: _________________________________________________________________________

Contact Telephone No: _________________________________________________________________________

On completion, this form should be sent to the relevant member of management who will be responsible for hearing the Grievance.
RACIST INCIDENT REPORT – FORM A

THIS FORM MUST BE COMPLETED FOR ALL RACIST INCIDENTS

A Racist Incident is any incident which is perceived to be racist by the Victim or any other person

1. Location of incident

2. Time, Day and Date of Incident

3. Time and Date Reported

4. Details of Incident:

Note: Assault includes pushing someone, grabbing somebody etc. Serious assault may depend on the nature of the injury and the manner of assault e.g. physical injury, use of weapon like knife etc (even if no injury results it would be classed as serious assault. Complete the details of each and every individual if more then one person is involved. Use additional sheet if necessary.

a) Abuse/breach of the peace  

b) Vandalism

c) Serious Assault

d) Malicious/wilful fire-raising

e) Assault

e) Others (Theft, Robbery, Offensive weapons etc)

5. Give brief description of incident:

Note: This should be completed on the basis of perception of the victim. Include all available details of any previous incidents in Question 7 or on a separate sheet if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

6. What is the ethnic group of the victim?

Choose ONE section from A to E, and then tick the appropriate box to indicate the cultural background

A. WHITE

Scottish

Irish

English

B. MIXED

Any Mixed background, please write
Welsh ☐ Any other White Background, please write ☐
British ☐
Other ☐

C. ASIAN, ASIAN SCOTTISH, ASIAN ENGLISH, ASIAN WELSH OR OTHER ASIAN BRITISH

Indian ☐ Caribbean ☐
Pakistani ☐ African ☐
Bangladeshi ☐ Any other Black background, please write ☐
Chinese ☐

Any other Asian background, please write ☐

E. OTHER ETHNIC BACKGROUND

Any other background, please write ☐

7. Is this related to any previous incident?

YES ☐ NO ☐

If YES, please give details of previous incident(s)

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

8. Does the victim agree to the agency/authority taking action on this matter?

YES ☐ GO TO 9 (A) NO ☐ GO TO 9 (B)

Note: Consent of the individual (victim/complainer) should be sought in all cases. Every effort should be made to make him/her aware of the philosophy of the Multi-Agency Strategy. If they do not agree to give consent, they may be asked to reconsider after a certain period has elapsed. Remember that the decision whether to consent or not is to be made by the victim/complainant independently and freely. Indicate the agencies to be involved in the Multi-Agency Meeting – see Form B, Question 2.

AP 3.2
9. Is a Multi-Agency Meeting required?

9 (A) YES ☐ COMPLETE FORM B

9 (B) NO ☐

1. Send this form to: Board Secretary
   Chief Executive Department
   Tayside NHS Board
   Kings Cross
   Clepington Road
   Dundee

2. Board Secretary to send form to Monitoring Agency within 1 working day of initial report of incident – Note: If the incident is reported in any of the following areas then the Board Secretary must be given the form to the appropriate Monitoring Agency in that area such as:

   Dundee - Crime Reduction Sergeant
   Central Division HQ
   Tayside Police
   West Bell Street, Dundee, DD1 9JU

   Perth - Community Safety Sergeant
   Western Division HQ
   Tayside Police
   Barrack Street, Perth, PH1 5SF

   Angus - Community Safety Sergeant
   Eastern Division HQ
   Tayside Police
   86 West High Street, Forfar, DD9 1BP

3. Board Secretary must mark the envelope "Strictly Confidential – Racist Incident Report “ when the form is sent to the Monitoring Agency and to all relevant Participating Agencies

Name of Person Completing Form: ___________________________ Date________________

Work Base / Service Department: ________________________________________________

Line Manager: ________________________________________________________________

AP 3.3
RACIST INCIDENT REPORT – FORM B

A Racist Incident is any incident which is perceived to be racist by the Victim or any other person

<table>
<thead>
<tr>
<th>TO BE COMPLETED ONLY IF CONSENT GIVEN BY THE VICTIM</th>
</tr>
</thead>
</table>

1. Particulars of Victim

Name_________________________________________________________

Occupation_____________________________________________________

Address________________________________________________________

________________________________________________________________

Tel: ___________________________________________________________

Description of Incident___________________________________________

________________________________________________________________

________________________________________________________________

Has Offender been reported before?________________________________

2 (A) Which agencies should be involved:

Note: If two or more of the following agencies are involved, a Multi-Agency Meeting (MAM), can be pursued with consent from the victim.

<table>
<thead>
<tr>
<th>Police</th>
<th>Health Services</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Dept</td>
<td>Neighbourhood Resources Dept</td>
<td>Social Work</td>
</tr>
<tr>
<td>Scottish Homes</td>
<td>Victim Support</td>
<td>Housing Assoc.</td>
</tr>
<tr>
<td>Procurator Fiscal</td>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

(B) Declaration

I (the victim) agree to the above agencies being involved in investigating the incident(s) reported in this form.

Name of Victim____________________________________________________

(BLOCK CAPITALS)

Signature of Victim_________________________________________________

(or parent/guardian if victim under 16)

Date______________________________________________________________
FLOWCHART FOR REPORTING OF RACIST INCIDENTS

A Racist Incident is any incident which is perceived to be racist by the Victim or any other person

**Complaints / Incidents reported to NHS Tayside**
Standard IR1 Form to be completed by person receiving the complaint. At Section A record racist incident in “Other Incident”.

- The victim concludes MAM is **NOT** required.
  - Complete Form A and forward to NHS Tayside Board Secretary (address detailed below)
  - NHS Tayside action only. Internal procedures to be followed and copy of Form A, to be passed to Monitoring Agency (MA) by Board Secretary
  - MA Logs the case for monitoring purposes. No further action taken.

- The victim and NHS Tayside concludes MAM **IS** required. Client must agree to MAM.
  - Complete Forms A & B and forward to NHS Tayside Board Secretary (address detailed below)
  - NHS Tayside, Board Secretary
    - Forward 1 copy Forms A & B to MA and to each participating agency.
  - MAM convened and facilitated by NHS Tayside and chaired by MA.
  - Future action agreed and noted in part 6 of Form B.

- MA to monitor agreed action

MAM – Multi-Agency Meeting
MA – Monitoring Agency
Board Secretary – Chief Executive Department
Tayside NHS Board
Kings Cross, Clepington Road
Dundee

APPENDIX 5
UNDER REVIEW

FLOWCHART FOR REPORTING OF RACIST INCIDENTS

AP 5
ACCEPTABLE BEHAVIOURS
(as agreed by the Area Partnership Forum)

The following are agreed as important standards of behaviour to adopt:

Respect / Equality

• Treat each other at all times with the same respect as how we ourselves would like to be treated
• No bullying or harassment or condoning of such behaviour
• Not embarrassing each other in public
• Politeness to each other at all times
• Professional respect for each other and valuing each other’s contributions

Working Together

• Share information between individuals regularly
• Develop open and honest relationships
• Understand the daily pressures that colleagues are working under
• Find new ways to improve our day to day working with others
• Realistic targets about what can be achieved

Communication

• Use appropriate language – use plain English – no jargon or abbreviations
• Encourage open discussion of problems between staff and their supervisors / managers
• Constantly develop improved communication
• Communication should involve all staff
• Staff should know the communication networks
• Communication is a two-way process
• Confidentiality is critical and sharing / communication of information must be agreed between the partners according to the issue under consideration and the sensitivities involved
FLOWCHART FOR BULLYING AND HARASSMENT PROCEDURE

Informal Stage

- Individual approaches alleged bully/harasser and asks him/her to stop behaviour
  (This approach may be made with the support of a colleague, trade union representative, HR or a confidential contact)
  OR
  Facilitated discussion

- Bullying/Harassment stops
  No further action

Individual Alleges or Feels Bullied/Harassed

Formal Stage

- Individual reports alleged act to own line manager, alleged bully/harasser's line manager and/or HR Representative

Confidential Contact

- Individual approaches an identified confidential contact to seek assistance

Further Action Required

- Yes
  - Counsel alleged bully/harasser
    OR
    Facilitated discussion

- No
  - Feedback to be notified to individual and alleged bully/harasser verbally in the first instance and confirmed in writing
    OR
    The individual may request a formal review of the decision not to take any action

This flowchart does not include the procedure for dealing with bullying/harassment by patients, relatives, visitors, advocates, contractors or staff from other agencies as this will depend upon the local procedures which are developed by organisations.