

Policy:

Bullying and Harassment

(Review date extended on 31 March 2020)

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Feedback on implementation to	Jane Askew, Human Resources Directorate Partner

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Policy Version and advice on document history, availability and storage

Third extension to review date agreed on 31 March 2020.

EDG approved an extension to the review date on Thursday, 19 December 2019 to 31/03/20.

EDG approved extension to review date on Thursday 27 June 2019 to 31 December 2019. This is version 5 of this policy. It replaces version 4 which was ratified on 16 October 2014. This version was reviewed and updated as part of an on-going policy document review process.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

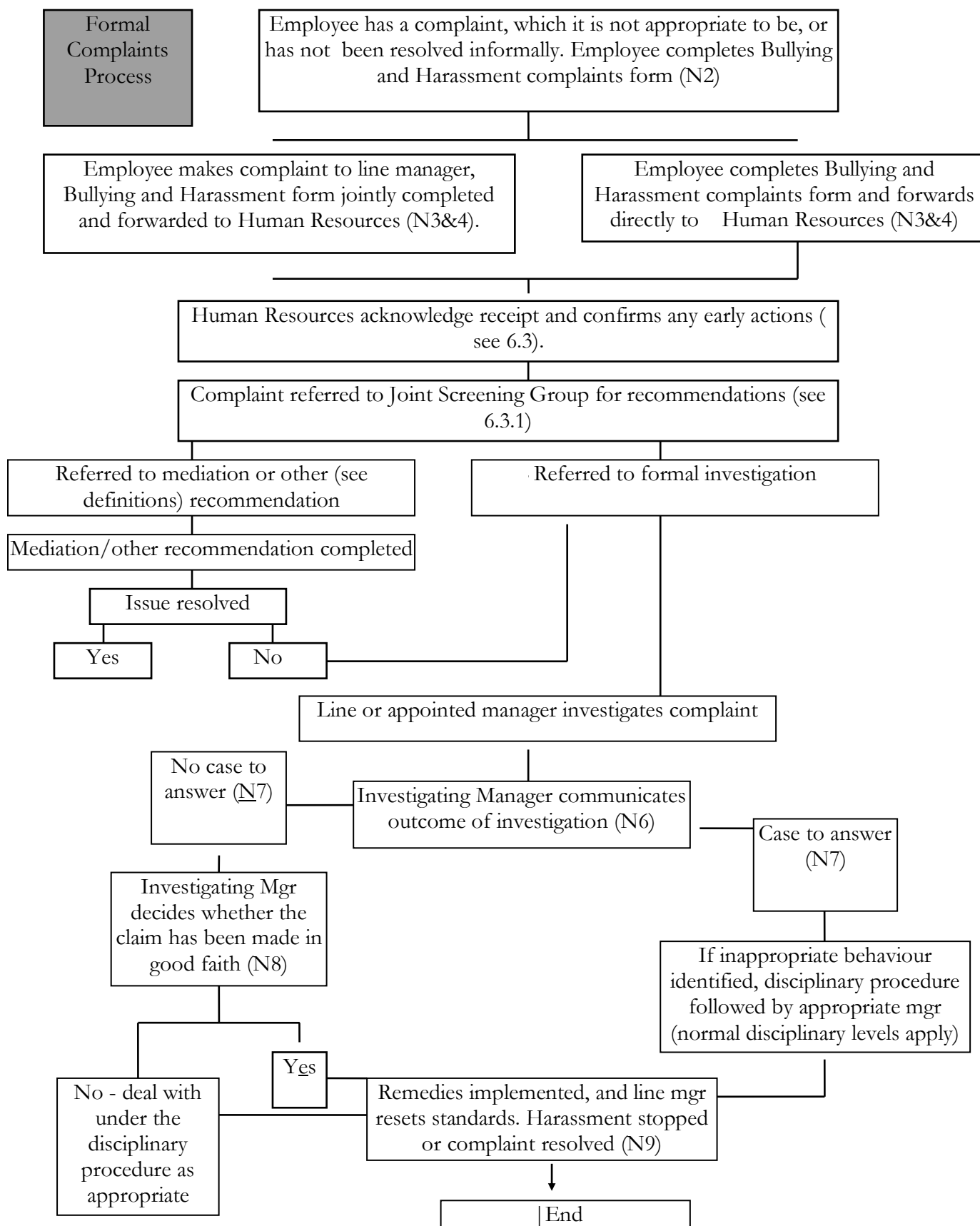
Any printed copies of the previous version (V2) should be destroyed and if a hard copy is required, it should be replaced with this version.

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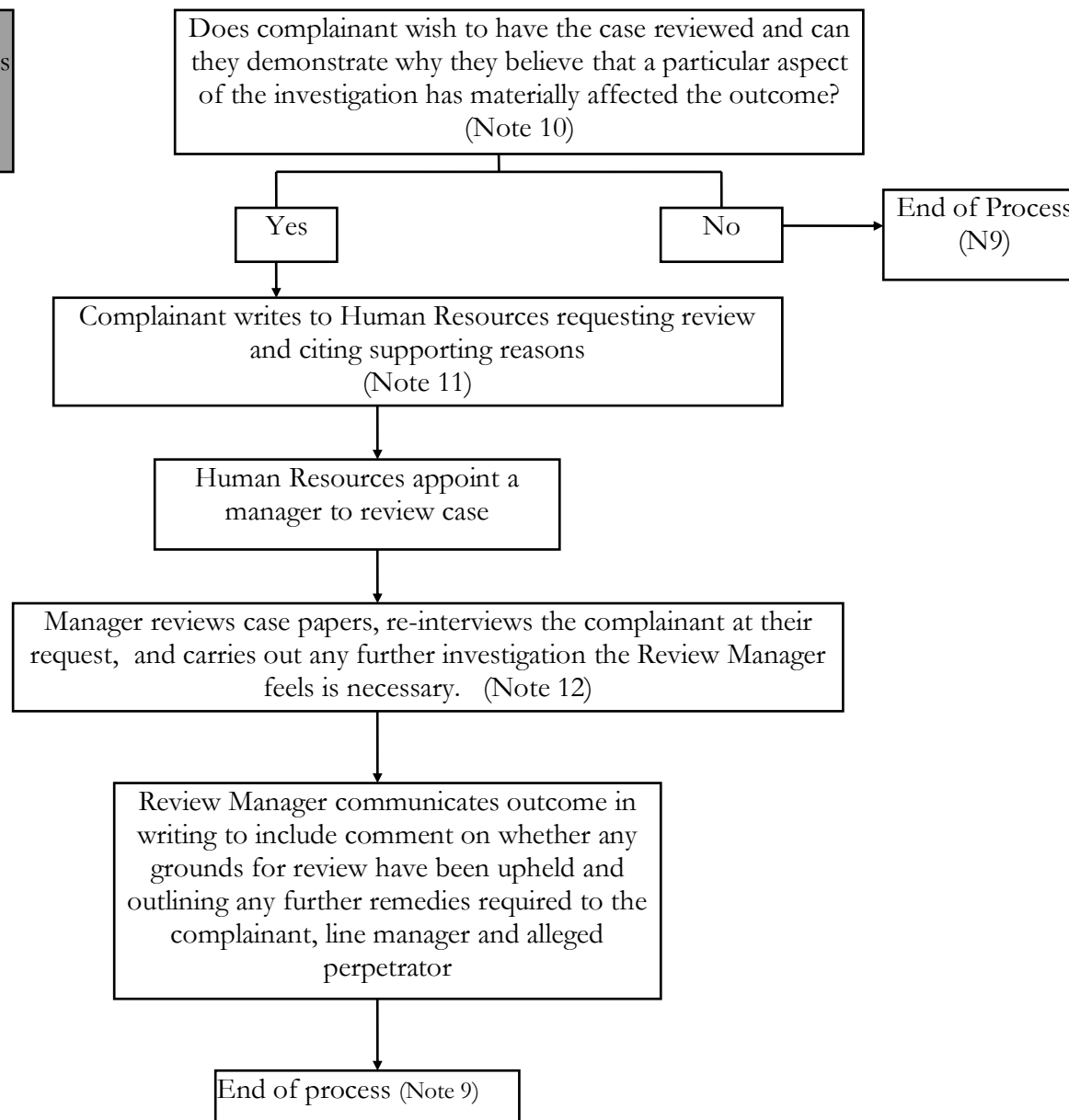
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Flowcharts

Before entering the process the complainant should consider if this is the appropriate policy and, if so, should, if possible, try to deal with the issue informally (Note 1)



Review Process



Notes for Harassment and Complaints Procedure (i.e. referring to flowcharts)

- Note 1** (a) Appropriate Procedure
It is important to distinguish between situations where a decision or action by a colleague or manager is the cause of the concern and where the behaviour of the colleague or manager is such that it constitutes bullying or harassment. In many cases harassment will be obvious and a definition and examples are given in Appendix H. However, it can be difficult sometimes to recognise that the effect of a decision may be unwelcome but it does not constitute bullying. In such cases, the grievance procedure would be the appropriate procedure. To assist with making this distinction Appendix H also gives examples of the differences between the two. It should also be noted that unlike harassment, bullying is a behaviour which is likely to have a deliberate intention.
- (b) Informal Procedure
Sometimes people are not aware that their behaviour is unwelcome and an informal discussion can lead to a greater understanding and agreement on future behaviour. However, individuals may feel uncomfortable about doing so directly. In such cases the HR department and/or Union representative can be contacted to discuss ways of having these matters explored outside the context of a formal procedure, including mediation. See also section 6.2 of the procedure.
- Note 2** See Appendix J.
- Note 3** If the complaint is about the first line manager, the issue should be raised with the second line manager. Alternatively the form can be sent directly to Human Resources.
- Note 4** See section 6 of procedure for options for making a formal complaint.
- Note 5** If aware of the case, the line manager should not wait for contact from HR before taking any necessary action. Such action may include fact finding, additional supervision/feedback and identifying remedial action plans, through to action under Trust Disciplinary Policy where appropriate i.e. if a conduct issue is alleged to have occurred e.g. where 2 employees are alleged to have traded insults/come to blows. Such action should be taken by second line manager if the line manager is involved in any way. Managers may seek advice from Human Resources.
- Note 6** The outcome should be communicated in confidence in writing with summary reasons to the complainant, the alleged perpetrator, HR, and the line manager. All parties should treat whatever information they receive in the strictest confidence.
- Note 7** See section 6.6 of the procedure.
- Note 8** See section 6.5 of the procedure.
- Note 9** New instances of harassment which arise after the case has been concluded should be dealt with afresh under the process.
- Note 10** See section 6.7 of the procedure.
- Note 11** See section 6.6.1 and 6.6.2.
- Note 12** See section 6.8 of the procedure.

1. Introduction

Guiding Principles

Sheffield Health and Social Care, NHS Foundation Trust is committed to a standard of individual and corporate behaviour that is respectful, courteous and fair.

The Trust Values provide a framework for appropriate workplace behaviour which all employees are encouraged to strive to achieve. Many occupations also provide a 'code of conduct' or similar which employees can refer to for guidance about the expectations of their professional behavior, both in and outside of work. Appendix K contains the Joint Statement on Dignity and Respect in the Workplace, which may also be referred to for guidance on Trust standards.

The NHS constitution provides guidance to all NHS employees about behavioral standards.

Furthermore, the Trust recognizes that the best care for service users can only be achieved by a diverse workforce which is representative of the evolving population of Sheffield, and continuously aspires to this goal.

The Trust aspires to support all employees to be able to appropriately deploy their full range of skills, talents and life experience in the workplace, within in an organizational culture which supports them to flourish, and which deals effectively with non- compliance to behavioral standards and expectations.

The Trust also recognizes that there is a difference between intended actions and unintended mistakes. Where possible, employees should have the opportunity to learn from genuine mistakes.

However, The Trust,deplores all forms of harassment, bullying, intimidation or victimisation and such behaviour which will not be tolerated under any circumstances.

- SHSC is committed to making equality of opportunity and fair treatment a reality whereby an individual can seek, obtain and continue employment without unfair discrimination.
- Because of their responsibility for managing employees, complaints should be managed, without unnecessary escalation, at first line manager level wherever appropriate.
- All Policies and procedures will be applied correctly and fairly.
- All complaints will be treated seriously.
- Every consideration and effort should be made to deal with complaints and/or allegations of harassment or bullying informally in the first instance. This will not prevent use of the formal procedures at a later stage.
- Cases will be handled as speedily as possible, and where there is delay the individual will be notified of the reason and anticipated date of conclusion. Cases will be handled sensitively and wherever practicable in confidence.
- All employees will be treated in line with the Trust's values.
- Individuals making complaints will receive a written summary of the investigating manager's conclusions at the completion of each formal stage of the process.
- The key principle of the procedure is to take timely, corrective action and ensure that there is no reoccurrence of the issue of complaint. It is therefore the responsibility of the line manager to implement remedial actions and to check whether standards of

behavior have been achieved. (referring to Trust Values, relevant codes of conduct and the Joint Statement on Dignity and Respect in the Workplace at appendix K).

The Policy Statement for Bullying and Harassment is shown at Appendix G.

2. Scope

This procedure applies to all employees, including self employed contractors and agency workers. This procedure will also apply where an employee is being harassed by a third party during the course of their employment. Employees subject to third party harassment (e.g. from patients) should raise this issue with their line manager in order that reasonable steps can be explored to try and prevent any re-occurrence (employees should also refer to Policy on Zero Tolerance of Harassment- Third Party, available on the Trust intranet, if the harassment is from service users.)

Where a bullying and harassment claim is made in relation to a Non-Executive member of the Board then the Chief Executive and Director of Human Resources should be contacted for further consideration of how the procedure can be applied.

3. Definitions

An extensive list of definitions is provided in Appendix H. Employees are also encouraged to read Appendices G, H, and I for guidance, prior to making a written complaint.

4. Purpose

The Trust recognizes that workplace relationships may become difficult for many different reasons. Where this occurs, it is in the best interests of service users and employees alike, that such issues are appropriately resolved, with assistance from others, where appropriate.

This procedure is designed to enable individuals to raise issues or complaints they have in connection with their treatment at work, specifically in respect of harassment, bullying and victimisation, definitions of which are shown in Appendix H. The Trust expects managers, trade union representatives and employees to seek to avoid the need for formal procedures wherever possible, by ensuring consultative and reasonable responses to the resolution of issues. It is recognised that this may not always be possible or appropriate in cases of serious harassment or bullying, in which case proceed directly to the formal stage. This procedure cannot be used as an alternative, or in addition to, other procedures which have in built appeals. Nor does it replace the normal grievance procedure – which should be used for complaints not related to harassment, bullying or victimisation. Specifically the procedure aims to:

- Enable individuals to raise issues of concern specifically in connection with harassment, bullying and victimisation
- Clarify for all involved how those complaints will be handled.
- Reflect best practice and statutory rights.
- Provide an approach that is fair, consistent and which treats individuals' issues or complaints in a non discriminatory and timely way.

5. Duties

The Executives Directors Group is accountable for:

- commitment through endorsement of this policy
- identification and allocation of any resources required for the policy

The HR Director is accountable for:

- ensuring the proper allocation of the policy through management arrangements

Line Managers have responsibilities for:

- ensuring they are conversant with the policy
- ensuring that staff have access to the policy and any relevant training.

Commissioning managers are responsible for:

- acting as a 'guardian' of the process to ensure that the policy is implemented,
- ensuring that investigations and follow up actions are completed in a reasonable, thorough and fair manner, by competent individuals.
- identifying, with support from Human Resources as appropriate, a suitable investigation manager/s and/or a suitable reviewing manager, where this is the identified next step following a complaint.
- making decisions about the actions following the presentation of outcomes from investigations, with support from Human Resources, as appropriate
- ensuring that actions following investigations are appropriately followed through and monitored.

Investigation managers are responsible for:

- following Trust Policy, leading a reasonable, thorough and fair investigations, with support from Human Resources as appropriate.
- ensuring investigations are completed within Policy timescale, or updating parties in writing about timescales, where this is not possible.
- Completing a written report of investigation/outcomes and providing appropriate written feedback to all parties, with advice from Human Resources.
- Preparing cases for disciplinary proceedings, arising from investigations, where identified, with support from Human Resources.
- Ensuring confidentiality during investigations, briefing participants on their responsibilities or confidentiality and taking or referring for appropriate action should confidentiality be breached.

Reviewing managers are responsible for:

- following Trust Policy, leading a reasonable, thorough and fair review of the investigation with support from Human Resources as appropriate.
- Ensuring investigation reviews are completed within Policy timescales, or updating parties in writing about timescales, where this is not possible.
- Completing a written report of review/outcomes and providing appropriate written feedback to all parties, with advice from Human Resources.
- Ensuring confidentiality during investigations, briefing participants on their responsibilities or confidentiality and taking or referring for appropriate action should confidentiality be breached.

Joint Screening Group (JSG) are responsible for:

- performing a confidential review of complaints, as requested to do so by Human Resources.
- making recommendations in relation to complaints submitted to JSG

- maintaining confidentiality.

Employees are responsible for:

- ensuring that they are fully acquainted with the policy and adhere to its terms
- striving to conduct themselves in line with Trust Values and appropriate workplace behaviours, including being open to and responding to appropriate feedback from line managers and others.

Human Resources are responsible for:

- advising staff and managers on the policy and associated procedures
- monitoring the policy, as appropriate ensuring the policy is adhered to throughout
- supporting Commissioning Managers, Investigating manager and JSG as appropriate.

6. Process

6.1 Advice and Support

SHSC recognises the sensitive nature of bullying and harassment. Employees (including people affected, e.g. witnesses) who believe they are being bullied, harassed, intimidated or victimised may wish to discuss their particular situation before deciding what action to take. The Trust operates an 'open door' philosophy to enable someone with workplace problems to fully discuss the matter with their manager, a more senior/second line or other manager or a member of the Human Resources Department or relevant trade union, (as appropriate) on an informal and confidential basis.

In some situations, it may be appropriate for an employee to be offered specific support and this would be arranged by a Line Manager / Human Resources Department, as necessary. This also applies to the individual against whom a complaint is being made.

The support would ensure:

- that the conversation remains confidential
- that the individual is listened to in a sympathetic manner
- attention is drawn to available procedures and options
- alternatives are weighed up, with no pressure, on any course of action
- assistance for the individual, as necessary

The Occupational Health and Workplace Wellbeing services are able to provide a range of services for any individual who may require extra support. Support may also be provided through appropriate trade unions.

Access to other sources of support, advice or counselling may be appropriate depending on the circumstances.

6.2 Informal Process

Before entering the process the complainant should try to deal with the issue informally if they feel able to. In cases of serious harassment or bullying it may not be possible or appropriate to try to resolve the matter informally, in which case the employee may want to raise a formal written complaint.

The complainant can try to resolve the matter informally themselves or they can do so by asking their manager, union representative, or colleague to assist them.

Informal discussions with the relevant parties should usually cover the following:

- the nature of the problem.
- why it is unacceptable.
- a remedy which is acceptable to the parties.

Discussion can often resolve an issue or complaint effectively. The informal approach may include mediation at the request of the complainant (Please refer to appendix L re mediation) . If the issue remains unresolved or reoccurs it is important to raise it formally as soon as possible.

6.3 Formal Process (see flowchart of formal process at page 2)

Where an employee wishes to raise a formal complaint, of bullying, harassment or victimization, they should do this in writing by letter or by filling in the form at appendix J .

The written complaint should then be forwarded as outlined in the flow chart on page 2. Following receipt of the written complaint, Human Resources will usually write to the employee informing them that their complaint will be submitted to the Joint Screening Group, (see 6.3.1 below) and that JSG will inform the employee, in writing of their recommendations, which may include recommendations in relation to other Trust Policies.

However, following an initial review of the complaint, and prior to this being submitted to JSG, Human Resources may, depending on the initial nature of the potential issues:

- identify with the relevant manager whether any early actions are required prior to consideration by the JSG, such as offering specific support, or a change in duties or location in order to safeguard the position of all parties.
- contact the employee/staff side representative to ascertain whether any actions under an informal process may still be appropriate, (with the right to refer back to the formal process if this is not successful).
- identify a commissioning manager, who is usually a senior manager in the Directorate, to be accountable for decision making in any subsequent formal process.
- Recommend a further confidential 'fact finding' if there is thought to be inadequate information to allow JSG to make informed recommendations.
- In rare circumstances, make an immediate recommendation to the commissioning manager that the Trust Disciplinary Policy is applied at the start of the process.

1 Joint Screening Group (JSG)

The purpose of the JSG is to identify from bullying and harassment complaints which have been formally submitted to Human Resources, any complaints which should be considered under an alternative process/procedure. This would include claims which should be considered under the Disciplinary Procedures, Grievance Procedures, Complaints procedures, SUI procedures or any other procedure.

Where a claim is appropriate for consideration under the Bullying and Harassment Procedure, then the relevant parties may be offered mediation to explore the basis for a resolution of these and any associated issue, where both parties agree.

Each JSG comprises:

- a management representative, drawn from the an appropriate level of Directorate management
- a staff side representative, drawn from the Staff side membership of the JCF
- HR representative, drawn from the Human Resources management team.

The JSG will consider formal complaints confidentially and will respond to the employee/staff side representative in writing. JSG meetings are planned to take place, as required, every 6-8 weeks. Copies of the terms of reference for the JSG are available from Human Resources.

6.3.2 Timescales

Timescales for making complaints under the formal process will vary based on the informal approach taken and the success of this in resolving the issue. However, where an individual believes that it is necessary to use the formal approach this should be done as soon as is reasonably practicable (e.g. usually within 3 months) of an episode of harassment or bullying, unless there is good reason not to, to enable a full investigation to take place. Where there is a continuing effect it is still preferable for an early complaint to be registered.

Where formal investigation is completed the investigating manager should aim to complete this within two months, The investigating manager should aim to give their written outcome within 3 months of commencing the investigation. Where a timescale needs to be extended, the investigation manager should update parties in writing as outlined in 6.4.1.

6.3.3 Making a complaint

A complaint is regarded as formal when an individual fills out a Harassment and Complaint form or submits a formal written complaint. Harassment and Complaint forms should be available in the workplace or from the Human Resources Dept. A copy is included at Appendix J.

The individual will then either;

- a) discuss the issue with their line manager, and forward a copy to Human Resources, retaining a copy for both themselves and the line manager.
- b) if they do not wish to involve the line manager (for example if the line manager is the source of the complaint) they can forward a copy to the second line manager, and one to Human Resources, retaining a copy themselves. Indicating why they have not involved the line manager.
- c) Exceptionally, the complainant may bypass line management and send the complaint direct to Human Resources. This may be in instances where line managers are the source of the complaint or there is a specific and appropriate reason why the complainant does not want to involve line managers at this stage. In such circumstances the reason should be made clear on the form.

Preferably, any counter complaints/grievances will be dealt with simultaneously under one integrated investigation.

6.4 Investigation

- 6.4.1** Once an investigating manager is appointed to a formal investigation of the complaint he/she will carry this out in a timely manner establishing all relevant facts of the case. He/she should aim to contact the individual as soon as possible after commencing the investigation.

The investigating manager should aim to complete the investigation within two months. Where this is not possible, due to the complexity of the investigation or other reason, relevant parties should be updated by the investigating manager in writing giving an estimated completion date and where possible (without breaching confidentiality) reasons for the delay. The investigating manager should aim to give their written outcome within 3 months of commencing the investigation, and where this is not possible to the complainant should be given an estimated completion date and where possible (without breaching confidentiality) reasons for the delay.

- 6.4.2** On receipt of the form/ written complaint, regardless of whether it is received via a line manager or direct from the individual complainant, Human Resources will send an

acknowledgement and will also advise of next steps.

- 6.4.3** As soon as a complaint is made under this procedure (i.e. where harassment, bullying or victimisation is alleged) the aim is to minimise any risk of inappropriate behaviour and ensure that any ensuing investigation can be completed without any interference. In certain circumstances, where the evidence available at the time justifies it, it may be appropriate temporarily to move the alleged perpetrator(s) or precautionary suspend them in line with the Disciplinary Procedure. Where suspension is being considered, the process contained in the Disciplinary Procedure applies and serious consideration should be given to avoiding unnecessary loss or hardship. Advice can be sought from Human Resources at this stage.
- 6.4.4** An investigation which involves fact finding interviews will include the right for an employee to be accompanied by a trade union representative or work colleague from within the Trust.
- 6.4.5** Relevant material arising from the investigation which may affect the decision will be disclosed where allegations are made under the Disciplinary Procedure. It may be necessary to anonymise statements.
- 6.4.6** On completion of the investigation, the investigating manager will decide, based on the facts of the case and reasonable belief, whether the complaint is substantiated in part or in whole. In their report they will clearly identify the reasons for drawing their conclusions.

6.5 Complaints not made in good faith

Where an investigating manager does not believe a complaint to be proven, on completion of an investigation, s/he must decide whether the complaint was brought in good faith. Should it be found that a complaint has not been brought in good faith appropriate action may be taken under the Disciplinary Procedure. For a complaint to be deemed as not made in good faith there must be satisfactory evidence and/or sufficient grounds for belief.

6.6 Communicating the Outcome and Remedies

- 6.6.1** The investigating manager will communicate the conclusion of the investigation, in writing with summary reasons, to the complainant and/or representative, alleged perpetrator and Human Resources within ten working days but in extenuating circumstances, no longer than four weeks, unless otherwise agreed. All parties should treat whatever information they receive in the strictest confidence. The covering letter with the investigation report will include an invitation to meet on a specified date in order to resolve any issues needing clarification. The response for such a meeting must be received within 5 working days of the date the letter is received.

Where a commissioning manager has been appointed, they will offer to meet the individual with the investigating manager. The purpose of the meeting is not to provide an opportunity to re-consider the report but to establish if there are any aspects of clarification which could resolve concerns and replace the need to request a review. Where the need for a meeting is agreed then the timescale for requesting a review will be within 10 days of the meeting.

- 6.6.2** If there is a proven case of harassment, bullying or victimisation, or if it is found that the complainant has been treated unfairly in relation to their grievance then action will be taken to correct the situation, i.e. to stop the harassment or apply policy correctly. This may involve joint training to address the situation in the workplace. In cases of inappropriate behaviour this may include action under the Disciplinary Procedure, which will be carried out in confidence. The outcome of any conduct case will not be communicated to the complainant (in line with the principles of confidentiality contained within the Disciplinary Procedure).

- 6.6.3** If a conduct penalty is awarded, it will be implemented in accordance with the Disciplinary Procedure. However, measures as detailed in paragraph 6.4.3 will be considered if it is felt that there could be a risk of further harassment, bullying or victimisation. This may apply until the appeal is concluded and the outcome implemented.
- 6.6.4** In all cases (whether or not a complaint has been substantiated) the line manager(s) of the parties involved will revisit the published acceptable standards of behaviour, or those set out in relevant policies, and including any recommendations from the investigating manager, and ensure that the parties understand the standards expected in future. On occasions it may be necessary to restate standards more broadly for example, within a unit.
- 6.7** **Review Process** (see flowchart of review process at page 3)
- 6.7.1** Employees have the right for their case to be independently reviewed (following a formal investigation) if they can demonstrate why they believe that a particular aspect of the investigation has materially affected the outcome. This must be set out in writing before the case is accepted by Human Resources for review.
- 6.7.2** **Requesting a Review**
Any request for a review must be sent in writing to Human Resources within ten days of receipt of the conclusions of the initial formal investigation except where a meeting is agreed under 6.6.1 above. If the request has not been sent within that time then a review will not be allowed at a later stage. On receipt Human Resources will determine whether the request meets the criteria for a review, and if it does will appoint a manager to review the case.
- If a complaint is found to have been brought in bad faith a review would not normally be allowed. Any exceptional decision to allow a review would be at the discretion of Human Resources.
- 6.8** **The Review**
- 6.8.1** The remit of the review will be to consider whether the procedure has been followed and whether any issues raised at the time of requesting the review would have materially affected the outcome. A face to face meeting with the complainant will take place if requested, and the Review Manager will determine the extent to which further investigation, if any, is required. The Review Manager will provide a final decision which is not subject to further appeal.
- 6.8.2** The Review Manager will communicate the outcome in writing to include a statement on whether any grounds for review have been upheld and outlining any further remedies required to the complainant, line manager and alleged perpetrator, within three weeks of receipt of the case. Where this cannot be achieved the review manager will write to advise the complainant accordingly.
- 6.8.3** Having had the chance to have the case reviewed, this stage constitutes the end of the process, and there is no further opportunity for review.
- 6.9** **General Points**
- 6.9.1** Any new incidents of harassment, bullying or victimisation, arising after conclusion of a case can be taken up as a fresh complaint.
- 6.9.2** For issues related to harassment, bullying or victimisation, it is not appropriate to use the Bullying and Harassment Complaints Procedure again as a form of appeal against the

outcome, as a review is already built into the process.

- 6.9.3** The Bullying and Harassment Complaints Procedure may lead to action under the Disciplinary Procedure, and the fact finding stage of the Bullying and Harassment Complaints Procedure forms the fact finding stage of the Disciplinary Procedure in cases where action under the Disciplinary Procedure is required. It is at the discretion of the investigating manager (responsible for the conduct case) as to whether further investigation is required once the case moves into the Disciplinary Procedure.
- 6.9.4** In some instances, it may be more appropriate to deal with cases directly via the Disciplinary Procedure, for example, where there is a clear incident of serious misconduct such as violent behaviour. (see 6.3 above)
- 6.9.5** If the complaint is made against a union representative and the issue cannot be resolved informally the relevant full time officer should be made aware as soon as any formal action is about to be taken. In such a case, Human Resources should be notified as soon as possible.

The outcome of an investigation, including any remedial action will be recorded by Human Resources.

7. Dissemination, storage and archiving (Control)

This policy has already been implemented (see details below). Updates are disseminated via email to all staff and incorporated in training as appropriate.

The HR Director's Personal Assistant is responsible for archiving and version control and they maintain compute records of this on the HR 'shared' drive.

This policy is available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. Word and pdf copies of the current version of this policy are also available via the Director of Corporate Governance.

8. Training and other resource implications

The Human Resources Department offers training and support to managers in the implementation of human resources policies.

Training requirements are set out within the Trust's Mandatory Training Policy and highlighted within the Training Needs Analysis.

The JSG is convened when a written complaint is received. This requires attendance by appropriate 1 staff side representative (i.e from a different union to that supporting the complaint), a management representative, (who should be a manager who has had no previous involvement in the case), and a Human Resources Directorate Partner. The JSG also requires administrative support from Human Resources in the preparation of papers. However, evidence to date would appear to indicate that the initial allocation of resources to JSG may help reduce later resource requirements via the process of review and recommendation carried out by that group, or ensure that resources are deployed appropriately under the correct policy.

Formal investigations require significant resources to be allocated: namely an investigation manager (who must be able to prioritize this workload to afford it the

time and input required for it to be completed in a timely manner. This aspect is important in order to maintain the faith of employees in the process), potentially a commissioning manager, other support resources from Directorates, such as mentors and additional line management arrangements. Also a significant level of resourcing by staff side representatives and Human Resources are required.

Such is vital to ensure that formal investigations can be completed in a prompt manner, within policy requirements, including timescale with appropriate communication taking place to all relevant parties.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
a) appraisal	Appraisal/supervision	Line managers	Annual	Line managers/appraisees	Line managers / appraisees	Line managers
b) Review staff and patient survey results	HR Department	Annual	Workforce Operational Development Group (WOD)	WOD members	WOD members	WOD/Executive Directors Group
c) Review of cases	Review harassment forms/cases	Annual	HR department	WOD members	WOD members	WOD/Executive Directors Group
d) Review OLM system	Education & Training	Quarterly	WOD	WOD	WOD	WOD/Executive Directors Group

10. Implementation plan

Action/Task	Responsible person	Deadline	Progress update
New policy to be uploaded onto intranet and Trust internet	Director of Corporate Governance	31.10.2016	
A communication will be issued to all staff via all staff email from the HR Director	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to the Education, Training and Development department to review training provision	Director of Corporate Governance	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

Section 3 refers to the appropriate use of the Bullying and Harassment Policy and the Grievance Policy.

Section 6.4 refers to the Disciplinary Policy.

The Equal Opportunities and Dignity Policy is a related policy and procedure.

The Grievance Policy

The Social Media Policy is referred to in Appendix G

The Policy on Zero Tolerance of Harassment (Third Party) is referred to in section 5.

12. Contact details

Title	Name	Phone	Email
Human Resources *	HR Advisers/ HRDP's	0114 2263277	Various- please see HR intranet page for details*

13. References

This Policy is based on good practice and complies with the following legislation:

Equality Act- 2010

Employment Rights Act 1996 amended 2014

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
5	Review/ ratification	October 2016	JSG added, Trust values added, mediation information added and other minor amendments.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
5.0	October 2016	Nov 2016 via Communications Digest	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

yes

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	Yes, as process allow consideration of equality issues	No
DISABILITY	No	Yes, as process allow consideration of equality issues	No
GENDER REASSIGNMENT	No	Yes, as process allow consideration of equality issues	N
PREGNANCY AND MATERNITY	No	Yes, as process allow consideration of equality issues	No
RACE	No	Yes, as process allow consideration of equality issues	No
RELIGION OR BELIEF	No	Yes, as process allow consideration of equality issues	No
SEX	No	Yes, as process allow consideration of equality issues	No
SEXUAL ORIENTATION	No	Yes, as process allow consideration of equality issues	No

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Jane Askew 25.8.16

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

yes Yes. No further action needed.

☐

No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

no No, no further action needed.

☐

Yes, go to question 3

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy/decision title?	1
1.2 What is the objective of the policy/decision?	1
1.3 Who will be affected by the policy/decision?	1

Will the policy/decision engage anyone's Convention rights? 2.1

YES

Will the policy/decision result in the restriction of a right? 2.2

YES

Is the right an absolute right? 3.1

NO

Is the right a limited right? 3.2

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? 3.3

YES

Policy/decision *is* likely to be human rights compliant

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Flowchart exit

There is no need to continue with this checklist. However,

- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

4 The right is a qualified right

- 1) Is there a legal basis for the restriction? AND
- 2) Does the restriction have a legitimate aim? AND
- 3) Is the restriction necessary in a democratic society? AND
- 4) Are you sure you are not using a sledgehammer to crack a nut?

YES

NO

Policy/decision is not likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Appendix E – Development, Consultation and Verification

This is version 5 of the policy. It replaces version 4 which was ratified on 16 October 2014.

This version was updated to include details of Joint Steering Group

This policy is based on good practice and complies with legislation. The policy was originally agreed with the Joint Consultative Forum and issued in April 2006. It has been transferred to the appropriate format for policies. This policy was reviewed in December 2008 and August 2010, and August 2016.

This reviewed Policy was consulted on via the Joint Policy Group (staff side) in September 2016. It was reviewed and verified by Joint Consultative Forum on 21 September 2016. This was to include the addition to the process of the Joint Screening Group.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page



3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)



Appendix G: Policy Statement on Bullying and Harassment

1. SHSC is committed to being an organisation in which equality of opportunity is a reality and in which every individual can seek, obtain and continue employment without unfair discrimination. This is supported by the unions recognised by SHSC.
2. SHSC and these Unions are working together to create a working environment where harassment and bullying is not acceptable and where all employees support the rights of their colleagues to be treated with dignity and respect
3. SHSC, therefore, deplores all forms of harassment, bullying, intimidation and victimisation which will not be tolerated under any circumstances.
4. Harassment is any behaviour that is UNWANTED BY THE RECIPIENT. This behaviour may focus on age, race/colour/nationality, ethnic or national origins, sex, gender reassignment, sexual orientation, pregnancy, disability and/or family/marital/civil status, HIV/AIDS/health status, trade union involvement and/or political/religious/other beliefs or any other personal characteristic that may affect the dignity of any individual or group of individuals at work or creates an intimidating, hostile, degrading, humiliating or offensive environment for the individual.
5. Workplace bullying is intimidation on a regular and persistent basis or as a one off, which serves to undermine the competence, effectiveness, confidence and integrity of the person on the receiving end. The bully misuses his/her power, position or knowledge to criticise, humiliate and destroy a subordinate, a colleague or even those in authority. Bullying will not be tolerated by the Trust or the trade unions that it recognises.
6. Harassment includes suggestive remarks or gestures, pin-ups, graffiti, other written mediums, offensive comments, jokes and banter based on any of the above. None of these is part of a culture in which all employees are treated with dignity and respect.
7. Harassment and bullying are not acceptable in the Trust. Every effort will be made to deal with allegations on an informal basis in the first instance. Any employee, regardless of grade or position responsible for inciting, perpetrating or condoning harassment or bullying may be disciplined, and can be held personally liable if the person who has been harassed undertakes legal proceedings. Some types of harassment are classed as criminal offences that could lead to prosecution.
8. Any employee who believes they have been harassed or bullied should, if possible, ask the perpetrator to stop. If this is not possible, or if it continues following the request to stop, he/she has the right to complain and should contact his or her line manager or Human Resources. This should be done by completing the Harassment and Complaint report form. The matter will be dealt with quickly and in confidence. Anyone complaining about harassment and bullying has a right to be supported at every stage by his or her union.
9. The alleged harasser or bully may be transferred to another work area during the investigation process, or suspended. If investigation shows that the complaint is well founded, SHSC's primary aim will be to prevent recurrence of the behaviour. Disciplinary action - up to and including dismissal - may be taken. If it is necessary to separate the people concerned, every effort will be made to move the harasser and not the person who has been harassed, unless it is the stated wish of the latter to move.
10. All Trust managers and leaders are responsible for ensuring that harassment or bullying is dealt with, whether or not it is brought formally to their attention.
11. SHSC will not tolerate intimidation, victimisation or unfair discrimination against any employee who makes a complaint of or who assists in an investigation of alleged harassment or bullying. Retaliation against an employee who complains of harassment or bullying can be expected to lead to disciplinary action and may be a criminal offence resulting in prosecution.

This Policy applies to all employees, including self employed contractors and agency workers.

This Policy also applies to work related functions held inside or outside of normal working hours, either on or off Trust premises; for example: Christmas parties, leaving celebrations, social media *

*The Trust has a separate Social Media Policy which should be referred to for detailed guidance in this area.

Appendix H: Definitions

• Grievance

A grievance is a complaint raised by an employee about an issue relating to their work for which there is no separate appeal mechanism.

• Harassment

Any unwanted conduct related to personal characteristic which has the effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. It may include matters of a sexual nature such as suggestive remarks or gestures, pin-ups, graffiti, offensive comments, jokes and banter. Such behaviour may focus on age, race/colour/nationality, sex, gender reassignment, sexual orientation, pregnancy, disability and/or family/marital/civil status, HIV/AIDS/health status, trade union involvement and/or political/religious/other beliefs or any other personal characteristic, and may affect the dignity of any individual or group of individuals at work. This could be a one off event or series of events and may be perpetrated by an individual or group of people.

As harassment takes many forms, employees may not always realise that their behaviour constitutes harassment, but they must recognise that what is acceptable to one employee may not be acceptable to another – determining what is acceptable is an individual right that we must all respect. Unintended or unwitting or unconscious discrimination or harassment is still discrimination or harassment. See below for examples of such behaviour in various scenarios.

Harassment can also include behaviour which relates to a person who does not have one or more of the characteristics referred to but occurs because:

- they are linked or associated with someone who has such a characteristic
- the person is wrongly thought to have the characteristic

• Bullying

Intimidation which may take place either on a regular and persistent basis or as a one-off, which serves to undermine the competence, effectiveness, confidence and integrity of the person on the receiving end. Bullying is likely to be deliberate and is different from when a Manager takes action for legitimate reasons which an employee may find unwelcome. Whether or not the behaviour in question constitutes bullying will be a matter for the investigation to determine. See below for an illustration of how to distinguish between the two.

• Victimisation

Unfair and selective punishment or discrimination of an individual.

• Discrimination

A detrimental act based on the grounds of age, race/colour/nationality, sex, gender reassignment, sexual orientation, pregnancy, disability and/or family/marital/civil status, HIV/AIDS/health status, trade union involvement and/or political/religious/other beliefs.

Examples of behaviour which may constitute harassment and is not acceptable

Sexual harassment

- unwelcome sexual advances, propositions and demands for sexual favours
- unwanted or derogatory comments about clothing or appearance
- leering and suggestive gestures and remarks
- displaying offensive material, such as pornographic pictures, page-three type pin-ups or calendars, including those in electronic forms such as computer screen savers or by circulating such material in emails
- physical contact such as the invasion of personal space and unnecessary touching through to sexual assault and more serious offences

Racial harassment

- refusing to work with someone or deliberately isolating them because of their race, colour, nationality or ethnic origin
- displaying racially offensive materials including graffiti
- racist jokes, banter, insinuations, insults and taunts
- unfair work allocation
- verbal and physical abuse / attacks on individuals because of their race, colour, nationality or ethnic origin.

Harassment of workers with disabilities

- asking intimate questions about an individual's impairment such as how it occurred and what it is like to be disabled
- name calling, jokes, taunts and use of offensive language
- assuming that a physical disability means that the individual is inferior or lacks intelligence
- assuming that a mental disability means that the individual is inferior or lacks intelligence
- speaking to colleagues rather than the person with the disability
- exclusion from workplace events because of barriers and excluded from social activities

Harassment on the grounds of religion

- mocking or deriding people's religious beliefs
- making unwanted comments on dress
- making it unnecessarily difficult for people to conform to their religious beliefs

Harassment on the grounds of sexual orientation

- homophobic or biphobic comments, 'jokes' and name-calling
- verbal or physical abuse or intimidation
- dissemination of homophobic or biphobic materials
- repeated references to a person's sexual orientation
- 'outing' a person as LGB (lesbian, gay or b-sexual) without their consent or spreading rumours
- prejudiced myths such as that all gay men are HIV positive, bisexual people are attracted to everyone, lesbians don't have caring responsibilities or that LGB people are a threat to children
- excluding a LGB person from conversation and activities
- excluding a same sex partner when opposite sex partner are included
- intrusive questioning about an individual's personal or sex life
- assuming that everyone is heterosexual or that being heterosexual is normal.

Harassment of transgender workers

- transphobic comments, 'jokes' and name-calling
- verbal or physical abuse or intimidation
- refusing to treat a person as of their new gender when they transition
- failing to address a person by their preferred name and correct gender pronouns
- denying people access to the appropriate single sex facilities such as changing rooms
- 'outing' a person as transgender without their consent or spreading rumours (this may also be a criminal offence)
- excluding a person from conversation and activities
- sexual harassment
- intrusive questioning

Distinguishing between bullying and firm but fair management

The following ways of treating people can constitute bullying:

- intimidating a colleague with aggression, threats, regular shouting and swearing or by belittling them in front of others – no one should ever be expected to 'toughen up to fit in'
- using verbal abuse, including name calling, ridiculing, 'ganging up' or picking on someone – an alleged personality clash is no justification for spreading rumours and gossiping.
- erratic or unfairly managing people such as constantly changing expectations, regularly assigning one person undesirable shifts or cancelling their holiday or training opportunities with no good reason
- criticising individuals, either publicly or privately, in a manner that is unwarranted, unduly sustained or unfair
- professionally attacking an employee by regularly changing goalposts and expecting perfection, dramatically reducing someone's responsibilities or setting tasks outside agreed job descriptions
- having a coercive management style – for instance, by marginalising or ostracising someone, or by withholding relevant information
- demonstration of disregard for working within Trust values.

It is vital to distinguish between a manager who is firm but fair and a manager who bullies staff.

Some of the differences are listed below.

A firm but fair manager:

- is consistent and fair, but isn't aggressive
- is determined to achieve the best results, but is not unreasonable and inflexible
- insists on high standards of service and behaviour, but doesn't blame others if things go wrong
- asks for people's views, listens and assimilates feedback, is clear about their own ideas, but doesn't assume they are always right
- will discuss performance in private before taking action, but doesn't lose their temper, degrade people publicly or threaten official warnings without listening to any explanation ensures that employees have access to feedback about their performance and that issues with performance are brought to the employees attention appropriately
- applies appropriate procedures to deal with issues of performance
- recognises that legitimate decisions may not always be popular
- References Trust Values in relation to own behavior and in feedback to others, including giving appropriate feedback to employees about their workplace behavior's, both positive and areas for development. Demonstrates striving towards Trust Values in own practice, not necessarily always getting this right, but always trying to improve own practice.

Appendix I- general obligations:

General Obligations

- All employees are obliged to treat each other with respect, dignity and compassion in accordance with the NHS Values as set out in the NHS Constitution.
- All employees are obliged to behave fairly and responsibly.
- Employees who witness unacceptable behaviour should challenge it in a way which is consistent with the Trust's values.
- Grievances and complaints should normally be raised informally with the aim of resolving the issue at the earliest opportunity.
- Complaints raised under this process must be made in good faith.
- Whenever an individual is asked to do something which is reasonable, taking account of their skills and abilities, they should perform the task as directed. However, they may, after the event raise a complaint under this procedure or the relevant grievance procedure if they feel they have been unfairly treated.
- Employees should raise their complaints as soon as they arise or as soon as they feel able to do so.
- Employees have the right to work in an environment where they are treated fairly and are free from bullying, harassment or victimisation.

To raise a formal complaint under this policy please complete the following form:

Section One (continued)

If your complaint is about your line manager, or there are circumstances, which would prevent your line manager dealing with the complaint, send your complaint directly to the Human Resources Dept, retaining a copy for yourself.

(Where the complaint has been passed directly to you, as the individual's line manager, you should complete this section immediately).

To: Human Resources

Please register the details recorded in Section One.

The action that I have taken to date/intend to take in relation to this complaint is:

Your details

Name: _____

Office/Work Area: _____

Signed: _____

Date: _____

- Once the form has been completed the Manager will retain a copy and a copy will be sent to the Human Resources Directorate Partner for your Directorate. A copy should be retained by the individual who made the complaint.
- Where the complaint is passed directly to Human Resources, details will be recorded before passing to the relevant manager.
- The HR Team will acknowledge receipt of all complaints and monitor progress.

(The person making the complaint should complete all of section one. It should then be passed to the individual's line manager or sent directly to Human Resources)

**I wish to make a formal complaint about:
(Provide details of your complaint if appropriate including the people involved, dates and times of any specific incidents and anyone who may have witnessed events). If necessary use a separate sheet and attach it.**

Your details

Name: _____

Office/Work Area:

Appendix K

Joint Statement on Dignity and Respect in the Workplace

In addition to the staff rights, responsibilities and commitments set out in the NHS Constitution and the Equal Opportunities and Dignity at Work Policy, the Trust and Staff Side have produced this Joint Statement to help ensure that a positive working environment exists for staff within an open supportive culture.

This Joint Statement outlines how staff should work together constructively to build an organisational culture which facilitates professionalism in working relationships and service provision.

“It is fundamental that all staff treat each other with dignity and respect whatever the relationship which may exist; whether as individuals or the roles which they carry out.

Whether or not staff are subject to a professional code of conduct, there is a mutual responsibility to have a professional approach to work and colleagues by:

- being respectful and responsive
- using appropriate and polite language when communicating either orally or in writing
- valuing all people’s contribution and not acting in a way which could cause offence or distress
- not discriminating unfairly or unlawfully on any grounds

The Trust and Staff Side are committed to ensuring that unacceptable behaviour has no place in our service and will not be tolerated. There are a range of policies and procedures to help ensure that any such behaviour is addressed including the Disciplinary Policy, Bullying and Harassment Policy and Grievance Policy. Where differences occur then it is expected that staff and managers will seek, where appropriate, to have them resolved amicably by the most effective means available including supervision and team meetings and/or mediation. If in doubt, HR and Staff Side can be consulted on the most appropriate way forward.

Unacceptable behaviour excludes legitimate actions by a manager or staff representative in relation to performance management or organisational change e.g. legitimate actions taken within the disciplinary or other formal procedures. It does not exclude anyone who raises or responds to issues in a threatening, intimidating, derogatory or otherwise inappropriate manner.

Staff at all levels have a responsibility for upholding professional standards of behaviour and for their own behaviour. This includes taking the necessary steps to change their own inappropriate behaviour, as well as to challenge unacceptable behaviour in others and support colleagues in maintaining acceptable behaviour in the workplace.

Dean Wilson
Director of Human Resources

Sue Highton
Staff Side Chair

Appendix L: Mediation in Practice

Definition:

Mediation is a structured process whereby an impartial, trained mediator facilitates communication between those in dispute in order for them to understand each other better so that they can identify mutually acceptable solutions that will improve working relationships in the future.

What is mediation and how does it work?

- Mediation is a process for resolving difficulties between individuals or groups.
- Mediation helps two or more people in a dispute to talk about their situation, exchange their concerns and develop ideas about how to move the dispute forward with the aim of achieving a resolution.
- Those in mediation enter into it voluntarily and with the intention of reaching a resolution that works for all involved.
- A trained mediator is involved, who is independent of the people involved, facilitates the process, acting with impartiality. The mediator, who needs to be seen as impartial, establishes clear guidelines on confidentiality in the process. It is important for participants in mediation to understand that the mediator will not judge the merits of each individual's case.

Those who take part in mediation are asked to:

- Be open about how they feel, what the problem is and what they want
- Listen to the other person/people
- Think about how things could be improved in the future and what they can do to make this happen
- Try to understand and accept the others involved.

The mediator will:

- Ensure everyone has an equal opportunity to communicate (speak and listen), negotiate and work with those involved in the mediation to work out realistic and fair agreements.
- Prevent name-calling, abuse or behaviour that prevents people from negotiating fairly (by setting ground-rules and ensuring these are adhered to).
- Not take sides or make decisions for participants.

The mediation process is usually as follows:

1. Individual meetings with the mediator

Describe the problem. Each person will have an individual meeting with the mediator to describe how he/she sees the situation, to reflect on how he/she would like the working relationship to be different and to consider how this might be achieved.

2. Joint meeting

Outlining the problem. Each participant will have a short time at the start of the meeting to explain, without interruption, how he/she sees the situation and would like to see happen.

Exploring issues. The mediator will ensure that participants are clear about what the important issues are, check facts, compare views of the problem, agree what issues can realistically be settled in mediation and get agreement to continue.

Building agreements. The mediator will explore what participants want and what can be done about the difficulties between them, working through differences, managing conflict, problem solving and preparing for decision making.

Making agreements. The mediator will not make suggestions or tell participants what to do. The mediator will help participants to find solutions that everyone is willing to accept and test the likely outcomes, clarify what will happen next and think about what will happen if the process gets stuck.

Closure and follow-up. At the end of the session the mediator will help participants to agree plans for future contact between themselves and the mediator if necessary. This may involve written agreements between participants.