

DISCIPLINARY POLICY AND PROCEDURE



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Trust Policy Group	Employee Services Team
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1. INTRODUCTION

The Trust's Disciplinary Policy and Procedure ensures that all disciplinary matters are dealt with fairly and consistently. Minor lapses in conduct will generally be dealt with as part of day to day management by verbal advice or counselling, but where lapses are more serious or persistent the disciplinary procedure will be invoked.

This Policy and Procedure is designed to assist and encourage all employees to maintain acceptable standards of conduct, performance and attendance, whilst safeguarding the interests of the Trust, its patients, clients, staff and visitors.

The Policy is compliant with legislation contained within the Employment Rights Act 1996 and the Employment Act 2008 and has taken due account of the ACAS Code of Practice on Disciplinary and Grievance Procedures.

Every effort will be made to avoid the use of disciplinary action where alternatives are appropriate.

No disciplinary action will be taken without the employee being informed of the nature of the allegations against them and being given the opportunity to respond to such allegations.

2. SCOPE AND AWARENESS

2.1 Scope of the Policy

The policy and procedure applies to all employees within the Trust including all Temporary Staffing Bureau Staff and Medical and Dental Staff and should be read in conjunction with the Trust's Medical and Dental Policy for Managing Capability Concerns, appropriate codes of conduct and rules for professional bodies.

Guidance on hearings and disciplinary procedures regarding medical and dental staff was published in "Maintaining High Professional Standards in the Modern NHS", which states that misconduct matters for doctors and dentists are matters for local employers and must be resolved locally (adhering to Maintaining High Professional Standards exclusion requirements, where appropriate). Appendix F of this policy must also be referenced for such cases.

Separate procedures exist for dealing with poor performance and capability due to ill health. For these issues managers should refer to:

- Trust Performance Management Policy
- Trust Supporting Attendance Policy
- Trust Linking Pay Progression with Performance Management Policy

2.2 Awareness of Policy

All managers are responsible for ensuring that employees are aware of the disciplinary procedure and the standards of conduct and performance that the Trust

expects. This policy should be considered in line with the Trust Staff Conduct policy and the Trust values of:

- Respecting Everyone
- Embracing Change
- Recognising Success
- Working Together

This and other employment policies are available on HRweb and available via line managers, should staff not have access to HR Web.

3. KEY PRINCIPLES AND PROVISIONS

3.1 Framework

This policy has been written in accordance with the ACAS Code of Practice on Disciplinary and Grievance Procedures which was introduced by the Employment Act 2008.

The main principles of the Code are as follows:

- To set the parameters of Disciplinary and Grievance Procedures with a focus on reasonableness
- To make employees and/or their representatives aware of its disciplinary procedures, and ensure that the disciplinary procedures are transparent and accessible to employees
- To manage conduct issues proactively before disciplinary action is required
- To communicate effectively with the employee in question
- To investigate issues as thoroughly as is reasonable in the circumstances
- To hold a disciplinary meeting with the employee and his or her representative before any formal sanction is decided
- To complete investigations without unreasonable delay and in as timely a manner as possible
- To keep written records of any meetings that are held in relation to an employee's conduct (see Section 4.1.1)
- The employee is entitled to appeal any formal sanction resulting from a disciplinary hearing.

3.2 Key Provisions

The Trust's disciplinary procedure is based on the following principles:

- That the protection and safety of staff, patients and the public is the Trust's overriding priority.
- Employees may be accompanied by a Trade Union representative or colleague at formal meetings (see section 3.5).
- No disciplinary action will be taken against an employee unless the case has been fully investigated by the appointed investigating officer.
- The employee will be advised of the complaint against them and will be given the opportunity to state their case before any decision is made.

- No employee will normally be dismissed for a first breach of discipline except in the case of gross misconduct, when the disciplinary sanction will be dismissal without notice or any payment in lieu of notice (Appendix D).
- The procedure may be initiated at the informal or formal stage dependent on the seriousness and nature of the alleged misconduct.
- Disciplinary hearings and investigations are confidential to the individuals concerned and a breach of confidentiality will be regarded as a disciplinary matter in itself.
- Impartiality will be maintained by all those involved in the disciplinary investigation and hearings. A disciplinary hearing will not be conducted by anyone who has been actively involved in the disciplinary investigation.
- Investigations may include precautionary suspension on full pay (section 4.2)
- In line with the Trust's Linking Pay Progression with Performance Management Policy, incremental pay will be deferred for twelve months where formal disciplinary sanctions have been applied (section 4.11).

3.3 Safeguarding

Safeguarding procedures are not limited to allegations involving significant harm or the risk of significant harm to a child or vulnerable adult. The Safeguarding leads for Adults and Children need to be notified at the outset in respect of any allegation that an employee has:

- behaved in a way that has harmed a patient, or may have harmed a child or vulnerable adult, whether or not this person is a patient
- possibly committed a criminal offence against or related to a child or vulnerable adult, whether or not this person is a patient
- behaved towards a child or vulnerable adult in a way that indicates s/he is unsuitable to work with children or vulnerable adults

The Trust has a legal duty to refer to the Disclosure and Barring Service relevant information where there is a concern relating to harm or the risk of harm to children or vulnerable adults. Further information on safeguarding can be found in the Safeguarding Adults Policy and the Safeguarding Children, Young People and Unborn Babies from Abuse Policy.

3.4 Professional Bodies

The Trust requires employees in registered professions to adhere to their standards of professional practice, and their relevant codes of professional conduct will be referenced in line with this policy

The relevant professional external body for professional staff will be notified of professional misconduct cases if a formal sanction results from a disciplinary process. The professional body may take action in addition to action taken by the Trust. The Trust has a duty to report instances of professional misconduct to certain statutory bodies e.g. Nursing and Midwifery Council. Reporting is done with the

relevant Head of Profession's approval within the division, supported by Employee Services.

In some cases the Trust may inform the relevant professional body at the beginning of an investigation if appropriate, after discussion with the relevant professional lead (see Appendix E).

If the nurse or midwife is subject to an internal disciplinary procedure, they will be able to apply to renew their registration as long as they fulfil all the revalidation requirements. However, if this internal disciplinary procedure includes concerns about the nurse or midwife's fitness to practise, these should be raised in the appropriate way at that time. This would fall outside of the revalidation process.

3.5 Formal Representation

Whilst employees do not have the statutory right to be accompanied at a formal investigation meeting, the Trust will allow for an employee to be accompanied by a Trade union representative or a colleague from the workplace. The employee may request to instead bring someone from outside these categories such as a personal friend or family member. It is at the investigating manager's discretion whether to approve this request.

At a disciplinary hearing the employee will have the right to be accompanied by a Trade Union representative, friend or colleague not acting in a legal capacity.

Investigation meetings and disciplinary hearings may be rearranged **once** if a Trade Union or employee representative is not available on the first date offered, and must not be unduly delayed.

Where disciplinary action is being considered against an employee who is a Trade Union representative, the normal disciplinary procedure should be followed. Depending on the circumstances, however, it is advisable to discuss the matter at an early stage with an official employed by the union, after obtaining the employee's agreement.

4. DISCIPLINARY PROCEDURE

Every effort will be made to avoid the use of disciplinary action where alternatives are appropriate.

No disciplinary action will be taken without the employee being informed of the nature of the allegations against them and being given the opportunity to respond to such allegations.

4.1 Informal Procedure

On most occasions, minor breaches of discipline can be dealt with informally, and it will not usually be appropriate for managers to use the formal disciplinary procedure

on the first occasion of misconduct by an employee. Employees should be warned that any repeat of the misconduct may lead to formal disciplinary action.

The manager should meet informally with the employee to highlight the matter to the employee, providing support and encouragement to improve their behaviour. The aim of the meeting should be to agree joint standards and plan improvement over an agreed timescale, where appropriate. The manager should write to the employee to confirm the discussion.

A letter or record of discussion placed on an employee's file will be removed from the file **six months** after being added, except where there is an emerging pattern of behaviour (indicated by a second similar incident within the six month period). Any subsequent letters or records of discussion will be removed following a six month period in which there have been no further incidents of similar behaviour.

Informal meetings to discuss issues are not part of the disciplinary process. However, the manager may feel during an informal meeting that an investigation is required and hence may end the meeting at any time and follow the formal procedure (section 4.3).

Employees do not have the right to be accompanied at informal meetings.

4.2 Suspension

Please refer to Appendix F if the case relates to a member of medical and dental staff.

In some cases it may be necessary to remove an employee from the work place whilst an investigation is carried out.

This can be when, for example:

- it is necessary for the protection of an employee, a patient or the public;
- the allegation is of such a serious nature that it is not acceptable for the employee concerned to remain on duty (e.g., assault/under the influence of alcohol);
- it may be appropriate to remove an employee from the workplace for a period of "cooling off";

(This list is not exhaustive, and further examples can be found in the suspension letter template)

This can be done by:

- restricting the employee's access to areas of work or the type of work undertaken;
- moving the employee to a different work area;
- changing the employee's work pattern;
- suspension.

If it is necessary to remove an employee from the workplace for the protection of an employee, a patient or the public, or the allegation is of such a serious nature that it

is not acceptable for the employee to remain on duty, the employee may be sent home immediately. This must be followed as soon as possible by formal suspension.

In other circumstances, suspension from duty should only be implemented after the alternatives have been considered and Employee Services consulted.

Suspension is normally carried out by the line manager with advice from Employee Services or the relevant HR Business Partner.

It is the responsibility of the line manager / Employee Services to either email the Joint Union office on Unions@UHBristol.nhs.uk or phone on ext 20826 or 20824 to inform them that an employee is to be suspended. This notification must take place, but must not delay the process. Unless the employee's consent has been gained, and they are a member of a recognised Trade Union, the employee's name must not be given, but the Unions should be informed of the date, time and staff group of the employee being suspended. An employee can refuse to have a union representative present at the suspension meeting.

When suspending an employee, the suspending manager should, if practicable, meet with the employee in person to inform them of their suspension immediately, or at the beginning of the employee's next working shift. In exceptional circumstances, and after discussion with Employee Services, the suspending manager may undertake the suspension by a phone conversation with the employee. In either circumstance, the manager must use the Suspension Meeting Checklist (Appendix B) as a guide.

If meeting in person, ideally a member of Employee Services should attend the suspension meeting, and union representation should be offered to the employee if they are a member of a recognised Trade Union. If this is not possible, suspension will not be unduly delayed, but all parties should be informed of the action that has been taken.

If the incident relates to children or vulnerable adults, the manager must inform the Safeguarding Team.

The conditions of the suspension should then be confirmed in writing, expressing the following key points:

- The reason for suspension;
- That it is not disciplinary action and is a precautionary measure;
- The anticipated duration of the suspension and how the matter will proceed including, if possible, a date and time of an investigation meeting;
- That the suspension is on full contractual pay. If there is an unreasonable delay in the investigation caused by the member of staff, this may be subject to review. However, being declared unfit to participate in the process by Occupational Health would not be an unreasonable delay;
- The terms of the suspension e.g., not to contact colleagues or anyone who might be a witness, refrain from entering the regular workplace, not accessing systems, etc, unless meeting a staff side representative and/or needing medical assistance.

- That the employee must not work for the Trust or any other NHS Trusts whilst on suspension, and should not work clinically anywhere else.
- That the suspension period will be kept to a minimum and that any reasons for delay will be communicated to the employee by the suspending manager.
- That support is available from Occupational Health if required.
- Who to contact if there are any queries.

Link to suspension letter:

[http://hrweb/Documents/SuspensionLetterNonMedical-2\[1\].docx](http://hrweb/Documents/SuspensionLetterNonMedical-2[1].docx)

In exceptional circumstances the maximum duration of a suspension may exceed 28 days. Where it is apparent that this is going to be exceeded, the suspending officer should write to the employee to advise on the period of extension and the reasons.

4.2.1 Ending a Suspension Early

The Trust reserves the right to end a suspension early, but this may only be done after discussion with the appropriate HR Business Partner. Any decision to do so is taken without prejudicing a subsequent disciplinary hearing.

4.2.2 Bank and other work during Suspension

The line manager must ensure that the Temporary Staffing Bureau is advised if a member of staff is on suspension. The employee who has been suspended must not undertake paid employment/work for this Trust or other NHS employers during their normal work hours with the Trust, including bank and locum work. If an agency worker is suspended, the Temporary Staffing Bureau must inform the agency who supplied the worker.

4.2.3 Annual Leave during Suspension

The suspending manager should ask the employee during the suspension meeting whether they have any annual leave booked that might fall within the suspension period. This information should be passed on to the investigating officer, and investigation meetings should not be arranged to take place on dates of the employee's annual leave.

Annual leave that has already been booked by the employee cannot be cancelled while they are on suspension. If the employee explicitly offers to make themselves available for meetings during their annual leave, then if a meeting is booked on one of these days, the employee will be credited that day of annual leave.

If an employee is on suspension and wishes to book new annual leave, they may request it but it would not normally be granted if it would impede the investigation process.

4.3 Formal Procedure

The formal procedure should be followed where the informal approach has failed to achieve the required improvements in behaviour, or where an informal approach is inappropriate.

If an allegation has been made then the first step of the process will normally be for the line manager to discuss this with the employee to make them aware of the allegation and ask the employee to prepare a written statement for the investigation meeting, or a verbal statement which will be taken at the investigation meeting and shared with the employee.

4.4 Investigation

Please refer to Appendix F if the case relates to a member of medical and dental staff.

The investigating officer will normally be the line manager of the individual about whom the allegations have been made. However if the line manager has been involved in the incident then an investigating officer will be appointed in discussion with Employee Services. Ideally, this appointed person should be familiar with the type of issues and the area of work.

Consideration should be given to the following before the investigation commences:

- No disciplinary action should be taken against an employee until the incident has been investigated;
- If fraud or corruption is suspected, the Local Counter Fraud Specialist should be contacted, in line with the Countering Fraud and Corruption Policy;
- If the alleged incident is serious e.g. gross misconduct, suspension should be considered (see section 4.2);
- In instances where the investigation relates to a clinical incident, managers should read *Appendix D of the Staff Support and Being Open Policy, which covers the Relationship between Incident Reporting and Disciplinary Action*, before proceeding to investigate fully;
- If the alleged incident is likely to lead to a referral to the Disclosure and Barring Service, care must be taken to ensure that appropriate information and documents are collected.

The investigation should begin as soon as the allegation is known, and should be completed without undue delay. The whole process of investigation should take no longer than four weeks. If the investigation is going to take longer than this then the employee should be informed in writing with the reasons for the delay.

4.5 Roles and Responsibilities during investigation

All staff involved in a disciplinary investigation must maintain confidentiality at all times throughout and after the process. Failure to do so may be considered as a separate conduct issue.

Line Manager/Investigating Officer

- Ensure that a complaint against an employee's conduct is investigated as fully as is reasonable and appropriate to the circumstances of the case, prior to any decision being made as to whether to proceed to a formal hearing;
- Ensure that the employee is aware of the following:
 - The complaint against them, at the earliest appropriate stage (including when the alleged incident took place and what is alleged to have happened);
 - That an investigation will be taking place;
 - The name of the investigating officer;
 - That they will have every opportunity to state their case;
 - That they will be offered the opportunity to have a representative present.
- Meet with the employee to discuss the incident and ask the employee to produce a written statement 48 hours before the investigation meeting. Failing this the statement can be taken verbally at the investigation meeting;
- Write to the employee inviting them to an investigation meeting, outlining the allegation and informing them that they can have representation at the meeting. Link to investigation to interview letter:
<http://nww.avon.nhs.uk/dms/Download.aspx?r=1&did=7955&f=EmployeeRelationsInvestigatoryInterviewInviteLette-1.doc>
- Arrange a venue for the investigation meeting and also, where possible, provide a note taker;
- Meet with all witnesses and obtain a verbal account of the alleged incident(s) and request a written statement within 48 hours of the incident happening. They will also collect relevant documents, equipment and/or any other material relevant to the case;
- To inform witnesses that their statements will be seen by the individual under investigation, should the case proceed to a formal hearing.
- Be responsible for, as far as practicable, the investigation being concluded in the specified timescale of four weeks;
- Having gathered the relevant facts, present their findings in a management report outlining the full circumstances of the case to an appropriate manager (see Appendix E) to determine if there is a case to answer. This report will also include any recommendations following from the investigation;
- Should the case go to a formal disciplinary hearing, the investigating officer will present a summary of their findings at that meeting.

Employee Services Advisor (support for the investigating officer)

- Support and advise the line manager throughout the investigation process;
- Ensure that the disciplinary policy and procedure is being applied correctly, fairly and consistently;
- Encourage and support the investigating officer to conclude the investigation within the specified timescale;
- Attend any formal meetings in relation to the investigation.

The manager receiving the management report

- Read the report and determine whether the case should proceed to a formal hearing or, alternatively that:

- the employee should undertake extra training or any other informal recommendations or restrictions that may be put in place (section 4.7).
- there is no case to answer and no further action will be taken (section 4.6).
- If they decide the case should proceed to formal hearing, to determine who should chair the panel in line with the levels of authority necessary depending on the severity of allegation.
- Decide whether it is appropriate to end the suspension prior to a hearing (see 4.2.1)
- If proceeding to a formal hearing, to share the investigation report with the employee's chosen Trade Union representative as early as is practicable.

If the manager receiving the report is not able to deal with it in a timely manner, the report should be passed to another appropriate manager so that the process is not delayed. Refer to Appendix E for appropriate authority levels.

NB: this manager does not have to be the chair of the disciplinary panel.

The Employee

- Comply with the policy and attend any informal or formal meetings as required
- Produce a statement as part of the investigation when requested;
- Let the organiser know as soon as reasonably practicable if they cannot attend informal or formal meetings;
- Make it clear whether or not they wish a specified union representative to be copied into correspondence about the process;

4.6 No case to answer

If, following either a full investigation or a formal hearing, the manager receiving the investigation report or chairing the panel decides that there is no case to answer on the presented allegations, they should write to the employee to confirm the decision and end the disciplinary process. The letter should be removed from the employee's file after **one year**.

4.7 Outcome with Recommendations

Following either a full investigation or a formal hearing, the manager receiving the investigation report or chairing the panel may decide that while the allegations may be substantiated, a formal hearing or formal sanction is not warranted. They should write to the employee to confirm this decision and the nature of the informal outcome (for example, a recommendation for additional training), and inform them that if further similar allegations arise within the next 12 months, the evidence gathered may be considered alongside a future investigation. The letter should be removed from the employee's file after **one year**.

4.8 Disciplinary Hearing

Please refer to Appendix F if the case relates to a member of medical and dental staff.

In order for a formal sanction to be considered, a disciplinary hearing is required. The hearing will be organised by the chair of the panel, who will be appropriately authorised or will have delegated responsibility to issue a sanction (See Appendix E). This manager will not have been actively involved in the disciplinary investigation, but may have been the suspending manager or the manager who received the management report.

A provisional date for a formal hearing may be arranged prior to a decision being made on whether to proceed to a panel, in order to limit undue delays in the process. Any such arrangement is without prejudice, and does not inform or lead the decision of the manager receiving the management report.

The chair of the panel will:

- select who should be on the panel to support them, depending on the severity or complexity of the case or the staff group the employee belongs to;
- formally invite the employee to a disciplinary hearing, giving at least 10 calendar days' notice, including the following information:
 - The requirement of the employee to attend the hearing;
 - The date, time and place of the hearing;
 - The precise details of the allegations against the employee;
 - The right of the employee to be accompanied by a Trade Union representative, or other person, not acting in a legal capacity;
 - The names and job titles of the individuals attending the hearing;
 - A request for details of the employee's representative (if any) at the hearing, witnesses to be called and documents to be produced;
 - Whether the allegation could be considered gross misconduct, and whether dismissal is a possible outcome of the disciplinary hearing.
- send out two copies of the management case to the employee with the invitation letter.

Link to invite to hearing letter:

<http://hrweb/Documents/DisciplinaryInvitetoHearingLetter1.docx>

- organise a note taker for the hearing;
- lead the hearing and follow the process as set out in Appendix C;
- make a decision in line with the "potential outcomes of a hearing" in the disciplinary policy, after consultation with the other members of the panel;
- to confirm the outcome of the hearing to the individual in writing.

The panel should also include a Human Resources advisor to advise the panel on process.

There may be a third panel member present to ensure objectivity or be an expert in the field relating to the employee's place of work or from the profession to which the employee belongs.

For cases that are deemed serious enough for dismissal to be considered as a potential outcome a third panel member is required.

Before the hearing, the employee should:

- produce evidence or a statement in response to the management case for the panel to consider, which should be received by the chair no fewer than two working days prior to the hearing. The employee should submit sufficient copies of written documents for all panel members.
- let the organiser know as soon as reasonably practicable if they cannot attend;
- organise Trade Union representation, friend or colleague, if required, and give them a copy of the management report.

Support to employee:

The employee has the right to be accompanied by a trade union representative or a friend or colleague not acting in a legal capacity.

Where the employee is an accredited Trade Union representative, the Human Resources advisor must contact the Full Time Officer before arranging a disciplinary hearing.

4.9 Conduct of the Hearing

Please refer to Appendix F if the case relates to a member of medical and dental staff.

The hearing will be conducted impartially. The chair of the panel must ensure that the employee is given every opportunity to state their case, and that only facts relevant to the alleged misconduct are considered.

The panel should consider the information they have received prior to the hearing. If new/additional evidence is to be presented, this needs to be given to the chair of the panel who will consider whether it is appropriate to accept or to refer back to the investigating team for further investigation.

Witnesses may also be present for the part of the hearing relevant to them.

A note taker should also be present and notes will be made available to all parties following the hearing. The purpose of the note taker is to provide the panel with a sufficient record of the hearing to support them in making a decision. The notes are not a verbatim record of the hearing.

The order of events at the hearing is shown in the flowchart at Appendix C.

4.10 Non Attendance at a hearing

Failure to attend a hearing is not acceptable without justification, and a hearing may go ahead in the employee's absence. The chair of the panel, in conjunction with the other panel members, will decide if this action is appropriate.

A staff side representative may present the case in the absence of the employee, if needed, and only if all parties agree.

Disciplinary hearings may be re-arranged once if the employee or their representative is unable to attend, providing they have given prior warning. At the second attempt, the hearing will take place and a decision will be made in their absence unless there are highly exceptional circumstances.

4.11 Disciplinary Sanctions

When a sanction is given, the panel should have considered all the facts available, any mitigation provided, and be confident that a fair and consistent decision has been made in light of the allegation and evidence presented.

An employee's service record should be taken into account where appropriate.

The chair of the panel, with advice from the other panel member(s), must decide whether formal disciplinary action is necessary. If appropriate, the below sanctions are available under the Trust's procedure.

The chair of the panel should also defer an employee's incremental progression for 12 months whenever a formal sanction is applied. The chair must refer to the [Trust's Linking Pay Progression with Performance Management Policy](#) and seek advice from the Human Resources advisor to the panel.

Written Warning

Where unacceptable levels of conduct or performance have not been resolved by verbal advice or where the offence is more serious, the employee may be given a written warning.

The warning will set out the nature of the offence, the consequences of any further offence, specifying, if appropriate, what improvement is required and over what time period, the timing of review hearings if appropriate, and notification that the consequence of failure to correct behaviour could result in a final warning and ultimately dismissal.

There can be recommendations made by the panel in reference to retraining or managing performance, where appropriate.

This will normally be issued for a period of up to 12 months, after which this should be removed from the employee's file.

Final Written Warning

Where there has been a serious instance of misconduct, or where there has been further misconduct during the timespan of a previous formal written warning, the employee may be given a final written warning.

The final written warning will set out the nature of the offence, specifying, if appropriate, what improvement is required over what time period and will state that any further recurrence or further misconduct may lead to dismissal.

There can be recommendations made by the panel in reference to retraining or managing performance where appropriate.

This will normally be issued for a specified period of up to 12 months. However, for serious misconduct, this may be extended up to a maximum of 2 years.

Downgrading/Transfer

In certain circumstances it may be necessary to apply further disciplinary sanctions in addition to a final written warning or as an alternative to dismissal. This includes downgrading without protection of earnings (permanent or temporary), withholding of increments, and transfers without protection of earnings. Such transfers or downgrading will always be within one band or equivalent of the employee's existing post.

Dismissal

If all disciplinary stages have been followed and the misconduct continues, or where there have been a number of instances of less serious offences, or where an incident is so serious it constitutes gross misconduct (see Appendix D), then the employee will be dismissed. Dismissal for misconduct will be with the appropriate notice period (or exceptionally payment in lieu of notice) of one week's notice for each completed year of continuous service up to a maximum of twelve weeks. If the dismissal is as a result of gross misconduct, it will normally be a summary dismissal without notice or payment in lieu of notice.

In considering dismissal as an option, the following must be examined:

- Whether the disciplinary procedure has been complied with and, if it has not, that there are good and justifiable reasons for departing from it;
- Whether other available courses of action have been considered and discounted;
- Where appropriate, the dismissal is consistent with previous practice within the Trust and is a reasonable course of action;
- All the evidence relied upon is available and sufficiently clear to justify the decision.

4.12 Appeals

Please refer to Appendix F if the case relates to a member of medical and dental staff.

Following a disciplinary sanction, an employee can appeal against the decision. The right to appeal will be given in writing in the outcome letter from the disciplinary hearing, including a copy of the Trust's Appeals Policy and Procedure.

An appeal must be to the nominated manager as stated in the disciplinary hearing outcome letter, and must be received by them no later than ten working days following written confirmation of the sanction.

The employee should include in their written appeal the following:

- The reasons for appeal;

- If they feel that due process in the hearing was not followed;
- If they feel that there was evidence/mitigation that was not considered.

All appeals against dismissal will be conducted in accordance with the Trust's Appeals Policy and Procedure.

4.13 Records and Time Limits

All disciplinary records and associated papers are confidential and will be kept on the employee's personnel file in Employee Services.

Written warnings will remain on the individual's personal file for the period of the sanction. At the end of this time the record will be disregarded for most purposes.

All written documents/records and proceedings relating to matters dealt with under this policy are, and must remain, confidential except in cases which are subject to a referral to the Disclosure and Barring Service (see Section 3.3) or if used to notify a professional body.

In certain circumstances, where a registered health professional employee is dismissed from the Trust, the relevant professional body should be informed.

4.14 Behaviour outside the working environment

Behaviour outside the working environment may also be dealt with under the disciplinary procedure if it affects an individual's continued suitability for employment. The main consideration will be whether or not the offence is one which makes the individual unsuitable for continued employment with the Trust. In certain cases, suspension from duty may be considered appropriate.

Inappropriate use of social networking sites can be classed as unsuitable behaviour outside the working environment and could potentially result in disciplinary action (further information on this can be found in the Social Media Policy).

An employee who is arrested and charged, or served with a summons on a criminal charge is required to inform their line manager of the situation as soon as possible.

A conviction for a criminal offence which is not directly related to an individual's employment may still be regarded as gross misconduct resulting in summary dismissal. However, the fact that an employee has been charged, remanded in custody, or convicted of a criminal offence not related to their employment, will not be regarded as an automatic reason for dismissal or other disciplinary action.

Where events giving rise to disciplinary action are the subject of legal proceedings or legal processes, the Trust may take disciplinary action before such legal proceedings/processes are concluded. This will depend on advice from the police or other prosecuting bodies, including the Local Counter Fraud Specialist, on whether it is appropriate to continue with the Trust's disciplinary process.

5. MONITORING & ASSURANCE

Formal disciplinary matters are monitored by Employee Services and will be reported in a quarterly report to the Trust's Industrial Relations Group.

The maintaining of Professional Clinical Registration is monitored by the HRIS Team and Employee Services.

6. REFERENCES

Appeals Policy & Procedure
Countering Fraud and Corruption Policy
Medical and Dental Policy for Managing Capability Concerns
Performance Management Policy
Safeguarding Adults Policy
Safeguarding Children, Young People and Unborn Babies from Abuse Policy
Social Media Policy
Staff Conduct Policy
Staff Support and Being Open Policy
Substance Misuse Policy
Supporting Attendance Policy

HR Web disciplinary page:

http://hrweb/Pages/category.aspx?HR_Category=Disciplinary

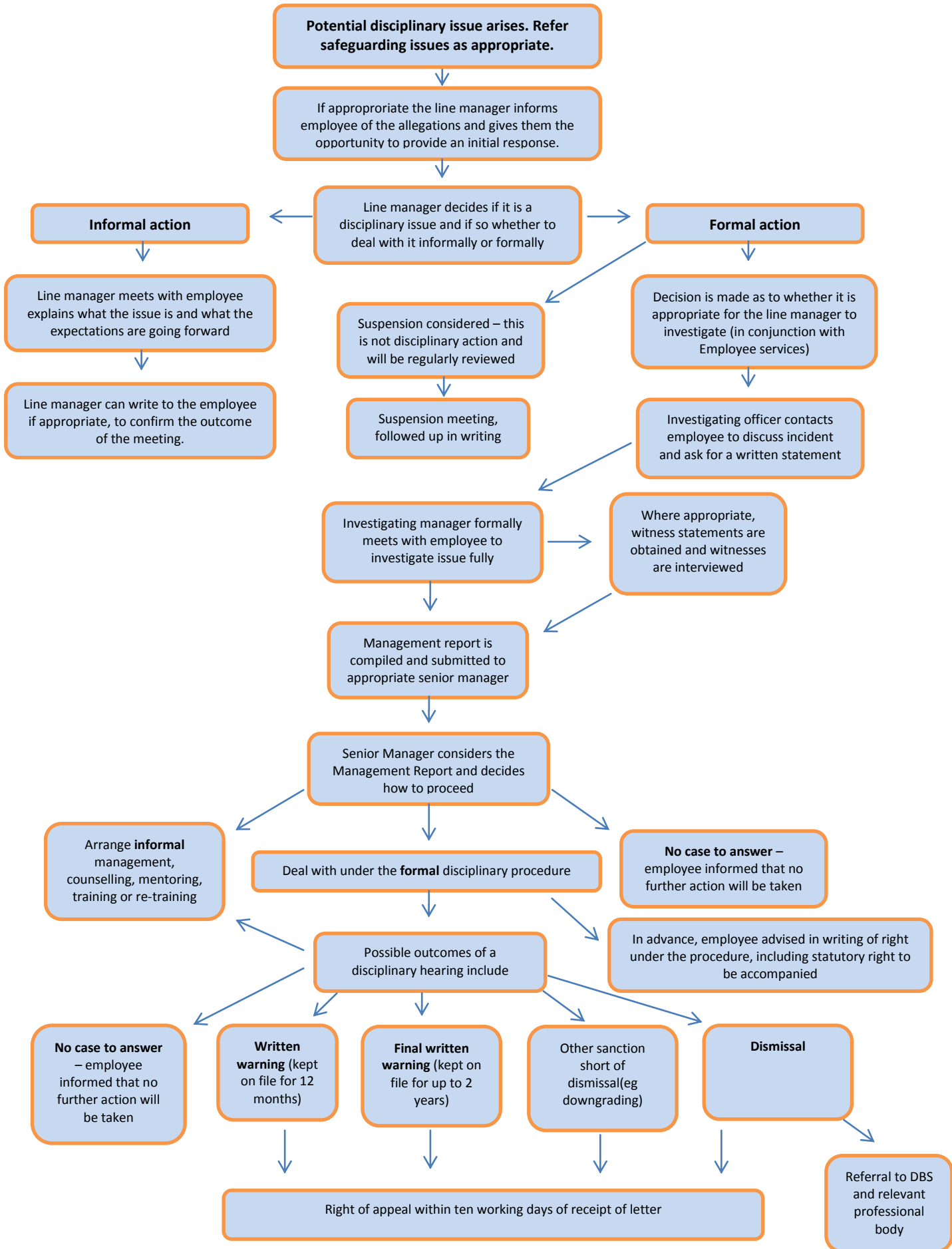
Maintaining High Professional Standards in the Modern NHS:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4103344.pdf

ACAS code of practice:

http://www.acas.org.uk/media/pdf/k/b/Acas_Code_of_Practice_1_on_disciplinary_and_grievance_procedures-accessible-version-Jul-2012.pdf

Disciplinary Procedure Overview



Suspension Meeting Checklist

Prior to the suspension meeting:

- Ensure you have read this guidance and the Trust's Disciplinary Policy, Section 4.2 Suspension before taking further action.
- Consider whether suspension is the most appropriate course of action. Consideration should be given to the seriousness of the incident or allegation(s) (risk to employee, patients or the public) for the employee to remain in the workplace should an investigation be required.
- Discuss the intention to suspend with the Divisional HR Business Partner.
- Contact the Employee Services team on ext. 25000 (option 3) to arrange for a member of the team to attend the suspension meeting.
- Arrange to meet with the employee as soon as possible following the incident or receipt of the allegation(s).
- Contact Staff Side by email (Unions@UHBristol.nhs.uk) or on extension 20826 or 20824 if the employee is a union member.

During the suspension meeting:

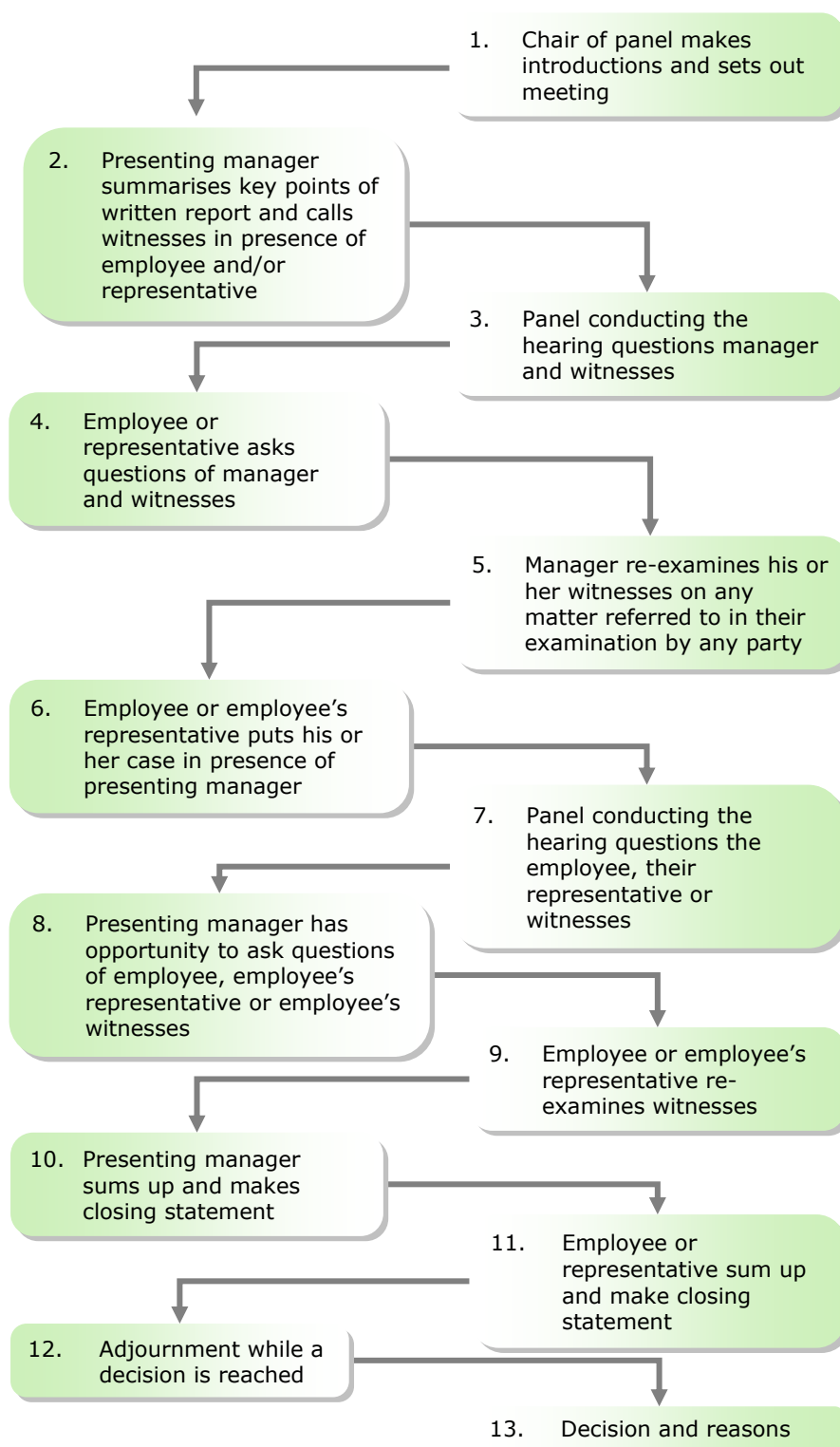
- Explain that the employee can be accompanied by a Trade Union representative or friend/colleague not acting in a legal capacity. If not accompanied, clarify that they are happy to proceed with the meeting.
- If the employee wishes to have a friend, colleague, or Trade Union representative to accompany them, efforts should be made to arrange this immediately.
- Outline the allegation/serious concern that has been raised.
- Ask if they would like to respond verbally to the allegation(s). If the employee opts out of providing a verbal response, advise them that consideration of suspension would be made on the information available at present.
- If the decision to suspend is made, explain that as the allegations are very serious you have decided to suspend them from duty to allow for an investigation to take place.
- Advise them that they will be required to submit a written statement within 48 hours. This could be extended up to 5 working days on the employee's request (agree a deadline).
- Emphasise that suspension is a precautionary and not a disciplinary action.
- Advise that they will receive full contractual pay whilst on suspension.
- Tell them that whilst on suspension they should not return to Trust premises without the express permission of the line manager, nor contact Trust staff or patients. Permission would be granted for the member of staff to meet with their staff side representative and/or seek medical assistance if attending as a patient or accompanying a patient.
- Explain the importance of maintaining confidentiality at all times.

- Inform them that the suspension will be confirmed in writing. Ideally this will be handed to the employee at the suspension meeting.
- Explain the additional support available during suspension, including the Staff Counselling service, Occupational Health Service (extension 23400) and Employee Services (extension 25000 option 3) for support and advice.
- Explain that the employee cannot work for the Trust or any other NHS Trust whilst on suspension.
- Explain that clinical staff should not work clinically anywhere else whilst on suspension.
- Explain that the employee will be required to attend an investigation meeting in accordance with the Trust's disciplinary procedure
- Explain that the employee, while not required to attend work, should remain available to assist in the disciplinary investigation, attend investigation or disciplinary meetings, or deal with any work-related questions.
- Ask the employee whether they have any booked leave which may fall within the suspension period, and explain that this cannot be cancelled, though individual days may be recouped where the employee explicitly offers to make themselves available during annual leave, and a meeting is booked on a day of annual leave.
- Explain that if the employee wishes to book new annual leave, they should request it and it will be dealt with in accordance with normal procedures. However it would not normally be granted if it would impede the investigation process.
- Check contact details with the member of staff.
- Allow the member of staff to collect any belongings they need and ensure they leave the premises.
- Remove the employee's Staff ID Badge from them and any other items which would allow the employee to access NHS data or premises.

After the suspension meeting:

- Inform the line manager of the employee (if they are not the suspending manager).
- Inform the Temporary Staffing Bureau and other departments the employee may work in, so as to ensure the employee does not work for the Trust in any capacity.
- Inform Employee Services of the suspension (if they have not been available to attend the suspension meeting).
- If the member of staff was unaccompanied but is a union member, the manager needs to inform the union representative as soon as possible of suspension.
- Write the suspension letter the same day and send to the employee, if this has not already been handed to the employee. Check the letter with an Employee Services Advisor before sending it out.
- Ensure the employee is regularly updated on the progress of the investigation (if the investigation is likely to take more than 28 days).
- Ensure the employee is informed by the line manager regularly of any service-related information relevant to them.

Flowchart for a formal disciplinary hearing



Examples of Gross Misconduct

APPENDIX D

The following acts, and offences of a like nature or a similar gravity, are regarded as gross misconduct and may lead to summary dismissal (i.e. without notice or previous warning) although mitigating circumstances will be taken into account. The list is not exclusive or exhaustive:

- Theft. In cases of suspected theft the Security Adviser must be notified.
- Fraud. In cases of suspected fraud, the Trust's Local Counter Fraud Specialist and Director of Finance must be notified.
- Deliberate falsification of records.
- Assault, actual or threatened; serious fighting.
- Ill treatment of patients, staff or visitors, either verbally or physically.
- Negligence which causes or threatens unacceptable loss, damage or injury.
- Deliberate damage to the Trust's property or that of colleagues, patients or contractors or users of the Trust whilst on site.
- Being unfit for duty, other than for medical reasons, due to misuse of drugs or alcohol, which may include sleeping on duty.
- Unauthorised disclosure of confidential information.
- Mention of UHBristol, its component hospitals or reference to working for the NHS in Bristol on social networking sites which may bring the Trust into disrepute.
- Sexual offences or sexual misconduct at work. This includes sexual or inappropriate relationships with patients in care or receiving treatment.
- Staff must not abuse their position to influence patients or relatives, including about the choice of private care as either an alternative to, or follow up to, care received from the Trust.
- Professional misconduct - contravention of professional codes of conduct.
- Criminal offences and any other conduct outside employment (whether on or off duty) which affects the employee's suitability to perform his or her work, makes him or her unacceptable to other employees, or damages the Trust to the extent that the employee's presence at work cannot be permitted.
- Corruption - receipt of money, goods, favours, excessive hospitality, inappropriate involvement in the award of contracts of services etc.
- Breaches of information governance, or failure to comply with regulations relating to computer software and hardware.
- Omission or conduct liable to lead to serious loss of confidence from the Trust.
- Malicious intent to harass, bully or discriminate, including on the basis of a protected characteristic.
- Inappropriate use of the internet or e-mail, e.g. accessing internet sites containing obscene, pornographic or offensive material.
- Employment elsewhere during the hours of work that staff are contracted with the Trust, or while absent due to ill health from the Trust (other than with explicit permission from the appropriate manager). The Trust's Local Counter Fraud Specialist should be contacted if this is suspected.

Required Levels of Authority for Disciplinary Action

APPENDIX E

Disciplinary Action	Category of Employee				
	Trust Employee (non-medical)	Medical Trainees and Non-consultant Career Grades	Consultant	Executive Director	Chief Executive
First Written Warning	First Line Manager or Head of Department	Specialty Lead or Lead Doctor	Clinical Chair	Chief Executive	Chair
Final Written Warning	Assistant Divisional Director/ Head of Nursing or Lead AHP/Designated Corporate Manager	Specialty Lead or Lead Doctor	Clinical Chair	Chief Executive	Chair and 2 Non-Executive Directors
Dismissal	Divisional Director/ Clinical Chair/ Head of Nursing or Lead AHP/ Designated Senior Corporate Manager or Director	Clinical Chair	Medical Director	Chair and 2 Non-Executive Directors	Chair and all Non-Executive Directors

Where authority to chair dismissal or appeal hearings is delegated, this must be confirmed with an email from the delegating manager to the panel chair.

If the member of staff involved is of very senior level, the same principles must be applied around levels of authority to dismiss, but it may be necessary for the manager with authority to hear appeals to conduct the actual dismissal hearing, and for the appeal line to be determined on an individual basis by the corporate Human Resources team. In such circumstances the authority to give warnings may also be distinguished accordingly.

For clinicians / healthcare professionals who are registered with a statutory body, a proportion of disciplinary issues are professional and code of conduct issues. Consequently they must involve appropriate senior professional input at all stages. In all instances of disciplinary action concerning such staff the advice of the Divisional Head of Profession or Director of Nursing/Medical Director team must be sought before proceeding.

For clinicians / healthcare professionals who are not registered with a statutory body e.g., unregistered support workers, some technicians, there may be issues of a 'professional nature' in the disciplinary case which require professional input in the stages of disciplinary process. If in doubt seek the advice of the Divisional Head of Profession or Chief Nurses team before proceeding.

For non-clinical professional staff who are registered with their appropriate professional body, e.g.: Finance, Human Resources, senior professional input must be sought at all stages where there are issues of a professional nature. It is advised that in all instances of disciplinary action concerning such staff, the advice of a senior professional Lead or Director in the function is sought before proceeding.

APPENDIX F

Dealing with concerns of conduct with Medical and Dental staff

This document describes the steps required if the disciplinary investigation relates to the conduct of a member of Medical or Dental staff who is not in training. It should be read in conjunction with the Maintaining High Professional Standards (MHPS) document in relation to conduct issues. The National Clinical Assessment Service (NCAS) should also be contacted at the earliest opportunity. NCAS helps improve patient safety by helping to resolve concerns about the professional practice of doctors, dentists and pharmacists in the UK and overseas by providing expert advice and support, clinical assessment and training.

Key provisions

Each section of the policy where a separate procedure is required for Medical and Dental staff has been highlighted. In these instances, reference should be made to this document and the relevant section of the MHPS document. Where no reference has been made to this Appendix, the requirements of the main policy will apply. Where a case relates to both the conduct and capability of a member of Medical and Dental staff, 2 separate processes will be required and reference must be made to the Medical and Dental Policy for Managing Capability Concerns.

Section 4.2 of the Trust's Disciplinary policy

Exclusions

This is the term used for medical and dental staff, to avoid confusion with suspension imposed by the GMC. Exclusions must be reviewed regularly by the Board and the Chief Executive (or nominated Deputy), the requirements of this are outlined below. Other than the alternatives outlined in the main policy, clinical supervision of normal contractual duties may be considered as an alternative for medical and dental staff.

NCAS should be contacted and informed at the earliest opportunity if a member of medical or dental staff is excluded and should be informed of any subsequent extension or changes to the exclusion. Annex B of the MHPS document should be referred to for more detailed information about exclusions.

Exclusion can be immediate or formal, the differences are as follows:

- Immediate exclusion allows for protection of patients or other staff and assists the investigation process when there is a clear risk that the practitioner's presence would impede the gathering of evidence. It is an appropriate course of action following a critical incident when serious allegations have been made or when there is an allegation of a criminal act.
- Formal exclusion may only take place after the Case Manager has considered whether there is a case to answer. Formal exclusion arrangements should be reviewed regularly in conjunction with NCAS and should not ordinarily be longer than 4 weeks in duration wherever possible.

Section 4.4 of the Trust's Disciplinary policy

Investigations

Investigations are carried out by a Case Investigator, who is appointed by the Medical Director. Their role is described below:

- The Case Investigator needs to be appropriately qualified and must ensure strict confidentiality. Patient confidentiality needs to be maintained but the investigation report needs to clearly show the details of the allegations.
- It is the responsibility of the Case Investigator to judge what information needs to be gathered and how.
- The Case Investigator needs to ensure that sufficient evidence is collected to fully consider all aspects of the investigation and that a report is made of the investigation process and the information gathered.
- It is not the role of the Case Investigator to make decisions regarding actions required at the completion of the investigation.
- The Case Investigator may not be a member of a hearing panel subsequent to the investigation, but may be required to present the investigation report at the hearing or attend the hearing as a witness as required.

Once the report of the investigation is prepared, the Case Investigator must give the practitioner the opportunity to study the content and provide written comment, and submit this to the Case Investigator within 14 calendar days of receipt. This time limit may be altered in exceptional cases with the prior agreement of the case manager.

The case manager will, taking all sources of information into account (e.g. from NCAS) and after consultation with the Director of Workforce and OD or the Associate Director of HR, decide what further action is necessary and develop an action plan accordingly. The case manager will inform the practitioner of the decision at the earliest possible opportunity and normally within 14 calendar days of receiving the practitioner's comments.

Section 4.6/4.7 of the Trust's Disciplinary policy

Disciplinary Hearings

For the purposes of setting up a hearing panel for Medical and Dental staff, it is important that the constitution meets the requirements of the MHPS document. As such, the panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) and not currently employed by the Trust.

Section 4.10 of the Trust's Disciplinary policy

Appeals

The practitioner has the right of appeal against all sanctions. The provisions of the Trust's Appeals Policy will apply.

EQUALITY, DIVERSITY AND HUMAN RIGHTS in EMPLOYMENT POLICY

(Formerly the Equal Opportunities in Employment Policy, and
incorporating the Valuing Diversity Strategy)

This document is available in other formats on request



DOCUMENT DETAIL

Author:	████████████████████
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Chair:	████████████████████
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Name of Trust Member responsible for implementation of Trust Policy :	Deputy Director of Workforce & OD

Consultation: This document has been reviewed with the following individuals and groups	Trust Equality & Diversity Group, Joint Union Committee, Policy Group, members of the SW Diamond Cluster
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Document History					
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February 2014	1	November 2015	21 st Jan 2014	Director of Workforce & OD	Complete review & rewrite
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1. INTRODUCTION

This policy sets out University Hospital Bristol NHS Foundations Trust's (UH Bristol) commitment to the equality and diversity agenda and associated legislation including challenging any form of discrimination, promoting equality, diversity and human rights for staff in all areas of employment practice (including recruitment) and subsequently by improving performance in equality and diversity for the workforce and by the workforce, improving the experience of service users.

This policy will be amended as appropriate to meet the requirements of legislative changes.

2. PURPOSE

The purpose of this policy is to set out how the Trust will achieve its aim of ensuring there is no unlawful or undesirable discrimination, whether direct, indirect or by way of victimisation, against its service users, carers, visitors, existing employees or those wishing to seek employment with the Trust.

Good employment practice is key to ensure the Trust meets its legal responsibilities and this policy outlines the responsibilities of the Trust (as an employer and service provider) and the responsibilities of Trust staff (as employees) to ensure the Trust develops a culture of inclusion, where dignity, respect, fairness and equality for all is promoted, based upon the protected characteristics defined by the Equality Act 2010 and other status covered by the Human Rights Act 1998.

The protected characteristics are race, age, sex, disability, religion or belief (or no belief), pregnancy or maternity, civil partnership or marriage, gender reassignment and sexual orientation.

3. LEGAL ASPECTS

The Equality Act 2010 gives the NHS and its organisations opportunities to work towards eliminating discrimination and reducing inequalities in care. The general duty within the act states that all public authorities have a duty to:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity between persons who share a protected characteristic and persons who do not share it
- Foster good relations between persons who share a protected characteristic and persons who do not share it

The **Protected Characteristics (part of the Equality Act 2010)** are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Race
- Religion or Belief

- Sex
- Sexual Orientation
- Pregnancy and Maternity

The NHS already has clear values and principles about equality and fairness, as set out in the NHS Constitution and the duties under the Equality Act 2010 reinforce many of these.

The Workforce Race Equality Standard (WRES), introduced in July 2014, requires all NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME (black and minority ethnic) Board representation.

4. PRINCIPLES

The Trust serves a diverse community through a diverse staff, and there are obligations and responsibilities for both staff and patients in delivering and receiving excellent care.

Ensuring the dignity of, and maintaining respect for patients and staff is a core principle of UH Bristol. Promoting equality, diversity and human rights whilst challenging any form of inequality, discrimination and harassment are central to the Trust's Values:

Respecting Everyone
Embracing Change
Recognising Success
Working Together

The Trust recognises that everyone is different and has something unique to offer. The Trust respects these differences and works to support and harness individual talents.

The Trust will not tolerate discrimination under any circumstances and particularly because of a protected characteristic.

The Trust will not tolerate bullying or harassment under any circumstances and particularly because of a protected characteristic. The Trust has a separate Tackling Harassment & Bullying at Work Policy.

The Trust is fully committed to adherence to the Equality Act 2010 and undertaking action under the public sector Equality Duties, as defined within the Act.

5. SCOPE

This policy applies to all employees and volunteer staff, contractors, locums, holders of honorary, research or fixed term contracts, agency staff, students and other learners working within the Trust.

The policy is applicable to all employees whilst at work or on work premises, all applicants for Trust positions and leavers from the Trust. The policy also applies outside work where the activity or situation can be associated with work – for example, team social events, staff transport, social networking. The Trust will also work with contracting partners to have similar aims.

Breaches of this policy will be regarded as misconduct and could lead to disciplinary proceedings.

6. DEFINITIONS

Equality – is about recognising differences by ensuring everyone has equality of opportunity and there is a consistent approach to the application of rules, policies and procedures. The Trust recognises that sometimes this will result in treating people differently through a fair and consistent process to achieve an equal outcome.

Diversity – is about understanding, recognising, respecting and valuing differences.

Discrimination - is defined within the Equality Act 2010 under five main headings:
Direct Discrimination is where a person or a group of people are treated less favourably than another on the grounds of their protected characteristics.

Indirect Discrimination is when a provision, criterion or practice is applied in a way that creates disproportionate disadvantage for people of a particular protected characteristic

Perceptive discrimination is when someone is discriminated against because others think they have a protected characteristic

Associative discrimination is when a person is discriminated against because they are associated with another person who has a protected characteristic

Victimisation is when an individual is treated less favourably because they have complained about discrimination or have supported someone else to make a complaint.

A further glossary of words and phrases often used in relation to equality and diversity can be found at Appendix A.

7. RESPONSIBILITIES

All Employees are:

- expected to treat all individuals with respect and dignity, in line with Trust Values, and recognise and value individual skills and contributions;
- responsible for their own behaviour, and expected to be aware of the potential impact of their behaviour on other people
- expected to support colleagues who face discrimination from patients, visitors or other staff
- responsible for challenging unwanted behaviour at the first instance, if it is appropriate and they are able to do so

- expected to understand their own role in promoting equality and diversity
- required to have a basic understanding of equality and diversity, demonstrated through completion of the Trust's equality and diversity training as set out by the Trust's Essential Training Core Group.

Managers and Directors are expected to visibly promote equality and diversity within the Trust and within their teams. They have a particular responsibility to ensure:

- diversity is encouraged and supported within their teams
- all staff within their area of responsibility are appropriately trained and competent in equality and diversity
- staff who experience discrimination from patients, visitors or other staff, are supported
- unacceptable behaviours are challenged and create a climate where issues can be raised without the fear of reprisals
- an environment exists in which staff are able to identify and share good practice, celebrate success and encourage positive attitudes towards diversity
- adherence to equality legislation and Trust policy; being familiar with the implications on employment practice, including using positive action in recruitment and selection where necessary
- undertaking an equality analysis/equality impact assessment of all change programmes prior to implementation to measure impacts and benefits, and mitigate against negative disproportionate impacts found;
 - making transparent, fair and equitable decisions on promotion or incremental pay increases and staff development;
 - allocating training using positive action when necessary to target training for under-represented groups of staff in line with the protected characteristics and fair practices in employment;
 - conducting fair and transparent appraisals;
 - dealing fairly and transparently with requests for flexible working;
 - ensuring staff involvement and implementation of staff consultation exercises and making reasonable adjustments when necessary;
 - making fair and equitable selection for transfer and redundancy

The Trust – UHBristol has a moral and legal responsibility for promoting equality and human rights, valuing diversity and tackling discrimination.

The Trust will ensure equality of access and provision of services which meet the needs of its service users.

As a provider of healthcare in a diverse community, UHBristol will seek to work in partnership with a diverse group of stakeholders in order to achieve better health outcomes for all irrespective of their protected characteristic.

The Chief Executive has ultimate responsibility, devolved to the Director of Workforce and Organisational Development, with day to day responsibility carried out by key members of the Workforce & OD team.

The Deputy Director of Workforce & Organisational Development is responsible for the effective operation of this policy and for providing advice and assistance on its implementation with the support of the Divisions and their Human Resources Business Partners; the Employee Services Team; Heads of Nursing, Information Management and Technology, the Teaching and Learning team and the Patient Involvement team.

The Equality & Diversity Group will guide, recommend and oversee the Trust's approach to equalities, diversity and human rights and the effective implementation of this policy. The Group will also provide assurance to the Trust's Workforce and OD Group (a group with delegated authority from the Trust's Senior Leadership Team).

8. EQUALITY & DIVERSITY IN EMPLOYMENT PROCEDURES AND PRACTICES

8.1 Recruitment and selection

All jobs, secondments and fixed term posts will be advertised so that there are equal opportunities for all interested persons to apply. An exception to this applies when special arrangements are made for those employees who would otherwise be at risk of redundancy or redeployment on the grounds of ill health or organisational change.

All advertisements will include an appropriate short statement on the principles of equal opportunities.

Person specifications will reflect the requirements which are necessary for the effective performance of the job.

The chair of a recruitment and selection panel must have undertaken recruitment and selection training or been formally accredited for prior learning before conducting interviews.

The Guaranteed Interview Scheme is in place to support those with a disability (as defined in the Glossary in Appendix A) who are seeking employment. This means that any applicant with a disability who meets the essential criteria for the post will be offered an interview.

The requirements of job applicants and existing members of staff who have, or have had a disability, will be reviewed to ensure that, wherever possible, reasonable adjustments are made to enable them to enter into or remain in employment with the Trust.

Work Health Assessments are carried out in line with national NHS Employment Check Standards.

8.1.1 Genuine Occupational Requirements (GOR)

It is **ONLY** lawful to take positive action in recruitment in favour of certain protected characteristics in defined situations. Where the nature of employment means that being of a particular sex, having a particular racial, ethnic or national origin, or being disabled is a genuine and determining occupational requirement – it is lawful to discriminate in these circumstances.

For example: an organisation for deaf people might legitimately employ a deaf person who uses British Sign Language to work as a counsellor to other people whose preferred language is BSL.

Evidence must be provided in all cases where such an occupational requirement is deemed to be applicable and this must be clearly stated in all recruitment activity.

8.2 Training and Development

Staff will access initial training in Equality, Diversity and Human Rights as part of the Trust's Essential Training as directed by the Trust's Essential Training Core Group. Additional training may be identified by staff and managers as part of service reviews and/or personal development plans and sourced with support from the Trust's Teaching and Learning team and the Trust Lead for Equality and Diversity.

All staff will be appraised annually and this will involve a discussion to identify available and appropriate training opportunities. Training programmes will be designed to support the aims of this policy. Wherever practical, training will be arranged so that all categories of staff, including part-time and shift workers, may attend.

8.3 Cultural and Religious Needs

The Trust will accommodate cultural and religious needs of employees wherever they are compatible with the safe and efficient running of the service.

8.4 Disability/physical/sensory impairment

If a member of staff has a physical/sensory impairment or disability or a long-term health condition that places them at a disadvantage, then reasonable adjustments can be made, working in partnership with Occupational Health and their line manager, and external bodies where appropriate.

8.5 Working Environment

The Trust is committed to ensuring that every member of staff has a working environment which promotes dignity and respect, and where individual differences and the contributions of staff are recognised and valued. This is reflected in the Staff Conduct Policy, issued to all staff and also available on HR Web.

Allegations of harassment or discriminatory action by patients, relatives, staff on staff, service users or members of the public towards staff, will be taken very seriously and action will be taken by the appropriate manager to support the employee and eliminate the problem using the Trust's Tackling Harassment and Bullying at Work Policy.

8.6 Languages

All staff are expected to be competent in English – this is essential for good communications between staff, with patients, visitors and carers, and for health & safety reasons. The Trust respects that a number of our staff speak English as a second (or other) language. All staff are free to speak to one another in their preferred languages while off duty or informally in the conduct of their duties (being mindful of colleagues who do not share the language in which they are speaking). However, English should be spoken at all times when patients are present. This is to ensure that our patients, staff and visitors feel safe and comfortable.

8.7 Grievance and Disciplinary Procedures

Any person who feels that they have been treated less favourably than others in the same circumstances has the right to use the Trust's Grievance Procedure to seek redress. All complaints and grievances in respect of equal opportunity issues will be thoroughly investigated and dealt with fairly and consistently.

Discriminatory behaviour on any grounds, or any breach of this policy will not be tolerated and may result in disciplinary action up to and including dismissal in accordance with the Trust's Disciplinary Procedure.

Information about both of these policies and procedures including monitoring is on HR Web.

9. MONITORING AND ASSURANCE

To ensure this policy operates effectively (and for no other reason) the Trust will maintain a record of employees' and applicants' protected characteristics. Ongoing monitoring and regular analysis of such records provide the basis for appropriate action to eliminate unlawful direct and indirect discrimination and promote equality, diversity and human rights.

The Equality and Diversity Group will undertake equal opportunities monitoring and report annually on its findings to the Trust Board. The Group is chaired by the Deputy Director of Workforce and OD and attendees include Divisional representatives, members of the Joint Union Committee and leads from the Trust Staff groups – the Black, Asian and Minority Ethnic Staff Forum and the Living and Working with Injury and Impairments Group

10. REFERENCES

Equality Act 2010 (Equality & Human Rights Commission website)

Equality Act 2010 (ACAS website)

Public Sector Equality Duty (EHRC website)

UH Bristol Policies: (all available on [HR Web](#))

Staff Conduct Policy

Tackling Harassment & Bullying at Work Policy

Grievance Policy & Procedure

Disciplinary Policy & Procedure

Retirement Policy & Procedure

Leave Policies (Maternity, Adoption, Paternity, Partner, Emergency)

Flexible Working Policy & Procedure

Social Media (for Personal Use) Policy

Barts and the London NHS Foundation Trust

Oxford University Hospitals NHS Trust

Associated legislation:

Criminal Justice and Immigration Act (2008)

The Racial and Religious Hatred Act (2006)

The Civil Partnership Act (2004)

The Gender Recognition Act (2004)

Criminal Justice Act (2003)

The Human Rights Act (1998)

The Protection from Harassment Act (1997)

Special Education Needs and Disability Act (2001)

APPENDIX A – glossary of terms

Accessible Information Standard

The [Accessible Information Standard](#) tells organisations how they should ensure that disabled patients receive information in formats that they can understand and they receive appropriate support to help them to communicate.

Disability

The general definition of disability for the purposes of the Equality Act 2010 is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to carry out normal day to day activities.

Double Tick Symbol (Positive about disabled people)

This is a symbol which can be used to show that an organisation encourages job applications from disabled people.

The Trust has gained permission from JobCentrePlus to use this symbol by showing it has made five commitments:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to discuss with disabled employees, at any time but at least once a year, what can be done to make sure they can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- to review these commitments every year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

Equality Act 2010 came into force on 1st October 2010. It brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

You can read the whole Act on the [Legislation.gov.uk](http://legislation.gov.uk) website.

Equality Analysis (Equality Impact Assessment – EIA) is the process of systematically analysing a policy or service function to identify what effect or likely effect will follow from the implementation and/or operation of the policy or service function on the people from the different protected characteristics.

Equality Delivery system² (EDS²) is the tool that supports NHS organisations to improve the services they provide for their local communities and provide better working environments for all groups.

Equality Monitoring is the process by which the Trust asks for and gathers personal information from patients, service users and staff.

Public Sector Equality Duty (General Duty)

The equality duty was developed in order to harmonise the equality duties and to extend it across all of the protected characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation. The

general duty applies to all public authorities, including the NHS, and these organisations must, in the exercise of their functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity
- foster good relations

Public Sector Equality Duty (Specific duties)

The Specific Duties are to help public authorities meet the general duties. In England, these specific duties are:

- Publish equality information – including information relating to protected characteristics for people who are its employees and are affected by its policies and practices. This should be published every year
- Prepare and publish equality objectives – these should be specific and measurable, and should be published every four years

Reasonable Adjustments (part of the Equality Act 2010)

An 'adjustment' is a change. This can be a physical change or a change in the way something is done. 'Reasonable' will depend on a number of circumstances but the tests include:

- How much will a reasonable adjustment reduce the disadvantage?
- The practicality of the change
- The financial (and other costs) and the extent of any disruption caused
- The extent of the Trust's financial and other resources

Although the Trust must consider reasonable adjustments for employees who have a disability or are pregnant, it is best practice for them to be considered for all employees to facilitate attendance and implemented where service delivery allows.

Bullying – There is no single definition for bullying, but it may be defined as follows: Persistent, unjustified behaviour – either physical or non-physical and often involving a misuse of strength or status – to intimidate, humiliate, harm, or cause loss of confidence to another group or individual.

Harassment is unwanted conduct related to any of the nine protected characteristics or other characteristic such as political belief, trade union membership or other belief, social origin, association with a minority, domestic circumstances, property, birth or other status, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

(Please see the Trust's Tackling Harassment & Bullying at Work Policy for more information.)

EQUALITY IMPACT ASSESSMENT SCREENING FORM			
Title: Equality, Diversity & Human Rights Policy			
Author: ████████████████████		Division: Trust Services	Date: November 2015
Document Class: Policy	Document Status: Approved	Issue Date: February 2016	Review Date: November 2017
What are the aims of the document? To support the development and enhancement of a diverse and inclusive culture within the Trust.			
What are the objectives of the document? To outline the rights and responsibilities of the Trust and its staff to ensure the development and enhancement of a diverse and inclusive culture.			
How will the effectiveness of the document be monitored? Through equalities monitoring provided to the Trust Board on an annual basis as part of the Trust's Public Sector Equality Duty ; through the metrics of the Workforce Race Equality Standard			
Who is the target audience of the document (which staff groups)? All staff groups			
Which stakeholders have been consulted with and how? Equality and Diversity Group; Joint Union Committee, Policy Group			
Who is it likely to impact on?			
<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Patient
<input checked="" type="checkbox"/>	Visitors	<input checked="" type="checkbox"/>	Carers
<input type="checkbox"/>	Other (please specify):		

	Yes or No	Give reasons for decision	What evidence was examined?
Does the policy/strategy/function or proposed change affect one group more or less favourably than another on the basis of:	NO	The application of this policy should have an equally favourable impact on all groups	
Age			
Disability			
Gender reassignment			
Marriage and Civil Partnership			
Race			
Religion or belief			
Sex			
Sexual Orientation			
Pregnancy and Maternity			
Human Rights			

Action Required:	
Action Lead:	To be delivered by when:
Progress to date:	
Next steps:	
How will the impact on the policy be monitored and evaluated?	
Person completing the assignment:	Date: Review Date:

Grievance Policy and Procedure

This policy is available in other formats on request



DOCUMENT DETAIL

Author:	[REDACTED]
Job Title:	HR Consultant
Date:	September 2015
Version No: (Author Allocated)	4
Next Review Date:	September 2017

Approving Body/Committee:	Industrial Relations Group
Chair:	[REDACTED]
Date Approved:	17 th November 2015
Target Audience:	All staff
Date of Equality Impact Assessment:	April 2013 (reviewed October 2015)
Name of Trust Member responsible for implementation of Trust Policy:	[REDACTED]

Consultation: This document has been reviewed with the following individuals and groups	Staff Side via Policy Group HR Practitioners
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Document History						
Date of Issue	Version No.	Next Review Date	Date Approved	Director Responsible for Change	Nature of Change	
21st September 2011	2	July 2013	20th September 2011	Director of Workforce & OD	Policy Revision	
November 2011	2.1		November 2011	Director of Workforce & OD	Additional Definition	
November 2013	3	November 2015	19 th November 2013	Director of Workforce & OD	Policy Revision	
November 2015	4	November 2017	17 th November 2015	Director of Workforce & OD	Scheduled revision	

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1. INTRODUCTION

This policy applies to all employees of University Hospitals Bristol, full and part time, including Bank registered individuals, locums and volunteers. The procedures will apply to both individual and collective grievances raised by an individual or group of individuals employed by the Trust.

This policy and procedure will be applied fairly and consistently to all staff irrespective of their race, colour, national or ethnic origin, religion or belief, gender, gender reassignment, sexual orientation, marital status, age, disability, social or cultural background, trade union membership, employment status or working pattern.

The Policy is compliant with the ACAS Code of Practice on disciplinary and grievance procedures. This now includes the right for recent ex-employees to raise a grievance once they have left the organisation (see section 6.4).

2. PURPOSE

This procedure aims to provide a simple and clear means of resolving grievances whilst complying with the ACAS Code of Practice on disciplinary and grievance procedures. It is intended to be fair and consistent, and provide a framework for resolving disputes speedily, as close to their point of origin as possible, whilst minimising the impact on the provision of services.

Issues that may cause grievances include:

- Terms and conditions of employment
- Health and safety
- Work relations
- Bullying and harassment
- New working practices
- Working environment
- Organisational change
- Discrimination

3. DEFINITIONS

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

Mediation (see section 6.2 for the mediation process) is completely voluntary for both parties and is a confidential form of alternative dispute resolution. It involves an independent, impartial person helping two or more individuals or

groups to reach a solution that's acceptable to everyone. The mediator can talk to both sides separately or together. Mediators do not make judgments or determine outcomes - they ask questions that help to uncover underlying problems, assist the parties to understand the issues and help them to clarify the options for resolving their difference or dispute.

The overriding aim of workplace mediation is to restore and maintain the employment relationship wherever possible. This means the focus is on working together to go forward, not determining who was right or wrong in the past.

Mediation can be used at any stage in a dispute but is most effective before positions become entrenched.

Collective mediation is a specific term used to refer to talks between representative groups (often trades unions) and employers, facilitated by an independent third party.

4. DUTIES (Roles and Responsibilities)

4.1 Employee's responsibilities

- Employees should familiarise themselves with the Grievance Policy and Procedure.
- Employees wishing to raise a grievance should raise issues informally with their line manager in the first instance, with a view to resolving matters promptly
- When raising a formal grievance, employees should submit the notification of grievance form (Appendix A). Where an issue is with their line manager and it is inappropriate to raise the grievance directly, they should raise the grievance with the next level of management.
- Employees wishing to raise a grievance should provide written grievance statements and supporting documentation for formal grievances to help the management to establish the facts.
- Employees should make every effort to attend grievance meetings, hearings or appeal hearings.
- Employees are able to approach their Trade Union Representative for advice at any stage
- Employees should make it clear whether or not they wish a specified union representative copied into correspondence about the process

4.2 Line Manager's responsibilities

- Managers must ensure fairness and consistency in the application of the procedure, as laid out in this Policy balancing the needs of the individual with the needs of the service.
- Managers must deal with issues promptly and must not unreasonably delay meetings, decisions or confirmation of those decisions. They must keep written records as appropriate, ensuring confidentiality, and seek advice from Employee Services when necessary.
- Managers must endeavour to resolve grievances at the informal stage wherever possible
- Managers must inform Employee Services when a **formal** grievance has been raised.
- Managers must ensure that all employees are aware of the Policy and their own responsibilities.
- Managers must consider the confidentiality of information before providing or discussing grievances.
- Managers must ensure that notification of grievance meetings, investigations and outcomes of hearings or appeals are made in accordance with the Policy and within the specified time limits.
- Managers must record actions taken at both the informal and formal stages of a grievance. It is the manager's responsibility to arrange a note taker

4.3 The Role of Employee Services

- Employee Services will advise managers and employees regarding the practical application of the procedure and handling of the grievance as necessary. A member of the Employee Services team will be present to advise at all formal grievance meetings to ensure that a fair resolution for both the manager and the individual is reached.
- Employee Services will ensure that the Policy complies with legislative requirements and good employment practice.

4.4 The Role of Trade Unions

- It is the role of the Trade Union Representative to negotiate, raise concerns, or provide support on the member's behalf as necessary in relation to this policy.

5. KEY CONSIDERATIONS

All parties must enter the process with a view to seeking resolution. The overriding aim of the grievance procedure is to provide a framework (process) for resolving an individual's dispute through an exploration of the issues raised and an appropriate, fair and reasonable outcome. The grievance procedure is not to award financial compensation. Specific stages in the procedure may be omitted, by mutual agreement, where it is considered that this would facilitate a speedier resolution of the matter.

5.1 Issues not covered by the Grievance Policy and Procedure

- Any appeal relating to disciplinary matters must be pursued through the Trust's Appeals procedure (see Appeals Policy).
- Pay queries (this procedure should only be used when attempts to resolve such queries have failed).
- Harassment and bullying issues should be dealt with in accordance with the Trust's Policy on Tackling Harassment and Bullying.
- The Speaking Out Policy should be used for cases of 'whistleblowing'.

5.2 Time Periods

The procedure allows for matters to be dealt with as promptly as possible. Timescales will vary according to the stage at which the grievance is being dealt with and whether the issue is being investigated, but there is a clear responsibility on management to attempt to resolve the issue, wherever possible, within the specified time limits. The time periods referred to may be extended or reduced by mutual agreement between the parties concerned.

5.3 Notification of Grievance Form

Once the grievance is raised formally, a notification of grievance form (Appendix A) must be completed. The completed form should be kept on the employee's personal file with any supporting information. In some circumstances it may not be possible for the notification of grievance form to be completed and on this basis a formal letter clearly detailing the nature of the grievance will be accepted and this will be kept on the personal file.

5.4 Collective Grievances

A collective grievance is a grievance raised by an appropriate representative on behalf of at least two employees, including the complaining employee. The representative may be an official of an independent trade union recognised for the purposes of collective bargaining or an employee elected or appointed to represent other employees. The same grievance procedures will apply to a

collective grievance as apply to an individual grievance. The manager dealing with the grievance may be accompanied by a second manager if the grievance is particularly complex.

5.5 Status Quo

The previous working practice will continue to operate according to the provisions in force prior to the grievance arising (i.e. status quo), until such time as agreement has been reached or the procedure for resolving the grievance has been fully exhausted, providing that there is no breach of the Trust's legal obligations or danger to staff, patients or members of the public, or where operational service changes have superseded the ability to maintain the current working practice.

Where the employee submits a new grievance that is closely related to an on-going issue, the employee should be advised that, because the issues are linked, the new grievance will be dealt with as part of the existing process.

Where an employee raises a grievance during a disciplinary or performance management process, the disciplinary or performance management process may be temporarily suspended in order to deal with the grievance. Where the grievance and disciplinary or performance management cases are related it may be appropriate to deal with both issues concurrently.

5.6 Representation

An employee is entitled to be represented at all stages of the formal procedure by a Trade Union or Professional Association Representative, or work colleague not acting in a legal capacity.

Employees should tell their line manager/manager facilitating the grievance meeting who their chosen companion is.

The representative/colleague can have a say at the meeting but cannot answer questions on the employee's behalf.

When choosing someone to support them, employees should be aware that it would not be reasonable to insist on being accompanied by a colleague whose presence would prejudice the meeting or who might have a conflict of interest.

Nobody has to accept an invitation to act as a companion, and should not be pressurised to do so.

Work colleagues acting as companions can have reasonable paid time at work to prepare for and attend a grievance meeting.

The availability, or lack thereof, of the chosen representative / companion should not delay the process unduly

5.7 Use of a Professional Advisor

Where the issue concerns professional practices or accountability, any party to the grievance may require the involvement of an appropriate professional advisor, as an advisor to the panel. Both parties should agree the professional advisor.

5.8 Arrangements for Meetings

When arranging meetings or hearings, consideration will be given to any reasonable requirements of all the parties involved, for example work commitments, work pattern, childcare or other domestic commitments, and physical access and environment.

If it is not reasonably practicable for one of the parties to attend a meeting at any of the stages, the meeting may be postponed and an alternative date offered. If the meeting is postponed because the aggrieved or their representative cannot attend, the Trust may only offer one more alternative date. If the employee fails to attend without providing a reasonable justification, the meeting will take place in their absence and an outcome provided in writing.

5.9 Audit and Record Keeping

Grievance outcomes will be recorded and monitored by the Employee Services Department to ensure that the procedure is operated fairly and consistently, and with particular reference to the Trust's Equal Opportunities Statement. Remedial action will be taken where appropriate, for example, training for managers.

Grievance returns are reported quarterly to the Trust's Industrial Relations Group. Analysis by diversity strands is carried out annually and reported to the Trust Board.

6. GRIEVANCE PROCEDURE

A flowchart giving an overview of the procedure is outlined in Appendix B.

6.1 Informal Level of Grievance

Before raising a formal grievance, the employee or employees should attempt to resolve the issue with their immediate line manager. In some cases, depending on the situation, this may need to involve a third party. Where the grievance is against his/her immediate line manager, it should be raised with the next level of management.

It is expected that all day to day problems and grievances can be dealt with satisfactorily informally with the employee's immediate manager without the need for a formal grievance procedure as part of the on-going communication between

an employee and their manager, such as regular one-to-one time or supervision. For employees, regular meetings provide dedicated time to discuss any aspect of their work with their manager and an opportunity to seek guidance and support as appropriate.

An example of informal action may include the individual approaching the person they have a grievance with (perhaps with the support of their line manager or union representative if appropriate) to discuss the issues.

The outcome of the informal procedure, including agreed actions, should be recorded and confirmed to the employee(s) in writing with a copy on their personal file. If no resolution is reached, this is also recorded and the employee should be advised of the process for the formal procedure.

Depending on the nature of the grievance, it may be appropriate for the matter to be dealt with by way of mediation. For the mediation to be facilitated, support is available from the Employee Services team.

6.2 The Mediation Process

The Mediator(s) will decide the best way to carry out the mediation.

The Mediators(s) will start by talking to those involved separately, to find out about the situation, how they feel about it and the effects it is having. The Mediator(s) will help both parties to think about what resolutions they are aiming for and how the resolutions will be achieved.

The Mediator(s) won't take sides or judge who is right or wrong. The aim of mediation is to repair working relationships and therefore the Mediator(s) will help individuals to focus on the future, not the past.

When the time is right the Mediator(s) will bring the parties together. Both will have a chance to say how they feel without being interrupted and to listen to the other person without interrupting. The Mediator(s) will ask questions; help both parties to look at the situation honestly and professionally and to establish methods of improvement that are mutually agreed.

All parties involved will be given a written copy of anything that is agreed.

If the employee is not satisfied with the outcome, or believes that informal resolution is not appropriate, he/she may pursue the issue to the formal stage of the Procedure.

6.3 Raising a Formal Grievance

Step 1

The employee must put their complaint in writing using the Notification of Grievance form in Appendix A of this policy (and on [HR Web](#)) and send a copy to

Employee Services. This will form the basis of any investigations and subsequent hearings, so it is important that the employee sets out clearly the nature of their grievance and indicates the outcome they are seeking. If the grievance is unclear, they may be asked to clarify their complaint before any meeting takes place. If an employee needs assistance in setting out their grievance(s), they are encouraged to seek help from their trade union representative or a colleague.

This form should usually be submitted to the employee's immediate line manager, however if the complaint relates to this manager, the grievance should be submitted to the next level of management or an alternative manager at this level from another department or Division. If the employee is unsure who to send this to, they should contact Employee Services for advice.

Step 2

The relevant manager will invite the employee to a meeting to discuss the grievance as soon as practically possible, but within 10 working days. (The Invitation to meeting letter is available on [HR Web](#)). Employees have the right to be accompanied at this meeting by a trade union representative, or colleague not acting in a legal capacity (see also section 5.6 for details on rights to representation). A representative will also be present from Employee Services.

At the meeting the employee will need to explain their grievance and give an indication of how they think it might be settled. If the manager feels that the grievance requires investigation, the meeting will be adjourned in order for that to take place.

Following the meeting, the manager will respond in writing to the grievance within a reasonable time period. (Outcome letter templates on [HR Web](#).) As a guide this will normally be 5 working days, however if the matter required an investigation, an outcome will be provided as soon as possible but within 15 working days. All investigations must be seen as a priority due to the stress and upset that investigations cause individuals.

As part of the response, the manager will inform the employee of the right to appeal. An appeal must be submitted within 10 working days of the date of the outcome letter.

Investigation

If an investigation is required, the manager with support from an HR representative will gather any relevant information and compile a short report with recommendations. If this involves gaining statements from other individuals, all statements provided in the report must be kept confidential unless the individual has confirmed they are happy for their statement to be shared with the employee who has raised the grievance. Staff who have provided statements must also be made aware that their statement may be used as part of an appeals process or another formal process (i.e. disciplinary) and therefore their statement may be required to be seen by the employee who has raised the grievance. (Witness invitation letter on [HR Web](#).)

The report must include recommendations which the Manager must then share with the employee. Examples of recommendations may include mediation/informal meeting between the employee and member of staff they have a grievance against; training; or application of a different Trust policy (for example disciplinary). (A Report template is available on [HR Web.](#))

When the Grievance Report has been completed the Manager must invite the employee to a further meeting to discuss the outcome. The purpose of this meeting will be to discuss the outcome of the investigation and the recommendations that have been identified in the report. This meeting must be seen as the final opportunity to resolve the issues raised in the grievance.

The Manager must write to the employee confirming the outcome of the meeting, and must detail the discussions in the letter. A template is available on [HR Web.](#) As part of the formal written response to the grievance, the Manager must include:

- the nature of the grievance;
- who was involved;
- the information considered;
- the outcome reached;
- the reason for reaching the outcome;
- actions decided on and agreed; and
- the name of the senior manager to whom the employee can appeal, if they remain dissatisfied at this stage of the procedure. Appeals must be submitted within 10 working days of the date of the outcome letter.

All letters, correspondence, documents presented and notes taken during the course of the grievance should be collected and retained by the Employee Services team member. Where appropriate, copies of letters and notes will be kept on personal files.

If the matter is not resolved to the satisfaction of the person who raised the grievance, the matter may be taken to Step 3.

Step 3

If the employee feels that their grievance has not been satisfactorily resolved, they have the right to appeal within 10 working days of the date of the outcome letter from Step 2. Employees must be as clear as possible as to the reasons why they are not satisfied that their grievance has been dealt with appropriately, fairly and reasonably.

There will then an appeal hearing in accordance with the Trust's Appeals Policy and Procedure. As part of the appeal, the employee will need to include copies of any documentation relating to previous stages. The appeal hearing will be chaired by a manager at a higher level than the manager who dealt with the grievance from a different Division supported by a Human Resources practitioner.

Following the appeal hearing, the decision will be confirmed in writing. The employee will be informed that this is the final stage and that they will have no further right to appeal.

6.4 When an employee has left the Trust

If an employee raises a grievance whilst still employed with the Trust, the normal procedure as laid out in the policy will be followed.

If the grievance is raised once the employment has been terminated, the employee has 10 working days from their last date of employment to raise a grievance. The employee should set out his or her grievance and the basis for it in writing and send it to Employee Services, Red Link Offices, First Floor, The Courtyard, BRI Old Building, Lower Maudlin Street, Bristol, BS2 8HW, who will arrange for the grievance to be considered by an appropriate manager.

The employee will then be sent the outcome of the manager's considerations in writing.

6.5 Record Keeping

It is essential throughout the grievance process that written records are kept.

Records should include:

- Nature of grievance raised
- Copy of written grievance and summary forms
- Action taken
- Reasons for action taken
- If there was an appeal and, if so, the outcome.

Copies of meeting notes should be given to the employee. A copy of information relating to the grievance will also be kept in the employee's file. These records will be treated as confidential under the terms of the Data Protection Act 1998. They will be kept on the employee's file for 6 years after the individual has left the Trust (in line with the Trust's Staff Employment Records and Information Governance Policy).

6.6 Vexatious or Malicious Grievances

The Trust recognises the right of employees to raise grievances relating to their employment. However where an employee continues to raise grievances, which appear to be petty or repetitive, this may be regarded as vexatious and could lead to disciplinary action being taken against them.

Where an investigation shows that a grievance is unfounded and has been raised maliciously this may lead to disciplinary action against the employee who raised the grievance. However, when considering disciplinary action there will need to be clear grounds for a belief that the grievance was made in bad faith.

6.7 Grievances that repeat earlier complaints

If the employee's grievance restates a complaint that has been dealt with in the past, the employee should explain how the new grievance differs from the previous one and either what new incident has occurred or what new evidence has come to light.

Where it is clear that the employee does not have any new information, the line manager (or next management level if the grievance is against the line manager) should write to the employee and explain that no further action will be taken because the grievance has already been dealt with. It may be appropriate at this stage to refer the employee to the previous correspondence and the outcome of the original grievance. The employee should be advised that the matter will be considered again if new incidents occur or if new facts come to light.

7. REFERENCES

Trust Disciplinary Policy and Procedure
Trust Tackling Harassment & Bullying at Work Policy
Trust Speaking Out (Whistleblowing) Policy
Trust Appeals Policy and Procedure
ACAS Code of Practice – Disciplinary and Grievance Procedures

Appendix A: Notification of Grievance

Name of Employee:	
Job Title:	
Department and Location:	
Manager's Name	
Name of Trade Union Representative or Colleague: (if appropriate)	
<i>Do you wish this person to be included in all correspondence relating to this grievance?</i>	YES / NO
Please state the nature of your grievance (continue overleaf if necessary and securely attach any relevant information)	
What action (s) do you think the Trust should take to resolve your grievance?	

If the grievance has been considered before, please provide details:

Informal: (Record details of agreement or reasons for failure to agree. Please also include the steps that have been taken to seek resolution, and who has been informed in this process).

Date of Informal meeting:

Name of Manager:

Formal: (Record details of agreement or reasons for failure to agree. Please also include the steps that have been taken to seek resolution, and who has been informed in this process).

Date of Formal Meeting:

Name of Manager:

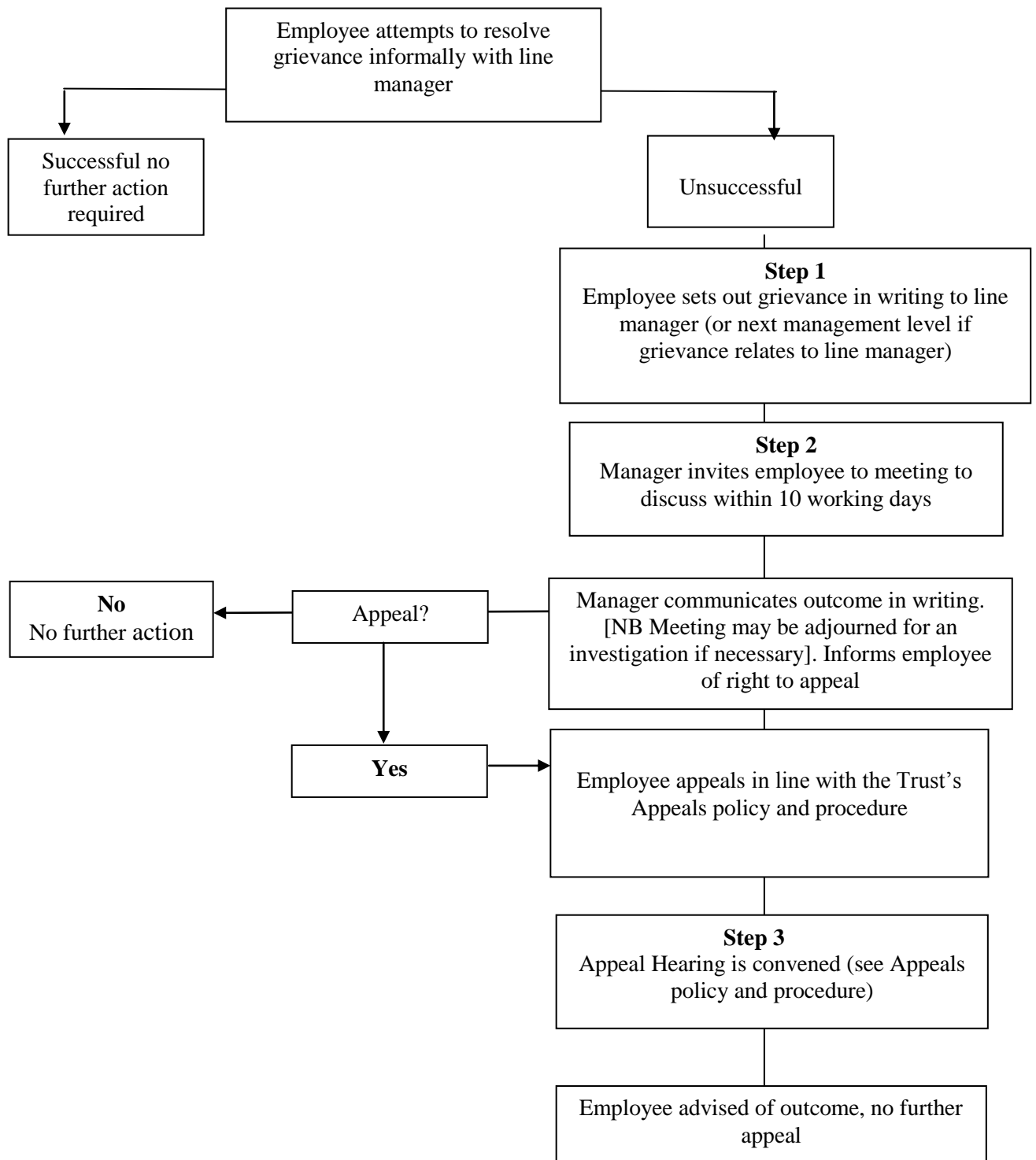
Employee's Signature..... Date.....
(*person raising the grievance*)

Manager's Signature..... Date.....

A copy of the completed form and attachments should also be sent to Employee Services

If an appeal is lodged a copy of this must be made available to the appeal panel

Appendix B: Grievance Procedure Flowchart



EQUALITY IMPACT ASSESSMENT SCREENING FORM			
Title: Grievance Policy & Procedure			
Author: [REDACTED]		Division: Trust Services	Review Date: October 2015
Document Class: Policy	Document Status: Approved	Issue Date: November 2015	Review Date: October 2017
What are the aims of the document? To provide a simple and clear means of resolving grievances whilst complying with the ACAS Code of Practice.			
What are the objectives of the document? To provide a framework to resolve disputes speedily, as close to their point of origin as possible, with the minimum impact on the provision of services, in a fair and consistent way.			
How will the effectiveness of the document be monitored? Through quarterly grievance returns which will enable analysis of whether grievances are being dealt with in a timely manner, and through quarterly reports to HR Governance Board.			
Who is the target audience of the document (which staff groups)? All staff groups			
Which stakeholders have been consulted with and how? Employee Services Team & HR Business Partners through circulation for comments. Staff Side representatives through Trust Policy Group and Trust Industrial Relations Group			
Who is it likely to impact on?			
<input checked="" type="checkbox"/> Y	Staff	<input type="checkbox"/>	Patient
<input type="checkbox"/>		<input type="checkbox"/>	Visitors
<input type="checkbox"/>		<input type="checkbox"/>	Carers
<input type="checkbox"/>		Other (please specify):	

	Yes or No	Give reasons for decision	What evidence was examined?
Does the policy/strategy/function or proposed change affect one group more or less favourably than another on the basis of:		<p>The policy is clear on the grounds for a grievance hearing and is explicit that it applies to all employees whether full or part time, bank, locums and volunteers and that the policy applies to individual and collective grievances raised by individual or groups of individuals employed by the Trust.</p> <p>The policy explicitly states that it will be applied fairly and consistently to all staff.</p> <p>The policy is compliant with the ACAS code of practice.</p> <p>The policy provides an opportunity for all staff to raise concerns and seek resolution</p>	<p>Analysis of grievance returns against diversity data.</p> <p>Policy against ACAS standards.</p>
Race	No		
Ethnic Origin (including gypsies and travellers)	No		
Nationality	No		
Gender	No		
Culture	No		
Religion or belief	No		
Sexual Orientation (including lesbian, gay, bisexual and transgender)	No		
Age	No		
Disability (including learning	No		

disability, physical, sensory impairment and mental health)			
Socially excluded groups (eg offenders, travellers)	Yes		
Human Rights	No		

<p>Action Required: Ongoing analysis of recent grievance returns against diversity data to establish whether any groups appear to use the policy significantly more than other and whether any protected characteristic formed the basis of the grievances raised.</p>	
Action Lead: [REDACTED]	To be delivered by when:
Progress to date:	
Next steps:	
How will the impact on the policy be monitored and evaluated? Via reporting to the Industrial Relations Group	
Person completing the assignment:	Date: Review Date:

Health and Safety Policy

Document Data		
Subject:	Procedural Documents	
Document Type:	Policy	
Document Status:	Approved	
Document Owner:	Associate Director of Occupational Health, Safety and Wellbeing	
Executive Lead:	Director of Workforce and Organisational Development	
Approval Authority:	Trust Health and Safety and Fire Safety Committee	
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Review Cycle:	24	
Next Review Date:	Date of First Issue:	Date Version Effective From:
02/07/2018	15/07/1996	02/07/2015

Document Abstract
<p>This Policy describes the Trust's management systems for ensuring health and safety at work and has been prepared in acknowledgement of its moral and legal obligations towards employees and others who may be affected by its activities. The policy details the Trusts intent and the responsibilities of managers and employees at all levels.</p>

¹ Divide number of words (1226) by 240 for average reading time and add 25% for specialist content.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
1996	1-4			Original document and reviews held as hard copies
2007	5			Due for review and on DMS
2010	6	██████████	Minor	Due for review and on DMS
2012	7	██████████	Minor	Due for review
2013	8	██████████	Major	Addition due to review and update of Risk Management Policy
2015	9	██████████	Minor	Due for review
2016	10	██████████	Minor	Post British Safety Council audit outcome updated last sentence of section 1.1

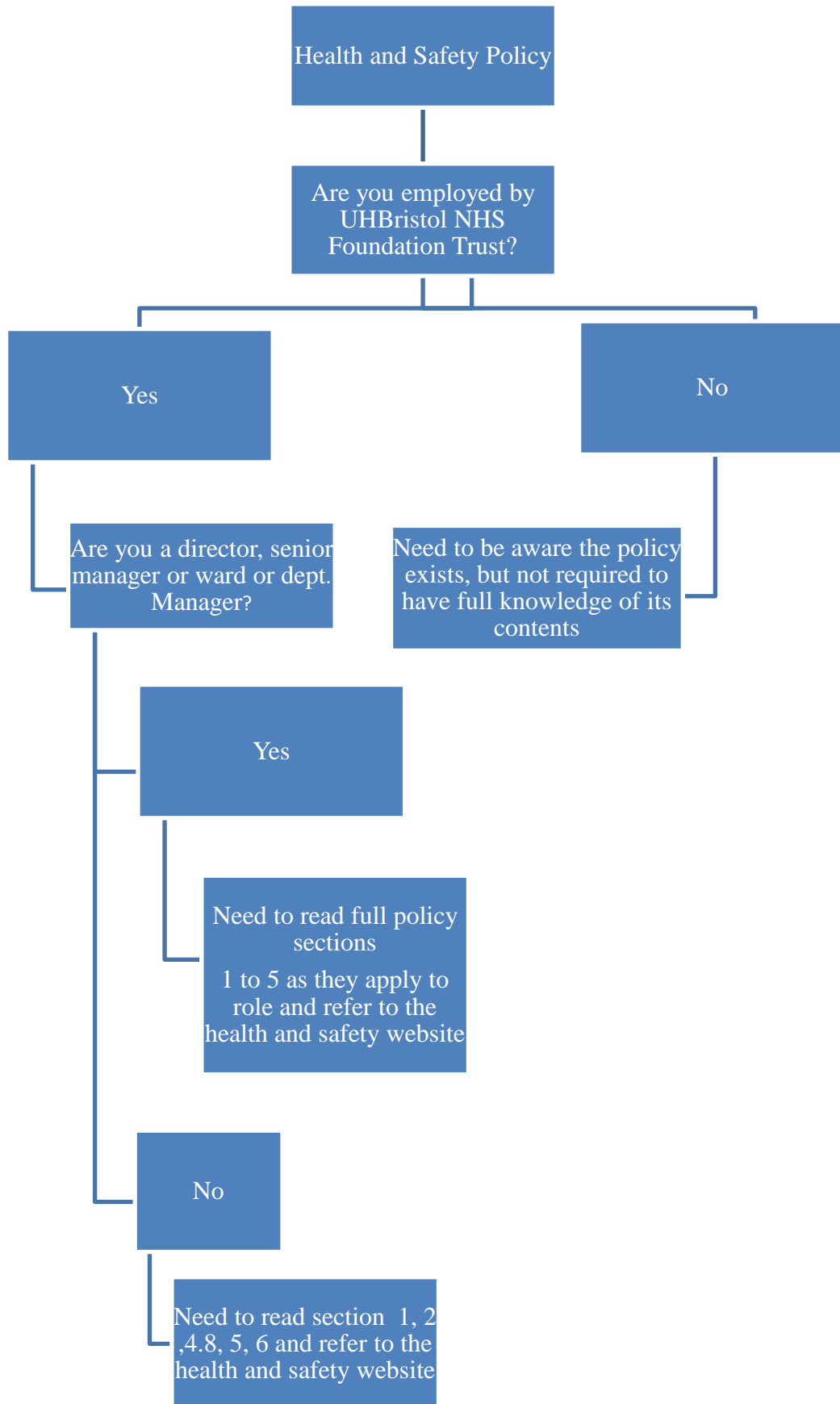


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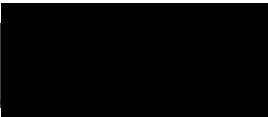
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1. General Health and Safety Policy Statement

- 1.1 The University Hospitals Bristol NHS Foundation Trust is committed to ensuring the health, safety and welfare under the Health and Safety at Work etc. Act 1974 and subsequent legislation of its employees and for other persons who may be affected by our activities. This includes patients, visitors and employees of other organisations so far as is reasonably practicable. We will take steps to ensure that our statutory duties are met at all times. We will commit to continual improvement and periodic review should the law change or because this policy becomes out of date.
- 1.2 We will assess the health and safety risks connected with our premises and activities and ensure that appropriate measures are taken to eliminate or reduce those risks.
- 1.3 Full details of how we organise and manage health and safety are set out in this and in additional separate policies and guidelines. The Trust Board will establish and maintain appropriate systems to meet the requirements under the Roles and Responsibilities section of this policy. We will establish a proactive system of risk management for identifying, assessing and managing risks.
- 1.4 We will ensure that all processes and systems of work are designed to take account of health and safety and are properly supervised at all times.
- 1.5 We will provide employees with health surveillance where this is appropriate.
- 1.6 We will appoint competent persons to assist us in meeting our statutory duties.
- 1.7 We will have appropriate arrangements for dealing with serious and imminent danger including accidents and fire conditions.
- 1.8 Every employee will be given the necessary information, instruction and training to be able to work safely.
- 1.9 We will co-operate and co-ordinate with other employers to ensure effective mutual health and safety arrangements.
- 1.10 Adequate facilities and arrangements will be provided to enable employees and their representatives to be consulted on and raise issues of health and safety.
- 1.11 Every employee must co-operate with us to enable all statutory duties to be complied with. The successful implementation of this policy requires total commitment from all employees. Each individual has a legal obligation to take reasonable care for his or her own health and safety, and for that of other people who may be affected by what they do.
- 1.12 This statement is signed by the Chief Executive on behalf of the Trust Board and should be brought to the attention of all employees via job descriptions.

Chief executive Robert Woolley

 Date: 11/01/2016

2. Purpose and Scope

- 2.1 The purpose of the policy statement is to comply with the requirements of the Health and Safety at Work etc. Act 1974 and all subsequent legislation.

This policy and any arrangements made under it apply to the following:

- All staff employed or engaged by University Hospitals Bristol NHS Trust (the Trust) including part time workers, temporary workers, honorary staff and volunteers;
- Contractors and agency staff (both short and long term); and
- Employees and students of other organizations actively involved in University Hospitals Bristol NHS Trust's activities.

The operation of a safe working environment places significant responsibilities on both managers and individual employees. This includes safe systems of work where required. The trust therefore expects all staff to act responsibly, with common sense and not to abuse the facility or trust put in them.

3. Definitions

3.1 *So far as is reasonably practicable*

- (a) This involves weighing a risk against the trouble, time and money needed to control it. Using "reasonably practicable" allows us to set goals for duty-holders, rather than being prescriptive. (Health and Safety Executive)

3.2 *Hazard*

- (a) Something with the potential to cause harm

3.3 *Risk*

- (a) Means the likelihood that a specified undesired event will occur due to realisation of a hazard during work activities at department level or the effect of uncertainty on objectives

3.4 *Auditing*

- (a) This is the structured process of collecting independent information on the efficiency, effectiveness and reliability of the total health and safety management system and drawing up plans for corrective action.

3.5 *Organisation*

- (a) Means the responsibilities and relationships between individuals which form the social environment in which work takes place.

4. Duties, Roles and Responsibilities

4.1 Trust Board of Directors

- (a) Overall responsibility for health and safety in the Trust rests with the Trust Board, both collectively and individually. The Trust Board and Executive recognise its responsibility to provide an effective health and safety management system as part of its Risk Management Strategy.

The Trust Board will receive annual Health and Safety reports from the Director of Workforce and Organisational Development.

4.2 Chief Executive

- (a) The Chief Executive has the ultimate responsibility to the Trust Board for all aspects of Health and Safety of all employees within the Trust and for implementing the Health and Safety Policy.
- (b) The Chief Executive will ensure that there is an appropriate structure and systems in place for the discharge of the health and safety requirements given current and future legislation.

4.3 Director of Workforce and Organisational Development

The responsibility for health and safety is delegated to the Director of Workforce and Organisational Development and they will be responsible for:-

- (a) Keeping the Chief Executive and Risk Management Group informed of progress made in Health and Safety Policy.
- (b) Collating information regarding health and safety from the Health and Safety/ Fire Safety Committee on a quarterly basis and ensuring the annual report to the Trust Board is prepared.
- (c) Setting a framework for strategic planning and management of health and safety as per trust objective to ensure compliance with current and future legislation.
- (d) Ensuring the Health and Safety/ Fire Safety Committee meets its terms of reference and that annual Health and Safety audits are completed with development of action plans for any shortfalls identified.
- (e) Ensuring health and safety risk management training for managers is delivered and compliance is monitored via Workforce Management Group or Trust Health and Safety/ Fire Safety Committee.

4.4 Organisation for Health and Safety

- (a) Risk Management Group - [Terms of reference](#)
- (b) Trust Health and Safety/ Fire Safety Committee – [Terms of reference](#)

- (c) Sub groups as illustrated on the [Health and Safety Risk Management web page](#) – Organisation and arrangements for Health and Safety

4.5 Senior Management (including Heads of Division and Divisional Managers)

Senior Management is responsible for:

- (a) The implementation throughout the Trust of suitable arrangements to ensure the health, safety and welfare of all employees at work and the health and safety of other persons who may be affected by their activities. Each Clinical Chair and Divisional Director has responsibility for the circulation areas within their designated sites that are not assigned to a department manager; these are represented on Computer Assisted Drawings (CAD) and maintained within Estates systems. These are subject to annual review and are located on the [Health and Safety Risk Management web page](#). This covers the areas of health and safety, fire safety and security.

Where health and safety matters cannot be resolved at Senior Management level the appropriate Executive Director must be notified.

- (b) Producing an annual Divisional Operating plan where Health and Safety is a feature based largely on compliance with the annual independent audit by the British Safety Council- the trust insurers and the entries that may affect Health and Safety on the Divisional Risk Registers. This will be subject to a rolling programme of review at Risk Management Group and quarterly review at Divisional Performance reviews and Health and Safety/ Fire Safety Committee.
- (c) Appointing a Health and Safety lead to co-ordinate the progress to improve health and safety and ensure they receive sufficient training and time to undertake their role. [Divisional arrangements with role summaries](#)
- (d) Ensuring all reportable health and safety incidents are reported to the safety department in a timely manner in accordance with the [Incident reporting policy](#). Ensuring the division follows the investigation of incidents/ near misses, ill health and dangerous occurrences and appropriate action is taken reviewed and monitor effectiveness to prevent recurrence.
- (e) Ensuring that they and all staff attend the training identified in the Essential Training Portfolios and Risk Management Matrix that is appropriate to them.

4.6 Line Managers

- (a) Each manager is responsible for the health and safety management of all activities, areas and staff under their control. This includes responsibility for ensuring risk assessments are completed and implementation of suitable and sufficient control measures put in place. [Divisional arrangements](#) list the responsibilities and [Risk Assessor Role](#) details the risk assessment responsibility that is required at ward/ department level.
- (b) Health and safety issues are dealt with at the lowest level of management practicable.
- (c) Where health and safety matters cannot be resolved at a particular management level the appropriate Senior Manager must be notified.

- (d) Ensuring completion of the annual department based audit and resultant action plans are completed in a timely manner.
- (e) Ensuring all health and safety incidents and near miss incidents including those that are reportable under Reporting of Injuries, Diseases and Dangerous Occurrences are reported on line and investigated in line with the [Incident Reporting policy](#).
- (f) Taking responsibility for ensuring all equipment on the ward/ department is regularly inspected and serviced at regular intervals as per schedule, maintained in a safe condition and that faults are reported immediately and recorded. Removing faulty equipment from use and/ or modifying work practices to ensure that equipment is safe.

4.7 Employees

- (a) Every employee has a duty of care for the health and safety of their colleagues and anyone else who may be affected by work activities.
- (b) Employees must take care of themselves and others whilst at work and co-operate with the Trust in the implementation of the health and safety arrangements.
- (c) Employees must comply with the Trust in matters relating to health and safety or compliance with legal duty.

4.8 Health and Safety assistance

The Trust will employ or engage competent assistance to enable it to comply with its legal requirements and promote the Trust as a healthy and safe employer. Whilst details of some of the more specialist advisers are contained in the respective specific written arrangements the following will be employed:

- (a) Associate Director of Occupational Health, Safety and Wellbeing;
- (b) The Associate Director of Occupational Health, Safety and Wellbeing reports directly to the Director of Workforce and Organisational Development and is appointed as one of the Competent Persons under Regulation 7 of the Management of Health and Safety at Work Regulations 1999;

To advise managers and staff on a wide range of health and safety issues including the implementation of and adherence to the Trust Health and Safety Policy and any arrangements made under it;

Advise and, where appropriate, assist managers on the assessment, monitoring and review of generic and specific health and safety risks across the Trust;

Take the lead on identifying health and safety related essential training and other health and safety training needs and assist in the design, delivery and evaluation as appropriate.

Produce regular reports to / Senior Leadership Team (annual)/ Risk Management Group and Trust Health and Safety/ Fire Safety Committee (quarterly and ad hoc

reports on health and safety as necessary to Service Delivery Group and Workforce and Organisational Development Group;

Oversee the effective promotion of health and safety across University Hospitals Bristol through a variety of channels including the Intranet;

Ensure effective Trust systems for reporting, investigating and monitoring health and safety incidents including compliance with statutory reporting requirements while aiming to reduce harm from incidents whilst increasing reporting;

Take the lead on investigating all serious health and safety incidents including 'near misses;'

Lead and develop behavioural safety in relation to reducing accident statistics;

Regularly liaise and brief Staff Safety Representatives as detailed in 4.4 b terms of reference and act as an independent advisor to the Trust Health and Safety and Fire Safety Committee;

Trust "Appointed Person" for enforcing authorities contact. Liaise with external organisations on behalf of the Trust as the competent person on health and safety issues including the Health and Safety Executive, Avon Fire and Rescue Service, Care Quality Commission, University of Bristol, British Safety Council and other local healthcare providers and Regional Office;

Liaise with internal organisations on behalf of the Trust as the competent person on health and safety issues including the Avon Partnership, Procurement, Estates and Facilities', Skills for Health, Health Protection Agency etc;

Ensure health and safety input into all new building work and adaptations to premises liaising closely with Estates including Ergonomics in design stage;

Co-ordinate and advise on the health and safety-related activities of any staff who have a health and safety remit as part of their broader roles e.g. Health and Safety leads and Divisional Health and Safety Advisers (site/ service);

Contribute to the measurement of the effectiveness of the Trust's health and safety arrangements against relevant performance management standards including Healthcare standards and Occupational Health and Safety Standards. Draft, co-ordinate and agree the Health and Safety 5 year plan 2013-2018 with annual progress reports;

Co-ordinate governance in relation to Care Quality Commission Fundamental Standards in relation to essential health and safety training compliance and safe working environment

Identify corporate health and safety risk and ensure liaison with Divisions and Corporate function as regards risk register updating including the Assurance Framework.

- (c) Avon Partnership NHS Plus Occupational Health Service

Promoting compliance with all aspects of health and safety legislation and promoting a proactive Occupational Health Strategy.

Advising managers and staff in all matters relating to health at work.

Providing relevant health surveillance and health protection programmes in accordance with statutory requirements and health and safety arrangements.

Assessing fitness of employees for work during employment.

Liaising with trust advisers and divisions and providing information to enable adequate monitoring to be undertaken by the trust for example immunisation status.

(d) [Hazard specific working or steering groups](#)

Expert working or steering groups exist for the production of policy, generic risk assessment formulation and for the dissemination of information and advice. They support compliance with statute and regulatory bodies and report into the Trust Health and Safety and Fire Safety Committee with a summary report on a quarterly basis.

(e) Divisional arrangements

Appointed Divisional Health and Safety leads:

- are required to attend, deliver a written report and advise the Trust Health & Safety and Fire Safety Committee on Divisional Health & Safety matters on a quarterly basis.
- are responsible for presenting compliance reports against Divisionally set incident reduction targets and an action plan for high and moderate health and safety risks held in their divisional risk register on a quarterly basis to their Divisional Management Board;
- are also responsible for completing a divisional risk assessment programme and an annual Health & Safety audit validated by an independent auditor;
- are responsible for advising the division on general and specific risk assessments and for consistency checking risk assessments associated with Health & Safety activity at divisional level;
- are responsible for completion of the Health & Safety sections within the divisional operating plans and delivery of the five priorities each year regarding the findings of the annual health & safety audit and metrics identified.

The divisional Health and Safety Lead is acting on behalf of the Clinical Chair when carrying out these duties although they may not have the authority to make decisions without prior agreement.

In addition there are Divisional Health and Safety site/ service advisers and specialist advisers in the high risk fields for example Radiation Protection. A full list of the specialist advisers and Divisional Health and Safety site/ service Advisers are available to the Trust at: [staff lists of useful contacts and divisional arrangements](#).

4.9 Specific Arrangements

- (a) The Trust will make further written health and safety arrangements under this Policy to ensure the effective management of specific risks arising from its activities and places of work.
- (b) A list of the current specific written health and safety arrangements can be found on the Document Management Service at <http://nww.avon.nhs.uk/dms/> in the policies section whilst the Management of Health and Safety structure is contained within the [health and safety risk management page](#) entitled 'organisation of Health & Safety within UHBristol'.

4.10 Local Arrangements

- (a) Each identified area of management such as a Division has specific arrangements to reflect the requirements for health and safety to be managed at a local level link to divisional health and safety forums schedule. These arrangements provide for the effective planning, organisation, control, monitoring and review of measures adopted.

4.11 Responsibility for Monitoring Compliance

- (a) All health and safety policies and procedures will be regularly audited, monitored and reviewed. Time scales for review are written in to policies and procedures to ensure they remain up to date. Compliance against health and safety management requirements is carried out through a variety of processes including internal audit, , Care Quality Commission Outcomes and health and safety performance indicators are provided to assist the Trust to learn and improve. These indicators reflect national standards, those required by enforcing authorities as well as local measures see Table- Monitoring effectiveness in Section 9.
- (b) The British Safety Council conduct an annual independent audit based on HSG 65 'Successful Health and Safety Management' which is then translated into a star rating Trust wide. Each individual department is therefore subject to audit on an annual basis as part of the annual audit cycle. [Departmental Audits](#). The annual review process for this is outlined on the health and safety [risk management page](#).
- (c) An [overview of findings](#) is produced and if shortfalls are identified action plans are completed for all areas of concern which are included in annual Divisional Operating plans. These are subject to quarterly review re progress at Trust Health and Safety and Fire Safety Committee. We have a trust key performance indicator to improve or sustain star rating and corresponding scoring year on year in in the Trust as a whole until the 5 star rating is reached which then needs to be sustained.

5. Policy Provisions

5.1 Risk Assessment

The Trust will undertake suitable and sufficient assessments of all risks associated with its activities and places of work. The purpose of these assessments is to assess whether risks are adequately controlled and identify further measures to be taken to eliminate or reduce the risk further.

- (a) Where significant risks are identified risk assessments will be recorded (in writing or electronically) refer to the process as set out in the risk management policy and Standard Operating Procedure. Wherever possible generic risk assessments will be provided with any Trust wide written health and safety arrangements.
- (b) Managers at all levels are responsible for ensuring that suitable and sufficient risk assessments are completed and acted upon for the areas and activities they manage. Risk assessments will generally be done by ward/ department based staff that have been trained in risk assessment although suitable competent persons will do more technical or complicated assessments. Assessors will be required to receive refresher training in accordance with the Trust standard which is contained in separate guidance on risk assessment. Staff or advisers who have received the necessary training will complete assessments requiring additional knowledge or technical expertise.
- (c) Any staff or other people at work affected by the risks present should be involved in the assessment and be informed of the outcome.
- (d) Recorded risk assessments must be available at all times in the areas to which they apply for staff, their representatives, others who may be at risk and anyone else who may have a need to see them, such as Advisers or members of enforcing authorities.
- (e) Risk assessments will be regularly reviewed at a period identified on completion. In all cases this shall be no later than every two years or sooner if there is a change to the material circumstances covered by the assessment.
- (f) The Trust provides separate written procedures for risk assessment. Department, divisional and Board Risk Registers are maintained.
- (g) A [risk assessment standard operating procedure](#) is available to assist with this process.

5.2 Serious and imminent danger

- (a) The Trust provides separate arrangements for dealing with serious and imminent danger including fire conditions and bomb alerts which are detailed within the fire and security policies respectively. The trust also has comprehensive plans to manage significant major incidents, including but not limited to, massed casualty events, Chemical, biological, radiological and nuclear events, critical incidents and are detailed within the trust Major Incident Plan that can be accessed on the trust intranet

5.3 First Aid

- (a) The Trust has a separate [First Aid Policy](#) to ensure every site and activity has appropriate first aid provision including the ability to summon an ambulance and medical assistance.

5.4 Accident and ill health reporting

- (a) All incidents are required to be reported on the appropriate Trust Incident Form there is both an on line system and a backup system in the form of hard copy. This includes reporting all near misses and episodes of ill health arising as a result of a work related incident.

The Trust will inform the Health and Safety Executive of all reportable injuries, diseases and dangerous occurrences that occur at work in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

There is a separate an Incidents Reporting Policy for reporting and investigating incidents including near misses. This covers patient safety, health and safety and information governance incidents.

5.5 Consultation with staff

- (a) The Trust consults staff on health and safety matters through the Trust Health and Safety and Fire Safety Committee. The Terms of Reference and current membership of the Committee are found within [Health and Safety Workspaces](#).

The establishment of local site and Divisional/ Site-based Health and Safety Forums are encouraged. Where formal committees are not established other suitable health and safety meetings/ forums involving staff and their representatives will be established.

5.6 Co-ordination and co-operation with other employers

- (a) The Trust will endeavour to co-operate and co-ordinate with other employers to eliminate or minimise the health and safety risks arising out of all parties' activities. This includes for employees of other organisations working on UH Bristol premises and vice versa. The types of organisations included within this are other NHS organisations, academic institutions (for both staff and students), voluntary and charitable organisations.

Managers are required to ensure that any risk assessments take other organisations' employees into consideration and ensure an appropriate exchange of information takes place.

Each separate employer is responsible for ensuring that the systems of information exchange are effective.

5.7 Co-ordination and co-operation with contractors

- (a) All contractors working for the Trust are subject to a formal approval process which involves health and safety issues. The types of contractor organisations included within this are contracted companies or self-employed and any sub-contractors and employment agencies. This covers both short and longer-term contracts.

Health and safety responsibilities must be clearly defined and agreed prior to contractors starting work by the employing department manager.

Procedures for information transfer between the Trust and contractors ensure that adequate health and safety information is available to managers in order to eliminate or reduce risk.

Each separate employer is responsible for ensuring that the systems of information exchange are effective. There is a separate Control of Contractor's generic policy in place and then separate protocols for services across the organisation.

5.8 Training

- (a) All staff are required to undergo essential health and safety training as part of their induction including fire and emergency evacuation and first aid arrangements. All staff must also receive refresher training at regular intervals thereafter.

Specific further training relevant to each individual's role and responsibilities will be provided. The requirement for such training should be an inclusive part of every member of staff's orientation programme and subsequent appraisal reviews.

Minimum standards for essential statutory health and safety training form part of the Trust's Education, Training and Development Strategy. The essential training portfolios and the risk management matrix and the risk management training delivery plan summarises the core requirements and is available [on line](#). The effectiveness of all health and safety training is continually reviewed and evaluated in accordance with the Trust's standards.

6. Standards and Key Performance Indicators

- 6.1 Health and Safety regulation compliance is part of the trust's assurance framework. This requires the trust to meet compliance with all legislation applicable to this trust as far as is reasonably practicable.

6.2 Applicable Standards

- (a) The model we work towards is the guidance document HSG 65 'successful Health and Safety Management.
- (b) In addition we are required to comply with Care Quality Commission Fundamental Standard 17 and Occupational Health and Safety standards.

6.3 Measurement and Key Performance Indicators

- (a) These are contained in Section 4.6, 4.9 a) paragraph 5 and 15, and d) bullet point 5 and section 4.12 c)

7. References

Health & Safety at Work Act 1974

Management of Health & Safety at Work Regulations 1992/99

HSG 65 'Successful Health & Safety Management' 1991/ 2000

The Safety Representatives and Safety Committees Regulations 1977

Health and Safety (Consultation with Employees) Regulations 1996

The Health and Safety (First-Aid) Regulations 1981

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995/ 2013

8. Associated Documentation

Risk Management Strategy

Risk Management Policy

Corporate and Local Induction Policy

Appraisal Policy

Risk Management Matrix

Essential Training Portfolios

Serious Incident Policy

First Aid Policy

Control of Contractors Policy and procedures

Trust's Education, Training and Development Strategy

Incident Reporting Policy

All other specific, related policies are available on the Document Management Service at [dms links](#) and externally via [Useful links](#)

9. Appendix A – Monitoring Table for this Policy

Requirement	Policy Reference	Evidence	Who Reviews the Evidence and Frequency	Who prepares the Evidence and Frequency
The organisation has an approved documented process for managing Health and Safety, that is implemented and monitored	Health and Safety Policy	Approval documented in minutes of Health and Safety and Fire Safety Committee	Trust Health and Safety and Fire Safety Committee reviews revisions to the policy every three years	Associate Director of Occupational Health, Safety and Wellbeing/ 3 yearly or if becomes out of date
Duties	Section 3.4, 3.5 and 3.8 and Appendix A and B	Health and Safety annual report Reports provided to relevant committees Annual audit report Essential Training Compliance	Leadership Team/ annual Trust and Divisional Health and Safety committee/ forums Executive Team Senior Leadership Team – monthly – other committees quarterly	Associate Director of Occupational Health, Safety and Wellbeing Associate Director of Occupational Health, Safety and Wellbeing / Divisional Health and Safety leads - quarterly Associate Director of Occupational Health, Safety and Wellbeing / British Safety Council Learning Resources manager
The organisation can demonstrate compliance with the roles, responsibilities and arrangements set out within the approved documentation in relation to the requirement to undertake appropriate risk assessments for the prevention and management of risks associated with health and safety hazards	Section 3 and 4 and Appendix C	Copies of risk assessments, safe systems of work, standard operating procedures and departmental audit returns. Health and Safety action plan Independent audit overview + divisional specific reports. Divisional Operating Plans, risk registers	Trust Health and Safety and Fire Safety Committee Trust Health and Safety and Fire Safety Committee British Safety Council) for Trust Execs /Divisional Managers) Divisional Health and Safety Forums	Line managers, as appropriate Associate Director of Occupational Health, Safety and Wellbeing / 5 year plan and annual progress report British Safety Council Divisional Health and Safety Leads and Site/ Service Advisors
Monitoring of how health and safety policy is implemented	Section 4.8 and Appendix B	Reports to and minutes of: Health and Safety/ Fire Safety Committee Essential and Risk Management Training compliance reports WILLIS audits	Executive Board/ Trust Health and Safety and Fire Safety Committee/ Divisional Health and Safety Groups HR Board – Governance and other relevant committees in Executive Board/ Trust Health and Safety and Fire	Associate Director of Occupational Health, Safety and Wellbeing and Specialist Advisors (Topic leads)/ quarterly Associate Director of Occupational Health, Safety and Wellbeing / quarterly

Requirement	Policy Reference	Evidence	Who Reviews the Evidence and Frequency	Who prepares the Evidence and Frequency
			Safety Committee/ Divisional Health and Safety Groups	Associate Director of Occupational Health, Safety and Wellbeing / annual

10. Appendix B - Dissemination, Implementation and Training Plan

10.1 The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Associate Director of Occupational Health, Safety and Wellbeing
This document replaces existing documentation:	Yes
Existing documentation will be replaced by:	This reviewed policy
This document is to be disseminated to:	All staff
Training is required:	Yes
The Training Lead is:	Associate Director of Occupational Health, Safety and Wellbeing

Additional Comments
[DITP - Additional Comments]

11. Appendix C – Document Checklist

11.1 The checklist set out in the following table confirms the status of ‘diligence actions’ required of the ‘Document Owner’ to meet the standards required of University Hospitals Bristol NHS Foundation Trust Procedural Documents. The ‘Approval Authority’ will refer to this checklist, and the Equality Impact Assessment, when considering the draft Procedural Document for approval. All criteria must be met.

Checklist Subject	Checklist Requirement	Document Owner’s Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct (i.e. Strategy, Policy, Protocol, Procedure, etc.):	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation (e.g. ‘Personal Data’ as defined in the Data Protection Act 2000):	Not Applicable
	All terms used are explained in the ‘Definitions’ section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The ‘target group’ is clear and unambiguous:	Yes
	The ‘purpose and scope’ of the document is clear:	Yes
Document Owner	The ‘Document Owner’ is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted:	Trust Health & Safety and Fire Safety Committee
	Suitable ‘expert advice’ has been sought where necessary:	Not Applicable
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	Assurance Framework
Equality	The appropriate ‘Equality Impact Assessment’ or ‘Equality Impact Screen’ has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Yes
	The frequency of reviews, and the next review date are	Yes

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
	appropriate for this procedural document:	
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

Additional Comments
[DCL - Additional Comments]