

9 October 2026

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

Please provide a brief update against the items below. For each, please indicate:

- **Status:** implemented / partly implemented / not yet implemented / not applicable.
- **Brief explanation:** action taken and, where outstanding, the next step and expected date.
- **Evidence:** a link to an existing policy, board paper or other relevant document, where available.

**Recommendation 1 — Anti-racism principles:
Adopting the seven NHS Race and Health Observatory workforce principles.**

East Sussex Healthcare NHS Trust (ESHT) has partly implemented Recommendation 1.

Internal discussions are ongoing within the Trust about how we will adopt the seven NHS Race and Health Observatory workforce principles. We anticipate that once our approach has been fully agreed that this will be taken as a paper to a Board meeting in public.

Once these have been presented at a Board meeting in public it will be published on ESHT's website and will be available via the following link:

[Meetings in public – East Sussex Healthcare NHS Trust](#)

**Recommendation 3 — WRES and Jewish staff experience:
Monitoring measurable WRES action plans, addressing persistent inequalities, publishing plans and discussing them annually at a public board meeting; examining Jewish staff survey data alongside WRES indicators.**

ESHT has fully implemented Recommendation 3.

ESHT publishes annual equality reports, which include examination of data for all protected characteristics. Please follow this link to the ESHT website for further information:

[Equality, inclusion and human rights – East Sussex Healthcare NHS Trust](#)

Recommendation 4 — Leadership accountability:

Holding boards and leaders accountable for race equality and staff experience, with publicly visible performance metrics.

ESHT has fully implemented Recommendation 4.

Please also refer to our response to Recommendation 3.

Recommendation 5 — Oversight of racism investigations:

Board oversight through annual reporting, examination of recurring problems and monitoring of resulting actions.

ESHT has fully implemented Recommendation 5.

Our Trust Board is provided with oversight through a number of established mechanisms. For example, ESHT's annual Workforce Race Equality Standard (WRES) submission and declaration is reported to our Trust Board, providing reassurance and oversight of progress against workforce race equality objectives.

Additionally, our Trust Board members participate in monthly oversight meetings that review employee relations case and investigations, including those involving allegations of racism or racial discrimination. These meetings consider any emerging themes, recurring issues or trends, monitor the progress of investigations and review any actions arising from these investigations to ensure appropriate learning and improvement is embedded. This supports visibility and oversight at Trust Board level of ESHT's response to concerns relating to all forms of racism.

Recommendation 7 — Leadership objectives:

Explicit, measurable equality, diversity and inclusion objectives for all board members and senior leaders, assessed with reference to the Observatory's principles.

ESHT has partly implemented Recommendation 7.

All of our Trust Board members have equality, diversity and inclusion objectives, but the objective relating to the Observatory's Principles is currently being discussed.

It is anticipated that ESHT will have fully implemented Recommendation 7 by 31 October 2026.

Recommendation 8 — Political identifiers:

Local policies setting out which political identifiers are acceptable.

ESHT has partly implemented Recommendation 8.

ESHT is currently participating in the NHS Healthcare Uniform Project which aims to provide core garments and cultural workwear for clinical staff within NHS Trusts across England so that they are inclusive and suitable for all wearers, with consideration of factors such as cultural requirements. ESHT will update its current "Dress Code and Uniform Policy" once NHS England has published updated national guidance.

Recommendation 9 — Staff expectations:

Ensuring staff, volunteers and subcontracted staff know about and can access anti-racism and inclusion requirements.

ESHT has fully implemented Recommendation 9.

All ESHT staff, both substantive and agency/bank workers, and volunteers are required to complete the mandatory Equality, Diversity and Human Rights training module in the Integrated Education system (MyLearn), and compliance is monitored and reported on monthly. Additionally, staff have the ability to complete a non-mandatory Microaggressions Toolkit course through MyLearn, which provides a specific focus on race, disability, sexual orientation and gender identity.

Furthermore, our position on racism is clearly documented on internal resources for staff and is one shared by all NHS organisations across Sussex, and we also use internal communications systems to reinforce this during relevant aware month campaigns.

Recommendation 10 — IHRA definition of antisemitism:

Formally adopted the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism in full, including its accompanying illustrative examples.

ESHT has fully implemented Recommendation 10.

ESHT adopted the International Holocaust Remembrance Alliance (IHRA) definition of antisemitism in June 2026.

Recommendation 12 — Complaints handling:

Training PALS and complaints handlers on racism complaints, and sharing information and trends with relevant teams and leaders.

ESHT has not yet implemented Recommendation 12.

Any concern or complaint made about racism would be investigated by our Human Resources (HR) Department, and our HR colleagues will be arranging to attend the racism discrimination modules of the NHS Effective Investigations Programme organised by NHS England in relation to disciplinary investigations.

Recommendation 13 — Investigations and staff support:

Developing local skills and cultural capability to handle racial harassment and discrimination, investigate concerns and support staff. Please identify any national framework currently used.

ESHT has partly implemented Recommendation 13.

ESHT is currently developing cultural capability to handle racial harassment and discrimination concerns by arranging for HR colleagues to attend the racism discrimination modules of the NHS Effective Investigations Programme as described in our response to Recommendation 12.

Whilst this work is ongoing, ESHT would ordinarily seek to consider the race and background of an appointed Investigator or Disciplinary Hearing Manager where appropriate to support confidence in the process and improve the experience of this involved in relation to

allegations of racism or racial discrimination. In addition, Investigators and Disciplinary Hearing Managers are supported throughout the process by experienced and trained HR professionals to ensure investigations are conducted fairly, consistently and in accordance with ESHT policies and best practice.

ESHT does not currently utilise a specific framework but draws on nationally recognised employment and NHS best practice principles.

Recommendation 14 — Early resolution:

Taking account of the relevant ACAS code and considering early intervention and resolution routes.

ESHT has fully implemented Recommendation 14.

ESHT policies and protocols are aligned with the ACAS Code of Practice, and we place a strong emphasis on early intervention and informal resolution of workplace concerns where possible and appropriate. Our Resolution Procedure prioritises constructive and timely resolution of workplace concerns through options such as informal discussions, facilitated conversations and mediation before progressing to formal processes which are usually reserved for workplace concerns that are not suitable for informal resolution or where informal resolution has been unsuccessful.

Additionally, managers at ESHT have access to support and guidance from HR professionals to ensure workplace concern are managed fairly, consistently and in accordance with ESHT policies and protocols and the ACAS Code of Practice. Our “Dignity and Respect at Work Policy” also encourages staff to raise concerns informally where appropriate, recognising that early intervention can prevent issues from escalating and support positive working relationships.

Please see attached the following documents:

- 01143_02_P_Redacted - Resolution Procedure
- 01600_01_P_Redacted - Dignity and Respect at Work Policy

Please note that it is the Trust’s FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached document.

Please also note we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust’s IT Systems, staff that no longer work for the Trust, and any reference to direct email addresses, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust’s IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are

having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [NHS England — London » Synnovis Ransomware Cyber-Attack](#)
- [NHS England confirm patient data stolen in cyber attack - BBC News](#)
- [Merseyside: Three more hospitals hit by cyber attack - BBC News](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal [whatdotheyknow.com](#) who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](#)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present."

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on Disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website <http://www.esht.nhs.uk>.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Resolution Procedure (Former Grievance Procedure)

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Author of current version:	██████████, HR Advisor
Ratifying Committee / Group:	Workforce Policies Partnership Group
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Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

Table of Contents

1. Introduction and Purpose	4
2. Scope	5
3. Definitions used: Explanation of terms	5
4. Key Accountabilities and Responsibilities	6
5. Procedure	7
6. Equality & Health Inequalities Impact Assessment (EHIA)	9
7. Dissemination and Implementation	10
8. Competencies and Training Requirements	10
9. Monitoring Compliance and Effectiveness	11
10. References	12
Appendix A: Governance section	13
Appendix A.1: Version Control Table	13
Appendix A.2: Consultation Table	14
Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)	15
Appendix C: Staff Support Checklist	24
Appendix D: Dignity and Respect Policy and Resolution Procedure Checklist	26
Appendix E: Facilitation and Mediation	29
Appendix F: Journey through the process	33

Policy on a Page

Document title: Resolution Procedure (Former Grievance Procedure)

<p>Key points of the Document</p> <ul style="list-style-type: none"> • The Resolution Procedure sets out a Trust-wide, approach for resolving workplace conflict and concerns fairly and promptly. • It prioritises early, informal resolution to prevent escalation and maintain working relationships. • It provides a clear formal process including fact-finding, formal hearings, written outcomes and a final right of appeal. • The procedure emphasises staff support, equality, sexual safety and legal compliance. 	<p>Applicable to</p> <ul style="list-style-type: none"> • All staff, excluding TWS 	<p>Key changes since the last version</p> <ul style="list-style-type: none"> • Streamlining of wording and process following discussion at JSC and new policy template
<p>Key associated documents</p> <ul style="list-style-type: none"> • Dignity, Respect and Sexual Safety at Work Policy • Disciplinary Procedure • Performance Improvement Procedure • Freedom to Speak Up; Raising Concerns (Whistleblowing) Policy • Equality Diversity and Human Rights Policy 	<p>Training requirement</p> <ul style="list-style-type: none"> • Procedure and guidance are available on trust extranet • Further advice on the application of the procedure from HR Solutions 	<p>Regulatory requirements:</p> <ul style="list-style-type: none"> • CQC Fundamental Standards: Good Governance • Employment Rights Act 1996 (ERA) • Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA) • Employment Relations Act 1999 • The Acas Code of Practice

Suggested search words: 'Resolution', 'Grievance', 'Facilitation', 'Mediation', 'Dignity', 'Respect', 'Sexual Safety', 'Bullying', 'Harassment',

1. Introduction and Purpose

Our People Strategy ([People Strategy \(esht.nhs.uk\)](https://www.esht.nhs.uk)), which is based on the NHS People Plan ([NHS England » NHS People Plan](#)), prioritises a culture that supports and grows our people.

Looking after our people means creating a positive, engaging working environment and keeping colleagues safe and healthy – both physically and psychologically. It is everyone's responsibility to contribute to an inclusive culture where all colleagues feel that they are treated according to trust values and demonstrate those values in our own compassionate behaviour, to inspire each one of us to thrive and develop to our full potential.

The trust expects all colleagues to consistently demonstrate the Trust Values. As part of professional and other standards colleagues are expected to act to challenge inappropriate behaviours and address concerns, speak up about concerns and compassionately address concerns.

The trust recognises that conflict in the workplace may occur. If this does happen, we endeavour to support colleagues and managers to work together to resolve any disagreements and conflicts constructively and speedily.

The Resolution Procedure is suitable for the following types of issues.

- Difficulties between colleagues
- Difficulties within or between teams
- Difficulties between managers and members of their team
- Concerns or complaints regarding allocation or distribution of resources, or about the action or inactions of the Trust – these can be raised by the individual or a Trade Union representative
- Behaviours which may be inappropriate and ultimately constitute Discrimination, Bullying, Harassment, and Victimisation

The main systems for resolution available through the procedure include:

- Resolution meetings between managers and colleagues
- Informal discussion within department
- Facilitated conversation with suitably trained Facilitator
- Mediation with a suitably trained Mediator
- Formal resolution meeting
- Fact-find to establish the facts if necessary
- Appeal

The Trust recognises that workplace conflict, bullying, harassment and discrimination are not experienced equally across all groups. National NHS Staff Survey data, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting demonstrate differential experiences of incivility, discrimination and psychological safety across protected characteristics.

This procedure is designed to ensure that concerns are addressed fairly, proportionately and with sensitivity to power imbalance, cultural context, disability and other protected characteristics.

The trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination based on, spent criminal convictions, Trade Union membership or non-membership. In addition, the trust will have due regard to advancing equality of opportunity for and fostering good relations between, people from different groups and people with protected characteristics as well as carers, and those from the Armed Forces community, in line with the NHS Covenant Duty.

2. Scope

This procedure aims to secure constructive and lasting solutions to workplace issues and provides an overview of the process the Trust will follow to resolve issues. The Trust acknowledges that power imbalance, hierarchy, seniority, professional status, cultural background and other structural factors may influence both the experience of workplace conflict and an individual's confidence to raise concerns. Managers must actively consider these factors when applying this procedure.

This procedure embeds a culture where equal emphasis is put on accountability and learning, and one that when an adverse event occurs the instinctive approach is to ask, "what went wrong?" rather than "who is to blame?"

It is acknowledged that over time, memories fade, and those first involved in a complaint may no longer be employed by the Trust. Therefore, all issues must be raised within 3 months of when the incident/concern first occurred unless there are exceptional circumstances preventing this.

The following are excluded from this procedure:

- Disciplinary matters
- Procedures where the Trust has no discretion or authority in the matter e.g. Agenda for Change, Medical and Dental or Senior Manager contractual terms and conditions of employment (except for the interpretation of the contract).

3. Definitions used: Explanation of terms

- **Bullying** - is offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can make someone feel vulnerable, upset, humiliated, undermined, excluded, discriminated against, or threatened. Power does not always mean being in a position of authority but can include both personal strength and the power to coerce through fear or intimidation.
- **Direct Discrimination** - is the unfair or unjust treatment of someone regarding one or more protected characteristic related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, (colour, nationality, ethnic or national origin), religion or belief, sex, or sexual orientation. A single incident can amount to discrimination.
- **Facilitation** – an assisted conversation to bring about effective resolution of disputes at the earliest stage possible, quickly and informally.
- **Harassment** - is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. A single incident can amount to harassment.
- **Incivility** - is different for each of us. Some people don't like to hear bad language, some don't like shouting. In general terms, incivility is belittling behaviour, being treated rudely or disrespectfully. It can also be gossiping, being ridiculed or excluded or being subjected to jokes or teasing that goes too far. These experiences and perceptions can emerge over weeks, months or years and be so subtle that they may not fit a formal definition of bullying, harassment, or discrimination.
- **Indirect Discrimination** - is where there are rules or arrangements that apply to a group of employees, but in practice are less fair to a certain protected characteristic.
- **Mediation** – a more structured conversation with the aim of bringing about effective resolution of disputes that may be more complex bringing two or more parties together with the aim of reaching a mutually acceptable agreement.
- **Sexual Safety** - is feeling safe from sexual harm, which includes feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way

- **Victimisation** - is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint.

4. Key Accountabilities and Responsibilities

- **Senior Managers** – It is the responsibility of Divisional Managers and Corporate Services Managers to ensure they follow the procedure and advocate its use.
- **Line Managers** – Line Managers will attempt to resolve workplace disagreements, conflicts and complaints raised by colleagues fairly, consistently and in a timely way.

Line Managers are responsible for identifying whether any adjustments are required to enable colleagues to participate in resolution processes. The following list gives examples of adjustments that may need to be considered. This list is not exhaustive, and further guidance can be provided by the HR Solutions team.

- Consideration of any disability, e.g. access to rooms, larger font paperwork
 - Consideration of carers responsibilities, e.g. timing of meetings
 - Consideration of any health requirements, e.g. sickness, Occupational Health Advice
 - Translation services
- **All colleagues** – Colleagues are encouraged to participate and co-operate with others in ways aimed at resolving workplace disagreements, conflicts, and complaints and to state what would be seen as a suitable outcome.
 - **Trade Union Representation** – Trade Union representatives will represent the interests of their members. Trade Union representatives have an important role to play in both the handling and resolution of workplace disagreements, conflicts, and complaints.

Colleagues will be advised of their right to be accompanied at all formal stages in the procedure.

Colleagues can approach their Trade Union representatives at any time to obtain advice on any concerns.

- **HR Solutions** – The HR Solutions team are responsible for providing advice and guidance to managers, colleagues, and Trade Union representatives on the consistent application of this procedure and ways to ensure early resolution of colleague's workplace disagreements, conflict and complaints and may be directly involved at any stage. They will also monitor compliance with the procedure.
- **People Engagement Team** – Are responsible for recruiting and training Facilitators, (to undertake early resolution conversations) and to keep a list of Facilitators ensuring they remain competent and confident to deliver. They are also responsible for triaging requests for facilitation and deciding whether requests meet the criteria for facilitation.
- **Chair** – The Chair will take responsibility for hearing workplace disagreements, conflicts, and complaints at formal meetings. The Chair will make the decision as to whether a workplace disagreement, conflict or complaints are to be upheld and any associated action.

5. Procedure

The process is described in detail in the following sections and the flow-chart at Appendix F shows the journey through the procedure.

Employee Support

Being subject to incivility, bullying, harassment or victimisation or being subject to difficulties in the workplace giving cause to raise concerns can be very upsetting and stressful for all affected colleagues, including those whom allegations may have been raised against. Managers will use the Staff Support Checklist to ensure that support is identified for all colleagues affected (Appendix C).

Where there are concerns about a colleague's health or wellbeing, Occupational Health advice will be obtained.

All colleagues, affected, will have access to [REDACTED] and can obtain information on support services available via the Occupational Health extranet page.

To support colleagues going through this process line managers will ensure regular communication and feedback on progress is given to all parties.

Request for Resolution

When you have identified that you have a workplace disagreement, conflict, or complaint that you are seeking resolution for, you should make a request for resolution using the [electronic form](#) available on the extranet and public website. This should be submitted to the manager you wish to support you with your request for resolution. It should be noted if your request for resolution involves your immediate line manager, then you will need to send your request for resolution to an appropriate alternative manager. The identified manager will arrange to hold an initial discussion with you.

For any concerns that potentially constitute a Sexual Safety incident, Discrimination, Bullying, Harassment and Victimisation please refer to the Dignity and Respect Policy.

If you are uncomfortable discussing the matter with your manager, and are unable to identify a suitable alternative manager, you can contact one or more of these independent people who can also help you. Details of who they are and how to contact them are available on the extranet.

- Freedom to Speak Up Guardian
- Trade Union representative
- HR Solutions team

Initial Discussion

The initial discussion is an opportunity for the manager and/or one of the parties identified earlier in this section to meet with you to understand more about your issue and identify the most suitable route for resolution. This is not a formal meeting.

The discussion should take place as quickly as possible following a request for resolution being submitted unless a decision to delay is made by mutual agreement between you and the Trust. You or the manager may also seek guidance from the HR Solutions team. Following the initial discussion the manager should complete a Resolution and Dignity & Work checklist at Appendix D. A record of the discussions/agreements in the fact-find meeting will be shared with you, normally within 14 calendar days. Any variation to this will be mutually agreed.

The fact finding can result in the following courses of action:

- Agreement to enter Early Resolution
- Agreement to enter Formal Resolution

Early Resolution

The following options are available within the Trust to support Early Resolution, which include:

- Informal meeting between individuals
- Informal discussion within department
- Informal meeting with managers
- Facilitated conversation supported by a suitably trained facilitator
- Mediation supported by a suitably trained mediator. (This would need to be sourced externally from the Trust and funded from Divisional budgets. Procurement can provide options of providers)

Further details regarding facilitated conversations and mediation can be found at Appendix E.

These options enable you to be supported to resolve your issue without needing to go through a formal process. If the issue isn't satisfactorily resolved at this point you can request to go to Formal Resolution.

Formal Resolution

Whilst the Trust would always encourage and promote early resolution, we recognise that there are times when a more formal approach is necessary, which may be for one of the following reasons:

- **Immediate progression for formal resolution;** if the agreed conclusion following the initial discussion is that none of the Early Resolution options are appropriate the matter can progress immediately to formal resolution.

This will include where the fact-finding discussion has identified concerns that potentially constitute a Sexual Safety incident, Discrimination, Bullying, Harassment or Victimisation as defined in the Dignity and Respect Policy where Early Resolution is not appropriate.

- **Early resolution has not resolved the issues satisfactorily;** if no resolution is achieved, the colleague may choose to progress to formal resolution. The choice to progress to the formal stage of the process must be notified to a more senior manager not previously involved, who will then review the matter and assess the case and contact you regarding the proposed next steps.

An appropriate manager will arrange a formal resolution meeting within a reasonable timeframe. If further fact finding is required before notification of the decision, the estimated extended period required to complete this will be mutually agreed. The fact find will consider whether power imbalance, discrimination, or cultural factors may have influenced the situation being raised. A member of the HR Solutions team will attend the formal resolution meeting.

Colleagues have the right to be accompanied by a Trade Union representative or workplace colleague at this meeting.

The outcome of the meeting will be notified in writing within 10 working days of the meeting or following the additional fact-finding period. Documentation relied on to inform the outcome will be shared with the member of staff as part of the written outcome. Should the outcome determine that further management action needs to be taken in relation to the concerns raised, this will be managed either via the Trust Disciplinary Procedure or Performance Improvement Procedure, with colleagues being notified of this as part of the outcome.

Collective Formal Resolution

Where a Trade Union representative is raising a request for a collective formal resolution on behalf of a group of colleagues, this should be made in writing using the [electronic form](#) on the extranet. A nominated spokesperson will be identified, and the request will then be progressed via the formal resolution process as detailed in this section.

Appeal

If you remain dissatisfied following receipt of the formal resolution outcome, you have the right of appeal. The appeal should be made in writing to the Chief People Officer within 10 calendar days of receiving the outcome letter. The appeal will be heard by a manager with no previous involvement in the case and the Trust will aim to hear your appeal as soon as practicable.

An appeal hearing is not designed to re-hear the case but to examine the grounds of appeal. You must be specific about the grounds of the appeal as this will effectively form the agenda for the appeal hearing. Appeals can be raised on one of the following grounds:

- The procedure – a failure to follow procedure had an effect on the conclusion reached
- The decision – the evidence did not support the conclusion reached
- Any proposed action – was inappropriate given the circumstances of the case
- New evidence – which has genuinely come to light since the first hearing

This is the final stage of the process and there will be no further right of appeal.

It should be noted, however, that it will not always be the case that once the process has been concluded existing relationships will be healed. You may have, or remain with, differing views regarding a situation. What is important is that you must have had the opportunity to share your feelings/views and the Trust must do all it can to support all parties to move on, and for all parties to treat each other with civility and within the Trust values.

Documentation

At the formal stages of the procedure, all supporting documentation, including witness statements to be presented as evidence must be submitted 5 working days prior to the meeting in order that the written evidence can be circulated to all parties involved.

Witnesses/Evidence

Witnesses should normally be introduced at the beginning of the process. If new evidence or information becomes available at a later stage of the procedure, the manager may consider this.

Attendance at Meetings/Hearings

If a colleague refuses twice or is unable to attend a meeting without a valid reason the manager or Chair may proceed in their absence based on the evidence provided.

Continuing Workplace Disagreements, Conflicts or Complaints

Colleagues should be encouraged by all parties involved throughout this process to seek solutions: in the initial discussion, early resolution, and formal stages. However, there may not be satisfactory outcomes regarding certain matters. Should this happen, colleagues should be encouraged and supported to stay within the Trust Values.

The only exceptions are where, for example, a potentially unlawful act has been committed or there is a serious risk to health and safety.

6. Equality & Health Inequalities Impact Assessment (EHIA)

An Equality and Human Rights Impact assessment has been carried out and is documented in Appendix B.

7. Dissemination and Implementation

This policy will be uploaded to the HR Solutions areas of the extranet and the Trust's public website.

8. Competencies and Training Requirements

Trust Facilitators will receive formal ongoing training and access to ongoing development in order to remain competent. Managers will receive support in policy implementation from HR Solutions and signposted to available resources on [REDACTED].

9. Monitoring Compliance and Effectiveness

Element to be measured	Lead(s)	Tool for Monitoring	Frequency	Responsible Individual / Group for review of results/report	Responsible group for acting on recommendations/ action plan	Responsible group/ committee for ensuring action plan/lessons learned are Implemented
Timely resolution of disputes	HR	HR case Management Tool	Monthly	HR Senior Management	HR Senior Management	HR
Increase/decrease of formal resolution cases	HR	HR case Management Tool	Monthly	HR Senior Management	HR Senior Management	HR
Where data permits, resolution cases will be monitored by protected characteristic to identify disproportionate patterns in complaints raised, complaints upheld, and progression to formal stages.	HR	HR case Management Tool	Monthly	HR Senior Management	HR Senior Management	HR
Early Resolution activity and outcome (anonymised data)	People Engagement Team	MS Forms	Quarterly	HR Senior Management Team and People Engagement Team	People Engagement Team	People Engagement Team

10. References

- Advisory, Conciliation and Arbitration Service (ACAS) [Acas | Making working life better for everyone in Britain](#)
- NHS Resolution “Being Fair – Supporting and Just and Learning Culture for staff and patients following incidents in the NHS [Being fair report - NHS Resolution](#)
- NHS Sexual Safety Charter [NHS England » Sexual safety in healthcare – organisational charter](#)

Appendix A: Governance section

Appendix A.1: Version Control Table

Version number and issue number	Date	Author & Job title	Reason for Change	Description of Changes Made
V1	October 2022	[REDACTED]	To align more closely with Just Culture	New Document; replaces Grievance Procedure
V1.1	May 2023	[REDACTED]	Further to feedback from the unions	Made some amendments to the wording to help with the interpretation of the procedure
V1.2	August 2023	[REDACTED]	Additional text needed for clarity at Appendix C	Additional sentence in Request for Resolution form to clarify what information is required in form
V1.3	May 2024	[REDACTED]	Sexual safety charter	Inclusion of sexual safety
V2	November 2024	[REDACTED]	WPPG feedback	Inclusion of additional definitions and some amendments to the wording to help with the interpretation of the procedure
V3	March 2026	[REDACTED]	Review and update	Streamlining of wording and process following discussion at JSC

Appendix A.2: Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Human Resources Directorate Stakeholders		June 2024
Sexual Safety Steering Group		June 2024
Workforce Policy Partnership Group		July 2024
Workforce Policy Partnership Group		April 2025
Joint Staff Committee		December 2025
Human Resources Directorate Stakeholders		February 2026
Workforce Policy Partnership Group		March 2026
People Engagement Team	██████████, People Potential Manager	March 2026

Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)**SECTION A - ADMINISTRATIVE INFORMATION**

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. Function/policy/service name and number:	Resolution Procedure (Former Grievance Procedure)		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	This procedure provides a fair, structured and just culture approach to resolving workplace conflict, discrimination, harassment and incivility. It aims to: Ensure safe raising of concerns Promote early resolution Prevent escalation Protect colleagues from victimisation Strengthen organisational learning		
How will the function/policy/service change be put into practice?	Existing policy		
Who will be affected/benefit from the policy?	All staff (excluding TWS)		
State type of policy/service	Policy ☒	Service ☐	
	Business Case ☐	Function ☐	Existing
Is an EHIA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☒		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	Director of People		
Assessment Carried out by:	Name: XXXXXXXXXX		
Contact Details:	XXXXXXXXXX		
Date Completed:	05 February 2026		

SECTION B ANALYSIS AND EVIDENCE

Analysis of the potential impact – Equality and Health Inequalities Duties

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.
- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

3. PROTECTED CHARACTERISTICS - Main **potential** positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.**

Workplace conflict and resolution processes are known to have disproportionate impact across protected characteristics. This procedure therefore carries significant equality relevance.

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	Younger staff may feel less empowered to raise concerns. Older staff may experience hierarchical bias.	NHS workforce data demonstrates variation in turnover and speaking-up confidence by age group.	Accompaniment rights. Independent advice routes.

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
		<p>National employment data shows younger staff may feel less empowered to raise concerns.</p> <p>Age discrimination case law demonstrates risk in performance and conflict processes.</p>	Just Culture framework.
Disability: physical, sensory, and learning impairment; mental health condition; long-term conditions.	<p>Disabled colleagues may:</p> <p>Experience higher bullying rates (WDES evidence). Require reasonable adjustments to participate in meetings.</p> <p>Experience process-related stress.</p> <p>Risk of indirect discrimination if adjustments not made.</p>	<p>Workforce Disability Equality Standard (WDES) data demonstrates that disabled staff are significantly more likely to report bullying and harassment.</p> <p>NHS Staff Survey results show higher levels of negative workplace experience among disabled colleagues.</p> <p>National ACAS and CIPD guidance highlights the need for reasonable adjustments in grievance and disciplinary processes.</p> <p>Local Reasonable Adjustments data indicates ongoing adjustment needs within the workforce.</p>	<p>Staff Support Checklist includes adjustment prompt.</p> <p>Occupational Health referral where appropriate.</p> <p>Managers required to consider reasonable adjustments.</p> <p>Flexible application of timelines where health impacts participation.</p>
Gender Reassignment and/or people who identify as Transgender	Minority stress may reduce confidence in raising concerns	<p>NHS Staff Survey data and national LGBTQ+ workforce research identify higher rates of discrimination and minority stress affecting trans colleagues.</p> <p>Equality and Human Rights Commission (EHRC) guidance highlights risks of victimisation and harassment.</p>	<p>Independent routes available (Freedom to Speak Up, HR).</p> <p>Right to alternative manager.</p>

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
		National evidence indicates under-reporting due to fear of stigma.	Monitoring for patterns where data available.
Marriage & Civil Partnership: people married or in a civil partnership.	No impact	Stakeholder feedback (WPPG) employment law recognises protection from discrimination related to marital status.	N/A
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	Concerns may relate to discrimination or unfair treatment linked to pregnancy or return from leave.	Stakeholder feedback (WPPG)	Formal escalation route where discrimination identified. HR involvement. Flexible timelines where appropriate.
Race:	National evidence (WRES, NHS Staff Survey) demonstrates that colleagues from minoritised ethnic backgrounds are more likely to experience bullying, harassment and discrimination and may be less confident raising concerns. There is risk of: Under-reporting Differential treatment in investigations Escalation to formal process	Workforce Race Equality Standard (WRES) data nationally shows that colleagues from minoritised ethnic backgrounds are more likely to experience bullying, harassment and discrimination from managers and colleagues. NHS Staff Survey consistently shows differential reporting of discrimination by ethnicity. National evidence highlights lower confidence in speaking up among some ethnic minority groups. Local listening events and workforce intelligence (where available) indicate	Just Culture framework embedded. HR attendance at formal stage. Monitoring of resolution cases by ethnicity where data allows. Explicit consideration of cultural factors in fact-finding. Escalation routes via HR and governance.

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
		relational and cultural factors influencing conflict experiences.	
Religion and belief: people with different religions/faiths or beliefs, or none.	Cultural misunderstandings or religious discrimination may underpin disputes.	NHS Staff Survey evidence includes reported discrimination on the grounds of religion or belief. National evidence identifies cultural misunderstanding and faith-related discrimination as workplace conflict drivers.	Managers required to consider cultural context. Escalation to formal process where discrimination identified.
Sex:	Women are disproportionately affected by sexual harassment in NHS settings.	National NHS Staff Survey data demonstrates higher reported levels of sexual harassment and inappropriate behaviour affecting women. NHS Sexual Safety Charter evidence identifies workplace sexual misconduct as a risk across healthcare settings. Employment tribunal case law demonstrates risk of indirect discrimination if processes are not applied consistently.	Alignment with Sexual Safety Charter. Immediate progression to formal stage where appropriate. Escalation pathways clearly defined.
Sexual orientation	LGBTQ+ colleagues may experience minority stress, discrimination, harassment or exclusion which may underpin workplace conflict. They may also be less confident to raise concerns if they fear being “outed”, stereotyped, not believed, or experiencing victimisation/retaliation. If early resolution is used inappropriately where harassment/discrimination is present, this could minimise harm and reduce trust in the process.	NHS Staff Survey data demonstrates differential experience of discrimination among LGBTQ+ staff. National Stonewall Workplace Equality Index findings highlight ongoing workplace barriers.	Escalation to formal process where discrimination identified. Provision of access to independent routes for colleagues who do not feel

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
		Minority stress research evidences increased psychological risk in hostile environments.	safe raising concerns through line management. Monitor resolution cases (where data permits) by protected characteristic
Veterans/Armed Forces Communities	Veterans or reservists may experience: Trauma-related sensitivities Cultural misinterpretation of behaviours Reluctance to raise concerns	Armed Forces Covenant guidance recognises potential disadvantage in civilian employment. National research on veteran transition identifies cultural misinterpretation and trauma-related sensitivities.	Inclusion under Covenant duty. Support via Occupational Health. Monitoring where status known.

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this section does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups, please complete the full assessment in Section A**

Groups who face health inequalities ¹	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
<p>This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.</p>			

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes, it is likely that you will have to undertake specific engagement with patients. For smaller changes and policies, you may have undertaken some engagement with patient groups, gained insight from routine sources e.g., patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally. Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No X
-----	------

b. If yes, please ensure all stakeholders are listed on the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all the information included in your review- No unlawful adverse impacts identified; however, ongoing equality monitoring is essential due to the inherently sensitive nature of workplace conflict processes.

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	X
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?		

8. Outstanding key issues/questions that may require further consultation, research, or additional evidence. Please list your top three in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1 N/A	

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:		Date: February 2026
Line Manager of person completing:	Lucy Birch	Date:

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Looked after children and young people			
Carers of patients			
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.			
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.			
People with addictions and/or substance misuse issues			
People or families on a low income			
People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).			
People living in deprived areas			
People living in remote, rural and island locations			
Refugees, asylum seekers or those experiencing modern slavery			
People who have served in the Armed Forces			
Other groups experiencing health inequalities (please describe)			

Appendix C: Staff Support Checklist

This checklist should be used to ensure that colleagues are provided with timely and appropriate support and that a record of actions taken is kept.

This form should be completed as appropriate (at the outset of the process and revisited regularly throughout the process and frequency agreed with all parties) and retained by the manager until the matter is at an end. A copy of checklist should be forwarded to the HR Solutions team so that it may be used for the annual audit process.

Employee name			
Job title			
Manager name			
Date completed			
SUPPORTING STAFF		Initial support	Follow-up
		Date	
1.	Has a 'Buddy/Mentor' been offered, identified and agreed?		
2.	Has the colleague been signposted to REDACTED		
3.	Was a referral to Occupational Health & Wellbeing discussed with the employee? give details, dates etc		
4.	Has other support been offered to the employee? Yes / No If yes, detail any support taken up. <i>Managers must consider reasonable adjustments under the Equality Act 2010 and ensure any support arrangements are tailored to the individual's needs, including neurodiversity, mental health conditions, faith observance, menopause, caring responsibilities and Armed Forces status.</i>		
5.	Has a copy of the procedure been provided to the employee and the process explained?		

Initial Support	
Manager Signature	Date
Employee Signature	Date

Follow-Up Support	
Manager Signature	Date
Employee Signature	Date

Follow-Up Support	
Manager Signature	Date
Employee Signature	Date

Follow-Up Support	
Manager Signature	Date
Employee Signature	Date

ACTIONS

Original form to be filed in staff member's file

Copy of completed form given to employee

Appendix D: Dignity and Respect Policy and Resolution Procedure Checklist



East Sussex Healthcare
NHS Trust

DIGNITY AND RESPECT POLICY and RESOLUTION PROCEDURE, CHECKLIST

We seek to build an organisation that supports a culture of Civility, Respect and Sexual Safety, providing a working environment that is free from harassment, bullying and discrimination. Promoting harmonious working relationships and creating an environment where people feel safe to speak up will embed a culture where colleagues have the confidence that any concerns will be addressed.

This checklist has been developed to ensure that appropriate action is taken when concerns are raised. This checklist should be used by a line manager when a concern is raised under the Trust's Resolution Procedure and/or Dignity and Respect Policy and the initial discussion has been undertaken.

Employee/Worker Name:	Click here to enter text.	Role:	Click here to enter text.
Line Manager Name:	Click here to enter text.	Team/service:	Click here to enter text.
Area of work:	Click here to enter text.	Division:	Click here to enter text.
Date of incident	Click here to enter text.	Location:	Click here to enter text.

Ask yourself the following questions before making a decision on the appropriate course of action?

1: What is the nature of the complaint raised?

1a. Does the incident involve sexual harm? ☐ Yes ☐ No

1b. Does the incident involve harassment or discrimination (see Dignity & Respect Procedure)?

☐ Yes ☐ No

1c. Does the concern raised involve incivility (see Dignity & Respect Procedure)? ☐ Yes ☐ No

- If you have answered yes to q1a go straight to section 5

Additional Comments: Click here to enter text.

2: Harm Test

2a. Was there any intention on the part of the employee or worker to cause harm? ☐ Yes ☐ No

2b. Did the individual knowingly depart from policy? ☐ Yes ☐ No

- If you have answered yes to either question go to section 6

Additional Comments: Click here to enter text.

3: If you have answered yes to q1c and no to question 2, Early resolution may be suitable if the issue is relatively new and not entrenched.

- 3a. Does the issue involve a relationship breakdown between 2 parties? ☐ Yes ☐ No
3b. Does the issue involve incivility and rudeness between 2 parties? ☐ Yes ☐ No
3c. Does the issue involve disrespectful/poor behaviours between 2 parties? ☐ Yes ☐ No
3d. Does the issue involve a conflict between 2 parties between 2 parties? ☐ Yes ☐ No
3e. Does the issue involve disrespectful/poor behaviours between 2 parties? ☐ Yes ☐ No
3f. Does the issue involve workplace disagreements between 2 parties? ☐ Yes ☐ No

**.if you have answered yes to any of the above questions seek agreement for early resolution, Appendix D of the Resolution Procedure and the extranet page [Resolving Conflict \(esht.nhs.uk\)](http://esht.nhs.uk)
* if you have answered no to all of the above proceed to formal resolution*

NB; if the issue involves more than 2 people contact the People Engagement Team for advice on alternative options for early resolution. [REDACTED]

Additional Comments: [Click here to enter text.](#)

4: If you have answered yes to q1b and no to question 2, proceed to Formal resolution meeting;

- 4a. Consider resolution outcome requested by colleague who raised complaint;
Was the unwanted behaviour unintentional and the person accused unaware of its the impact
☐ Yes ☐ No
Does the fact find indicate any mitigating circumstances ☐ Yes ☐ No

Facilitate any agreed outcome with colleagues, also consider whether further training or other intervention is appropriate

- 4b. If the answer is no to question 4a – advise colleague who raised complaint further investigation is required and complete pre-disciplinary investigation checklist ☐ Yes ☐ No

*

Additional Comments: [Click here to enter text.](#)

5: If there is an allegation of sexual harm, take the following actions;

- 5a. Ensure the colleague is referred to [REDACTED]/OH for support ☐ Yes ☐ No
5b. Raise a [REDACTED] and refer to safeguarding if incident involves a patient ☐ Yes ☐ No
5c. If the alleged perpetrator is a patient/visitor/member of the public – refer to violence and aggression policy ☐ Yes ☐ No
5d. If the alleged perpetrator is a member of staff – complete pre-disciplinary investigation checklist
☐ Yes ☐ No
5e. Has the colleague raised the matter with the police ☐ Yes ☐ No

Additional Comments: [Click here to enter text.](#)

6: If there is evidence of harassment, discrimination or bullying and you have answered yes to q2 or no to q4, take the following actions:

6a. Ensure colleague support is put in place, refer to staff support checklist in Dignity, Respect and Sexual Safety Policy or Resolution Procedure ☐Yes ☐No

6b. Meet with colleague at formal resolution meeting and advise further investigation is required and complete pre-disciplinary investigation checklist in regard to alleged perpetrator ☐Yes ☐No

*

Additional Comments: [Click here to enter text.](#)

Signed by Line Manager..... Date.....

Appendix E: Facilitation and Mediation

This appendix outlines the framework for the consideration and use of facilitation or mediation

The overall aim of facilitation or mediation is to bring about effective resolution of disputes at the earliest stage possible without resorting to a formal process. Facilitation and mediation involves a neutral third party bringing two or more parties together with the aim of reaching a mutually acceptable agreement.

Successful facilitation or mediation should leave individuals feeling that the outcome is fair, reasonable and appropriate.

It is based on the principle of collaborative problem-solving, with a focus on the future and rebuilding relationships, rather than apportioning blame.

When can facilitation or mediation be used?

It can be considered to address a range of professional issues, including incivility, relationship breakdown, personality clashes and communication problems.

It can be considered to be used:

- at any time where issues, such as those described in the paragraph above, have been identified but have failed to be resolved through local discussion
- after a dispute has been resolved formally to rebuild a relationship

There may be situations where it may not be appropriate to use facilitation or mediation but is often not clear-cut and it will be up to the Facilitator(s) or Mediator(s) to make a judgement on a case-by-case basis. Facilitation or mediation should not be:

- Used as a first resort – because colleagues should be encouraged to speak to each other and talk to their Line Manager before they seek a solution via facilitation or mediation
- Used by a manager to avoid their managerial responsibilities
- Used when a decision about right or wrong is needed, for example where there is possible criminal activity

It is unlikely that matters potentially constituting a Sexual Safety incident, Discrimination, Bullying, Harassment or Victimisation as defined in the Dignity and Respect policy will be resolved via facilitation or mediation.

How do colleagues decide if facilitation or mediation is appropriate?

Facilitation or mediation may be appropriate for colleagues if:

- The aim is to bring about some sort of resolution that allows colleagues to have a professional, working relationship;
- Colleagues are willing to resolve the issue and not apportion blame;
- Colleagues have tried to resolve this with each other, and it has not been resolved;
- Colleagues have discussed this with the line manager and together tried to resolve this;
- All colleagues involved are willing to voluntarily go to facilitation or mediation;
- Colleagues want to avoid going through a formal process.

The People Engagement Team and the HR Solutions team will be able to provide further information and support.

Representation

Facilitation and mediation do not involve representatives as the central principle of facilitation and mediation is to provide an opportunity for those in conflict to find a solution to the situation and for the individuals to remain central to the process. Restricting facilitation and mediation to the individuals can allow more open and honest discussion.

Representatives could however play an important supportive role behind the scenes without being directly involved in the facilitation or mediation.

There may be situations where a colleague considers a representative attending with them as a reasonable adjustment due to a disability or underlying medical condition. In these cases, the Facilitator(s) Mediator(s) will need to ensure that the representative clearly understands the role and that they have established practice standards that guarantee their independence, impartiality and commitment to confidentiality.

Facilitators and Mediators

Facilitators will be recruited and trained via the People Engagement Team from either staff within ESHT, or other NHS providers and will be a cross section of individuals who offer, where possible, representation within: ethnicity, gender, age, geographic diversity, and a diversity of grades, roles and professional disciplines.

Trained mediators will need to be sourced from outside the Trust. Procurement can support with options of providers.

Once a Facilitator or Mediator has been nominated; the parties and the Facilitator/Mediator will have the opportunity to say whether they consider the proposed Facilitator/Mediator to be acceptable and impartial. The Facilitator/Mediator's role is to remain neutral and impartial in the process, and they will be selected to work with people on the basis that they have no links with that person's service area as part of their regular job.

Procedure for making a request for facilitation

Colleagues can request this by completing the electronic [Request for a facilitated conversation](#) form.

If colleagues are uncomfortable discussing the matter with the Line Manager the following independent people can also assist. Their contact details can be found on the Trusts extranet;

- Freedom to Speak Up Guardian
- Trade Union Representative
- People Engagement team
- HR Solutions team

There are two distinct stages of the facilitation and mediation process:

Separate Meeting

The Facilitator/Mediator will meet individuals separately. The aim of this first meeting is to allow each individual to be heard and determine what they want out of the process.

Joint meeting

The Facilitator/Mediator brings the participants together and invites them to agree on two or three objectives for the conversation. The Facilitator/Mediator will summarise the areas for discussion and draw up an agenda with the parties for the rest of the resolution process.

Having identified the issues to explore, the facilitation/mediation is then about encouraging communication between the individuals, promoting understanding and empathy and changing perceptions. The aim of this part of the process is to begin to shift the focus from the past to the future and begins to look for constructive solutions.

Facilitation/Mediation is **not** about apportioning blame or proving one colleague right and another wrong. It is about enhancing understanding between both parties and discovering ways to move forward.

The Facilitator/Mediator will encourage and support this process ensuring the space is psychologically safe for both parties to contribute.

If resolution is reached through Facilitation, parties may agree to note down any points of resolution or agreed actions. However, all parties may decide this is not necessary. Should any notes be taken of the points of resolution or agreed actions this would be based on good faith and is not binding or enforceable.

If resolution is reached through Mediation, the Mediator will bring the meeting to a close, provide a copy of the mediation agreement to those involved and explain their responsibilities for its implementation.

What happens after facilitation or mediation?

This depends on the outcome. If the individuals reach a resolution there will be an expectation for both parties to adhere to any agreements(s). This will be evident through the way in which both parties work with each other going forward for the better.

If in the future the dispute arises again or individuals are not able to reach resolution then appropriate action will be taken including consideration for progressing to formal resolution.

What happens if Facilitation or Mediation breaks down?

If at any point during the proceedings one of the individuals wants to withdraw from Facilitation or Mediation, for whatever reason, the Facilitator(s) or Mediator(s) will inform the relevant Line Manager that the process will not continue.

There may be cases where the Facilitator/Mediator feels that the process should be stopped. This may happen if:

- It becomes clear that the situation is serious enough that it should be dealt with via Formal Resolution or through the Disciplinary Procedure;
- Any behaviour by a colleague that is unacceptable;
- Any colleague becomes too distressed to continue.

Confidentiality

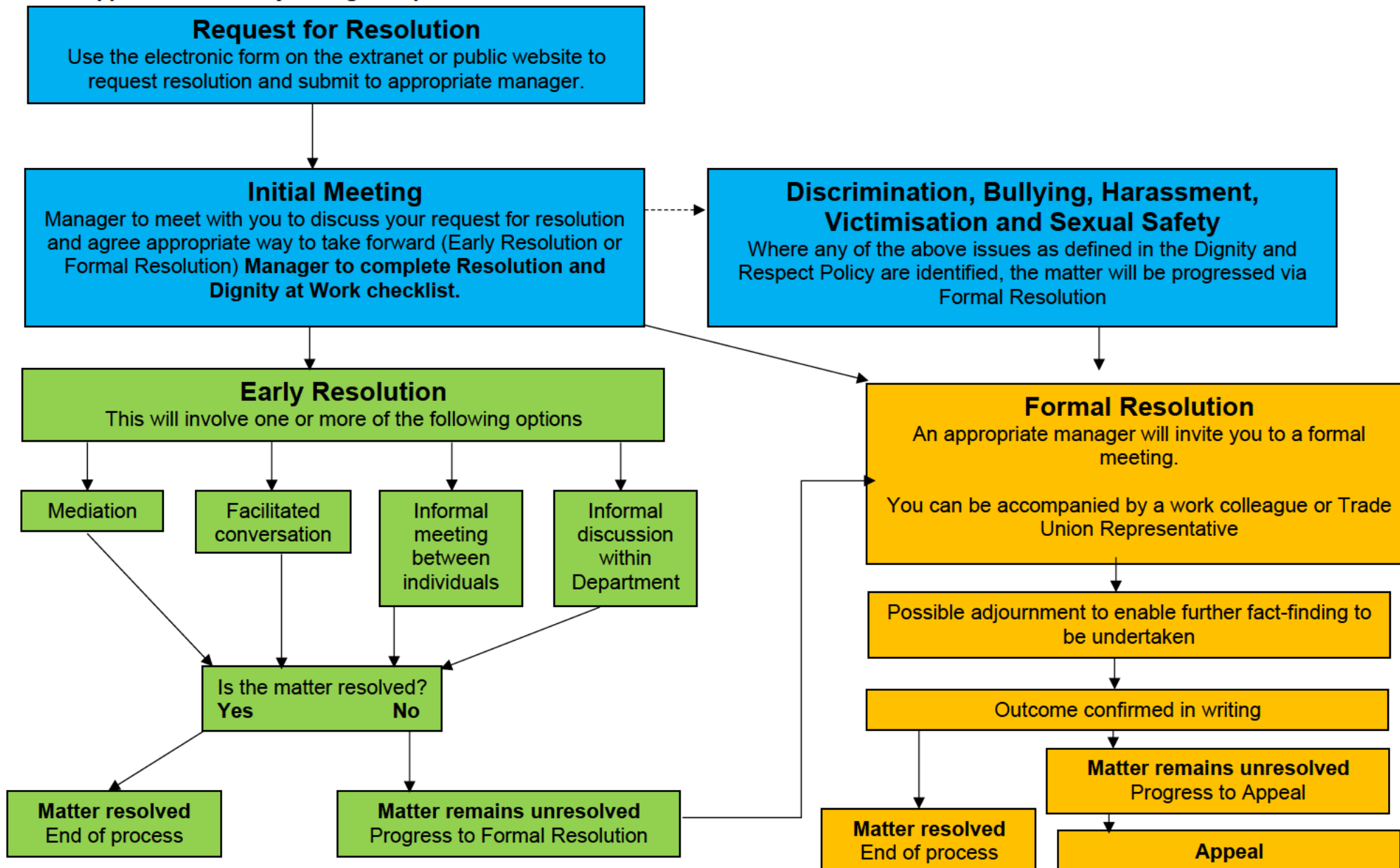
Anything said during facilitation or mediation is confidential to the individuals. That confidentiality must be respected by all those involved in the process, as referred to throughout this procedure.

The only exceptions are where a potentially unlawful act has been committed or where a safeguarding risk to self or others is disclosed during the process.

Participants in Facilitation and Mediation together with the Facilitator(s)/Mediator(s) will be able to make handwritten notes for their own personal use during sessions but these are then destroyed at the end of the process.

The only information retained, is that Facilitation or Mediation has occurred and whether at the conclusion of the conversation, it has been successful or not.

Appendix F: Journey through the process



Dignity and Respect at Work Policy (Supporting a Culture of Civility and Respect)

Document ID/Reference:	1600
Legacy ID/Reference:	Not applicable
Version Number:	V1.0
Document Type (Clinical or Corporate):	Corporate
Target audience:	All staff
Senior Responsible Officer (SRO):	Chief People Officer, Human Resources
Division and Department:	Corporate, Human Resources
Date originally written:	March 2026
Date created / reviewed:	March 2026
Author of current version:	██████████, Associate HR Business Partner/██████████ ██████████ HR Advisor/Lucy Birch Head of ER
Ratifying Committee / Group:	Workforce Policies Partnership Group
Date ratified:	May 2026
Next Review Date:	May 2029

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

Table of Contents

1. Introduction and Purpose.....	4
2. Scope	4
3. Definitions used: Explanation of terms.....	4
4. Key Accountabilities and Responsibilities	6
5. Procedure	7
6. Equality & Health Inequalities Impact Assessment (EHIA).....	9
7. Competencies and Training Requirements	9
8. Monitoring Compliance and Effectiveness	10
9. References	11
Appendix A: Governance section.....	12
Appendix A.1: Version Control Table.....	12
Appendix A.2: Consultation Table.....	13
Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)	14
Appendix C: Staff Support Checklist	21

Policy on a Page

Document title: Dignity and Respect at Work

Key points of the Document

- Promote a workplace that is civil, respectful, and free from harassment, bullying, discrimination, and incivility.
- Support positive employee relations and ensure alignment with Trust Values.
- Provide clear processes for raising and resolving concerns.

Applicable to

- Trust wide

Key changes since the last version

- Sexual safety placed into separate standalone policy

Key associated documents

- Resolution Procedure
- Disciplinary Procedure
- Freedom to Speak Up; Raising Concerns (Whistleblowing) Policy
- Equality Diversity and Human Rights Policy
- Sexual Safety

Training requirement

- Training on EDI, microaggression, sexual safety all available via [REDACTED]

Regulatory requirements:

- Equality Act 2010
- CQC domains of safe, caring, well-led
- Worker Protection (Amendment to Equality Act) Act 2023

Suggested search words: Dignity, Respect, Incivility, Bullying, Harassment, Victimisation, Intimidation, Discrimination

1. Introduction and Purpose

- 1.1 The Trust is committed to encouraging positive employee relations and providing a working environment free from harassment and bullying and ensuring all colleagues are treated and treat each other with civility and respect; in line with Trust Values.
- 1.2 We expect all colleagues to consistently demonstrate the Trust Values. However, as part of their professional and other standards our expectation is that colleagues act and take ownership to challenge inappropriate behaviour and address concerns, speak up about concerns and / or compassionately address concerns.
- 1.3 The Trust leaders endeavour to create an environment where people feel safe to speak up and have the confidence that any concerns will be addressed.
- 1.4 It is important to recognise incivility and act on it to prevent behaviours escalating. A timely resolution will be aided by addressing incivility in a respectful and caring manner, with open dialogue.

2. Scope

- 2.1 This policy covers inappropriate behaviour including, incivility, discrimination, harassment or bullying which occurs at work and out of the workplace, such as on business trips or at work-related events or social functions. It covers bullying and harassment by colleagues (which may include external consultants, volunteers, contractors, and agency workers) and by third parties such as patients, suppliers, or visitors to our premises.
- 2.2 This policy does form part of the contract of employment, and it may be amended at any time following the usual process for changing policies.
- 2.3 Should colleagues raise a concern regarding incivility, harassment, discrimination, or bullying, privacy and confidentiality will be respected as far as possible; however, colleagues must be aware the issues raised may be disclosed through the process when seeking a resolution.
- 2.4. The Trust has signed up to the NHS Sexual Safety Charter and is committed to preventing and reducing incidents risking sexual safety. Further information can be found in the Sexual Safety policy.

3. Definitions used: Explanation of terms

3.1 What is Civility?

- 3.1.1 Civility is a collection of positive humane behaviours that produce feelings of respect, dignity, and trust. It's as simple as being polite to each other.
- 3.1.2 Civil workplaces provide better job satisfaction and improved mental health. Civility also builds trust and improves patient satisfaction and outcomes;

3.2. What is incivility?

- 3.2.1 Incivility is different for each of us. Some people don't like to hear bad language, some don't like shouting. In general terms, incivility is belittling behaviour, being treated rudely or disrespectfully. It can also be gossiping, being ridiculed or excluded or being subjected to jokes or teasing that go too far. These experiences and perceptions can emerge over weeks, months or years and be so subtle that they may not fit a formal definition of bullying, harassment, or discrimination.

3.3 What is Discrimination?

- 3.3.1 Direct Discrimination is the unfair or unjust treatment of someone regarding one or more protected characteristic related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, (colour, nationality, ethnic or national origin), religion or belief, sex, or sexual orientation. A single incident can amount to discrimination.

For Example:

An employer is looking to hire an Executive Assistant. In the job application form, there's a question asking if the applicant has any disabilities that will make doing the job difficult.

As disability is a protected characteristic, this question is against the law. The employer should instead ask all applicants if they need any reasonable adjustments to complete the interview or any part of the recruitment process.

- 3.3.2 Indirect Discrimination is where there are rules or arrangements that apply to a group of employees, but in practice are less fair to a certain protected characteristic.

For example:

An employer decides that all staff must start a new shift pattern which involves working late in the evening. No staff can opt out. One member of the team takes medication which makes them feel very sleepy in the evenings, so they are not able to work late shifts.

This is likely to be indirect discrimination as it puts individual at a disadvantage.

But it will not be discrimination if the employer is able to justify the arrangement by showing that it is:

- for a good reason, and
- appropriate and necessary.

3.4 What is Harassment?

- 3.4.1 Harassment is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. A single incident can amount to harassment.

- 3.4.2 It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

- 3.4.3 Unlawful harassment may involve conduct of a sexual nature (sexual harassment), or it may be related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation. All harassment is unacceptable even if it does not fall within any of these categories.

- 3.4.4 Harassment may include for example:

- a. unwanted physical conduct or "horseplay", including touching, pinching, pushing and grabbing;
- b. unwelcome sexual advances or suggestive behaviour (which the harasser may perceive as harmless);
- c. offensive emails, text messages, or social media content;

- d. mocking, mimicking or belittling a person's disability;
- e. unwelcome behaviour that is dismissed as 'banter'.

3.5 What is Bullying?

3.5.1 Bullying is offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can make someone feel vulnerable, upset, humiliated, undermined, excluded, discriminated against, or threatened. Power does not always mean being in a position of authority but can include both personal strength and the power to coerce through fear or intimidation.

3.5.2 Bullying can take the form of physical, verbal, and non-verbal conduct. Bullying may include, by way of example:

- a. physical or psychological threats;
- b. overbearing and intimidating levels of supervision;
- c. inappropriate derogatory remarks about someone's performance;

3.5.3 Legitimate, reasonable, and constructive criticism of someone's performance or behaviour, or reasonable instructions given to someone in the course of their employment, will not amount to bullying on their own.

4. Key Accountabilities and Responsibilities

Regardless of status, everyone working within the Trust is expected to treat colleagues with, civility, dignity, and respect in keeping with the Trust Values.

Every colleague has personal responsibility for their own behaviours in relation to this policy and to actively promoting civility in the workplace.

4.1 Management Responsibilities - It is the duty of managers to establish and maintain an environment that supports civility and respect and is free from harassment and bullying by:

4.1.1 ensuring that their own working practices reflect the above duty.

4.1.2 ensuring that all colleagues in their area of work are made aware that this policy exists and that they have a right to be treated with civility and respect and not be bullied, harassed, or discriminated at work.

4.1.3 taking prompt action to stop incivility, harassment, discrimination, and bullying. Highlighting that the behaviour is unacceptable, managers may be able to effectively put a stop to the problem without the need for formal action.

4.1.4 ensuring all complaints of incivility, harassment, discrimination, and bullying are treated seriously, compassionately and with confidence.

4.1.6 ensuring colleagues understand that the victimisation of anyone making a complaint or supporting someone making a complaint is unacceptable and where appropriate will be treated as a disciplinary matter.

4.2 All Staff – all colleagues have a responsibility to:

4.2.1. Refrain from participating in, encouraging or condoning incivility, harassment, discrimination, or bullying.

4.2.2 Report incidents of incivility, harassment, discrimination, or bullying in the knowledge that complaints will be dealt with in a sensitive manner.

4.2.3 Support colleagues who raise concerns of incivility, harassment, discrimination, or bullying and encourage them to seek help from an appropriate source.

5. Procedure

5.1 If Colleagues are being treated with Incivility

5.1.1 Colleagues should consider whether they feel able to raise the problem informally with the person responsible. They should explain clearly to their colleague that their behaviour is not welcome or makes them feel uncomfortable. If this is too difficult or embarrassing, they should speak to their line manager (or line manager's manager), the Human Resources Department, their Trade Union Representative, or Speak up Guardian who can provide confidential advice and assistance in resolving the issues.

5.1.2 Addressing concerns informally are always the preferred course of action, the reasons for this are;

- sometimes colleagues are not aware that their behaviour is unwelcome, and an informal discussion can lead to greater understanding and an agreement that the behaviour will cease
- an informal process will always be less damaging to working relationships and less stressful for all those involved.

5.1.3 Should a colleague feel raising the problem directly with the colleague responsible has not been successful consideration should be given to whether further action under the Trust's Resolution Procedure will enable the matter to be resolved.

5.2 If you are being harassed, bullied, or discriminated against

5.2.1 Colleagues should consider whether they feel able to raise the problem informally with the person responsible. They should explain clearly and politely to them that their behaviour is not welcome or makes them feel uncomfortable. If this is too difficult or embarrassing, they should speak to their line manager (or line manager's manager), the Human Resources Department, the Freedom to Speak Up Guardian, or their Trade Union Representative who can provide confidential advice and assistance in resolving the issues formally or informally.

5.2.2 Raising concerns informally may be appropriate if the colleague raising the concern believes the behaviour is unintentional and the person accused is unaware of its impact.

5.2.2 If informal steps are not appropriate, or have not been successful, colleagues should raise the matter through Formal Resolution under the Trust's Resolution Procedure.

5.2.3 If appropriate, concerns will be investigated in a timely and confidential manner, in accordance with the Resolution Procedure. The investigation will be conducted by someone with appropriate experience and who has had no prior involvement in the complaint, wherever possible. Details of the investigation and the names of the person making the complaint and the person accused will be disclosed on a "need to know" basis. Consideration will be given to whether any steps are necessary to manage any ongoing relationship between the colleague raising the concern and the person accused during the investigation.

5.2.4 Once the investigation is complete, colleagues will be informed of the decision. If it is considered that a colleague has been harassed or bullied by another colleague, the matter may be dealt with under the Disciplinary Procedure as a case of possible misconduct or gross misconduct. If the harasser or bully is a third party such as a patient, or other visitor, the Trust will consider what action would be appropriate to deal

with the problem. Whether or not the complaint is upheld, it will then be considered how best to manage any ongoing working relationship between the colleague raising the complaint and the person concerned.

5.3 Victimisation – Protection and support for those involved

- 5.3.1 Should a colleague make a complaint or participate in good faith in any investigation they must not suffer any form of reprisal or victimisation as a result. Anyone found to have retaliated against or victimised others in this way will be subject to disciplinary action under our Disciplinary Procedure.
- 5.3.2 Should a complaint be raised against a colleague and subsequently the outcome is the complaint is unfounded the colleague raising the complaint must not suffer any form of reprisal or victimisation as a result. Anyone found to have retaliated or victimised in this way will be subject to disciplinary action under our Disciplinary Procedure.
- 5.3.3 Should it be found that a complaint is malicious or vexatious, further action may be taken under the Trust's Disciplinary Procedure.

5.4 Employee Support

- 5.4.1 Being subject to incivility, bullying, discrimination, harassment, or victimisation or being subject to difficulties in the workplace giving cause to raise concerns can be very upsetting and stressful for the member of staff and other colleagues affected, including those whom allegations may have been raised against. Managers will use the Staff Support Checklist to ensure that support is identified for all colleagues affected (Appendix C).
- 5.4.2 Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.
- 5.4.3 Members of staff, including other colleagues affected, will have access to the Trusts' Employee Assistance Programme and can obtain information on support services available via the Occupational Health and Wellbeing extranet pages.

5.5 Record Keeping

- 5.5.1 Information relating to a complaint made by or concerning a colleague may be placed on the personal file of the colleague who is the subject of the complaint. This may include a record of the outcome, as well as any notes or other documents compiled during the process. All such information will be processed in accordance with our Data Protection Policy.

Data collected from the point at which the Trust commences action under this policy is held securely and accessed by, and disclosed to, individuals only for the purposes of managing a complaint.

Inappropriate access or disclosure of employee data constitutes a data breach and should be reported in accordance with the organisation's data protection policy immediately. It may also constitute a disciplinary offence, which will be dealt with under the Trust's disciplinary procedure.

6. Equality & Health Inequalities Impact Assessment (EHIA)

An Equality and Human Rights Impact assessment has been carried out and is documented in Appendix B.

7. Competencies and Training Requirements

Please refer to the Induction and Mandatory training policies and the Training Needs Analysis.

8. Monitoring Compliance and Effectiveness**Monitoring Table**

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Number of informal and formal complaints, time taken, outcomes and learning	Director of People	HR case management system which provides data on cases in terms of ethnicity, age, gender and staff group	Half Yearly	People and Organisational Development Committee (POD)	POD.	POD
Staff Perceptions of Harassment and Bullying	Director of People	Staff Survey Results	Annually	POD	POD	POD

9. References

ACAS – Bullying and Harassment at Work
NHS Terms and Conditions of Service
Civility saves lives website
Just culture
Safety II Suzette Woodward
Equality Act 2010

Appendix A: Governance section

Appendix A.1: Version Control Table

Version number and issue number	Date	Author & Job title	Reason for Change	Description of Changes Made
V1.0	March 2026	[REDACTED] [REDACTED]/Lucy Birch	Review and refine processes	Focus on creating positive culture; replaces Anti-Harassment & Bullying Policy, separates out sexual safety, new policy template

Appendix A.2: Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Operational HR		March 2026
Workforce Policies Partnership Group		April 2026

Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)**SECTION A - ADMINISTRATIVE INFORMATION**

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. Function/policy/service name and number:	Dignity and Respect policy		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, both at work and during work-related activities. It applies to interactions with colleagues, external consultants, volunteers, contractors, agency workers, and third parties such as patients, suppliers, or visitors. While it is part of the employment contract and subject to change, any concerns raised will be handled with respect for privacy and confidentiality, though some disclosures may be necessary to resolve issues.		
How will the function/policy/service change be put into practice?	Published via extranet		
Who will be affected/benefit from the policy?	All staff		
State type of policy/service	Policy ☒	Service ☐	
	Business Case ☐	Function ☐	Existing
Is an EHIA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☒		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	Director of People		
Assessment Carried out by:	Name: Lucy Birch		
Contact Details:			
Date Completed:	19/03/2026		

SECTION B ANALYSIS AND EVIDENCE**Analysis of the potential impact – Equality and Health Inequalities Duties**

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.
- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

3. PROTECTED CHARACTERISTICS - Main **potential** positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.

N/A			
Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Disability: physical, sensory, and learning impairment; mental health condition; long-term conditions.	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics. However, it is recognised that there is a risk of under reporting due to stigma	NHS England » Civility and respect NHS ESHT Staff survey data	Promote staff networks and wellbeing support
Gender Reassignment and/or people who identify as Transgender	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD
Marriage & Civil Partnership: people married or in a civil partnership.	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD
Race:	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics. However, overseas trained colleagues may face additional barriers reporting concerns.	NHS England » Civility and respect NHS ESHT Staff survey data	Promote networks and wellbeing support
Religion and belief: people with different religions/faiths or beliefs, or none.	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD
Sex:	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD
Sexual orientation	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics.	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Veterans/Armed Forces Communities	This policy addresses inappropriate behaviour, including incivility, discrimination, harassment and bullying, across all protected characteristics. However, frequent relocation may impact continuity of support	NHS England » Civility and respect NHS ESHT Staff survey data	Data monitoring across case types, bi-annual report to POD & ensure line managers consider covenant duty

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this section does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups, please complete the full assessment in Section A**

Groups who face health inequalities ¹	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation;			

Groups who face health inequalities ¹	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.			

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes, it is likely that you will have to undertake specific engagement with patients. For smaller changes and policies, you may have undertaken some engagement with patient groups, gained insight from routine sources e.g., patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally. Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No X
-----	------

b. If yes, please ensure all stakeholders are listed on the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all the information included in your review-

6. **EQUALITY DUTIES:** Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?		

8. Outstanding key issues/questions that may require further consultation, research, or additional evidence. Please list your top three in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1 N/A	

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:	Lucy Birch	Date: 19/03/2026
Line Manager of person completing:		Date:

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities ²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Looked after children and young people			
Carers of patients			
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.			

Groups who face health inequalities²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.			
People with addictions and/or substance misuse issues			
People or families on a low income			
People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).			
People living in deprived areas			
People living in remote, rural and island locations			
Refugees, asylum seekers or those experiencing modern slavery			
People who have served in the Armed Forces			
Other groups experiencing health inequalities (please describe)			

Appendix C: Staff Support Checklist

This checklist should be used to ensure that staff are provided with timely and appropriate support and that a record of actions taken is kept.

This form should be completed as appropriate (at the outset of the process and revisited on at least one further occasion) and retained by the manager until the matter is at an end. A copy of checklist should be forwarded to the HR Dept. so that it may be used for the annual audit process.

Employee name			
Job title			
Manager name			
Date completed			
SUPPORTING STAFF		Initial support	Follow-up
		Date	
1.	Has a 'Buddy/Mentor' been offered, identified and agreed?		
2.	Has the staff member been signposted to Care First?		
3.	Was a referral to Occupational Health & Wellbeing discussed with the employee? give details, dates etc		
4.	Has other support been offered to the employee? Yes / No If yes, detail any support taken up.		

	<i>Include any considerations given for staff with protected characteristics and the impact any action may have e.g. disability, race; where necessary seek advice from ESHT Workforce Human Rights & Equality lead.</i>		
5.	Has a copy of the procedure been provided to the employee and the process explained?		

Initial Support	
Manager Signature	Date
Employee Signature	Date

Follow-Up Support	
Manager Signature	Date
Employee Signature	Date

ACTIONS

Copy of completed form given to employee
Original Form to be filed in staff member's file

Copy of completed form sent to Human Resources