HARASSMENT AND BULLYING POLICY
(DIGNITY AND RESPECT AT WORK)

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<td>Albanian</td>
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<td>Arabic</td>
<td>إن كان يوجد لديك أي أسئلة أو ملاحظات حول هذه المعلومات أو إذا أردت ترجمة لها في لغتك الخاصة، برجي الاتصال بالرقم 01244 650368. نرجو أن تعلق اسم لغتك ثلاثة مرات سوية مع رقم هاتفك. سوف تقوم بعد ذلك بالطلب من مترجم لترجمة الاتصال بك.</td>
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<td>Bengali</td>
<td>আপনার মাদ্দায় এই তথ্য সম্পর্কে কোন প্রশ্ন অথবা অভিমত থাকে অথবা সেটা মাদ্দায় আপনার মাধ্যমে অনুরোধ করানো চান তাহলে অনুরোধ করে 01244 650368 নামক টেলিফোন করুন। আপনার টেলিফোনের নাম্বার বর্তুন ও আপনার চারার নাম চিন্তা অনুরোধ করে বর্তুন। আপনাকে পুনরায় ফোন বা কল করার জন্য আমরা একজন দোভাষী ব্যবস্থা করব।</td>
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<td>Cantonese</td>
<td>您如對本資訊有任何疑問或意見，或者您希望將它翻譯成您的母語版本，請致電 01244 650368。請在電話中說明您所需的語言，以及您的電話號碼（請重複表述三次）。我們會在回復您的電話時安排電話口譯服務。</td>
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<tr>
<td>Gujarati</td>
<td>હોય તમને આ માહિતી વિચે કોઈ પ્રશ્નો આવી હોય અથવા તમારી પોતાની ભાષામાં તેનો વિસ્તારો કરવામાં આવે તેવી ઈચ્છા હોય તો, કૂતરા 01244 650368 પર ટેલિફન કરો. કૂતરા તમારી ભાષાનું નામ અથાવા વાજવત જાણવા પણ, તેમની સાથે તમારી ટેલિફન નંબર આપવાનું પણ પ્રિય છે. આમે ટેલિફનનું ઈન્ટરપ્રેફર સાથે તમને વાંચતો જાવાબ આપવાની શોધી રહીએલું.</td>
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1 INTRODUCTION

Employees have the right to be treated with dignity and respect. Harassment and bullying is harmful, it causes distress and can lead to accidents, illness and poor performance. No form of harassment or bullying will be condoned at work or outside work if it has a bearing at work or outside work if it is connected with the working relationship. The clinical commissioning group welcomes the support of the recognised trade union(s) in seeking to eradicate bullying.

Making a complaint about inappropriate behaviour can be daunting and, therefore, this policy aims to ensure that any such complaints and subsequent actions are dealt with sensitively and appropriately for all concerned.

The aim of this policy is to protect employees from harassment and bullying and to enable staff, if necessary, to make a complaint or to assist in an investigation without fear of reprisal.

When appropriate, every effort will be made to resolve the situation informally. Some incidents, however, by virtue of their serious nature will need to be dealt with immediately under the formal procedure.

Disciplinary action, including dismissal, may be taken against those failing to fulfil their responsibilities under this policy.

2 SCOPE

This policy applies to all staff employed by the clinical commissioning group and covers the following circumstances:

Harassment against our employees by other employees, by users of the service, contractors and others:

The clinical commissioning groups will not tolerate the bullying of or harassment against its employees, by users of our services or by contractors. Such acts will be investigated using this policy and appropriate remedial action taken, if harassment is proven. This may include the termination of contracts or seeking disciplinary action against the individual causing concern within the contractor’s organisation.

If clinical commissioning group staff are bullied or harassed by one of the users of our service, they should report this in confidence to their line manager who in turn should report the matter to the Corporate Governance Manager. The matter should be dealt with in line with the principles of this policy. We will provide support for any of our employees in cases where they are harassed by others, in line with this policy.
Complaints lodged by users of our service:

This covers bullying or harassment by our staff, harassment of ‘customers’ e.g. members of the public, patients, contractor’s staff by clinical commissioning group staff will be considered as a disciplinary matter to be dealt with under our disciplinary policy.

Apart from these specific adaptations, this policy does not directly apply to complaints made by third parties, or complaints about third parties. However, in these instances, managers must be alerted to these, and consider the possible need for action for example: through discussion with relevant complainants’ organisations or with our own staff, further team building, training or one to ones, or on investigation, disciplinary action, as appropriate.

3 POLICY STATEMENT

The clinical commissioning group believes that all staff should be treated with dignity and respect, and actively encourages staff to behave in a manner that reflects and promotes this belief.

Harassment or bullying of any form undermines people at work and will not be tolerated. All employees have a right to a working environment free of harassment in which each individual’s dignity is respected.

Harassment and bullying affects not only the individual but the clinical commissioning group as a whole. It can have an impact on an individual’s health, welfare, personal confidence and effectiveness, and job satisfaction. It can also reduce the quality of services through sickness, absence, staff turnover, low morale, and poor work performance.

Behaviour that constitutes harassment or bullying may also be unlawful. The clinical commissioning group is committed to the elimination of unlawful discrimination on the grounds of age, sex, race, disability, sexual orientation, religion and belief and any other form of discrimination. The clinical commissioning group is committed to promote equality of opportunity for all.

If issues raised under this policy are not settled by informal action, any proven acts of harassment or bullying will be treated as disciplinary offences.

All professional staff should also refer to their relevant professional body and Code of Conduct (e.g. NMC, GMC, GDC).

4 RESPONSIBILITIES

4.1 Responsibility of the clinical commissioning group

Treat all complaints of harassment and bullying seriously and sympathetically
Deal with all complaints of bullying or harassment confidentially, protecting the person making the allegation and all other staff involved where possible.

Where-ever possible encourage an informal or mediated resolution of difficulties without starting formal procedures.

Use the Disciplinary Policy to take action against the individual accused of harassment or bullying where this is appropriate.

The clinical commissioning group may be held vicariously liable for a co-workers acts of bullying / harassment. Please refer to the Whistleblowing policy for further guidance.

4.2 Responsibility of Managers

All managers have a responsibility for leading and setting standards of behaviour which are appropriate for a healthy working environment and consistent with the clinical commissioning group policies and procedures.

Managers have specific obligations to ensure that staff are aware of this policy and reflect it in their behaviour.

Seek advice from Human Resources after receiving a complaint whether it be formal or informal in nature

Consider an employee’s complaint in a fair and reasonable way in line with this policy.

4.3 Responsibility of Staff

Employees are expected to foster a working environment in which every employee, patient, and member of the public is treated with equal respect and dignity.

All employees are expected to contribute to dealing with and preventing harassment and bullying through their own self-awareness, and through supporting colleagues who suffer harassment.

4.4 Responsibility of Human Resources

The clinical commissioning group HR Business Partner will provide training, guidance and support to line managers on the operation of this policy at all stages.

A Human Resources Representative will attend all formal meetings
5. BACKGROUND AND CONTEXT

5.1 What is harassment?

The definition of harassment is unwanted conduct, which has the purpose or effect of:

Violating a person’s dignity or creating an intimidating, hostile, degrading, humiliating or otherwise offensive environment for another person.

Harassment can be on grounds including, but not limited to race, ethnic or national origin, colour, gender, religion or belief, sexual orientation, disability or age or any other protected characteristic as outlined in the Equality Act (2010).

Harassment can take many forms for example, but not limited to:

- Leering, ridicule, jokes
- Embarrassing remarks
- Unwelcome comments about dress, appearance, beliefs or life-style choices
- Offensive pictures
- Inappropriate use of e-mail or internet sites
- Ignoring or excluding
- Demands for sexual favours/sexual innuendo
- Deliberate verbal threats and abuse
- Physically threatening a person
- Unwanted physical contact
- Invasion of personal space
- Aggression
- Physical assault

Note: Aggression is to be distinguished from assertiveness, which does not result in harassment.

5.2 What is bullying?

Harassment may also take the form of workplace bullying. This is often (but not always) distinguished by the abuse of power or position. Some examples of workplace bullying are:

- To persistently criticise and condemn
- To openly humiliate
- To professionally undermine an individual’s professional ability until they lose self-confidence and self esteem
- To intimidate by e-mail, mobile phone texting, or other forms of written communication, known as ‘flaming’
- Shouting or using threatening language
- To intimidate somebody in any way which leaves them feeling
vulnerable, isolated and angry

The clinical commissioning group’s view of harassment and bullying is that these acts may take many different forms. It may be deliberate or unconscious, an isolated incident or repeated action. The same applies to bullying, except that bullying is usually deliberate.

Regardless of the above distinctions, the clinical commissioning group views harassment as any behaviour that is:

- Found objectionable
- Unwanted
- Causes offence
- Results in the victim feeling threatened, uncomfortable, humiliated, patronised or publicly embarrassed
- Undermines an individual’s competence, confidence and effectiveness

While harassment or bullying as viewed above includes words or conduct which is perceived to be offensive by the recipient, this perception must be reasonable. For example, it would be reasonable for a manager to be assertive in what they say, whereas it would not be reasonable for them to use any aggressive management style in any situation.

Words or conduct which the accused individual cannot reasonably be expected to know is offensive to the recipient, will only be deemed to have the purpose or effect of harassment or bullying if repeated, or persisted in, after the recipient objects and makes it known that they find it offensive.

It should be noted that concerns raised by a manager over a member of staff's performance does not in itself constitute harassment or bullying.

6. PROCESS

The clinical commissioning group aims to try to resolve issues quickly and informally whenever possible. The three stages to the process are:

a) informal action
b) investigation
c) formal action

6.1 Raising an Issue / Concern

The process that follows is to be used by the clinical commissioning group to support employees who are facing harassment or bullying at work, it should not be used as a substitute for resolving issues in the workplace through discussion.

For example concerns raised by a manager over a member of staff’s performance does not in itself constitute harassment; a manager or colleague may need to be assertive in what they say in certain situations, whereas
aggression as a management style would not be reasonable; moderate disagreements or differences in personality between staff would not generally warrant use of these procedures.

Staff are advised to go through the informal stage before making a formal complaint, unless the matter is particularly serious and there are strong reasons for going direct to the formal stage at Stage Two.

First-time conduct which is perceived to be offensive by the recipient, may not always, be itself, constitute harassment or bullying and may not need to be dealt with formally: for example, where the accused individual could not reasonably know that their conduct is offensive to the recipient, they can be advised that conduct is not acceptable, and should not be repeated, by pursuing one of the suggestions set out in the informal stage.

6.2 Stage 1 Informal Action

An employee may raise a concern with their Manager, and if possible it should be dealt with using the informal stage of the process. The manager needs to act quickly and if necessary take advice from Human Resources. The manager should assess the situation and ascertain what the circumstances of the complaint are, who is involved and how serious the situation is. If the complaint of harassment or bullying is against the line manager then an employee may contact another clinical commissioning group Manager who they feel comfortable approaching.

Having established the facts, the relevant manager should decide whether to:

- Drop the matter but continue to monitor the situation
- Deal with it informally
- Proceed to Stage 2

If informal action is to be taken, the employee should be asked what informal action they consider appropriate, for example, a request/instruction for certain language/behaviour not to be repeated. A written record of any requests/instructions should be retained as evidence, should the behaviour not change and future action be required.

6.3 Stage 2 – Investigation

This stage should only be implemented where all the action that can be taken in the informal stage has been exhausted, is not appropriate/sufficient, or will not work in this case.

If the complaint is regarding an individual employed by the clinical commissioning group and the complaint is sufficiently serious, the manager, in conjunction with Human Resources, should make a decision about whether to suspend the alleged accused individual while the investigation is completed, in line with the Disciplinary Policy.
Stage Two is an investigation process where an independent member of staff assesses the situation by talking to the complainant and any others directly involved and makes recommendations about the next stage.

The independent member of staff (Investigating Officer) will be appointed to carry out the investigation with support from Human Resources.

If the complaint so requires they are entitled to be accompanied by either a Trade Union Representative, or workplace colleague who must be an employee of the clinical commissioning group.

The Investigating Officer will meet with the member of staff and the alleged accused individual, as well as any other witnesses to investigate the complaint. Prior to the formal meeting, the individuals concerned will be provided with copies of all witness statements, letters or other documents concerning the complaint. Written notes will be made at each meeting which will be sent to the relevant parties for comments. Any comments made will be attached to the original notes for reference.

The investigation should be completed without undue delay, to establish the facts, interview those concerned and provide the relevant information to decide what action to take.

They will then produce an investigation report which will recommend a variety of actions, which could include:

- Support for those involved in the case, by providing coping techniques.
- Internal mediation – i.e. getting both parties together with an internal independent third party.
- Formal internal/external mediation. This would entail a commitment from those involved to participate and work towards a resolution.
- Other work-place action.
- The instigation of formal action – Stage Three

A copy of the report will be given to the parties involved together with the outcome. The aim will be to inform all parties to the complaint of the outcomes within 7 working days of the end of the investigation reporting process.

6.4 **Stage 3 – Formal Action**

This stage will only be implemented following an investigation, on the recommendation of the Investigating Officer.

At this stage the Disciplinary Policy should be referred to and the formal action stage of this policy should be followed. If it is decided that the behaviour constituted misconduct/gross misconduct under the clinical commissioning group Disciplinary Policy then a disciplinary hearing should be arranged.
6.5 **Appeals**

If disciplinary action is taken the Employee has the right of appeal against the formal disciplinary action. Details can be found in the Disciplinary Policy.

If any employee feels aggrieved the implementation of this policy they should refer to the appeal stage of the Grievance Policy.

7. **SOURCES OF INFORMATION AND ADVICE**

Sources include Occupational Health and Staff Counselling Service. Please contact Human Resources for details of these support services.

8. **MONITORING**

The fair application of this policy will be monitored by Human Resources. The policy will be reviewed every three years unless changes to employment legislation require a review to take place sooner.