

Resolution Policy and Procedure

This policy outlines the Trust's statement of intent with regards to dignity and respect at work. The aim of this is to promote and encourage positive and supportive behaviour at work with a view to reducing the potential for grievances, conflict and complaints in relation to working relationships at work.

Key words: Grievance, dispute, resolution, bullying, harassment, victimisation

Version: 2

Approved by: Workforce Development Group

Ratified By: People and Culture Committee

Date this version was ratified: March 2026

Date issued for publication: 24th March 2026

Review date: 1 September 2028

Expiry date: 31 March 2029

Type of Policy: Non Clinical

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

Contents

SUMMARY & AIM	3
KEY REQUIREMENTS	3
TARGET AUDIENCE:	3
TRAINING.....	3
1.0 Quick look summary.....	4
1.1 Version control and summary of changes	4
1.2 Key individuals involved in developing and consulting on the document.....	4
1.3 Governance.....	4
1.4 Equality Statement	4
1.5 Due Regard.....	5
1.6 Definitions that apply to this policy.	5
2.0 Purpose and Introduction/Why we need this policy	6
3.0 Policy Requirements	7
4.0 Summary and Scope of the Policy.....	7
5.0 Remit of the Policy.....	7
6.0 Speaking Up	10
7.0 Core Standards.....	11
8.0 Training Needs.....	11
9.0 Duties within the Organisation.....	11
10.0 Resolution Procedure.....	12
11.0 Maintaining services during an investigation.....	18
12.0 Dissemination and Implementation	19
13.0 Monitoring Compliance and Effectiveness.....	19
14.0 Standards and Performance Indicators	19
15.0 References and Bibliography	19
16.0 Fraud, Bribery and Corruption consideration	20
Appendix 1 Facilitated Meeting to Resolve Differences - facilitator.....	21
Appendix 2 Facilitated Meeting to Resolve Differences - participants.....	23
Appendix 3 Request for Formal Resolution (RFR)	24
Appendix 4 Formal Process Flow.....	26
Appendix 5 Appeals Procedure.....	27
Appendix 6 Appeal Hearing.....	29
Appendix 7 Expected Standards of Behaviour in the Workplace	31
Appendix 8 Training Needs Analysis	32
Appendix 9 The NHS Constitution.....	33
Appendix 10 Due Regard Screening Template.....	34
Appendix 11 Data Privacy Impact Assessment Screening.....	36

Policy On A Page

SUMMARY & AIM

The purpose of this policy and its associated documents is to ensure that there is a systematic approach to achieving resolution of any disputes or conflict in the workplace as close as possible to their source.

The aim is to promote and encourage positive and supportive behaviour at work with a view to reducing the potential for conflict and complaints in relation to working relationships at work.

KEY REQUIREMENTS

Section 10 provides line managers and employees with a procedure that supports the principles of the Trust's Resolution Policy.

The aim of the procedure is to describe the steps to facilitate the process of resolving employee disputes in a constructive and timely manner.

Focusing on resolution is good for the Trust, for our employees and for our patients; it is also consistent with our Trust values.

TARGET AUDIENCE:

This policy is for all employees at the Trust, and details both the informal and formal ways that we try to resolve issues.

TRAINING

There is a need for training identified within this policy which relates to behaviours and equality and diversity. Behaviour management training is incorporated into our leadership training packages. New managers undertake Essential Human Resources (HR) training with discussion throughout about behaviours, attitudes and managing staff. This training gives specific attention to dealing with bullying, harassment and victimisation complaints. Additionally, there is an e-learning equality diversity and inclusion training programme that is role essential training for staff.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1.	17/04/25	New Trust Dispute Resolution in the Workplace policy.
2.	June 2025	Revised policy to simplify and clarify. Renamed Resolution Policy and Procedure

For Further Information Contact: LPT HR Advisory team at - lpt.hradvisoryteam@nhs.net

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Sarah Willis, Group Chief People Officer
Author(s)	Claire Taylor, Head of Operational HR
Consultation	Trust Policy Experts
	Staffside
	All LPT Employees Bands 7 and above

Workforce and Organisational Development Policies are subject to joint monitoring and review between management and staff side through the LPT Staff Partnership Forum. Guidance in relation to Due Regard for this policy has also been received from the Equality, Diversity and Inclusion Team. Management consultation has also been undertaken in relation to this policy.

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Workforce Development Group	People and Culture Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net.

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 10) of this policy.

1.6 Definitions that apply to this policy.

The table below outlines definitions for terms referred to within the policy and its associated documents:

Bullying	Although there is no legal definition of bullying, ACAS describe it as unwanted behaviour from a person or group that is either: <ul style="list-style-type: none"> • offensive, intimidating, malicious or insulting • an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Harassment	Harassment is often linked to bullying, however bullying may or may not amount to harassment under the Equality Act 2010 which defines harassment as “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating, or offensive environment for that individual”.
Sexual Harassment	Sexual harassment is unwanted behaviour of a sexual nature. To be sexual harassment, the unwanted behaviour must have either: <ul style="list-style-type: none"> - violated someone's dignity - created an intimidating, hostile, degrading, humiliating or offensive environment for someone It can be sexual harassment if the behaviour: <ul style="list-style-type: none"> - has one of these effects even if it was not intended intended to have one of these effects even if it did not have that effect
Calendar days	Any day of the week, including weekends.
Working day	A weekday (that is, Monday-Friday). Does not include bank holidays.
Grievance	A concern, problem or complaint raised by an employee about an action which the Trust, or an employee of the Trust, has taken or is in the process of taking in relation to them.
Collective Grievance	A formal complaint raised by two or more employees who share the same issue or concern about their employment conditions, treatment,

	or workplace policies. Instead of each employee submitting an individual grievance, they act together because the matter affects them collectively.
Protected Characteristics	It is unlawful to discriminate against an individual because of any of the protected characteristics in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
Victimisation	Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act 2010; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.
Initiating employee	The staff member initiating the process of resolution.
Respect	A positive regard shown to a person as a human being, as an individual, by others and demonstrated as courtesy, good communication, taking time and equal access.
Request for Resolution (RFR)	A formal request for resolution, also known as a grievance.
Status Quo	Where the working and management arrangements that applied before the request for resolution (RFR) continue to apply until an outcome occurs. Usually in the context of disputes relating to a concern, problem or complaint raised by an employee about an action which the Trust or an employee of the Trust has taken or is in the process of taking in relation to them.
Workplace conflict	A broad term which encompasses grievances, disputes, bullying and harassment.
Facilitated meeting	A structured session led by a neutral person (the facilitator), usually the manager, whose role is to guide the parties through the agenda, encourage participation, and ensure the meeting achieves its objectives (resolution) effectively.
Mediation	A voluntary and confidential process in which an impartial trained third party (the mediator) helps two parties in conflict communicate effectively, explore issues, and work toward a mutually acceptable agreement.
Resolution	The act of solving a problem, dispute, or conflict by finding an acceptable solution or decision, with a view to maintaining a professional relationship.

2.0 Purpose and Introduction/Why we need this policy

2.1 The purpose of this policy and its associated documents is to ensure that there is a systematic approach to achieving resolution of any disputes or conflict in the workplace as close as possible to their source.

2.2 The aim is to promote and encourage positive and supportive behaviour at work with a view to reducing the potential for conflict and complaints in relation to working relationships at work. The Trust accepts that tensions can arise at work and expects all

employees to maintain a mature and professional working relationship in these situations.

2.3 The Trust believes that all employees have a right to be treated with dignity and respect at work and recognises that any form of bullying and/ or harassment is unacceptable and inappropriate and will not be tolerated.

2.4 We at LPT are committed to supporting our people with resolving problems that arise at work. At any point in our careers, any of us can find ourselves in conflict with our managers or colleagues.

2.5 Conflict doesn't have to be bad – healthy, respectful debate and diversity of thought and opinion helps us to innovate, and to be expert and aspirational. Sometimes, though, we may need more help to resolve conflict, particularly if it is starting to affect our working relationships and/ or wellbeing. This includes conflict in respect of relationship difficulties but also concerns around working practices.

3.0 Policy Requirements

3.1 This policy is for all employees at the Trust, and details both the informal and formal ways that we try to resolve issues. Formal resolution is sometimes referred to as a grievance.

4.0 Summary and Scope of the Policy

4.1 The main objective is to preserve and maintain the employment relationship and to work in the spirit of resolution of issues within the workplace. Focusing on resolution is good for the Trust, for our employees and for our patients; it is also consistent with our Trust values. The Trust seeks to encourage staff to conduct themselves, and work together, in a manner that is consistent with the Trust's values, and the Trust's Standards of Conduct and Behaviour (see Disciplinary Policy on Staffnet).

5.0 Remit of the Policy

5.1 In line with our values of compassion, respect, integrity and trust, we endeavour to resolve problems informally wherever possible. On some occasions, a more formal process may be needed, if informal attempts haven't worked, or where there are serious concerns around behaviour.

5.2 We recognise that there's a difference between constructive conflict and unacceptable behaviour.

5.3 This policy document outlines definitions for grievance, conflict, bullying, and harassment and victimisation.

5.4 Each member of staff carries personal responsibility for their own behaviour and is responsible for ensuring that their conduct is in line with the standards set out in this policy. Staff are encouraged to report any incidents of bullying and harassment to their line manager or an appropriate senior manager that come to their attention to enable management of this. Allegations raised regarding bullying and harassment will be taken

seriously and the Trust gives an assurance that there will be no victimisation against an employee raising such issues. This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events or online.

5.5 Concerns or disclosures in relation to sexual misconduct should be referred to the Trust Sexual Misconduct Policy. The portal for reporting such concerns can be found on Staffnet

5.6 It is essential that all managers are careful in following the detailed procedure and guidance as set out in this document. If in doubt the HR Advisory team must be contacted for advice (available during normal office hours).

5.7 Vexatious/ malicious claims – if it is found during the process that the allegation has been maliciously reported then the initiating employee may be subject to disciplinary proceedings in line with the Trust’s Disciplinary Policy. Vexatious claims often demonstrate the following:

- Lack of merit: No reasonable chance of success, based on thin or insubstantial grounds, lacking in detail or specifics.
- Repetitiveness: Multiple claims of essentially the same matter, despite previous consideration/outcomes
- Wrongful intent: Aimed at burdening the other party with stress, financial costs, or delays.
- Bad faith / malice: Claimed with an improper primary purpose rather than seeking justice.

5.8 Support for all parties –

it is recognised that involvement in conflict can be distressing for all parties involved, and therefore the Trust has a range of support mechanisms available including support from:

- your management line
- Occupational Health
- Health and Wellbeing team
- trade unions (where applicable)
- Freedom to Speak Up Guardians and
- the Trust Anti-bullying advice line - 07557190581.

Managers are advised to speak to their HR advisor for advice and links to other guidance and support. Further information on contact links in relation to bullying and/or harassment can be found within the HR pages “Your working life” on the Trust’s intranet site.

In cases where bullying and harassment has been alleged, it may be appropriate to provide you with a named manager to provide pastoral support. The manager would be a source of support during any investigation but would not be able to provide you with information relating to the investigation itself. Having a named pastoral support manager is optional, and where a mutually suitable person cannot be identified, the processes in this policy will continue.

5.9 Status Quo – Under normal circumstances, until all stages of this policy have been exhausted, the “status quo” will remain, except where it would have an immediate and significant impact on the effective running of the service and/or where it will have an effect on the critical needs of patients. This decision will be taken by a member of the Directorate Management Team for the relevant service/department (for example Service Manager/

Service Head/ Department Head). The decision and the rationale behind it will be communicated to the employee requesting resolution.

5.10 Collective issues (collective grievances) – Collective issues are where more than one individual share the same concern(s), or similar concerns about the same person / people or process. They may involve more than one department and/ or trade union. The informal resolution route is still usually the most expedient and collaborative way of resolving such issues.

5.10.1 Where there are serious shared concerns about colleague behaviour, culture and/or working relationships, a decision or process, an investigation may be commissioned to consider the issues collectively (even if they are raised separately). This enables us to better identify themes and gather more robust evidence than if we consider complaints on an individual basis.

5.10.2 Where such an investigation has taken place, we will share key findings and next steps with you, in a way that doesn't compromise any individual's confidentiality.

5.10.3 The number of employees attending a formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus one representative). With the group's agreement, the companion/trade union representative can approach management on their own, to speak on behalf of the group. Prior to invoking the procedure, it is the group's responsibility to agree the decision-making process for acceptance or rejection of the outcome at each stage. Management will only accept a group decision and will not consider subsequent requests for resolution on the same issue(s) from individual members of the group at a later date. In circumstances whereby this progresses to formal resolution each individual within the 'collection' will be required to sign and print their name on the Request for Resolution (RFR) Form.

5.11 Relationship to other Trust policies/ processes

- PREVENT is the Government's counter-terrorism strategy. It aims to stop/ identify people who are in danger of being radicalised to become terrorists or support terrorist behaviour. If you have concerns regarding a member of staff, for example in terms of their behaviour or views they are expressing relating to the themes of PREVENT, you must contact the Trust's Safeguarding Team - lpt.safeguardingduty@nhs.net . Further information can be found on the Trust's intranet site including the details and phone number of the Trust Safeguarding Team.
- Alleged bullying or harassment of staff by patients, clients, service users, carers, relatives or members of the public should be reported to line management and should initially be dealt with at a local level. If appropriate, the issues should be discussed with the Multi-Disciplinary Team involved in the patient's care.
- Where staff wish to raise a concern through a protected public interest disclosure ('whistleblowing') please refer to the Trust's Raising Concerns at Work Policy.
- Sexual Misconduct in the Workplace Policy.

This policy and its associated procedures will not apply to issues that:

- Have their own review or appeal mechanism which afford employees similar rights to this procedure
- Are appropriate for consultation between staff side and management e.g.

- TUPE transfer, collective redundancies
- Relate to a concern regarding a colleague's capability and/or clinical incident that would be more relevant to raise via the Trust's Raising Concerns at Work Policy and/or clinical incident process
- Matters relating to National Insurance, Income Tax and matters relating to the NHS Pension Scheme or other Pension Scheme
- Matters which are properly dealt within the scope of negotiation and discussions at a national level in the National Health Service, e.g. NHS terms and conditions
- Matters relating to the content of any policies collectively agreed and/or formally adopted by the Trust
- Matters which are appropriate to be considered under the Trust's Disciplinary Policy
- Matters which relate to bandings/gradings, unless the individual believes they are being unfairly denied the opportunity of requesting a re-banding.

This procedure does not form part of the contract of employment.

5.12 After Employment

5.12.1 Complaints from former employees

We do not accept formal RFRs from colleagues who have left the Trust. However, we may still investigate issues raised by ex-colleagues where we have a duty of care to do so in case there are things we need to learn or actions that we need to take.

5.12.2 Employees that leave before completion

Where an employee leaves LPT before the formal process has completed, they will be provided with a written response and there will be no right of appeal. This is known as the modified grievance process.

6.0 Speaking Up

6.1 Not talking about problems may mean they fester and get worse, and that could affect your wellbeing, and affect others around you too.

6.2 We understand that it's hard sometimes to speak up, and you may be worried about the consequences of doing so. Rest assured that we will not tolerate the bullying or victimisation of anyone raising a genuine concern – this would be a breach of our values and may result in disciplinary action for the person carrying out these actions against you.

It's important to speak up about concerns that are personal to us, for example:

- Feeling that you've been unfairly denied access to training or development.
- Thinking that some of the things you've been asked to do at work aren't reasonable.
- Being paid incorrectly.
- Not getting on with a colleague that you need to work closely with.
- Feeling unhappy about a colleague's behaviour towards you.
- Feeling a process has been unfairly managed or you have been unfairly managed under a process.

6.3 We also have a Freedom to Speak Up Policy: Speak up, Listen up, Follow up in place to support colleagues speaking up about anything that gets in the way of good patient care or affects your working life. That could be something that doesn't feel right to you, such as:

- A way of working or a process that isn't being followed or that puts patients at risk.
- Inappropriate, discriminatory, unprofessional behaviour or actions that affect patient care, or the safety and wellbeing of you or your colleagues.

7.0 Core Standards

The Trust maintains compliance with key performance indicators and good governance.

8.0 Training Needs

There is a need for training identified within this policy which relates to behaviours and equality and diversity. Behaviour management training is incorporated into our leadership training packages. New managers undertake Essential HR training with discussion throughout about behaviours, attitudes and managing staff. This training gives specific attention to dealing with bullying, harassment and victimisation complaints. Additionally there is an e-learning equality diversity and inclusion training programme that is role essential training for staff.

9.0 Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

All managers will be responsible for ensuring that they apply this policy fairly and consistently. They must work with their staff to identify required support to facilitate resolution of issues as early as possible, and to establish a culture within their departments whereby a lack of dignity and respect at work (for example, bullying and harassing behaviour) is unacceptable. They must attend the relevant training required as a result of this policy. All managers should make themselves aware of this policy to ensure they understand it and the reasons for it and their role in it.

The manager should use the principles of the CUBE feedback model - based on defining; Context, Understanding, Behaviour and Effect – to support conversations to resolve issues. Where further support, guidance or training is indicated this should be organised without undue delay.

Managers need to also:

- Role model the values and our behaviours.
- Act promptly when colleagues raise concerns, taking steps to try to resolve problems collaboratively.
- Be proactive in addressing issues around culture, behaviours and working relationships in the team, seeking help from the HR Advisory Team and escalating where needed.

All employees will be responsible for complying with this policy and its associated documents. In addition, we need to:

- Familiarise ourselves with the contents of this policy, and make sure our own behaviour is consistent with what we want to see.

- Be mindful of our values and try to ensure that they underpin everything that we do.
- Take responsibility for our relationships at work, taking steps to try to resolve problems promptly and collaboratively when things go wrong.
- Speak up if we have serious concerns about things that are happening at work.
- Be aware of their personal responsibility in relation to their behaviour in the workplace, and the principles of the Trusts “It Starts With Me – Leadership Behaviours for All” in the workplace.

The HR Advisory team will be responsible for supporting the implementation of these processes, including providing advice to staff, advice to managers, guidance, and relevant training/ support for managers.

Occupational Health is responsible for promoting the physical and mental wellbeing of Trust’s staff, including providing support and guidance to Trust staff and managers in the form of medical advice, guidance, support, and health promotion.

Staff side colleagues will work in partnership with managers and take all steps to support an informal resolution of grievances where appropriate.

Can accompany staff at formal grievance meetings where staff request it.

Anti-bullying and Harassment Advice Service (ABAHAS) is a confidential number you can call to seek advice and signposting – 07557190581.

10.0 Resolution Procedure

This document provides line managers and employees with a procedure that supports achieving the principles of the Trust’s Resolution Policy (outlined above).

The aim of the procedure is to describe the steps to facilitate the process of resolving employee disputes in a constructive and timely manner.

Focusing on resolution is good for the Trust, for our employees and for our patients; it is also consistent with our Trust values.

Wherever possible, speak to your manager in the first instance about work issues or concerns you have.

10.1 The benefits of informal resolution

10.1.1 It can be natural when feeling angry, hurt, aggrieved or defensive to take the most robust action that we think is available to us. However, this may not be the best solution to resolving an issue and maintaining a working relationship, so it is worth considering informal resolution first.

10.1.2 Every colleague has the statutory right to raise a grievance against their employer, and this is why we have a formal resolution process. But informal resolution can help issues get resolved in a kinder, more collaborative way, far more quickly, helping to maintain good working relationships going forward.

10.1.3 Informal resolution may be the best way of getting the outcome that you’re looking for. For instance, many people want an apology for what’s happened, but a grievance process can’t mandate that, and an apology arrived at through a formal process may feel

very different to you to one that is given more freely. A measured, transparent conversation to help all parties understand each other's positions, perhaps facilitated by a third party, is far more likely to elicit a positive outcome.

10.1.4 You still have the option of pursuing the formal process if informal methods don't resolve things.

10.2 Informal Process for resolution – starting the conversation

10.2.1 Most problems can be resolved early on with an honest conversation. We know that sometimes that conversation can be difficult to start.

This guidance is the same whether you're looking to address issues with a peer, manager or other colleague – or you're a manager who is concerned by a relationship in your team:

- Address issues while they're still recent and fresh in your mind (and fresh in the other person's mind, too).
- Ask for the conversation in a collaborative, informal way. Something like: "Can we have a chat at 2pm, please? There's something on my mind and I'd appreciate being able to talk it through with you." Make sure you ask for the conversation discreetly, so you're not overhead by colleagues.
- Make sure you're having the conversation in a confidential space, where you won't be interrupted. Think about room layout, how this will make all parties feel.
- Preferably have the conversation one-to-one. Bringing others in early on can make it feel more formal and combative than it needs to be.
- Own the feedback that you give. Use "I" not "you" statements, such as "I feel that sometimes I am singled out for things that other people in the team don't get pulled up on" rather than "You're always picking on me". Give specific examples of the things that are bothering you, to help the other person understand where you're coming from.
- Listen to their perspective and try to understand where they're coming from.
- Say how you'd like things to be resolved, and be open to compromise, if possible.

10.3 Practical support with resolution

10.3.1 If you don't yet feel able to talk to the person you're in conflict with – or you've tried to have the initial conversation and it's not worked – there are various people that you can choose between to turn to. All can provide advice, and some can provide advocacy or representation. You may just want some help in starting the conversation or need some advice about the various options open to you.

10.3.2 Your line manager is often the best person to speak to in the first instance, as they will know you, and usually the other person too, and can offer you their perspective as well as helping you think through what to do next. If the issue is with your line manager, try talking to their line manager, or an alternative senior manager.

10.3.3 Staff side representatives can advise you on all your options if you are a member of a trade union and may represent you if needed to help resolve things.

10.3.4 Freedom to Speak Up (FTSU) guardians are independent, impartial colleagues here at the Trust who have been trained to provide signpost advice and support around any concerns you have about risk, malpractice or wrongdoing, and to help you raise and escalate these, where appropriate.

10.3.5 Staff support networks are in place to celebrate diversity across the Trust and to raise awareness of the issues affecting people in various marginalised and underrepresented groups. Network leads may be able to support, advise and provide advocacy to colleagues who are having difficulty at work.

10.3.6 Equality Diversity and Inclusion (EDI) Ambassadors will support colleagues who feel they are experiencing issues related to protected characteristics in responding to issues and concerns that they are experiencing.

10.3.7 It may be appropriate for a manager to support a facilitated conversation between colleagues in conflict, to try to stop things from escalating. There is further information at appendix 1 and 2. A facilitated meeting is a voluntary process. Where both parties have agreed to a facilitated meeting, this should be carried out, wherever possible, within 10 working days of the concern being raised.

10.3.8 Mediation is another informal process that can help people to resolve conflict early on in a better way. The conversation is facilitated by two trained, qualified, impartial mediators, and is entirely confidential – so the people in the conversation can be truly open with each other about how they're feeling. Mediation is a voluntary process and is recommended but not required to move to a formal resolution process. Mediation is not a universal remedy for conflict between individuals and there are some situations where it will not be suitable – for example, if an individual bringing a discrimination claim wants it to be investigated. More information on internal mediation is available here: <https://staffnet.leicspart.nhs.uk/your-working-life/staff-support/internal-mediation/>.

10.3.9 Conflict can be a stressful experience, and Amica provide a staff counselling service. While counselling can help you work through your feelings about what's happening to you at work, it won't address actions or behaviour from others, so it's important to also think about what else you might need to do to resolve things. If you need support you can phone the Confidential Telephone Counselling Service on 0116 254 4388.

10.3.10 The HR advisory team will be able to provide you with avenues of support, policy guidance and signposting. They can be contacted at lpt.hr.advisoryteam@nhs.net.

10.3.10 Raise a formal request for resolution (our term for a grievance), if you've tried other ways to address the issue (see next section), or if you feel the issue is too serious to be resolved informally.

10.4 Formal process – raising a request for resolution (grievance) - RFR

10.4.1 All employees at the Trust have the right to raise a formal RFR, however, not every workplace issue is suitable for consideration under this process.

10.4.2 There is no recourse under this policy to raise a resolution request/grievance about actions taken as part of the following policies. These policies have their own formal appeal processes built into them, and these take precedence over this policy.

This includes decisions made under the following policies:

- Attendance Management and Wellbeing Policy

- Disciplinary Policy
- Supporting Performance Policy
- Management of Organisational Change Policy
- Flexible Working Policy
- Pay and Staff Expenses Policy
- Managing Concerns about Medical Staff
- Job Planning Policy for Senior Medical Staff (Consultants and SAS grades)
- Sexual Misconduct Policy and Procedure.

10.4.3 Concerns about unsafe practice, fraud or other criminal activity, breach of health and safety regulations, discrimination or harassment towards patients and other third parties should be dealt with under our Freedom to Speak Up Policy: Speak Up, Listen Up, Follow Up, Disciplinary Policy and/or Incident Reporting Policy.

10.4.4 To raise a formal RFR, complete the form at appendix 3 and email it to your line manager, copying in your directorate HR Advisor (if you know them – information is available on Staffnet <https://staffnet.leicspart.nhs.uk/your-working-life/essential-hr-tools/contact-details/>). If your RFR is about your line manager, instead you should send it to their line manager, if you feel able to, or an alternative senior manager that you feel comfortable to raise it with. You must raise an RFR in a timely manner – in normal circumstances, this means **within three months of the issue** being complained about (or the most recent attempt to resolve things informally). There may be good reasons to make exceptions to this rule, such as if:

- You've been off sick or otherwise absent for a while
- Your concerns relate to a series of events, some of which are more historical
- You have a disability and need additional support to raise your concerns.

The decision to look into issues raised after three months will be made by the Trust and there is no right to appeal against this decision.

10.4.5 If no attempt has been made to resolve things informally, the recipient of your RFR may contact you to explore informal resolution options before the formal process goes ahead. We do, however, recognise that this might not be appropriate where bullying, harassment or other serious behaviour is alleged.

10.4.6 We ask you to tell us whether you think your RFR relates to any allegations of bullying, harassment and/ or discrimination, to make sure it's dealt with under the correct process. If you state "YES" on the form, but you haven't provided any specific alleged examples of behaviour that could reasonably be described as bullying, harassment and/ or discrimination, we may contact you to query this and ask that you provide further information.

10.4.7 Bear in mind that ticking the box to say you're alleging bullying, harassment and discrimination isn't enough on its own to evidence this. Unless there is at least one, specific, clear allegation that could reasonably be described as bullying, harassment and/ or discrimination, your RFR will usually be dealt with under our standard formal process (see section 10.5).

10.4.8 RFRs relating to bullying, harassment or discrimination are handled under the formal bullying, harassment and discrimination process (see section 10.6).

10.4.9 We ask you to tell us what you're looking for from the RFR process to help us understand what might resolve things for you. If the outcome you're looking for is unrealistic, or outside the remit of this process, we will be upfront with you from the start of the process, to give you the opportunity to reconsider whether you want to go ahead.

10.4.10 Where the submitted Formal Dispute Resolution Complaint Form does not provide all of the required information, the manager must inform the employee as early as possible what they have omitted and ask them to resubmit the form when it is complete. The employee must also be informed that this request will be unable to be considered until it is complete and re-submitted. The timescales for completion of the process will not commence until a complete application is submitted. If you are struggling to complete the form, please advise the manager who will be able to signpost you to support. Examples of support may include:

A colleague

A family member

Staff networks

Trade union representatives

10.5 Formal process – standard grievance

10.5.1 This section describes the process of hearing and considering an RFR that does not relate to bullying, harassment or discrimination.

10.5.2 Your line manager, or their manager (if you're complaining about your manager) will acknowledge your RFR within 5 working days and will make arrangements to chair a resolution hearing, supported by a colleague from the HR Advisory Team. Wherever possible, this will happen within 10 working days of the receipt of the RFR form and you will be provided with 5 working days' notice of the meeting in writing.

10.5.3 At the resolution hearing, you'll be entitled to be accompanied by an accredited trade union representative or workplace colleague (other than a practising lawyer). You may request support or adjustments to enable your attendance at the meeting.

10.5.4 You'll get the chance to talk through your request for resolution, and the outcome of your RFR will be captured in an outcome letter which – in most cases – will be delivered to you within five working days of the hearing. It may be necessary for the manager to gather additional information before providing an outcome, in which case, this will be communicated to you along with a new time frame for producing the outcome letter.

10.6 Formal process – bullying, harassment and discrimination

10.6.1 If you've alleged behaviour that could reasonably be described as bullying, harassment or discrimination or other serious misconduct, this will still be considered by someone from your local management, but first an independent investigation will be commissioned into your concerns. Your RFR should be acknowledged within 5 working days, providing information on next steps (see below).

10.6.2 Your concerns will be investigated by an independent manager supported by a member of the HR Advisory Team (Investigation Team) who will be provided with Terms of

Reference for the investigation based on your RFR. These will be shared with you and the investigation team will meet with you to listen to your concerns in detail and amend/add to the terms of reference for the investigation. The final version will be shared with you and with the subject of the investigation. You're entitled to be accompanied at that meeting by an accredited trade union representative or workplace colleague (other than a practising lawyer). The subject of your allegation will be advised of the complaint and will be asked for their input/perspective. The investigation team may need to meet with other staff who are able to provide relevant information.

10.6.3 The investigator will provide a report of their findings and recommendations to the manager considering your grievance; in usual circumstances this will be completed within 8 weeks. You will be advised of any changes to this timescale.

10.6.4 The manager considering your grievance will then meet with you to talk through the report and hear your initial feedback on the investigator's findings. Once again, you can be accompanied or represented at that meeting.

10.6.5 You will receive a summary of the investigation report, and the outcome of your RFR will be captured in an outcome letter which – in most cases – will be sent to you within five working days of the meeting.

10.6.6 Occasionally, we may follow this investigation process for RFRs that don't relate to bullying, harassment or discrimination, if they are particularly complex or wide-ranging.

10.6.7 Where there are counter-complaints, these will usually be investigated by the same investigation team.

10.7 Formal process – outcome

10.7.1 The potential outcomes to your RFR are as follows:

- Upheld – it's acknowledged that there's evidence to support the concerns you've raised, and that things have gone wrong. You will not have a right of appeal.
- Partially upheld – it's acknowledged that there's evidence to support some of the concerns you've raised, but the manager hearing your grievance has a different perspective than you on some aspects of the situation. You may be able to appeal the elements which were not upheld.
- Not upheld – the manager hearing your grievance has a different perspective on the situation to you, and/ or there is insufficient evidence to support the concerns that you've raised. You will have a right of appeal.

10.7.2 Whether or not your RFR is upheld, the aim of the process is to resolve issues. The manager hearing your grievance will try to make recommendations wherever possible to help address things; this may include referring you back to informal resolution methods. The manager hearing your grievance will usually discuss these recommendations with your management to ensure they are practical, understood and it's clear who will take responsibility taking them forward.

10.7.3 Where a complaint about bullying, harassment, discrimination or other serious misconduct is upheld or partially upheld, one of the recommendations may be that there is potentially a disciplinary case to answer against that person. If this happens, we'll be open with you that this is one of the recommendations, but it won't be possible to tell you the outcome of that process as it's confidential to that person.

10.7.4 Disciplinary action arising from a grievance

In cases where misconduct has been identified during the course of a grievance, the disciplinary process will normally be invoked. If a formal investigation has been carried out under this policy, it will not always be necessary to carry out a new investigation under the Trust's disciplinary procedure, provided appropriate evidence has been gathered.

Participants in the grievance investigation must be advised that the evidence gathered could form part of a disciplinary process. In these cases, after seeking advice from Human Resources, the manager must appoint an appropriate decision maker who will consider the evidence under the Trust's disciplinary procedure.

Where no formal investigation has been undertaken under this policy, the manager should normally, after consulting with Human Resources, appoint an independent Investigating Officer to investigate the matter under the Trust's disciplinary procedure.

10.8 Formal process – appeal

10.8.1 If, after reflecting on the outcome of your RFR you feel the outcome is the wrong one, you have the right of appeal. Any appeal must be submitted within 10 working days of the date of the outcome letter to the Head of Operational HR, via email and should state the reasons for appeal. Contact details will be provided within your outcome letter.

10.8.2 While you may disagree with the outcome, this wouldn't normally be sufficient grounds – it's important to say what the issue is with the process and/ or decision making. Examples of valid points of appeal include:

- Where a particular piece of evidence appears to have been overlooked or misinterpreted.
- Where new evidence has emerged that changes things.
- Where the investigation was insufficient – such as someone who should have been interviewed that wasn't.

10.8.3 Any appeal will be held in line with the appeal process detailed within appendix 5 and 6.

11.0 Maintaining services during an investigation

11.1 In cases of serious concerns such as where there is a concern for the health of the employee(s) (with appropriate advice from OH), or where working relations have become extremely difficult, alternative measures may need to be put into place, such as:

11.1.1 Alternative management arrangements – if the conflict is between a manager and a direct report, consideration can be given to alternative management arrangements for the interim. Such arrangements will be discussed with all relevant parties involved.

11.1.2 Alternative working arrangements – such as alternative shift patterns/ duties/ transfer internally of one of the employees on a temporary basis. Such arrangements will be discussed with all relevant parties involved.

11.1.3 Suspension – where this is deemed appropriate this will take place in line with Trust's Disciplinary Policy.

The above measures are interim and without prejudice to the outcome of the investigation.

12.0 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Workforce Development Group and is accepted as a Trust wide policy. This policy will be disseminated throughout the Trust following ratification.

The dissemination and implementation process is:

- Line managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on Staffnet.

13.0 Monitoring Compliance and Effectiveness

Page / Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual / Group	Where results and any Associate Action Plan will be reported to, implemented and monitored
10.6.3	Formal processes will be completed in a timely manner in accordance to Trust process	Case tracker – Employee Relations report	Workforce Development Group	Bi-monthly

14.0 Standards and Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission domains of 'Caring' and 'Well-led'	Staff are compassionate and treat people with dignity, kindness and respect. The service is managed and led in a way that promotes high-quality, person-centred care.

15.0 References and Bibliography

- ACAS, 'Handling Bullying and Discrimination' – undated
- ACAS, Formal Grievance Procedure - undated
- ACAS, 'The Equality Act 2010 – guidance for employers', March 2014
- Chartered Institute of Personnel Development (CIPD), 'Discipline and grievance at work factsheet', July 2024
- Chartered Institute of Personnel Development (CIPD), 'Harassment and bullying at work', October 2024
- Equality Act 2010
- NHS Employers, 'Agenda for change terms and conditions: section 32 dignity at work', January 2019

- Royal College of Nursing, 'Bullying and harassment', October 2025
- UNISON, 'Grievances', undated.

16.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trust's Local Counter Fraud Specialist (LCFS) at 360 Assurance for assistance.

Appendix 1 Facilitated Meeting to Resolve Differences - facilitator

Facilitated meetings are a means for individuals to come together to discuss and resolve any issues.

It is expected that the facilitated meetings will be conducted by line managers. There may be occasions where it is agreed that a staff member may be supported by a union representative and/or HR during these meetings.

Facilitators must be fair, impartial and neutral.

Consideration will need to be given to the effect or impact on other team members and clearly noted.

The following is a guide for how such meetings will be progressed:

- Meetings will be held in a private room where there will not be any interruptions. A separate room will need to be available for staff to meet with a representative prior to and during the meeting where applicable or as a breakout room.
- Consideration should be given to the venue for the meeting to ensure confidentiality.
- Ask both parties to think about what it is they want to discuss prior to the meeting and if they have any suggestions as to how things can be resolved.
- The purpose of meeting will be outlined at the beginning of the meeting by the meeting facilitator. Note both parties could have concerns and explain that this is an opportunity to talk directly with each other regarding those concerns openly and in a safe environment and to reach an agreement about how they will work together in the future.
- There will be no notes retained of the meeting but actions and agreements for future working will be confirmed via email after the meeting. The meeting facilitator will confirm the agreements.
- Note any previous attempts to resolve issues.

Set out ground rules for the meeting:

- Value each person's experience, concerns, needs and dignity
- Be patient
- Listen and don't interrupt when the other party is talking – take notes of things you want to say and you will be given an opportunity to respond and clarify any points. These notes are for you and will not be shared with the other party before, during or after the meeting.
- **Confidentiality** – agree what can be communicated outside the room and to whom.

General points for the meeting facilitator

- The meeting facilitator should not share their own opinions as to the rights and wrongs of the case.

- The meeting facilitator should only intervene in the discussion if the ground rules are not being observed.
- The meeting facilitator should not seek to fill silences. Give the participants time to consider what they want to say.
- The meeting facilitator should ensure that both parties have an opportunity to have their say.
- The meeting facilitator should summarise and check the understanding of the participants at the end of the meeting.

If there are concerns that the behaviour of either party is not in line with the Trust's leadership values or behaviours, a break may be called, or the meeting may be adjourned and feedback provided to the employees' line manager. The Trust's Leadership behaviours and values can be found in Appendix 5.

Equally if there are concerns about the wellbeing of either party.

At the point of reconvening, the meeting facilitator will check for confirmation that each party is happy to continue with the meeting, or alternatively if the meeting has to be stopped.

Where the facilitated meeting does not result in an agreement:-

The organisation has its own **Mediation Service**. Should it be that there is no resolution as a result of the meeting then there should be discussion with both parties to see if they can agree to undertake mediation. More information is available here: <https://staffnet.leicspart.nhs.uk/your-working-life/staff-support/internal-mediation/>

Email lpt.mediation@nhs.net for arrangements and dates for mediation to take place.

In some cases it may be appropriate to agree an interim arrangement for working together until such time mediation can be undertaken (see section 11). If you require further advice ring the relevant HR representative.

Appendix 2 Facilitated Meeting to Resolve Differences - participants

Facilitated meetings are a means for individuals to come together to discuss and resolve any issues.

It is expected that the facilitated meetings will be conducted by line managers. This may be a manager from another service. Facilitators will be fair, impartial and neutral.

There may be occasions where it is agreed that a staff member may be supported by a union representative and/or HR during these meetings.

Consideration will be given to the effect or impact on other team members and clearly noted.

The following is a guide for how the meeting will be progressed:

- Meetings will be held in a private room where there will not be any interruptions. A separate room will be available for staff to meet with a representative prior to and during the meeting where applicable or as a breakout room.
- Consideration will be given to the venue for the meeting to ensure confidentiality.
- You are asked to think about what it is you want to discuss prior to the meeting and if you have any suggestions as to how things can be resolved.
- The purpose of meeting will be outlined by the meeting facilitator. This is an opportunity to talk directly with your colleague the concerns you both have openly and in a safe environment and to reach an agreement about how you will work together in the future.
- There will be no notes kept of the meeting but actions and agreements for future working will be confirmed via email after the meeting. The meeting facilitator will confirm the agreements.

The following are ground rules for the meeting:

- Show respect in accordance with the LPT Leadership Behaviours
- Value each person's experience, concerns, needs
- Be patient
- Listen and don't interrupt when the other party is talking – take notes of things you want to say and you will be given an opportunity to respond and clarify any points
- **Confidentiality** – agree what can be communicated outside the room and to whom.

If at any point during the meeting there is a need you can take a break.

Where the facilitated meeting does not result in an agreement both parties will be asked if there is an agreement to undertake mediation.

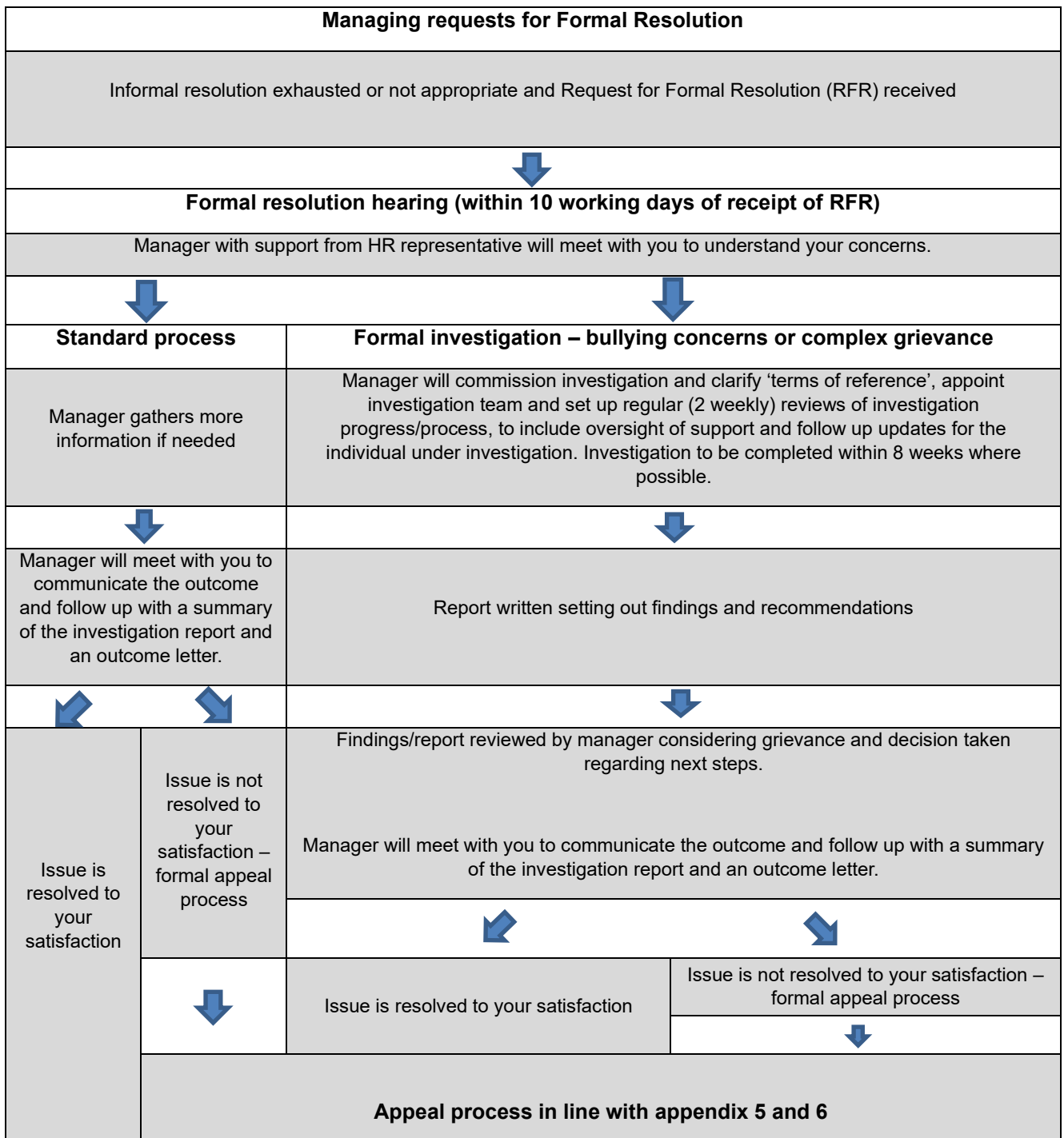
The facilitator will look to put together an interim arrangement for yourself and your colleague to work together until such time mediation can be undertaken.

Appendix 3 Request for Formal Resolution (RFR)

Your name		Your job title	
Your department		Name of any companion/representative	
Who are you having difficulty with? Please give name(s) and job titles(s).			
What have you tried to resolve things informally? (Further information is in section 10.1) Tick all that apply. Please note that if you haven't tried to resolve things informally, we may ask you to do this before considering your request formally.			
I've talked to them about this	<input type="checkbox"/>	We've tried mediation	<input type="checkbox"/>
I've talked to my manager	<input type="checkbox"/>	Other (please state)	
Does your RFR relate to any allegations of bullying, harassment and/or discrimination? If yes, please provide specific examples of this. You can find further information on the definition of bullying, harassment and discrimination in section 1.6 of the policy.	<input type="checkbox"/>	YES/NO/NOT SURE	
What are the issues? Give as much specific detail as possible, including key incidents, dates and any witnesses. Continue on a separate page if you need to.			
What resolution are you looking for? Please tell us what outcome(s) you're hoping for from this process.			

Signature/Print name	Date form completed
-----------------------------	----------------------------

Appendix 4 Formal Process Flow



Appendix 5 Appeals Procedure

Following receipt of an appeal, an appeal panel will be convened within 3 months.

The employee must submit an appeal letter to the Head of Operational HR within 10 working days of the date of the letter confirming the decision following the grievance hearing. If the appeal letter lacks sufficient detail as to which aspects of the original decision the employee is dissatisfied with (in line with paragraph 10.8.2) they may lose their right to appeal. This will be considered by a senior member of your management team in conjunction with HR, and you may be asked for clarification.

Upon receipt of the employee's grounds for appeal, the Head of Operational HR will send a holding letter within 10 working days. The appeal letter should be forwarded to the Chair and HR representative who made the decision at the first formal stage so that they can write their response ('the management case').

A senior manager, a second panel member and an HR representative who have not been associated with the case should be appointed to act as appeal panel members. The employee is entitled to be accompanied by an accredited trade union representative or workplace colleague (other than a practicing lawyer).

Timescales/Notice of appeal hearing date

The employee should be given at least 10 working days' notice of the date and time that the appeal hearing will be convened.

The employee's appeal letter will usually be taken as the employee's grounds of appeal/case.

The management case will be submitted to the appeal chair 5 working before the appeal hearing. This should include the investigation report (if applicable), notes of the meeting, and outcome letter, a comprehensive justification for the decision made at the outcome meeting and respond to any queries raised by the employee. No other paperwork should be accepted after the deadline.

The management case and the employee's grounds of appeal will be forwarded to all relevant parties by the appeal chair (all appeal panel members, the employee and their representative and Manager and HR representative presenting the management case).

If the employee or management case has not been submitted within the stipulated time frame, the hearing will be postponed. In exceptional circumstances, an extension of 5 working days may be granted for the submission of the paperwork which requires the agreement of all parties.

Rescheduled appeal hearing timescales

Postponed appeal hearings will be rescheduled once. If the reason for postponement has been non-submission of paperwork, then all relevant missing paperwork must be submitted 5 working days before the date of the second hearing. The same timescales for exchange of missing paperwork apply, i.e. 5 working days.

If the Management/employee case is not submitted 5 working days before the date of the second hearing, then the hearing will go ahead. Management/employee will be given the opportunity to present their case and question the other side. In the absence of an

employee case, the original appeal letter will be used in the hearing. No new paperwork can be presented at the hearing.

If the employee is unable to make the date or does not attend the rescheduled hearing, unless there are exceptional circumstances, it will be heard in their absence.

Witnesses

Where witnesses are to be called by either management or the employee, they must have a significant contribution to make to the case. Where the witness has not been interviewed or submitted a statement as part of an investigation, a signed statement must be received at least 5 working days prior to the hearing to enable the panel to review the information that will be provided by the witness.

Where the employee intends to call witnesses to the appeal hearing, these witnesses must be named in the statement of case and a statement setting out the evidence to be provided by the witness. Witnesses must be able to provide a significant and relevant contribution to the concerns being considered. Where this is unclear from the statement provided, the appeal panel may request further information and will assess the relevance and determine whether witnesses are permitted to attend. The panel's decision on this will be final. The employee will be responsible for making arrangements for their (approved) witnesses to attend the hearing.

Appendix 6 Appeal Hearing

The hearing is chaired by a Panel Member. At the hearing the following procedure shall be observed:

1.0 Introductions

- The Chair will ask all attendees to introduce themselves and should ask the employee's representative whether they are a work colleague. If not they should state what Trade Union/Recognised body they are from
- The purpose of the hearing is explained by the Chair of the panel
- The procedure to be followed is explained by the Chair of the panel.

2.0 The Employee's case

- The employee and/or their representative shall put their case to the panel in the presence of the Management side. In support they may call witnesses.
- The management side will have the opportunity to ask questions of the employee, their representative and witnesses.
- The members of the Appeal Panel shall have the opportunity to ask questions of the employee, their representative and witnesses.
- The employee or his/her representative shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the Appeal Panel or the management side.
- During the course of the meeting the chair may call adjournments to either consider evidence or for natural breaks.
- The employee or their representative or the Management Side may ask the chair to consider an adjournment at any stage of proceedings. The Panel may at its discretion adjourn the appeal at any time in order that further evidence may be produced by either party to the dispute or for any other reason.

3.0 Management's Case

- The management side shall state the Trust's case in the presence of the employee and his/her representative. S/he may call witnesses.
- The employee or his/her representative shall have the opportunity to ask questions of the management side and witnesses.
- The members of the Appeal Panel shall have the opportunity to ask questions of the Management Side and witnesses.
- The Management Side shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the Appeal Panel, the employee or his/her representative.

4.0 Summing Up

- The panel will call a brief adjournment to all parties to prepare for the summing up of their cases.
- The management side sums up their case
- The employee or his/her representative sums up their case
- Neither party may introduce any new matter.

5.0 Adjournment

- An adjournment is called to allow the panel to consider the evidence
- Management, the employee and his/her representative shall withdraw to allow the panel to make a decision.

6.0 Employee returns and the decision of the panel is communicated.

- The employee and their nominated rep will be informed of the decision (management side will not be present). Every effort will be made to deliver the outcome on the day of the appeal hearing, where this is not possible a decision may be confirmed at a later date. The decision will be confirmed in writing within 10 working days of the decision being made. The employee must be kept informed of any extended timeframes
- The panel will consider all the evidence and representations carefully before them in advance of making a decision. The panel will provide reasons for any decisions that they make.

Appendix 7 Expected Standards of Behaviour in the Workplace

These standards of behaviour apply to all employees of Leicestershire Partnership NHS Trust (the Trust) and are taken from the Trust's Disciplinary Policy:

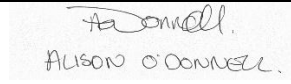
1. Adhere to the Trust's Leadership Behaviours by:
 - a. Valuing one another; communicate with kindness and respect, value everyone's contribution
 - b. Recognise and value people's differences; respect everyone equally by helping create a community that demonstrates unconditional positive attitudes, where people feel they belong, are valued, empowered and proud to work at LPT.
 - c. Work together; be supportive, appreciative and encouraging of each other, enabling a positive team spirit which gives the best outcomes for colleagues and patients
 - d. Take personal responsibility; give the best at work to deliver the highest standards
 - e. Always learning and improving, embracing change and actively seeking opportunities to keep improving.

Trust Values

All staff are expected to adhere to the Trust values of Trust, Respect, Integrity and Compassion and to continually strive to live these values in our everyday working.

Appendix 8 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	Leadership and Management Development Learning Programme		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input checked="" type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Directorate of Mental Health <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Estates and Facilities <input checked="" type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input checked="" type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All line managers		
Governance group who has approved this training:	Workforce Development Group	Date approved:	March 2025
Named lead or team who is responsible for this training:	Human Resources Advisory Team		
Delivery mode of training: eLearning/virtual/classroom/informal/ad hoc	Virtual		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How will compliance with this training to be audited?	<input checked="" type="checkbox"/> Manager uLearn report <input checked="" type="checkbox"/> Local manager personal records <input type="checkbox"/> StatMand (Flash) topic compliance report <input checked="" type="checkbox"/> Other please specify – staff learning programmes on ULearn		
Signed by Learning and Development Approval name and date	 ALISON O'CONNELL		Date: 3.7.25

Appendix 9 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Appendix 10 Due Regard Screening Template

Section 1	
Name of activity/proposal	Resolution Policy
Date Screening commenced	16/06/25
Directorate / Service carrying out the assessment	Human Resources
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire Taylor Head of Operational HR
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Policy and Procedure to replace the Dispute Resolution in the Workplace Policy.	
OBJECTIVES: The purpose of the policy is to provide a consistent and effective set of informal and formal approaches to ensure grievance concerns and cases of bullying, harassment or victimisation are managed in the most supportive and effective way.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	This policy is accessible to all staff irrespective of their age.
Disability	Disabled staff can access this policy and alternative formats can be made available.
Gender reassignment	This policy is available to all staff irrespective of transgender issues.
Marriage & Civil Partnership	This policy is available to all staff irrespective of marriage or civil partnership status.
Pregnancy & Maternity	Staff on maternity leave will be able to access this policy.
Race	A person who speaks another language other than English may not be able to access the policy in its current format. The Trust has comprehensive interpretation and translation services.
Religion and Belief	This policy is available to all staff irrespective of religion or belief.
Sex	This policy is accessible to staff irrespective of gender.
Sexual Orientation	This policy is accessible to staff irrespective of sexual orientation.
Other equality groups	
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. X
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
This policy has been devised to look at all workplace resolutions effectively in accordance with Trust values and the 'just culture' principles.	

Signed by reviewer/assessor	<i>Clayton</i>	Date	09/01/26
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Sarah Willis	Date	09/01/26

Appendix 11 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Resolution Policy and Procedure	
Completed by:	Claire Taylor	
Job title	Head of Operational HR	Date: 16/06/2025
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Yes	An outcome from a formal investigation could be progression to a hearing under the Trust Disciplinary Policy and in some cases a sanction being applied
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	Advice may be sought, and health details shared in relation to employees involved in a dispute. Consent will be sought.
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	SRatcliffe	
Date of approval	10/07/2025	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust