

# Dumfries and Galloway NHS Board

## Chief Executive's Office Freedom of Information

Mid North  
Crichton Hall  
Bankend Road  
Dumfries  
DG1 4TG  
☎ 01387 272752  
☎ 01387 252375  
✉ dg.feedback@nhs.net

Ref.: 16-285  
Date: 24 August 2016



## FREEDOM OF INFORMATION

I have now completed my review of our response to your request under the Freedom of Information (Scotland) Act 2002 (FOISA) for reference 16-285.

In response to the handling of your initial request, I can confirm that an error was made within the response, where Section 8(1)(b) was applied to question 4. This section relates to how a request is submitted ensuring that it "states the name of the applicant and an address for correspondence". The overall request clearly confirmed your full name and email address, which meets the criteria under FOISA and did not relate to the response that should have been given to question 4.

In response to question 4 of your initial request and the statement you made within the review request emails:

- "Question 4 - Who, or what, decided that the nature of responses to complaints by Dumfries and Galloway NHS Board should consist of false statements, factual inaccuracies and a total fabrication of the circumstances that existed?"
- "The issue in question is who, or what, determines the complaints handling procedure for the DGNHSB? There must be an official policy governing the manner in which complaints are dealt with, so who is responsible for this? What guidelines exist to staff dealing with complaints? Who is responsible for issuing these? Is a copy available?"

NHS Dumfries and Galloway take all complaints and grievances made by staff, patients and members of the public very seriously and ensure a thorough investigation is undertaken for each case. To allow a fair, consistent and accurate account is heard for each case; NHS Dumfries and Galloway have produced a flow chart to detail the process that is followed when handling complaints made by patients or members of the public, which is supported by the Complaints Policy and Unacceptable Actions Policy. Where the complaint is made by a member of staff the Board has a specific Grievance Policy, which details how this type of complaint will be handled. Copies of all of the documents mentioned are attached for your reference.

If you are unhappy with the outcome of this review you have the right to appeal to the Scottish Information Commissioner about our decision within 6 months of receiving this letter. You can contact the Commissioner at The Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife, KY16 9DS, e-mail: [enquiries@itspublicknowledge.info](mailto:enquiries@itspublicknowledge.info) or telephone: 01334 464610

Yours sincerely

A handwritten signature in blue ink, appearing to read 'J. Ace'.

Jeff Ace  
Chief Executive

Chairman: Philip N Jones  
Chief Executive: Jeff Ace

# NHS DUMFRIES AND GALLOWAY COMPLAINTS PROCEDURE

Patient feedback comes into NHS Dumfries and Galloway via several methods; letter, e-mail, telephone and in person. All staff are encouraged to deal with patient feedback at a local level (**Early Resolution**) prior to progressing through the **FORMAL COMPLAINTS PROCEDURE**

## CONSENT?

Ensure you have consent from the patient to share any confidential information with the complainant. If a mandate is required Patient Services will send written acknowledgement with authorisation form and await return prior to any further action/enquiry

## FORMAL COMPLAINT

All formal complaints to be passed to Patient Services Team (PST) (this should include complaints sent direct to staff members). PST will Record on DATIX

PST will Acknowledge by letter within 3 working days

PST will send complaint to General Manager for investigation. (days 1-2)

Complaint Handler will contact complainant by telephone to clarify issues and discuss appropriate resolution. (days 2-4)  
\*

Complaint Handler to send out for comments to be returned within 5 working days. (days 4-9)

If response not received – follow escalation process (days 8-9)

Comments/Statements received

Complaint Handler will draft response and let staff involved have sight of draft response. GM will review and approve. (days 10 – 14)

Draft sent to Executive Nurse Director for signing (day 15)

Response sent to complainant (by day 20)

Complainant dissatisfied with response

Complainant has option to refer complaint to the Scottish Public Services Ombudsman

## EARLY RESOLUTION OR CONCERN

To be dealt with by most appropriate member of staff using the most appropriate low level response (ie phone call, face to face meeting). Patient may also request a follow up letter, which can be sent from the member of staff involved or the head of service as appropriate.  
\*

Keep a record of all conversations/actions taken and send to the Patient Services along with the outcome

If complainant is dissatisfied with outcome – progress through **FORMAL COMPLAINTS PROCESS**

## \* MEETING

Meetings should be held at every opportunity to benefit patient experience and organisational learning

Date for meeting confirmed and agreed prior to 20 working day target.

## MEETING HELD

Patient may request a follow up letter, which can be sent from the member of staff involved, the head of service or the Executive Nurse Director as appropriate.

Satisfactory outcome

Copy of signed response letter sent to GM

Complaint Handler to complete an Improvement Plan for completion within 4 weeks and record on DATIX.

## NURSING COMPLAINT

Senior Charge Nurse  
cc Clinical Nurse Manager

When sent out  
complaints should go  
to  
**General Manager**

## MEDICAL COMPLAINT

Clinician  
cc Clinical Director  
Medical Director/Assoc Med Dir



# COMPLAINTS POLICY

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**Printed copies must not be considered the definitive version**

DOCUMENT CONTROL		POLICY NO.	60
Policy Group	Corporate		
Author	Yvonne Christley, Patient Experience and Communications Manager	Version no.	2.0
Reviewer		Implementation date	December 2012
Status	<i>For Consultation</i>	Next review date	November 2016
Approved by	<i>Committee or Executive Lead</i>	Last review date:	November 2012

Page 1 of 15

Title: Complaints Policy

Date: November 2014

Version: 2.0

Author: Yvonne Christley, Patient Experience and Communications Manager

The only current version of this policy is on the intranet

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## 1. POLICY STATEMENT

NHS Dumfries and Galloway is a learning, patient focused organisation. Feedback forms an essential element of our efforts to continually raise the standard of patient care. Complaints, as one such form of feedback, are recognised as a positive opportunity to reflect on our services, learn and, where appropriate, change the way we do things.

NHS Dumfries and Galloway is committed to a transparent and thorough approach to investigating and resolving concerns and complaints raised. The policy seeks to ensure that any concerns or complaints made are addressed without delay, with the aim of satisfying the complainant whilst being fair and open with all those concerned.

As an organisation we encourage those who have any concerns or are unhappy with the care and/or services they have received to let us know. We believe this gives us the best chance to reflect and put things right if something has indeed gone wrong and offers an opportunity to improve our services.

This policy is intended for all NHS Dumfries and Galloway personnel.

The Patient Rights Act (Scotland) 2011 aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. The act applies to all staff working for NHS Scotland and to all independent contractors and their staff who provide NHS services. It details what patients in Scotland have a right to expect of their health service.

The Act gives patients a legal right to give feedback on their experience of healthcare and treatment, and to provide comments, or raise concerns or complaints.

## 2. DEFINITION

**The Scottish Public Services Ombudsman's Model Complaint Handling Procedure defines a complaint as, 'A complaint is any expression of dissatisfaction about an action or a lack of action or standard of care provided'<sup>1</sup>.**

Staff need to apply judgement as to whether an issue should be treated as a complaint. In the case of a concern the individual should be given the opportunity to raise the issue as a complaint, should they wish to. If there is any doubt staff should treat the issue as a complaint.

Whenever possible, the comments, concerns and complaints of patients and their families or representatives are dealt with as they arise. It is recognised that there will be occasions where an individual will be dissatisfied with an explanation or apology given and will want to pursue a complaint further.

The objective of local resolution is to provide the fullest opportunity in a supportive open environment, for investigation and resolution of the complaint with the minimum of delay. It aims to be fair to the complainant and to those involved in delivering the healthcare and to learn as much as we can.

Complaints, which can easily be resolved because they require little or no investigation, will be handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support staff. If an individual is not satisfied with the outcome from this, or does not wish for the issue to be dealt with in this way, then it should follow the formal complaints procedure.

Complainants who remain dissatisfied with the response they receive as a result of Local Resolution may ask the Scottish Public Services Ombudsman to review their continuing concerns.

Detailed information and guidance is outlined in the complaints procedure, which accompanies this policy.

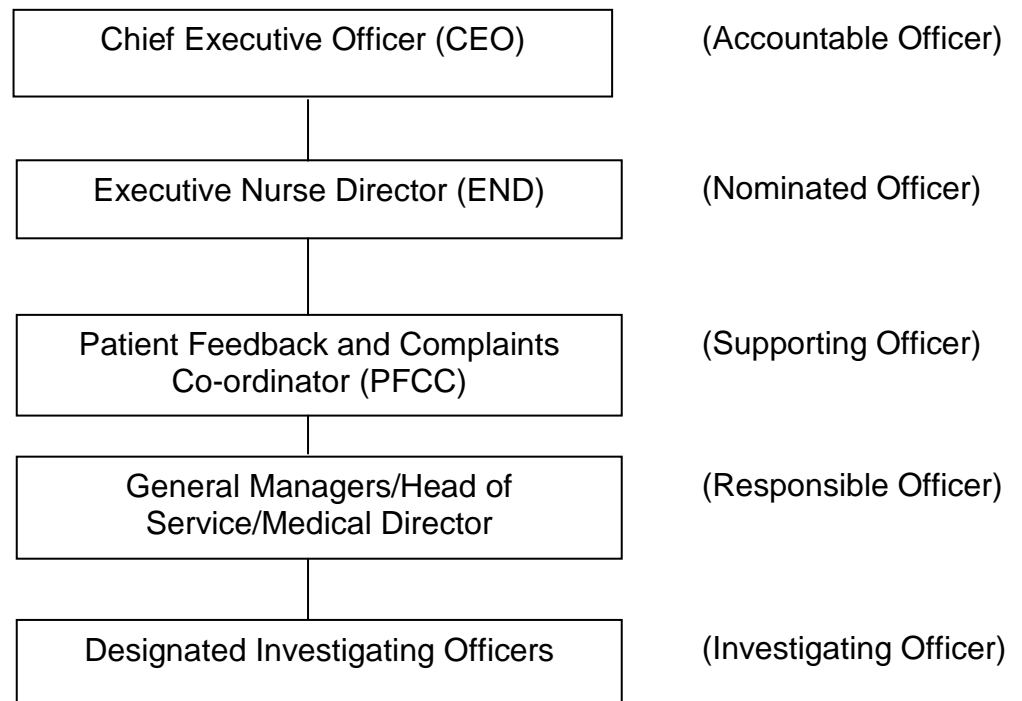
<sup>1</sup>SPSO Model Complaints Handling Procedure

### **3. POLICY OBJECTIVES**

The policy and procedure are designed to:

- respond to complaints in such a way as to leave the complainant satisfied
- ensure that all complaints are given immediate attention and complainants kept up to date with progress and know who to contact if they have any queries
- provide adequate support to staff throughout
- ensure that all complaints are dealt with in accordance with the NHS complaints procedure
- ensure that staff, patients and relatives/carers are aware of the procedure for handling complaints
- ensure there is effective investigation of all concerns as they arise
- use complaints as a way of identifying clinical or organisational challenges
- identify lessons learned from complaints locally and nationally, taking positive steps to ensure service improvement
- action and monitor outcomes from investigations
- ensure that *confidentiality* for staff and the patient are respected and maintained throughout the complaints handling process and information about complainants and the complained against is only disclosed to those people who have a demonstrable need to know for the purposes of investigation
- ensure that the complaints handling process is audited on an ongoing basis
- ensure improvements are systemic and sustained
- provide appropriate training for staff

#### 4. KEY PLAYERS



While the Chief Executive (CEO) of the organisation is ultimately responsible for the quality of care delivered by the organisation, the Executive Nurse Director (END) will be responsible for delivering the organisation's patient feedback and complaints process. The END will be the nominated officer to sign-off complaints on behalf of the CEO. The CEO will be briefed on complaints, themes and lessons learned on a regular agreed basis.

The END will be the first line Executive Board member in situations where those raising concerns are requesting/demanding access to CEO. This will be publicised in our complaints information. The CEO will be engaged at the discretion of the END.

In undertaking this role, the END will be assisted by the General Managers, (One GM in each Directorate), Heads of Service, the Medical and Associate Medical Director's, the Director of Public Health, and the Patient Experience/Communications Manager. Dependant on the area the complaints relates to the above are responsible for the day to day task of dealing with complaint and concerns and will be able to deal with the issues raised quickly and effectively without needing to refer, in all but the most exceptional circumstances, to more senior staff.

The Patient Feedback and Complaints Co-ordinator will also assist the END in the day to day overseeing of the complaints process, monitoring timescales to ensure that complaints are dealt with timeously and complainants are kept informed of progress; management and maintenance of DATIX (electronic complaints recording system); reporting statistical data on complaint themes and trends on a regular agreed basis.

## 5. LOCAL RESOLUTION

### Who may complain?

Complaints may be made by:

- patients
- former patients or visitors using NHS Dumfries and Galloway's services and facilities
- someone acting on behalf of existing or former patients, providing they have obtained the patient's consent, and
- any appropriate person in respect of a patient who has died, eg the next of kin or their agent

### What does the Complaints Procedure cover?

Care and Treatment provided in:

- all NHS Dumfries and Galloway hospital in-patient services
- family health services, ie those provided by general medical practitioners (GPs), general dental practitioners, opticians and pharmacists (See Section 6 on Independent Practitioners)
- community health services, eg those provided by, community nurses, physiotherapists, dietitians, health visitors etc
- contracted services such as catering, domestic, environmental etc, services purchased by an NHS organisation for its patients
- NHS private 'pay beds'

It also covers actions taken by NHS organisations or staff in the exercise of their statutory responsibilities where an individual is personally affected, for example,

- public health issues such as management of major incidents or outbreaks
- decisions of NHS Boards about what services are funded and provided locally
- the way in which the organisation has used personal health information and difficulties in seeing health records etc

NHS Dumfries and Galloway acknowledge that the issues individuals raise are growing in complexity and may follow an entire patient journey, including social care services. Although complaints involving Social Services are subject to separate procedures, we will work closely with Social Services on complaints that include both health and social issues, deciding which agency will take the lead in terms of a response at the outset.

The procedure **does not** deal with complaints about:

- private care and treatment or services, for example private healthcare, dental care or privately supplied spectacles
- services not provided or funded by the NHS, for example provision of private medical reports
- complaints about non-disclosure of other information under the Freedom of Information Act<sup>1</sup>
- employment matters
- possible disciplinary matters – see Section 9 of the Complaints Procedure



- appeals against decisions about eligibility for continuing NHS health care – see Appendix C of the Complaints Procedure
- matters arising during a formal public consultation exercise where the NHS organisation has established other arrangements for dealing with the issues which arise during that process

### **Time Limits**

Complaints should be made as soon as possible after the event to which they relate. Generally NHS Dumfries and Galloway will investigate complaints that are:

- made within six months of the event, or
- made within six months of the complainant realising that they have cause for complaint, as long as that is no more than 12 months after the event itself.

Other than in exceptional circumstances, the organisation will not investigate complaints more than 12 months after the cause of the complaint has arisen. Complainants who wish a complaint that is more than 12 months old to be investigated may be asked to explain in writing why they were unable to come forward within the timescale. The passage of time may prevent a full and fair investigation taking place, particularly where significant staff changes have taken place.

Where an individual has provided good reason for not coming forward within the timescale, the PFCC will discuss with the END the practicalities of looking into the issues raised and of providing a meaningful response to the complainant, before initiating the complaints procedure.

NHS Dumfries and Galloway has discretion to extend these time limits where it would have been unreasonable for the complaint to have been made earlier and where it is still possible to fully and fairly investigate the facts. If this discretion is rejected, the complainant may appeal to the CEO and, if again refused, to the Ombudsman.

### **Feedback and Support for staff**

Staff will receive ongoing support and advice throughout the complaints process, in the first instance from their Line Manager/General Manager, and/or the END.

### **Support for Patients and the Public**

NHS Dumfries and Galloway will publicise the support available to complainants from Advocacy Services.

## **6. INDEPENDENT PRACTITIONERS**

The NHS does not employ family Health Service practitioners, such as GPs, dentists, opticians and community pharmacists. They are '*independent contractors*' who hold a contract with the NHS to provide a service to patients. They are responsible for their own actions in exercising their clinical duties and for the administrative and organisational aspects of running their practices. In general, they also directly employ the staff within their practices, and are, therefore, responsible for their actions too.

The Family Health Service contract defines the practitioner's 'terms of service'. Under their terms of service Family Health Service practitioners are obliged to have in place and operate for the NHS services they provide a practice-based complaints procedure, which complies with the Directions issued by the Scottish Executive. Failure to do so would break the practitioner's terms of service and could result in disciplinary action. Practitioners are required to provide complainants with a full written response within 20 working days of the date that the complaint was received.

### **The independent contractor and the NHS complaints procedure**

The disciplinary process is entirely separate from the complaints process and the aims of the two are very different. The focus of the complaints process is to resolve issues between parties and to learn lessons for improvement to service delivery where appropriate. The complaints process is not, and should not be, restricted in what it can deal with and, therefore, even matters that would not constitute a breach of the terms of service if proved, can be dealt with under the complaints procedure.

The independent status of FHS practitioners means that the NHS has:

- no direct management responsibility for practitioners
- no authority to enforce recommendations for action as a result of a complaint
- cannot impose a solution or recommendation upon a practice, if that practice does not accept it is warranted or simply does not wish to take the recommended action

Family Health Services are also very personal services. The majority of an individual's contact with the NHS is with Family Health Services and their relationship with their GP may, literally, last a lifetime. The vast majority of Family Health Service contacts are already 'patient focused' but, when things go wrong, this special relationship can make complaints resolution more difficult. Patients may not want to raise a concern directly with the practitioner and, sometimes, issues can lead to a breakdown in the professional relationship.

To recognise this special status of Family Health Services, complaints can therefore be made:

- direct to the practice, or
- direct to the NHS Board with a request that they 'facilitate' resolution (see below)

The NHS complaints procedure is intended to deal with complaints made about the NHS services provided by the practice. It does not deal with complaints about non-NHS services for example, the range of retail goods stocked in a pharmacist's shop, privately supplied spectacles, private dental treatment, etc. If it is unclear whether a service is an NHS service, the NHS Board should be asked to help establish the facts without being drawn into the investigation of the complaint. Where it appears that a practice is not operating a complaints procedure, the PSM will refer the matter to the Medical Director who will establish the facts and take appropriate action. This may involve reminding the practitioner of the terms of service requirement to operate a practice complaints procedure and offering support where appropriate. If this fails,

consideration should be given to disciplinary procedures for failure to comply with the terms of service.

Practices must:

- ensure that their administrative procedures are practice-owned and managed entirely by the practice - the NHS Board will only become involved if the practice procedure does not appear to meet the national criteria
- nominate one person to be responsible for overseeing the administration of the procedures
- give the procedures publicity ensuring it is clear how to lodge a complaint and to whom it should be addressed
- ensure that an acknowledgement or initial response is normally made within 3 working days
- ensure that the person nominated to investigate the complaint makes all necessary inquiries such as interviews, if appropriate, of the complainant, general practitioner(s) and practice staff
- ensure that an explanation is normally provided within two weeks (i.e. within ten working days of receipt of the complaint).

Practitioners should adopt a positive approach to the investigation of complaints whenever possible bearing in mind that if they refuse a practice investigation the complainant can ultimately ask the Ombudsman to investigate.

If a practice procedure does not meet the national criteria, the NHS Board may need to consider disciplinary action for breach of terms of service.

### **The NHS Board role**

The PSM will advise individuals on the operation of the NHS complaints procedure. Individuals will be advised that they:

- should raise the matter with the practice or the individual practitioner concerned, but where appropriate
- the Board can also support or 'facilitate' the process for them

However, as the most effective route for resolution is normally for the person to deal directly with the practice, it is important that 'facilitation' is **not** seen as the norm. In offering to act as a facilitator the NHS Board must be sure that it is not in any way involved in the complaint itself.

FHS practitioners or practices may also request the Board's services as a facilitator but, once again, wherever possible and appropriate should be encouraged to engage directly with a complainant.

There may also be occasions, for example where the practice is relatively inexperienced in handling complaints or where the complaint is particularly complex, where it is appropriate for NHS Board to provide a practice with advice and/or support without the offer of facilitation. Board staff should also be aware of when to channel requests for support to appropriate clinical or other specialist staff.

In some circumstances however, it may be appropriate for the NHS Board to accede to a request for facilitation i.e. where it is clearly not appropriate to expect the complainant and the Practice/FHS Practitioner to deal direct with each other. Scottish Executive guidelines suggests that facilitation should only be considered where:

- there is clear evidence that a direct approach to the practice would be distressing for the complainant
- here is clear evidence that direct contact with the complainant would not be in the best interests of the Practice/FHS Practitioner
- direct dealings between the parties would clearly be unproductive
- there are clear indications that resolution would fail as a result of direct dealings
- where GP Practices are single handed or there is reason to believe that management arrangements in the Practice may contribute to failure of resolution (eg the Practice Manager may be a relative of the practitioner and the practitioner is single handed, there is no Practice Manager etc)

The NHS Board will determine the extent and type of duties the facilitator will undertake. The facilitator should agree the scope of his/her input with the requester at the outset. It is envisaged that this may vary from case to case and will depend on the source of and the reason for, the request and the specific requirements of the requester. (i.e. in some cases, for example where a complainant wants no contact whatsoever with a Practice/FHS Practitioner, it may be sufficient for correspondence simply to be conducted through the facilitator as a post box; in some cases the complainant may be prepared to deal with the Practice/FHS Practitioner but may be more comfortable asking a facilitator to attend a meeting between the parties as an independent person; in some cases, the Practice/FHS Practitioner may seek the input of the facilitator where they feel this may achieve a degree of impartiality without which the complainant is unlikely to accept the outcome irrespective of what that may be.)

In all cases, however, it must be emphasised that responsibility lies with the Practice/FHS Practitioner. In agreeing to facilitate, the NHS Board will not assume responsibility for either the circumstances leading to the complaint, or for the resolution of the complaint.

The facilitator has no remit to impose a solution or outcome on either party. The terms of any response to the complaint and any actions arising from the investigation of the complaint are ultimately for the Practice/FHS Practitioner to decide. The role of the facilitator is to help people through a process or procedure, through advisory or practical support.

The facilitator cannot represent either party to the complaint, nor can he/she be asked to make any judgement on the merits on the complaint itself or on the response to that complaint.

The facilitator is **not**:

- Someone to write letters on behalf of a patient or complainant (unless he/she has specifically agreed to do so in the particular circumstances)

- administrative support for a Practice/FHS Practitioner
- someone who will investigate the complaint
- responsible for the events giving rise to the complaint, or the outcome of the complaints process
- A substitute for any other professional or defence advice a Practice/FHS Practitioner would normally take in relation to a complaint

## **7. PATIENT CONSENT AND CONFIDENTIALITY**

Complaints made on behalf of patients must be made with the patient's consent. Exceptions are if the patient is:

- a child. If in the course of investigating a complaint it becomes clear that the child is capable of pursuing a complaint themselves then their consent should be obtained to allow someone to act on their behalf
- incapacitated or has died

If the Complaints Officer is of the opinion that the person acting on behalf of an incapable individual or in respect of someone who has died is not a suitable person, he/she may refuse to deal with that person and nominate another person to act. This discretion will be exercised in only exceptional circumstances.

Where a complaint is received from a third party in respect of a capable adult or child, the Complaints Officer will obtain that person's written consent for NHS Dumfries and Galloway to:

- accept and respond to the complaint from a third party ie relative or MP/MSP, and
- access personal health information, to the extent necessary to investigate and respond to the complaint.

Complaints personnel will follow the advice contained with the NHS Code of Practice on Protecting Patient Confidentiality and all relevant legislation.

## **8. PROTECTION OF STAFF**

The physical and emotional health and safety of all staff is a priority for NHS Dumfries and Galloway. We do expect our staff to be treated with respect and courtesy. Violence, discrimination or abuse towards staff is unacceptable and a Zero Tolerance approach will be taken.

Although most complainants behave entirely reasonably, a few do not. They may, for example, abuse, threaten or discriminate members of staff or continue to raise the same issues when their concerns appear to have been fully addressed. A point can come, even with a complaint put in a courteous and reasonable manner, at which it has to be accepted that no purpose will be served by further exchanges. NHS Dumfries and Galloway operates not only a policy for handling habitual and/or vexatious complainants, which is set out in Appendix D of the accompanying complaints procedure, but also a policy on managing violence and aggression.

## **9. GRIEVANCE AND DISCIPLINARY PROCEDURES**

### **Grievance**

The NHS complaints procedure is designed to address the concerns of patients, not those of staff. There are separate local procedures for handling staff grievances. Staff are advised to contact the Human Resources Department if they have any queries.

### **Disciplinary Procedures for Staff**

The complaints procedure is concerned only with resolving complaints and not with investigating disciplinary matters. The purpose of the complaints procedure is not to apportion blame amongst staff. It is to investigate complaints with the aim of satisfying complainants and to learn any lessons for improvement in service delivery. If no other action can be taken other than through the disciplinary procedure, the complainant should be informed of the outcome without jeopardising the confidentiality of the member of staff.

The complainant and staff involved will be advised of the procedure being followed.

## **10. TRAINING**

NHS Dumfries and Galloway recognises the importance of providing staff with the opportunity to access training on complaints covering prevention, the process, and the effective handling of complaints including training on any specific procedures used in this organisation.

New members of staff will be provided with a copy of the complaints policy and procedure as part of their induction pack.

We include in the corporate induction of all new staff, input on quality and customer care, which stresses the importance of effective communication that can prevent complaints or ensure their early resolution.

Sessions are available twice a year for Junior Doctors in training as part of their induction programme.

Modules on Complaint Handling are available through LearnPro, aimed at specific levels of staff from frontline staff to senior management level. The modules have been developed by NHS Education for Scotland (NES).

The Patient Services Team welcome requests from individual areas for training for specific staff groups. The learning directory also provides staff with an opportunity to further develop their interpersonal skills.

The Patient Services Team can signpost members of staff who require advice around writing reports and compiling improvement plans.

## **11. PERFORMANCE MONITORING**

Complaints handling will be the subject of continuous monitoring and review.

A monthly report highlighting trends and improvement work undertaken in response to complaints will be prepared by the Patient Experience/Communications Manager for consideration by the Board. This paper will also indicate performance against the national target timescale.

### **Performance Management**

Complaints received and in particular the lessons learned and service improvements implemented will form part of the regular performance management reviews. Reassurance will be sought regarding sustainability of improvements and the local process of multi-disciplinary review of complaints issues.

Monitoring and implementation of identified action and lessons learned will be the responsibility of the Healthcare Governance Group. Responsibility for the operational implementation of agreed actions from lessons learned currently rests with the responsible Director/Head of Service.

## **12. CLAIMS FOR NEGLIGENCE**

The complaints procedure will cease at any time if the complainant explicitly indicates an intention to take legal action in respect of the complaint. In this event, the complainant and the person(s) complained against must be advised of the procedure being followed.

## **13. PROCURATOR FISCAL CASES**

NHS Dumfries & Galloway must report to the Procurator Fiscal any death where a complaint is received which suggests that medical treatment or the absence of treatment may have contributed to the death of a patient.

Although there is no legal reason why the complaints procedure should be suspended because of the possibility of a Fatal Accident Inquiry (FAI) being held, this may be the best course of action, as any report prepared in connection with an investigation of a complaint can be called for at the FAI.

In these cases, the Chief Executive should consider the suspension of the complaints procedure.

If there is any doubt about whether to proceed, advice should be sought from the Procurator Fiscal's office. It may be appropriate to recommence the complaints procedure after the completion of the FAI to consider any matters not dealt with by it.

## **14. SCOTTISH PUBLIC SERVICES OMBUDSMAN**

The Scottish Public Services Ombudsman Act handles complaints relating to all public services, including Councils, the National Health Services, Housing

Associations the Scottish Government and its Agencies and Departments, Universities and Colleges and most Scottish Public Authorities.

The Ombudsman can in principle investigate complaints from aggrieved persons that they have sustained injustice or hardship as a result of maladministration or service failure<sup>3</sup> on the part of an authority within the Ombudsman's jurisdiction. Such authorities (referred to as "listed authorities") include all NHS bodies and family health service providers in Scotland.

The Ombudsman's office can generally consider complaints only when they have been fully considered under a listed authority's internal complaint procedures - although this requirement can be waived in exceptional circumstances. Complaints should generally be made to the Ombudsman within 12 months of the events giving rise to them, or within 12 months of the complainant becoming aware that there were grounds for complaint, although there is scope to waive this requirement if there are special circumstances.

The Scottish Public Services Ombudsman Act 2002 requires listed authorities, ie NHS Boards and family health service providers, to take reasonable steps to publicise:

- the right conferred by the Act to make a complaint to the Ombudsman
- the time limit for doing so, and
- how to contact the Ombudsman

NHS Dumfries and Galloway will co-operate fully with any investigation pursued by the Ombudsman. In such cases the PSM will act as the Liaison Officer.

## **15. POLICY REVIEW**

The contents of this policy are based on a range of documents published by the Scottish Executive and are framed in accordance with Legal Directions.

This policy and the accompanying procedure will be reviewed and amended as necessary in light of changes in legislation and in accepted best practice.

## **16. EQUALITY AND DIVERSITY**

The application of this policy will be implemented on an equitable basis irrespective of age, disability, sexual orientation, gender identity, marital or civil partnership status, ethnicity, religion and belief, pregnancy and maternity.



## DOCUMENT CONTROL SHEET

### 1. Document Status

<b>Title</b>	Complaints Policy
<b>Author</b>	Yvonne Christley, Patient Experience and Complaints Manager
<b>Approver</b>	
<b>Document reference</b>	
<b>Version number</b>	2.0

### 2 Document Amendment History

<b>Version</b>	<b>Section(s)</b>	<b>Reason for update</b>
2.0	1, 2, 4, 5, 6	Review in accordance with Patient Rights (Scotland) Act 2011.

### 3. Distribution

<b>Name</b>	<b>Responsibility</b>	<b>Version number</b>

### 4. Associated documents

Patient Rights Scotland Act 2011 Charter of Patient Rights,  
NHS Dumfries and Galloway Unacceptable Actions Policy,  
NHS Dumfries and Galloway Complaints Procedure.

### 5. Action Plan for Implementation

<b>Action</b>	<b>Lead Officer</b>	<b>Timeframe</b>
Place on policy register	Corporate Business Manager	May 2015
Place on intranet	Communications Team	May 2015
Dissemination to senior staff through line management	Board Management Team	May 2015
Raise awareness/inform staff	All line managers	By end July 2015
Use policy	All staff	May 2015



# COMPLAINTS POLICY: UNACCEPTABLE ACTIONS

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Printed copies must not be considered the definitive version

DOCUMENT CONTROL		POLICY NO.	60A
Policy Group	Corporate		
Author	Yvonne Christley, Patient Experience and Communications Manager	Version no.	2.0
Reviewer		Implementation date	December 2012
Status	<i>For Consultation</i>	Next review date	November 2016
Approved by	<i>Committee or Executive Lead</i>	Last review date:	November 2012

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Title: Complaints Policy: Unacceptable Actions

Date: November 2014

Version: 2.0

Author: Yvonne Christley, Patient Experience and Communications Manager

The only current version of this policy is on the intranet

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## **1. Introduction**

This policy sets out the NHS Dumfries & Galloway approach to the relatively few complainants whose actions or behaviour we consider unacceptable.

The term complainant includes anyone acting on behalf of a complainant or who contacts the organisation in connection with a complaint.

## **2. Policy Aims**

- make it clear to all complainants, both at initial contact and throughout their dealings with the organisation, what the organisation (and specifically the Patient Services Team) can or cannot do in relation to their complaint. In doing so, we aim to be open and not raise hopes or expectations that we cannot meet.
- deal fairly, honestly, consistently and appropriately with all complainants, including those whose actions we consider unacceptable. We believe that all complainants have the right to be heard, understood and respected. We also consider that NHS Dumfries & Galloway staff have the same rights.
- provide a service that is accessible to all complainants. However, we retain the right, where we consider complainant actions to be unacceptable, to restrict or change access to our service.
- ensure that other complainants and NHS Dumfries & Galloway staff do not suffer any disadvantage from complainants who act in an unacceptable manner.

## **3. Defining Unacceptable Actions**

NHS Dumfries and Galloway acknowledges that people can act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint coming to the organisation and in particular the Patient Services Team.

We do not view behaviour as unacceptable just because a complainant is forceful or determined. In fact, we accept that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the organisation and/or Patient Services Team, or unacceptable behaviour towards NHS Dumfries & Galloway staff. It is these actions that we consider unacceptable and aim to manage under this policy.

NHS Dumfries & Galloway has grouped these actions under three broad headings:

### **a. Aggressive or Abusive Behaviour**

- Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened or abused.
- Examples of behaviours grouped under this heading include threats, physicals violence, personal verbal abuse, derogatory remarks and

rudeness. We also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

- We expect our staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable. NHS Dumfries & Galloway staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards NHS Dumfries & Galloway staff.
- Behaviour of this nature is managed under the NHS Dumfries and Galloway Violence and Aggression Policy

#### **b. Unreasonable Demands**

- Complainants may make what we consider unreasonable demands on our organisation and/or Patient Services Team through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant and will be considered on a case by case basis.
- Examples of actions grouped under this heading include demanding responses within an unreasonable time-scale, insisting on seeing or speaking to a particular member of staff, continual phone calls or letters, repeatedly changing the substance of the complaint or raising unrelated concerns.
- We consider these demands as unacceptable and unreasonable if they start to impact substantially on the work of the organisation or Patient Services Team, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

#### **c. Unreasonable Persistence**

- We recognise that some complainants will not or cannot accept that NHS Dumfries & Galloway and/or the Patient Services Team is unable to assist them further or provide a level of service other than that provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the office persistently about the same issue.
- Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the organisation and/or Patient Services Team can or cannot do, and continuing to pursue a complaint without presenting any new information. The way in which these complainants approach the organisation or Patient Services Team may be entirely reasonable but it is their persistent behaviour in continuing to do so that is not.
- We consider the actions of persistent complainants to be unacceptable when they take up what the organisation or Patient Services Team regard as being a disproportionate amount of time and resources.

#### **4. Managing Unacceptable Actions**

There are few complainants whose actions we consider unacceptable. How we aim to manage these actions depends on their nature and extent. If it adversely affects our ability to provide a service to others, we may need to restrict complainant contact with the organisation and/or Patient Services Team in order to manage the unacceptable action. We aim to do this in a way wherever possible, that allows a complaint to progress to completion through our complaints process.

We may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. We try to maintain at least one form of contact. In extreme situations, we tell the complainant in writing that their name is on a 'no personal contact' list. This means that they must restrict contact with the organisation to either written communication or through a third party.

The threat or use of physical violence, verbal abuse or harassment towards NHS Dumfries & Galloway staff is likely to result in the ending of all direct contact with the complainant. Incidents may be reported to the police. This will always be the case if physical violence is used or threatened.

We do not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. When this happens we tell the complainant that we consider their language offensive, unnecessary and unhelpful. We ask them to stop using such language and state that we will not respond to their correspondence if they do not stop. We may require future contact to be through a third party.

NHS Dumfries & Galloway staff will end telephone calls if the caller is considered aggressive, abusive or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and end the call if the behaviour does not stop.

Where a complainant repeatedly phones, visits the office, sends irrelevant documents or raises the same issues, we may decide to:

- Only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future.
- Require the complainant to make an appointment to see a named member of staff before visiting the organisation or Patient Services Team or that the complainant contacts the organisation in writing only.
- Return the documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed.
- Take other action that we consider appropriate. We will, however, always tell the complainant what action we are taking and why.

Where a complainant continues to correspond on a wide range of issues and this action is considered excessive, then the complainant is told that only a certain number of issues will be considered in a given period and asked to limit or focus their requests accordingly.

Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the Chief Executive's decision relating to their complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning this complaint. Any future contact by the complainant on this issue must be in writing. Future correspondence is read and filed but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.

## **5. Deciding to Restrict Complainant Contact**

NHS Dumfries & Galloway staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this policy.

With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation and/or Patient Services Team are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, we give a complainant the opportunity to modify their behaviour or action before a decision is taken. Complainants are told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

## **6. Appealing a Decision to Restrict Contact**

A complainant can appeal a decision to restrict contact. A senior member of staff who was not involved in the original decision considers the appeal with a Non-Executive Director. They advise the complainant in writing that either the restricted contact arrangements still apply or whether a different course of action has been agreed.

## **7. Recording and Reviewing a Decision to Restrict Contact**

We record all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records.

A decision to restrict complainant contact may be reconsidered if the complainant demonstrates a more acceptable approach. The Patient Services Coordinator reviews the status of all complainants with restricted contact arrangements on a regular basis.

## **8. Policy Availability and Review**

Copies of this policy are available on request and free of charge from NHS Dumfries & Galloway's Patient Services Team. The Patient Services Manager reviews this policy on a regular basis to make sure that the aims of the policy are being achieved.

*The policy is available on request in other languages and formats.*

**For further information please contact:**

Patient Services  
NHS Dumfries & Galloway  
Logan West  
Crichton Hall  
Bankend Road  
Dumfries DG1 4TQ

Telephone: 01387 272733  
Email: [michaela.cannon@nhs.net](mailto:michaela.cannon@nhs.net)

**9. EQUALITY AND DIVERSITY**

The application of this policy will be implemented on an equitable basis irrespective of age, disability, sexual orientation, gender identity, marital or civil partnership status, ethnicity, religion and belief, pregnancy and maternity.



## DOCUMENT CONTROL SHEET

### 1. Document Status

<b>Title</b>	Complaints Policy
<b>Author</b>	Yvonne Christley, Patient Experience and Complaints Manager
<b>Approver</b>	
<b>Document reference</b>	
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### 2 Document Amendment History

<b>Version</b>	<b>Section(s)</b>	<b>Reason for update</b>
2.0		Review of document format in line with Complaints Policy review.

### 3. Distribution

<b>Name</b>	<b>Responsibility</b>	<b>Version number</b>

### 4. Associated documents

Patient Rights Scotland Act 2011 Charter of Patient Rights,  
NHS Dumfries and Galloway Complaints Policy,  
NHS Dumfries and Galloway Complaints Procedure.

### 5. Action Plan for Implementation

<b>Action</b>	<b>Lead Officer</b>	<b>Timeframe</b>
Place on policy register	Corporate Business Manager	December 2014
Place on intranet	Communications Team	December 2014
Dissemination to senior staff through line management	Board Management Team	December 2014
Raise awareness/inform staff	All line managers	By end December 2014
Use policy	All staff	December 2014



# Grievance Policy

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Printed copies must not be considered the definitive version

DOCUMENT CONTROL		POLICY NO.	17
Policy Group	Workforce Directorate		
Author	John Glendinning	Version no. 2.1	
Reviewer	John Glendinning Anne Marie Kerr Liz Shannon Angela Brown Linda Fisher Karen Baxter	Implementation date	December 2014
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# Grievance Policy

## 1 Introduction

NHS Dumfries and Galloway encourages open and honest communication at all levels. However, it recognises that from time to time employees may wish to raise grievances, problems or complaints with their employer.

Employees and managers are encouraged to make every effort to resolve issues at the most local level possible and where appropriate before resorting to the formal procedure. Matters should be dealt with as they occur and be settled as near to the point of origin as possible and as quickly as it is reasonably practicable. However, it is recognised that a formal procedure is necessary to resolve some grievances quickly, to allow employees to pursue grievances relating to their working conditions without fear of recrimination, and to prevent conflict and maintain employee relations.

Victimisation as a result of an employee raising a grievance or assisting in the investigation of such a grievance will not be tolerated, and will be dealt with under the local policy NHS Dumfries and Galloway Bullying and Harassment Policy and, Disciplinary Policy.

## 2 Aim

To offer a constructive mechanism for all parties to air their differences and seek to find mutual agreement.

## 3 General principles

- All grievances, problems, complaints and disputes, including collective disputes, concerning matters arising out of employment with the organisation will be dealt with in accordance with the undernoted procedure;
- It is the policy of the organisation that an employee(s) will receive a fair hearing concerning any grievance. The spirit and intention of this policy is to promote the best possible relations between all parties;
- Throughout the formal and informal stages of the procedure, the employee(s) has the right to be accompanied by a trade union/professional organisation representative or a work colleague;
- Where a particular manager is not available, the matter may be taken forward by a nominated deputy to ensure that the under-noted procedure is followed within reasonable timescales;
- It is recognised that informal approaches can be an aid to resolving grievances. Therefore, the provisions outlined in this procedure can include informal discussions between management, the employee(s) and their trade union/ professional organisation representatives;

Where a member of staff has a grievance about the application of nationally agreed terms and conditions Workforce directorate that are outwith the remit of NHS Dumfries and Galloway Board, individuals will be directed to seek guidance from

their Trade Union/Professional Organisation representative as to how to raise as a national issue.

- In order to support early resolution of a grievance, mediation by an independent third party can be sought at any stage of the procedure by the agreement of both parties;
- It is recognised that all stages of the procedure may not be applicable to an individual and/or a group of employees, depending on the particular circumstances (for example, where the chain of command is short);
- Wherever possible, no person who has previously been involved in any way formally or informally should sit on the grievance appeal panel; and
- Employees who have difficulty expressing themselves on paper, or, for example, whose first language is not English, are encouraged to seek help from a work colleague, trade union/professional organisation representative or a representative from the Workforce Directorate department in setting out their grievance.

#### **4 Types of grievance**

##### **Individual**

This occurs when one employee raises a grievance, problem or complaint with their employer.

##### **Collective**

Occurs when a group of employees share a grievance and in such circumstances whenever possible a spokesperson should be nominated to represent the group.

#### **5 Procedure**

##### **5.1 Informal stage**

When an employee(s) feels aggrieved about an issue it should be raised in the first instance with their immediate line manager. The line manager will meet with the employee as soon as possible, and within a reasonable timescale from the date when the grievance was notified. This timescale should take account of the nature and seriousness of the case.

Where the grievance lies with the line manager, then the employee has the right to raise the matter informally with the next level of management.

If no resolution is achieved from the informal meeting, the employee may choose to initiate the formal procedure. The choice to progress to the formal stage of the process must be notified to the next level of management within a reasonable timescale from the date of the informal meeting.

Although formal documentation of these discussions is not mandatory, the actions and outcome of this stage of the process should be noted so that details of the episode can be recorded for audit purposes.

#### **5.1.1 Facilitated meetings/mediation**

Managers and employees should always seek to resolve grievance issues in the workplace. Where this is not possible informally, both parties should consider the use of an independent third party to help resolve the issue.

The third party need not come from outside the organisation, but could be an internal facilitator/mediator, highly skilled manager or HR professional not involved in the grievance process. However, the need for use of external mediators in the most complex of cases may be agreed between the parties.

Should the parties concerned wish to make use of third party intervention, this should be notified to the Workforce Directorate (HR) department who will be responsible for making appropriate arrangements.

#### **5.2 First formal stage**

In the event that the employee(s) remains dissatisfied after informal consideration of the grievance, the matter will be referred to the First Formal Stage. The employee will normally lay out the detail(s) of their grievance in writing using the Grievance Notification Form attached at Appendix A. It should be sent to the Workforce Directorate who will be responsible for arranging the grievance hearing with the appropriate manager within a reasonable timescale from the date of receipt of the notification of the grievance.

Where appropriate the investigation should be carried out in line with the disciplinary policy.

In the event that an Executive Director or other Board member raises a formal grievance, it will normally be heard by two non-executive members of the Board.

Guidance on Conduct at Formal Hearings is given at Appendix C.

A written reply detailing the manager's decision, the reasons for the decision and the action, if any, the manager intends to take, will be given to the employee(s) within 10 working days of the hearing. The letter must inform the employee of their right of appeal and they should submit their appeal letter to the Workforce Directorate setting the reasons why they remain dissatisfied.

The decision to progress to the next stage of the process must be notified by the employee, in writing within 10 working days, from the date when the outcome of the first formal stage was received.

### **5.3 Second and final formal stage**

In the event that the employee(s) remains dissatisfied after the first formal stage, the matter should be referred to the second and final formal stage. Should they decide to appeal, then the grounds of their appeal will be shared with the manager who determined the decision of the formal stage in order for them to respond. A hearing will be arranged as soon as possible and within a reasonable timescale of the notification of the appeal to the next appropriate level of management.

The HR department or designated manager will arrange for all sides to present written statements setting out their views on the grievance. These must be circulated to all parties at least five working days before the hearing.

Where appropriate the investigation should be carried out in line with the disciplinary policy.

Guidance on Conduct at Formal Hearings is given at Appendix C.

A written reply detailing the manager's decision, the reasons for the decision and the action, if any, the employer intends to take, will be given to the employee(s) within 10 working days of the hearing.

Where appropriate, the letter must inform the employee of their right of appeal and include details of who to appeal to. Except where the provisions of clause 5.3.1 apply, otherwise this represents the end of the internal process.

### 5.3.1 Grievances with wider organisational consequences

Where the grievance relates to an issue where the outcome might affect more than one individual (examples include: the application of terms and conditions of service, the implementation of a Board-wide policy or matters which could become litigious, or the focus of an industrial dispute) and if the issue cannot be resolved at stage two, then it may be referred to the Director of Workforce Directorate and Employee Director. They will be responsible for determining whether the grievance raised has wider organisational consequences beyond the aggrieved party.

If agreed as having wider organisational consequences, the Director of Workforce Directorate will organise a formal hearing, which will normally be heard by one non-executive and one executive member, and other panel membership as appropriate as determined locally, supported by a senior member of the HR department not previously involved.

This exhausts the internal process for cases which fall into this category.

## 6 Grievances not concluded at the time of employment terminating

If a grievance has been raised but not concluded by the time the employment terminates.

- If the process is at the first formal stage then a hearing will be arranged. Any appeal would be conducted in writing.
- If the process is at the appeal stage then the grievance will be concluded with a paper review of the position and a written response provided.

## 7 Post-employment grievances

Should a previous employee raise a grievance within 3 months from the employment ending, the matter will be reviewed and a response will be given in writing.

## 8 Overlapping grievance and disciplinary cases

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



## **9 Status quo**

Status quo is defined as the working arrangements in place prior to the change over which the grievance has been raised.

Wherever possible, the status quo should operate until this procedure has been exhausted. However, the status quo may be set aside where:

- Continuation of status quo will result in a breach of statutory or other mandatory regulations eg. Health and Safety
- Agreement is reached by both parties to do so; or
- The grievance is about action already agreed or taken through collective agreement.

During extended periods of national emergency or other exceptional circumstances, such as a flu pandemic, special leave may need to be postponed. Where such circumstances occur, management are required to agree such action with individual employees involved and ensure that employees are not disadvantaged in the long term.

## **10 Involvement of Workforce Directorate/Human Resources Department**

Advice on the application of this procedure should be sought from the HR department. A member of the HR department should normally be present at the hearing of all formal grievances.

## **11 Monitoring and review**

The effectiveness of this policy and procedure will be monitored and reviewed by the Area Partnership Forum.

# Appendix A: Grievance Notification Form

*Strictly confidential*

*This form gives guidance to an employee(s) in setting out a grievance and may be used with or in place of a letter.*

*Employees who have difficulty expressing themselves on paper, or, for example, whose first language is not English, are encouraged to seek help from a work colleague, trade union/ professional organisation representative or a representative from the HR department in setting out their grievance.*

*Use of this form, or a letter, will be used as notification of the Grievance and as a record of subsequent discussion(s) and decision(s) during the stages of the Grievance Procedure.*

Name of employee(s) raising the grievance:

Post(s):

Department(s):

Name of employee(s) representative (trade union/professional organisation representative or a work colleague):

Details of grievance being raised: (this must include the name of the person who's decision is being disputed, or, if the person is unknown the decision being disputed).

*Please continue on a separate piece of paper if appropriate*

From your perspective how may the issue be resolved:

Signed:

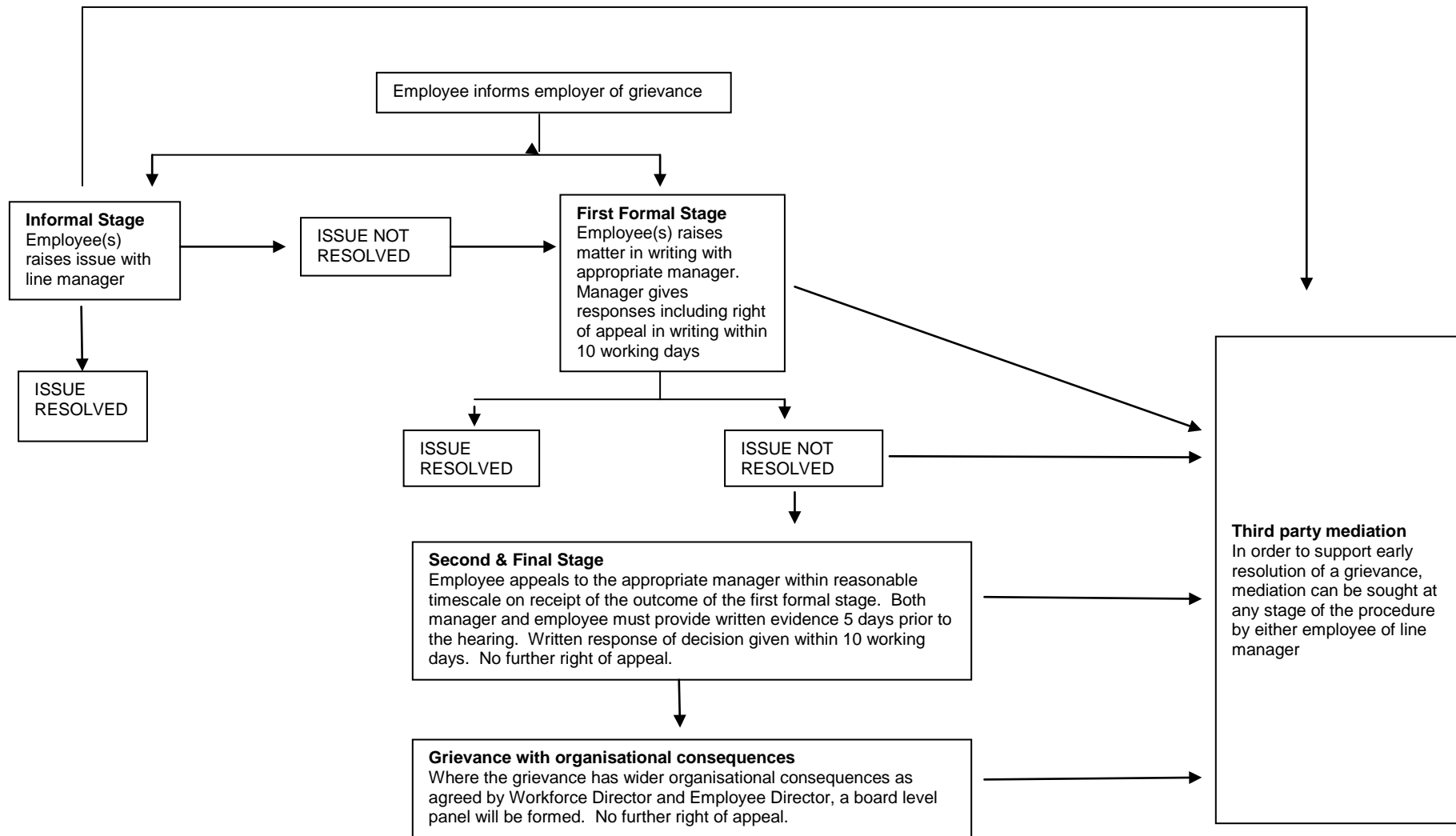
Date:

Name (in capital letters):

Contact Tel No:

*On completion of this form please refer to section 5.1 to identify who to submit form to.*

## Appendix B: Grievance Procedure Flow Chart



## **Appendix C: Guidance on Conduct at Formal Hearings**

**The main purpose of a formal hearing is to ensure that all present have a full understanding of the issue so that an impartial decision can be based on facts.**

**The hearing should adopt as flexible an approach as possible, while adhering to the following principles:**

- Both parties must be given the opportunity to present cases orally and call any witnesses. It is the responsibility of individual parties to ensure they make arrangements for the attendance of witnesses and/or any staff representative or work colleagues;
- The employee or their representative shall state their case in the presence of the management representative and may call witnesses who shall remain present only when they are giving evidence;
- The management representative shall have the opportunity to ask questions of the employee/representative and witnesses;
- The manager hearing the grievance or members of the appeal panel shall have the opportunity to ask questions of the employee/representative and witnesses;
- The management representative shall state their case in the presence of the employee/representative and may call witnesses who shall remain present only when they are giving evidence;
- The employee/representative shall have the opportunity to ask questions of the management representative and witnesses;
- The manager hearing the grievance or members of the appeal panel shall have the opportunity to ask questions of the management representative and witnesses;
- Written evidence not previously circulated and presented before the hearing may only be admitted at the discretion of the manager hearing the grievance or members of the appeal panel;
- The management representative and the employee or their representative shall have the opportunity to sum up their case if they so wish. The employee or their representative shall have the right to speak last, having opportunity to sum up their case if they so wish. In their summing up neither party may introduce any new matter;
- The manager hearing the grievance or members of the appeal panel may, at their discretion, adjourn the appeal in order that further evidence may be produced by either party to the dispute or for any other reason; and
- The manager hearing the grievance or members of the appeal panel shall deliberate in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary, both parties shall return notwithstanding only one is concerned with the point giving rise to doubt. Ensure that everyone present has a full understanding of the issue.