

**GRIEVANCE POLICY**

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| Version: | 3 |
| Date ratified: | 1 September 2020 |
| Policy Number  | HR010/08/2023 |
| Name of originator/author: | Human Resources  |
| Name of Sponsor: | Accountable Officer |
| Name of responsible committee | Governance Sub-committee |
| Date issued: | September 2020 |
| Review date: | August 2023 |
| Target audience: | All staff working within or on behalf of NHS Sheffield CCG |

**To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:**

[**http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm**](http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm)



**POLICY AUDIT TOOL**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

**Please give status of Policy: Revised**

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| **1.** | **Details of Policy** |  |
| 1.1 | Policy Number | HR010/08/2023 |
| 1.2 | Title of Policy: | Grievance Policy |
| 1.3 | Sponsor  | Chief Nurse  |
| 1.4 | Author: | Human Resources |
| 1.5 | Lead Committee | Governance Sub-committee |
| 1.6 | Reason for policy: | Legislative and best employment practice |
| 1.7 | Who does the policy affect? | All employees  |
| 1.8 | Are the National Guidelines/Codes of Practices etc issued? | Equality Act 2010ACAS Code of Practice |
|  | Has an Equality Impact Assessment been carried out? | Yes |
| **2.** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | See 1.8 |
| **3.** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No |
| 3.2 | If YES attach a copy to this form. | n/a |
| 3.3 | If NO explain why. | Current management structure satisfactory |
| **4.** | **Consultation Process** |  |
| 4.1 | Was there external/internal consultation? | Yes |
| 4.2 | List groups/persons involved | Equalities Action GroupJoint Staff Consultative Forum |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | n/a |
| **5.** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | All employees via the intranet  |
| 5.2 | If there are implementation requirements such as training please detail. | Ongoing via mandatory training |
| 5.3 | What is the cost of implementation and how will this be funded | No funding required |
| **6.** | **Monitoring** |  |
| 6.2 | How will this be monitored | Workforce Reports |
| 6.3 | Frequency of Monitoring | Quarterly |

**CONTENTS**

|  |  |  |
| --- | --- | --- |
|  |  | **Page** |
|  |  |  |
|  |  |  |
| **Section A – Policy**  | **4** |
|  |  |  |
| **1.** | **Policy Statement, Aims & Objectives** | **4** |
|  |  |  |
| **2.** | **Legislation & Guidance** | **4** |
|  |  |  |
| **3.** | **Scope** | **4** |
|  |  |  |
| **4.** | **Accountabilities & Responsibilities** | **5** |
|  |  |  |
| **5.** | **Dissemination, Training & Review** | **6** |
|  |  |  |
| **Section B – Procedure** | **8** |
|  |  |  |
| **1.** | **Stage 1 – Informal Resolution** | **8** |
| **2.** | **Mediation** | **8** |
| **3.** | **Stage 2 – Formal Resolution** | **9** |
| **4.** | **Appeal** | **10** |

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|  | **SECTION A – POLICY** |
| **1.** | **Policy Statement, Aims and Objectives** |
| **1.1** | This policy aims to provide an agreed means for employees, individually or collectively, to resolve concerns regarding some aspect of their work.For clarity, the term grievance means a source of dissatisfaction to an individual regarding their employment or the application and/or interpretation of their terms and conditions of employment, including any policies. As an example, an employee may raise a grievance on any reasonable grounds relating to his/her employment, for example redundancy payments, unauthorised deductions from pay, new working practices.  |
| **1.2** | The Grievance Policy consists of a number of stages at which, if a grievance remains unresolved, an employee will have the right to take the matter forward to the next stage and to be represented at each stage by a Trade Union Representative or a work colleague. In exceptional circumstances, an employee has the right to be accompanied by a relative or friend, not acting in a legal capacity. |
| **1.3****1.4** | The time limits given for each stage of the policy should be regarded as being the maximum amount of time that each stage should take to ensure that concerns are dealt with promptly and should not be regarded as the length of time it should take to resolve a grievance. It is in the interests of all parties to reach an acceptable solution as soon as possible. The time limits are exclusive of general public holidays, weekend and sickness absence and can be extended by mutual agreement.Where an employee who is leaving the organisation wishes to raise concerns, this policy and procedure will continue to apply until their last date of service with the CCG. Should an investigation or subsequent action be required this process will continue but if this concludes after the employee has left the organisation, appropriate feedback should be offered and a record kept of this but in most cases no further formal meetings will take place.If concerns are raised during an exit interview or via the exit questionnaire, as outlined in the Employee Leaver, Notice Period and Exit Interview Policy, reference to that Policy should be made in the first instance and action taken as appropriate. The Grievance Policy can be invoked if the individual raising concerns chooses to do so. |
| **1.5** | The development of this policy:* Facilitates grievances being settled fairly with the minimum of delay and with delegation of authority to the manager at the next level of seniority to the aggrieved employee, where appropriate
* Encompasses the means to handle both individual and collective grievances
* Prevents disruption to services by industrial action through responsible use of the Grievance Procedure by managers, employees and staff side organisations
* Satisfies legislative requirements.
 |
| **2.** | **Legislation and Guidance** |
| **2.1** | The following legislation and guidance has been taken into consideration in the development of this procedural document.* ACAS (Advisory, Conciliation and Arbitration Service) Code of Practice on Disciplinary and Grievance Procedures 2009.
 |
| **3.** | **Scope** |
| **3.1** | This policy applies to those members of staff that are directly employed by NHS Sheffield Clinical Commissioning Group (CCG) and for whom NHS Sheffield CCG has legal responsibility. Seconded staff are covered by the policy of their employing organisation.  For those staff covered by a letter of authority / honorary contract or work experience, this policy is also applicable whilst undertaking duties on behalf of NHS Sheffield CCG or working on NHS Sheffield CCG premises and forms part of their arrangements with NHS Sheffield CCG.  As part of good employment practice, agency workers are also required to abide by NHS Sheffield CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Sheffield CCG. |
| **4.** | **Accountabilities and Responsibilities** |
| **4.1** | Overall accountability for ensuring that there are systems and processes to effectively manage grievances lies with the Accountable Officer. Responsibility is delegated to the following:

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| ***Accountable Officer*** | * Maintaining an overview of the corporate ratification and governance process associated with the policy.
* Ensuring that the policy is applied fairly, consistently and in a non-discriminatory manner.
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| ***Human Resources***  | * Leading the development, implementation and review of the policy.
* Advising and training managers on all aspects of managing grievances in accordance with employment legislation and best practice.
* Participating in formal investigatory procedures.
* Coordinating mediation and ensuring that the CCG has access to trained mediators
* Supporting managers at Grievance Hearings.
* Attending Employment Tribunals if required.
 |
| ***Appointing Officers/ Line Managers*** | * Ensuring they understand and adhere to their obligations in relation to this policy.
* Ensuring employees are aware of this policy including referring new employees to the policy as part of their induction process.
* Ensuring that the policy is applied fairly and consistently and to act in accordance with the Scheme of Delegation.
 |
| ***All Employees*** | * Ensuring they understand their responsibilities in relation to this policy.
* Ensuring they understand the appropriate mechanism to raise grievances.
 |
| ***Staff Side*** | * Ensuring they are familiar with the policy and procedure.
* Advising and representing employees who are members of a recognised Trade Union.
* Assisting employees in the preparation of a written statement and encouraging employees to provide a clear explanation of their grievance(s)/ concern(s) with supporting evidence, where possible.
 |
| ***Local Counter Fraud Specialist (LCFS)*** | * Providing advice and support on issues which may involve fraudulent activities.
 |
| ***Safeguarding Specialist*** | * Providing advice and support on issues which may involve abuse or other inappropriate behaviour towards a child or vulnerable adult.
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| **5.** | **Dissemination, Training and Review** |
| **5.1** | **Dissemination** |
|  | The effective implementation of this policy will support openness and transparency. NHS Sheffield CCG will:* Ensure all employees and stakeholders have access to a copy of this policy via the organisation’s website.
* Ensure employees are notified by email of new or updated policies.
 |
| **5.2** | **Training** |
|  | All employees will be offered relevant training commensurate with their duties and responsibilities. Employees requiring support should speak to their line manager in the first instance. Support may also be obtained through Human Resources.  |
| **5.3** | **Review**  |
| **5.3.1** | As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield CCG’s Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.  |
| **5.3.2** | The policy will be reviewed every three years, and in accordance with the following on an as and when required basis:* Legislatives changes
* Good practice guidelines
* Case Law
* Significant incidents reported
* New vulnerabilities identified
* Changes to organisational infrastructure
* Changes in practice
 |
| **5.3.3** | Policy management will be performance monitored to ensure that policies are in-date and relevant to the core business of the organisation. The results will be published in the regular Governance Sub Committee Reports. |

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|  | **SECTION B – PROCEDURE** |
| **1.** | **Stage 1 – Informal Resolution** |
| **1.1** | Any employee who wishes to express a grievance should first discuss the issue with their immediate line manager. This provides an opportunity for issues to be resolved without recourse to the formal procedure. If the individual feels unable to raise the issue with their line manager, they should speak to an equivalent level manager within the directorate in which they work or HR. Personal preference for not raising the concern with the immediate line manager is not an acceptable reason for raising the concern with a different manager. Informal grievances should be handled promptly to prevent further issues arising. |
| **1.2** | Employees are encouraged to address issues informally wherever possible and are invited to consider alternative means of resolving their concerns. Dependent upon the nature of the grievance, examples of alternative means may include mediation, coaching, and mentoring. Further information regarding mediation is provided below. |
| **2.** | **Mediation** |
| **2.1** | Mediation is a voluntary process and may be considered at any stage of this procedure to help resolve issues between individuals. It may be used in situations such as: * Dealing with conflict between colleagues or between a line manager and staff;
* Rebuilding relationships after a formal dispute has been resolved;
* Addressing a range of issues including relationship breakdown, personality clashes, communication problems etc.
 |
| **2.2** | It should be noted that not all cases will be suitable for mediation and that both parties must be in agreement for it to proceed. |
| **2.3** | The mediator is responsible for the process of seeking to resolve the issue but not the outcome, which will be agreed between the individuals. |
| **3.** | **Stage 2 – Formal Resolution** |
| **3.1** | Should the matter not be resolved informally at Stage 1, or where the issue is felt to be more serious, the employee has the right to raise the matter formally. The employee should set out the details of the grievance and desired outcome in writing and send the written complaint to their line manager. Should they feel unable to do this, the grievance may be submitted to an equivalent level manager within the organisation or HR. It is recognised that putting concerns in writing may cause anxiety for some employees and it is recommended that support is sought from either a Trade Union representative or a work colleague if required. |
| **3.2** | Any manager receiving a formal grievance must act upon the matter promptly and must also notify Human Resources. The manager should write to the employee to acknowledge receipt of the grievance and to advise how this will be handled. |
| **3.3** | Attempts should be made to resolve the matter informally, depending on the nature of the employee’s complaint. However, if the employee remains dissatisfied with the outcome or does not wish to engage in an informal process they may request that the matter proceeds to a full grievance hearing. |
| **3.4** | The manager dealing with the grievance should invite the employee in writing to a formal meeting to allow the employee to discuss their grievance. The employee should be advised of their right to representation. The employee must inform the employer of the basis for the grievance during the meeting. The manager will be supported at the meeting by a HR representative. |
| **3.5** | This meeting should be held as soon as possible, ideally within 5 working days of, but normally no later than 10 working days after receipt of the grievance, unless there are exceptional circumstances. All parties must take all reasonable steps to attend this meeting. If this is unable to be achieved, the reasons for delay are to be recorded. The timing and location of the meetings must be reasonable to all parties. |
| **3.6** | Wherever possible, it is expected that resolutions will be presented at the meeting by the manager hearing the grievance. However, it may be necessary to adjourn the meeting to further investigate the issues. |
| **3.7** | Where it is not possible to meet this timescale because, for example, further investigation is required, any extension to the deadlines set out in this policy should, if possible, be agreed with the employee. Reasons for the extensions must be recorded and an estimation of the revised timescale provided. |
| **3.8** | The grievance will be fully investigated by an appropriate manager and Human Resources representative and the employee informed of any decision in writing, normally within a further 10 working days of the meeting. |
| **3.9** | Parties to the grievance are required to take all reasonable steps to meet the timescales outlined. Where this is not possible, the parties must keep each other informed and proceed without delay. Where an employee is absent from work due to illness whilst their grievance is being dealt with, the organisation may seek advice from Occupational Health regarding the employee's ability to attend any meetings. |
| **3.10** | All meetings will be conducted in a manner which enables both sides to put forward their cases. Where necessary, managers should seek advice from a HR Representative who will attend the meeting. |
| **3.11** | In cases where two or more employees raise a grievance on the same issue, this will be known as a collective grievance. In such cases, an appropriate representative may set out details of the grievance in writing on behalf of the employees. An appropriate representative shall be defined as Trade Union Representative or a nominated employee representative. |
| **4.** | **Appeal** |
| **4.1** | If the employee considers that their grievance has not been satisfactorily resolved, they must inform the employer that they wish to appeal against the grievance panel’s decision. An appeal must be made in writing, stating the grounds upon which the appeal is being made and received by the employer within 5 working days of the employee being informed of the decision. The appeal should be sent to the manager identified in the scheme of delegation contained in Appendix 1. |
| **4.2** | Should the appeals procedure be invoked, the employee will be invited to an appeal hearing. The appeal hearing will be chaired by an appropriate manager in line with the scheme of delegation (see Appendix 1). This meeting should take place as soon as possible but normally no later than 10 working days following receipt of the application to appeal. Where this is not possible, reasons for the delay are to be recorded and agreed between the individuals. |
| **4.3** | The employee should be informed of the outcome of the appeal in writing within 5 working days of the appeal meeting taking place. There is no further right of appeal. |
| **4.4** | In the case of a collective grievance which has not been resolved at Appeal level and where the group of staff remains aggrieved, a referral to ACAS may be made. In the interests of resolving the issue(s) all parties will co-operate in any such conciliation process and any outcome will be mutually acceptable. Either party may seek arbitration as a final means of resolving any grievance but arbitration will only be instigated by the agreement of all parties, with written terms of reference. |
| **5.0** | **Grievance Appeal Procedure** |
| **5.1** | Appeals will normally be heard by the line manager of, or a more senior manager to, the person(s) who were involved in the original investigation. All appeal hearings will include a HR Representative. The procedure for an appeal hearing is as follows:  * The employee(s) will present their case first, explaining the grounds of appeal and call any witnesses.
* The management side will then be able to ask any questions about the case the employee(s) have presented.
* The appeal panel members will also have an opportunity to ask any questions.
* The management side will then be asked to present their case to the panel, explaining the reasons for the action they have taken, including calling of any witnesses.
* The employee side may then wish to ask the management side any questions about their case.
* The appeal panel members will also have the opportunity to ask any questions.
* Both parties may call an adjournment with the agreement of the panel members.
* Both parties will have the opportunity to sum up their case.
* There will then be an adjournment when both sides will be asked to leave the room while the appeal panel consider the information they have heard and reach their decision.
* The decision of the panel will be communicated to both parties verbally, following the adjournment wherever possible, and in any case will be confirmed later in writing (again to both parties), no later than 5 working days after the appeal hearing.
 |

**Appendix 1**

**NHS SHEFFIELD CLINICAL COMMISSIONING GROUP - SCHEME OF DELEGATION – GRIEVANCE PROCEDURE**

The following scheme of delegation has been developed pertaining to the settling of grievances.

The following table details the lowest grade of Officer who will normally have delegated authority to take the specified action. This will be subject to change in the event of revised managerial arrangements. Exceptionally, there may be circumstances where a deputy is given delegated authority to act in place of the designated officer. The designated officer shall consult with Human Resources and may arrange to be accompanied by another senior manager or representative.

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|  | **Informal** | **Formal** | **Appeal** |
| **Clinical Chair** | Deputy Chair | Lay Member(s) | Governing Body Members not involved at previous stage(s) |
| **Governing Body GPs/ Clinical Director/ Secondary Care Doctor** | Clinical Chair | Lay Member(s) | Governing Body Members not involved at previous stage(s) |
| **Accountable Officer** | Clinical Chair | Lay Member(s) | Governing Body Members not involved at previous stage(s) |
| **Directors** | Accountable Officer | Clinical Chair | Governing Body Members not involved at previous stage(s) |
| **All other Employees** | Line Manager or equivalent level manager from elsewhere within the organisation | Line manager or equivalent level manager from elsewhere within the organisation or the line manager’s direct manager if the line manager has been previously involved or implicated | Line Manager’s manager or equivalent who has not previously been involved or implicated |

**NHS Sheffield CCG Equality Impact Assessment**

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| **Title of policy or service**  | Grievance Policy |
| **Name and role of officers completing the assessment** | Human Resources |
| **Date assessment started/completed** | June 2017 |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** Aims
* Objectives
* Links to other policies, including partners, national or regional
 | This policy aims to provide an agreed means for employees, individually or collectively, to resolve concerns regarding some aspect of their work.  |

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty*.  |
|  | **What key impact have you identified?** | **What action do you need to take to address these issues?** | **What difference will this make?** |
| **Positive****Impact**  | **Neutral****impact** | **Negative****impact** |
| **Human rights** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| **Carers** |  |  |  |  |  |
| **Disability** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| **Race** |  |  |  |  |  |
| **Religion or belief** |  |  |  |  |  |
| **Sexual orientation** |  |  |  |  |  |
| **Gender reassignment** |  |  |  |  |  |
| **Pregnancy and maternity** |  |  |  |  |  |
| **Marriage and civil partnership** (only eliminating discrimination) |  |  |  |  |  |
| **Other relevant group** |  |  |  |  |  |

Please provide details on the actions you need to take below.

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| **3. Action plan** |
| **Issues identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| None |  |  |  |  |
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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Annually** |
| **Lead Officer**  | **Human Resources / Equality and Diversity Lead** | **Review date:** | **June 2020** |