



GRIEVANCE POLICY

ICB document reference:	ICB HR 003
Name of originator/author:	AGEM HRBP Team
Date of approval:	July 2021
Name of responsible Committee:	Senior Management Operational Delivery Group
Responsible Director/ICB Officer:	Director of Nursing
Category:	Human Resources
EIA undertaken:	Yes
Date issued:	July 2022
Review date:	July 2025
Target audience:	All staff
Distributed via:	Email, Website, Intranet and Board Portal

Document Control Sheet

Document Title	Grievance Policy
Version	2
Status	Final
Authors	AGEM HRBP Team
Date	July 2021

Document history			
Version	Date	Author	Comments
1	July 2021	AGEM HRBP Team	New NHS Lincolnshire ICB Policy
2	July 2022	AGEM HRBP Team	Rebranding of Policy for Lincs ICB

Section	Contents	Page
1.	Introduction and Purpose of Policy	4
2.	Scope of Document	4-5
3.	Roles and Responsibilities	5
4.	Grievances involving more than one employee (collective grievances)	5
5.	Mediation	6
6.	Staff with Special Requirements	6
7.	Recording of Meetings	6
8.	Data Protection	6
9.	Implementation and Dissemination of Document	6
	Appendix A – The Grievance Procedure	7-8
	Appendix B – Appeal Procedure	9
	Appendix C – Scheme of Delegation	10

1. INTRODUCTION & PURPOSE OF POLICY AND PROCEDURE

- 1.1 The purpose and intent of this policy is to enable the Integrated Care Board (“ICB”) to ensure that any problems, complaints or concerns raised by employees are dealt with in a fair, timely and consistent manner. It adheres to statute, and nationally recognised best practice from ACAS (Advisor, Conciliation and Arbitrations Service), to maintain and provide a fair working environment for staff.
- 1.2 This policy does not form part of employees’ contracts of employment. It may be amended at any time and the ICB may depart from it depending on the circumstance of any case.
- 1.3 Lincolnshire Integrated Care Board aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favorable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 1.4 In carrying out its function, NHS Lincolnshire Integrated Care Board must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which NHS Lincolnshire Integrated Care Board is responsible, including policy development, review and implementation.

2. SCOPE OF DOCUMENT

- 2.1 This policy applied to all employees regardless of length of service. It does not apply to agency workers or self-employed contractors.
- 2.2 Employees should use this policy when they have a concern about some aspect of their employment. The ICB operates a separate policy to deal with issues relating to bullying and harassment. The ICB also has a Freedom to Speak up which is relevant if the employee’s concern is about wrongdoing in the workplace such as criminal activity, malpractice and health and safety issues.
- 2.3 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 their employment, for example redundancy payments, unauthorised deductions from pay, new working practices

- 2.4 This policy should not be used to complain about dismissal, disciplinary action or the disciplinary process. If employees are dissatisfied with any disciplinary action, they should submit an appeal under the appropriate policy.
- 2.5 Grievances should be raised promptly following the employee's concern(s) arising. Where grievances raised relate to historic issues the ICB will assess whether it is reasonably practicable and in the interests of fairness to consider the employee's grievance.
- 2.6 Grievances raised by employees who have left the ICB will not generally be considered unless the ICB considers it necessary to do so.

3. ROLES AND RESPONSIBILITIES

- 3.1 For advice and clarification over the operation of the Grievance Policy, members of staff and managers should consult with your Human Resources Business Partner or line manager.
- 3.2 It is the employee's right to be accompanied at all stages of this Grievance Policy by a trade union representative or work colleague.
- 3.3 Copies of all communications relating to the grievance will be held on the employee's personal file in accordance with agreed timescales.

4. GRIEVANCES INVOLVING MORE THAN ONE EMPLOYEE (COLLECTIVE GRIEVANCE)

- 4.1 Where a grievance involves more than one employee, a single written grievance should be raised, and this should include the names of all those involved and the detailed reason(s) for their grievance. In the event of a grievance involving a very large number of staff, a list of all job role(s) and department(s) must be given. The group must identify a nominee amongst those aggrieved who will be the single point of contact for all communications.
- 4.2 Employees who are trade union members should identify a single trade union representative to represent them. Where there are members from several trade unions as party to the collective grievance there should be representation from each union.
- 4.3 Employees who are not trade union members should identify a colleague (not acting in a legal capacity) to represent this group.
- 4.4 In the case of a collective grievance which has not been resolved at Appeal 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. MEDIATION

5.1 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.

5.2 It should be noted that not all cases will be suitable for mediation and that both parties must agree for it to go ahead.

5.3 Should mediation be considered an option, please discuss with an HRBP who may suggest an independent mediator to take the matter forward.

5.4 The mediator oversees the process of seeking to resolve the issue but not the outcome, which will be agreed by the individuals.

6. STAFF WITH SPECIAL REQUIREMENTS

6.1 In situations where a person raising a grievance through this policy has special requirements, such as a signing interpreter to assist in communications, a written request to the HR Business Partner involved with the grievance, should be made identifying the detail of their request. This will be considered and a written response as appropriate made.

7. RECORDING OF MEETINGS

7.1 Only in certain limited circumstances may meetings be electronically recorded, and only with the prior express agreement of all parties.

8. DATA PROTECTION

8.1 Data is held, destroyed and processed fairly and in accordance with the provisions of the General Data Protection Regulation 2018 and any policy which derives from that Regulation.

9. IMPLEMENTATION AND DISSEMINATION OF DOCUMENT

9.1 This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

9.2 The document will be distributed through the Lincolnshire ICB Website and Intranet.

Grievance Procedure

1. TIME LIMITS

- 1.1 This procedure allows both the employee and the manager the flexibility to resolve problems at an early stage in a way that suits both parties best.
- 1.2 Issues should be raised as soon as is reasonably practicable and no later than 3 months after the incident giving rise to the grievance, in order that matters can be dealt with quickly and the grievance progressed without unreasonable delay.
- 1.3 The timescales set out in this procedure are an indication of good practice and should be complied with. However, the timescales can be varied by mutual agreement and dependent upon the circumstances of a particular case.
- 1.4 The timescales provide reasonable time for representation to be arranged.
- 1.5 To ensure there is no undue delay where a designated manager is unavailable within a reasonable period, e.g. due to leave, action may, in exceptional circumstances, be taken by the manager deputising for him/her, or another person allocated to hear the case.

2. INFORMAL RESOLUTION – Stage 1

- 2.1 Most grievances can be resolved quickly and informally through discussion with the employee's line manager. If an employee feels unable to speak to their manager, for example, because the complaint concerns him or her, then they should speak informally to a more senior manager. If this does not resolve the issue, the employee should follow the formal procedure.
- 2.2 A note of the date when the issue was discussed, and outcomes agreed will be made and confirmed in writing to the employee. A copy of the note will be retained on the employee's personal file in accordance with agreed timescales.
- 2.3 An employee may seek advice from the Human Resources Business Partner and / or their line manager and / or their Senior Manager and / or their trade union representative.

3 FORMAL RESOLUTION – Stage 2

- 3.1 If an employee's grievance has not been resolved informally, they should raise it in writing with their line manager. If the grievance is against the immediate line manager and if an employee feels it is inappropriate to raise the concern with their immediate line manager, then the matter should be raised formally with the next level of management. There may be occasions where the ICB determine it is appropriate to assign an independent investigator. 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.

3.1.1 The written grievance should contain a brief description of the nature of the employee's complaint, including any relevant facts, dates and names of individuals involved. In some situations, the ICB may need to ask the employee to provide further information.

3.1.2 When the employee's line manager/appointed Investigation officer has investigated the employee's concerns (which may involve speaking to the employee further about their grievance), they will invite the employee to a grievance meeting. This will usually be within one week of receiving the grievance. If this is not possible, because, for example, the investigation requires further time, the employee will be told about the delay and the reasons for it.

3.1.3 The employee's line manager will explain their decision. The decision will be confirmed in writing, along with the reasons for it. The employee will also be told about their right of appeal and given the name of the manager to whom they should send their appeal.

3.2 Stage 2 – Appeal

3.2.1 If an employee is not satisfied with the outcome at Stage 2, they should raise the matter in writing with the Head of HR Business Partners, within five working days of receiving that decision.

3.2.2 The employee should set out their original grievance and explain why they are not satisfied with the decision at Stage 2.

3.2.3 The named manager will investigate the matter and will then invite the employee to a meeting to discuss the employee's appeal. This will usually be within two weeks of receiving the employee's appeal. If this is not possible, because, for example, the investigation requires further time, the employee will be told about the delay and the reasons for it.

3.2.4 The decision will be confirmed in writing, along with the reasons for it. This decision will be final, and the employee will have no further right of appeal.

Grievance Appeal Procedure

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 appeals will include a representative of Human Resources wherever possible.

The procedure for an appeal hearing is as follows:

1. The employee(s) will present their case first, explaining the outstanding issues that are unresolved from their perspective and call any witnesses.
2. The management side will then be able to ask any questions about the case the employee(s) have presented.
3. The appeal panel members will also have an opportunity to ask any questions.
4. 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.
5. The employee side may then wish to ask the appellant any questions about their case.
6. The appeal panel members will also have the opportunity to ask any questions.
7. Both parties may call an adjournment with the agreement of the panel members.
8. Both parties will have the chance to sum up their case.
9. 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.
10. 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.

SCHEME OF DELEGATION

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line managers direct manager if the line manager has been previously involved or implicated and a HR Representative.
Appeal following formal procedure	Chaired by the Line Managers manager or equivalent who has not previously been involved or implicated and HR Representative

Equality Impact Analysis Form

Project Name:	NHS Lincolnshire ICB Disciplinary Policy
EA Author:	HRBP
Team:	HR Team
Date completed:	July 2021
Version:	V.1

What is the aim of the project/proposal?

To establish the ICB suite of policies following the joining of 4 ICBs into 1 ICB for Lincolnshire – NHS Lincolnshire ICB Disciplinary Policy

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

The policy is applicable to employed workers of the ICB.

Stage 1, Scoping point

Is a full Equality Impact Analysis required for this project?

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

Yes	<input checked="" type="checkbox"/>	Proceed to the full Equality Impact Analysis form	No	<input type="checkbox"/>	Explain why further analysis is not required.
------------	-------------------------------------	---	-----------	--------------------------	---

If no, explain below why further Equality Impact Analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the ICB' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EIA.)

Equality Impact Analysis Form

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EIA. An Equality Impact Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used

To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.

Examples are likely to include:

- **Population Data** - e.g. demographic profile (Census),
- **Service Activity Data** e.g. profile of patients using a service
- **Consultation and Involvement findings** - e.g. any engagement with service users, local community, specific groups.
- **Research** - e.g. good practice guidelines, service evaluations, literature reviews, reports
- **Participant knowledge** - e.g. experiences of working with different or population groups, experiences of service users in other service areas / localities

The Disciplinary Policy has been reviewed against ACAS best practice.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

As part of these considerations you should consider how the ICB will be meeting the requirements of the Public Sector Equality Duty

- 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.

Before completing this section you should ensure you can suitably answer the following:

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?
(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the ICB will be able to identify the groups that may be adversely affected at a greater proportion to others).

2.1 Age

Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.

The policy applies equally to all staff.

2.2 Disability

Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

To support an individual involved in the disciplinary process; where adjustments are required these are acted upon, for example access to independent counselling through the Employee Assistance Programme, support from Occupational Health, additional time during interviews or hearing or providing the information in a relevant format.

2.3 Gender reassignment (including transgender)

Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.4 Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.5 Pregnancy and maternity

Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.?

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.6 Race

Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a ICB priority and best practice)

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

2.11 Other disadvantaged groups

Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the ICB in meeting its legal duties to identify and reduce health inequalities.

This policy applies to all, due consideration is taken in regard to the needs of the people involved in the process.

3. Human rights

The principles are Fairness, Respect, Equality, Dignity and Autonomy.

Will the proposal impact on human rights?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are any actions required to ensure patients' or staff human rights are protected?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If so what actions are needed? Please explain below.

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on ICBs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that ICBs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

1. What evidence have you considered to determine what health inequalities exist in relation to your work?

This can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them.

(this may be different or similar to that which has informed the EIA)

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on ICBs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that ICBs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

This relates to a workforce policy and therefore not applicable

2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

If you feel that the project will not impact / be relevant to Health Inequalities, please give a rationale.

This relates to a workforce policy and therefore not applicable

3. How can you make sure that your work has the best chance of reducing health inequalities?

This relates to a workforce policy and therefore not applicable

5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the ICB will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected.

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date
Policy for review and sign	Senior Management Team Operational	September

5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the ICB will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected.

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date
off	Delivery Group	2021
Trade Unions	Recognised trade unions will be consulted	TBC

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will... (If a supporting document is available, please provide it or a link to the document)

This policy will be shared with the above groups as part of the review process.

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

Are these vital to the project continuing?

This relates to a workforce policy and therefore not applicable

7. Is further work required to complete this EIA?

Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work needed	Section	When	Date completed
<i>No further action is required</i>			

8. Development of the Equality Impact Analysis

If the EIA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
<i>e.g. Version 0.1</i>	<i>The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.</i>	<i>26 September 2017</i>
V1	Joining of 4 policies into 1	August 2021

9. Final Sign off

Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all EIAs.

Version approved:	V1	
	Name	Date
Signature of responsible officer	Michelle Jenkins HRBP	1 July 2021
Which committee will be considering the findings and sign off the EA?	Senior Management Team Operational Delivery Group	September 2021
Minute number <i>(to be inserted following presentation to committee)</i>		