

Grievance and Disputes Policy and Procedure

This policy describes the process for reporting and responding to grievances and disputes.

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CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Diane Mallon	HR Business Partner
Julie Hamore	Senior HR Advisor

Circulated to the following individuals for comments

Name	Designation
Directors / Heads of Service and Direct Reports	
Operational HR Team	
Equalities Team	
Staffside	
Workforce Organisational Development Wellbeing Group	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
3	November 2014	3.0 Reference to the CQC has been added
		4.2 title change to Workforce and Organisational Development Committee
		4.2.1 Change from Workforce Development group to Health Organisation group.
		4.2.2 Reference to Trust Mediation scheme added
		4.2.4 New section added 'Staff side Colleagues'.
		The following section 9.02 has been deleted and replaced with section 7.9: If the attempt to informally resolve the matter with the line manager has failed the staff must complete the Grievance Notification Form (Appendix 1) and submit this to the next line of management at the earliest opportunity. The manager, accompanied assisted by a Human Resources representative, should acknowledge receipt of the grievance within 5 working days and meet with the staff within 15 working days of receipt of the Grievance Notification Form and should reply, in writing, within a further 5 working days. The written outcome should incorporate a summary of the considerations and conclusion.
		7.9 The informal procedure applies to both individual and collective grievances. There is however a different formal procedure for individual grievances (see section 8) and collective grievances (see section 9).
		8.3 A timescale for the meeting to take place has been added.
		8.4 Accompanied has been changed to assisted
		8.5.1 'Senior' has been deleted in relation to the HR representative.
		10.3 Bullying and Harassment Policy has been replaced by The Anti-Bullying, Harassment and Victimisation Policy.
		11.0 Absence Management has been replaced by Management of Ill Health Policy.
		12.0 PDR Process has been replaced by Appraisal Policy.
		15.0 Reference to monitoring under the IQPR process has been added. Results of monitoring have been changed to go to the Workforce and Wellbeing Group instead of the Finance and Performance Group.
		20. Ratification has been changed to adoption. E-source has been added to the list of ways information can be disseminated.
Appendix 1 has been amended to indicate at which stage the grievance is being lodged at.		
Appendix 2. The Equality Monitoring Form has been removed.		

3	November 2014	Appendix 3. The flowchart has been amended to include reference to the Grievance Notification Form.
		Appendix 4. The flowchart has been amended to include reference to the Grievance Notification Form.
4	April 2018	P.11 Section 6, reference to Monitor removed.
		P.12 8.5.6 'below' replaced with 'Section 12'.
		P.21 Added in that the procedure that will be followed is included at Appendix 4
		P.36 Changed 'HR in a day' to Essential HR training.
		P.9, 4.2.1 Changed The Workforce and Wellbeing Group to The Strategic Workforce Group.
		P.10, 5.1 removed 'or friend.'
		P20 & 21 added in an additional panel member
		P21 Title changed to Deputy Director of HR and OD
4	June 2018	10.4 – 7 added regarding postponement of meetings
5	September 2018	Appendix 9 - Privacy Impact Assessment added
6	August 2020	Employee(s) changed to staff. The term staff encompasses both permanent staff and bank workers
6	September 2020	P8, 2.0 - Reference added to incorporate Trust expected behaviours
6	October 2020	P14 – IQPR replaced by Performance Report
6	October 2020	Page 8, 4.2 and 4.3 added in reference to informal mediation

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

For further information contact:

Diane Mallon, HR Business Partner

Definitions that apply to this Policy

Grievance	Any matter which is grounds for complaint between an individual staff member and their manager or the Trust.
Collective Grievance	A matter which is grounds for complaint between a group of staff and management.
Dispute	A matter similar to a collective grievance where the matter has been formally raised within the Trust by one or more of the Trust's recognised Trade Unions or Professional Organisations in respect of their members employed in the Trust.
Joint Staff Consultative and Negotiating Committee (JSCNC)	The Committee provides the formal mechanism for consultation and negotiation between the staff and management of the Leicestershire Partnership Trust (LPT). It is a forum for partnership working, information sharing and decision making through which matters affecting LPT staff can be discussed and jointly agreed.
Due Regard	This means consciously thinking about the three aims of the public sector equality duty as part of any decision making process before reaching a decision including during the development of a policy.
Working Days	Working days shall comprise Monday to Friday excluding bank holidays. Correspondence unless hand delivered, should be posted first class and will be deemed to have been received the next day.

EQUALITY STATEMENT

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

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 SUMMARY

Leicestershire Partnership NHS Trust (hereafter referred to as the Trust) recognises that staff may have problems or concerns about their work, working environment or working relationships that they wish to raise and have addressed. This policy and procedure sets out a framework to ensure that any problems or concerns raised by staff are dealt with in a timely, fair and consistent manner.

This policy and procedure applies to all Trust staff, with the exception of seconded staff who should be managed in line with the relevant Secondment Policy and Agency staff who should be managed in accordance with their employers Grievance Procedure.

2.0 INTRODUCTION

The Trust's policy is to encourage full and free communication between managers and members of staff and anticipates that this approach will lead to problems being resolved quickly and as near to the source as possible. This policy has been developed to give guidance on the procedure to be adopted where early action has failed and a grievance has developed.

Wherever possible all parties should attempt to resolve concerns informally without recall to the formal grievance procedure.

All staff should act in accordance to our Trust behaviours and be able to evidence adherence in situations that involve grievances and disputes. A fundamental approach to developing our behaviours is our ability to both give and receive feedback in a positive and insightful way. The feedback method is based on defining; Context, Understanding, Behaviour and Effect (CUBE).

It is not feasible to cover all possible situations; therefore the Human Resources Department and relevant Trade Unions are available to offer further guidance on the interpretation of this policy and procedure. To ensure that it is consistently applied co-ordinating responsibility is assigned to the Director of Human Resources and Organisational Development who will have responsibility to the Chief Executive for monitoring the operation of this procedure and for initiating periodic audits. Any audits undertaken will be shared at the appropriate forum, e.g. JSCNC.

3.0 PURPOSE

The purpose of the grievance and disputes policy and procedure is to:

- Provide a formal framework to enable managers to respond to individual and collective grievances and disputes.
- Allow employers to deal with grievances and disputes fairly, consistently and speedily.
- Allow managers and members of staff the opportunity to deal with grievances informally and as close to the point of origin as possible.
- Clarify the Trust's expectations of its managers and members of staff so that all concerned understand their rights and obligations.
- Comply with the statutory legislation.
- Comply with core standards and where they originate from, e.g. NICE, CQC.

4.0 DUTIES WITHIN THE ORGANISATION

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

4.2. The Strategic Workforce Committee have responsibility for adopting policies and protocols.

4.2.1 The Workforce and Wellbeing Group have responsibility for ensuring the development, implementation of, review and monitoring effectiveness of all policies. The group will:

- Sanction the development of new policies
- Identify a policy lead
- Sign off checklist for review and approval
- Review whether practices are in line with policy and ensure regular monitoring of implementation is undertaken
- Approve relevant policies and procedures.

4.2.2 **Managers and Team leaders will be responsible for:**

- Ensuring that they are familiar with the policy and know where to access a copy.
- Resolving disputes informally where possible.
- Resolving grievances in a prompt and timely manner.
- Communicating the grievance procedures to staff.
- Committing to resolution through informal or formal mediation wherever possible.
- Making themselves aware of the Trust's Mediation scheme so that it can be used as an alternative wherever possible.

4.2.3 **Staff are responsible for:**

- Resolving disputes informally in the first instance where possible.
- Raising issues in a timely manner
- Committing to resolution through informal or formal mediation wherever possible.

- possible.
- Providing all the necessary information at an early stage to allow the manager to resolve the grievance.

4.2.4 Staff side colleagues:

- Will work in partnership with managers and take all steps to support an informal resolution of grievances where appropriate.
- Can accompany staff at informal and formal grievance meetings where staff request it.

4.2.5 Human Resources staff:

- Will provide timely advice to managers and staff on the implementation of this policy.

5.0 REPRESENTATION

- 5.1 At all stages of the formal grievance and disputes procedure the member of staff has the right to be represented by a Staff side Representative or workplace colleague not acting in a legal capacity.
- 5.2 Staff are responsible for making their own arrangements for representation at any meeting. Where the person accompanying the staff member cannot attend on the date proposed, an alternative time and date will be proposed so long as this falls within the timescales set out in Section 8.0 of this policy. Also see section 16 regarding reasonable adjustments.

6.0 STATUS QUO

During the grievance process the 'status quo' will be preserved, with the following exceptions:

- Where patient safety may be compromised
- Where there may be a detrimental effect on the quality of patient care
- Where the viability of the Trust may be compromised
- Where Health and safety may be compromised
- In order to comply with Statute or Department of Health directives
- Where it could affect the CQC compliance frameworks.

7.0 INFORMAL PROCEDURE

- 7.1 Staff wishing to raise a grievance should do so within three months of the incident or action giving rise to the grievance.
- 7.2 Where the staff members grievance relates to a continuing act over a period of time, the three month limit will be counted from the last act in the series provided the acts were connected to the complaint and are not unconnected or isolated specific acts.

- 7.3 Only in exceptional circumstance, the Trust would deal with grievances raised outside the above timescale. Where this is allowed, the Trust reserves the right to deal with the grievance in the manner it finds appropriate. The staff member will not have any right to appeal or question the Trust's stance on this.
- 7.4 Every effort should be made to resolve problems informally between the manager and the member of staff and it is hoped that this will normally be the situation.
- 7.5 If a group of staff have a common issue of concern they should raise this with their immediate line manager through a group representative (usually this will be a Trade Union Representative).
- 7.6 It is expected that both management and staff will maintain good employee relations and will adopt a reasonable approach to resolving any problems.
- 7.7 The purpose of the informal procedure is to resolve any problems or concerns promptly and effectively without the need to refer to the formal procedure. Any discussion at this stage will be regarded as outside the formal grievance procedure and will not prohibit or prejudice an staff member or group of staff raising a formal grievance.
- 7.8 If it is not possible to reach a mutually acceptable solution, the issue should be referred in writing (see Appendix1) in line with the formal procedure.
- 7.9 The informal procedure applies to both individual and collective grievances. There is however a different formal procedure for individual grievances (see section 8) and collective grievances (see section 9).

8.0 FORMAL PROCEDURE - INDIVIDUAL GRIEVANCES (Appendix 2)

- 8.1 The following procedure provides staff with the mechanisms through which to raise individual grievances. Each stage of the procedure must be exhausted, i.e. obtain an outcome, prior to proceeding to the next stage of the procedure and all stages of the procedure should be exhausted before any form of industrial action is considered.
- 8.2 At all stages of the formal procedure the grievance must be lodged in writing using the Grievance Notification Form (Appendix 1) signed by the individual member of staff. Under no circumstances should a grievance be lodged by any other means or be lodged on behalf of employee staff member.
- 8.3 Throughout the grievance procedure members of staff must take all reasonable steps to attend any meetings or hearings. If, for any valid reason, it is necessary to postpone then another meeting must be arranged as quickly as possible in line with timescales set out in this procedure. The meeting should take place within 15 working days from the date of cancellation. Should a member of staff fail to attend or provide the required information within the timescales the grievance will not be considered and will not be heard at a later date. Please also refer to section 16, 'Due Regard'.

8.4 Stage 1

If the attempt to informally resolve the matter with the line manager has failed the member of staff must complete the Grievance Notification Form (Appendix 1) and submit this to the next line of management at the earliest opportunity. The manager, assisted by a Human Resources representative, should acknowledge receipt of the grievance within 5 working days. At this stage the manager should contact the line manager to ask them to provide any information that was used to make their decision at the informal stage. The Manager will meet with the member of staff within 15 working days of receipt of the Grievance Notification Form and aim to reply, in writing, within a further 5 working days. The written outcome should incorporate a summary of the considerations and conclusion.

8.5 Stage 2 (Appeal)

- 8.5.1 Where staff remain dissatisfied with the outcome of Stage 1 of the formal procedure the matter may be referred in writing within 10 working days of the date of the outcome letter, stating the grounds for appeal to the Director of Human Resources and Organisational Development who will arrange for the grievance to be heard by a panel of the Next in Line Manager/Head of Service, an appropriate level manager and an HR representative not previously involved in stage 1.
- 8.5.2 Any manager who hears a grievance at Stage 1 may not hear the grievance at Stage 2 (the appeal).
- 8.5.3 The hearing will be arranged within 20 working days of receipt of the notification of appeal and the panel should aim to provide their decision in writing within a further 5 working days after the hearing.
- 8.5.4 The management and staff side cases should be exchanged and circulated to the members of the Panel at least 5 working days prior to the hearing, together with any documentation to be produced as evidence.
- 8.5.6 This is the final stage of the internal grievance procedure and other than the matters referred to in section 12 exhausts the internal grievance procedure. The conclusion at this stage is final.
- 8.5.7 If information relevant to the grievance has been omitted at any stage of the procedure the circumstances should be reviewed by the appropriate manager for possible re-assessment of the position.

9.0 FORMAL PROCEDURE – COLLECTIVE GRIEVANCES OR DISPUTES (Appendix 3)

- 9.0.1 The following procedure provides staff with the mechanisms through which to raise collective grievances or disputes. Each stage of the procedure must be exhausted, i.e. obtain an outcome, prior to proceeding to the next stage of the procedure and all stages of the procedure should be exhausted before any form of industrial action is considered.

- 9.0.2 At all stages of the formal procedure the grievance must be lodged in writing using the Grievance Notification Form (Appendix 1) signed by the group's representative(s).
- 9.0.3 In order that the collective grievance may be resolved as quickly as possible, the staff in question should be represented through the process by no more than 3 staff from the group and their Trade Union Representatives.
- 9.0.4 In the case of collective grievances or disputes it is possible, through mutual agreement of all parties, to move straight to Stage 2 of the formal procedure.

9.1 Stage 1

- 9.1.1 If the attempt to informally resolve the matter with the line manager has failed then the group's representative(s) must complete the Grievance Notification Form (Appendix 1) and submit this to the next level of management at the earliest opportunity.
- 9.1.2 The manager should acknowledge receipt of the form within 5 working days. At this stage the manager should contact the line manager to ask them to provide any information that was used to make their decision at the informal stage. The Manager will accompanied by a Human Resources representative, should meet with the representatives(s) of the group within 15 working days of receipt of the Grievance Notification Form and should aim to reply, in writing, within a further 5 working days. The written outcome should incorporate a summary of the considerations and conclusion.

9.2 Stage 2 (Appeal)

- 9.2.1 Where the group of staff remain dissatisfied with the outcome of Stage 1 of the formal procedure the matter may be referred in writing within 10 working days of receiving the reply stating the grounds for the appeal to the Director of Human Resources and Organisational Development who will arrange for the grievance to be heard by a Divisional Director, an appropriate level manager and the Deputy Director of HR and OD providing they have not previously been involved in stage 1.
- 9.2.2 Any manager who hears a grievance at Stage 1 may not hear the grievance at Stage 2 (the appeal).
- 9.2.3 The hearing will be arranged within 20 working days and the panel should aim to provide their decision in writing within a further 5 working days after the hearing.
- 9.2.4 The management and staff side cases should be exchanged and circulated to the members of the Panel at least 5 calendar days before the hearing together with any documentation to be produced as evidence.
- 9.2.5 This is the final stage of the formal collective grievance/disputes procedure and other than the matters referred to below exhausts the internal grievance procedure. The conclusion at this stage is final.

- 9.2.6 If information relevant to the collective grievance or dispute has been omitted at any stage of the procedure the circumstances should be reviewed by the appropriate manager for possible reassessment of the position.

10.0 EXCEPTIONAL CIRCUMSTANCES

- 10.1 Members of staff will have the opportunity to raise problems directly with a Human Resources representative in the first instance i.e. without recourse to the line management. It is expected that such an approach would be exceptional and apply only to matters regarded as being too personal to be raised with line management in the first instance or where the grievance itself involves a staff member's relationship with the manager concerned.
- 10.2 Staff wishing to exercise this option should obtain authority to leave their place of work in the normal way. In such instances every effort will be made to resolve the matters quickly, but it may be necessary to modify the time limits set elsewhere in this document.
- 10.3 In dealing with issues of this nature applicable or other associated policies e.g. The Anti-Bullying, Harassment and Victimisation Policy may be appropriate; taking into account issues of confidentiality, sensitivity, risk etc.

10.4 Postponement of meetings

- 10.4.1 Where possible and where the name of the staff member's staff side representative is known, the date of meetings will be agreed with the staff member and their representative. All parties should make efforts to avoid unreasonable delay when arranging a mutually convenient date and time.
- 10.4.2 If the individual or their representative is unable to attend a scheduled meeting s/he may request one postponement, provided the request for postponement is made on reasonable grounds. The meeting will be rescheduled as soon as possible and ideally held within 5 working days of the original date. The Trust will be under no obligation to allow further postponements.
- 10.4.3 Where the staff member or their staff side representative/work colleague is unable to attend the rescheduled meeting, the Trust will be under no obligation to allow further postponement. In such cases the meeting/hearing will proceed without the staff member or their representative and the decision will be made on the information available.

11.0 GRIEVANCES IN RELATION TO OTHER PROCEDURES

- 11.1 Where a grievance is raised during another process (e.g. Disciplinary Policy, Management of Ill Health) and is related to the issues which are being managed via another Trust Policy, then a Human Resources representative, not already involved in the process, will decide on the most appropriate process to be followed taking into account specific details of the relevant policy, following discussion with the staff member and their representative where applicable.

12.0 EXCLUSIONS

The following issues are excluded from this policy/procedure:

- Matters relating to National Insurance, Income Tax and matters relating to the NHS Pension Scheme or other Pension Scheme.
- Matters which are properly dealt within the scope of negotiation and discussions at a national level in the National Health Service. E.g. Agenda for Change.
- Matters relating to any policies collectively agreed and/or formally adopted by the Trust.
- Matters which are appropriate to be considered under the Trust's Disciplinary Procedure.
- Matters which relate to bandings/grading's, unless the individual believes they are being unfairly denied the opportunity of requesting a re-banding.
- Appraisal process in relation to Agenda for Change pay.

13.0 GRIEVANCES RAISED BY STAFF MEMBERS WHO HAVE LEFT THE EMPLOYMENT OF THE TRUST

- 13.1 Where possible a grievance should be dealt with before a member of staff leaves the organisation in line with the grievance procedure outlined above. If the staff member invokes the grievance procedure and leaves before its completion the Trust will make every effort to complete the current stage of the procedure and will confirm their response to the member of staff in writing. If however the member of staff has left the organisation before raising a grievance then the following modified grievance procedure may be followed.
- 13.2 Under the modified grievance procedure the member of staff should write to their line manager setting out their grievance as soon as possible after leaving employment. If the concern is about their line manager it should be sent to the next level of management or the Human Resources Department.
- 13.3 The manager who has received the grievance should confirm their response to the member of staff in writing within ten working days of receipt of the grievance. Advice should be sought from the Human Resources Department before the response is sent. There is no requirement to set up a formal hearing.
- 13.4 There are no opportunities to appeal against the response from the manager once the member of staff has been formally responded to.

14.0 TIME LIMITS

The time limits indicated throughout this policy relate to the time within which meetings should be held and the manager should aim to respond in writing to the staff member.

The time limits indicated throughout the procedure may be extended in exceptional circumstances and should be communicated to all parties concerned.

Every effort should be made, by both the manager and staff member, to keep within the timescales set out in this policy.

15.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The implementation of and compliance of this policy will be monitored through the Performance Report process.

Monitoring will be performed by The Head of Operational HR in conjunction with Service Directors / Heads of Service. Employee Relation Activity rates will be monitored on a monthly basis.

The results of the formal monitoring process will be published in the monthly Workforce Reports which in turn will be shared with the Workforce and Organisational Development Committee.

Should the monitoring uncover any shortfalls in the implementation of the policy, the Heads of Service and HR will work with the relevant departmental manager to draw up an action plan for improvement. This action plan may include:

- Additional training for the line manager;
- A risk assessment within the area of work;
- A review of departmental management processes;
- A review of the number of individuals within the department responsible for Employee Relations processes.

16.0 DUE REGARD

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

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

Please refer to due regard assessment (Appendix 3) of this policy.

17.0 STAKEHOLDERS AND CONSULTATION

Workforce and Organisational Development Policies are subject to joint monitoring and review between management and staff side through the JSCNC. Guidance in relation to Due Regard for this policy has also been received by the Policy group and the Integrated Equality and Human Rights Service. Management consultation has also been undertaken in relation to this policy.

18.0 LINKS TO STANDARDS/PERFORMANCE INDICATORS

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Relevant standards (Good Governance) <i>Supporting Workers</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	That the trust maintains compliance with CQC relevant standards, this policy supports outcome Good Governance

19.0 REFERENCES AND ASSOCIATED DOCUMENTATION

This policy was drafted with reference to the following:

- ACAS code of practice.

20.0 DISSEMINATION AND IMPLEMENTATION

The policy is approved by the Leicestershire Partnership NHS Trust Workforce and OD Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following adoption.

The dissemination and implementation process is:

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

The NHS Constitution

NHS Core Principles – Checklist

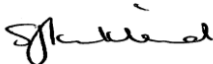
Please tick below those principles that apply to this policy

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

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

Appendix 2

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary.</p> <p>Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		Grievance and Disputes Policy and Procedure	
Completed by:		Diane Mallon	
Job title	HR Business Partner	Date	27 August 2020
Screening Questions		Yes / No	Explanatory notes
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No	
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.		No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		Yes	Part of a formal process to appropriately manage an individual's employment.
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		Yes	Part of a formal process to appropriately manage an individual's employment.
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.		No	
8. Will the process require you to contact individuals in ways which they may find intrusive?		No	
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:		Sam Kirkland, Head of Data Privacy/Data Protection Officer	
			
Date of approval		01 September 2020	

Acknowledgement: Princess Alexandra Hospital NHS Trust

Full Due Regard (Equality Analysis) Template

All new or revised policies, protocols, business plans and service changes/ developments/closures must be subject to Due Regard and a proportionate Equality Analysis.

This process must be carried out ahead of or as part of the development process, not in retrospect.

If you are unsure, contact the Equalities and Human Rights Team for information.

Due Regard (Equality Analysis) is an on-going proactive process which requires the use of information about the effect our decisions are likely to have on local communities, service users and staff members particularly those who are most vulnerable or at risk of disadvantage. Please refer to the Due Regard guidelines available on the [internet here](#).

This template has been designed to assist in collating the information and evidence necessary to support the Due Regard process in the making and implementation of our decisions when considering changes to services or functions, this includes service re-design/reconfiguration (Management of Change) etc.

Please refer to Due Regard tool kit available on e-source [here](#)

Overview

Organisation	Leicester Partnership NHS Trust
Service area	HR
Unit/Team	HR
Lead Officer Responsible for Due Regard	Diane Mallon
Proposal Subject/Title	Grievance and Disputes Policy and Procedure

Aims of the Due Regard (Equality Analysis)

<p>What are the aims and scope of the proposal? Indicate if this is a new proposal or the review of an existing one?</p> <p><i>(The term 'proposal' covers activities such as, policy development, policy review, service redesign and internal reorganisation or restructuring processes)</i></p>	<p>Second review of Trust existing Grievance and Disputes Policy and Procedure as has been in use since 2012 when policies for 3 organisations becoming LPT were produced.</p> <p>The purpose of this policy is to set out the steps to be followed when making a formal or informal grievance.</p>
<p>Provide a summary of the current activity to which the proposal relates e.g. policy or service structure and provision and the reasons for the changes being proposed? (State if the proposal involves relocating a service to another site; extended service hours; puts staff at risk or involves significant change)</p>	<p>Provide a consistent and effective procedure to ensure all grievances, are managed in the most effective and timely way.</p>
<p>Options/mitigations</p>	<p>Update policy with revised support processes and advice options with sign posting to additional resources as outline in the various appendices</p>

Phase 1: Gathering information

List examples of background information that you think are **relevant**. If carrying out an assessment of a proposal, this section should include the data used to establish whether the proposal has an impact. Where possible refer to web-links to data sources used.

Type of information	Findings
Data on user trends (i.e. patient/service user/population)	<ul style="list-style-type: none"> • Please refer to annual diversity monitoring report • LPT NHS Staff survey results • Listening into Action Staff feedback
Benchmarking	ACAS code of practice
Dates on consultation with staff	This is a review of existing Trust Policy
Dates on consultation with patients/service users	
Results of consultation (highlighting which stakeholders groups were involved in context of protected characteristic/equality groups).	

Phase 2: Impacts

From the evidence outlined above use this section to identify the risks and benefits according to the different characteristics protected by the Equality Act 2010. **[Add additional rows to each table for each separate issue/option as appropriate]**

All/general: Any issue that cuts across a number of protected characteristics

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
The policy is intended to ensure good relations across the Trust by reinforcing the Trust commitment to dealing with staff grievances.			HR to work with Coms team to produce wide range publicity for distribution to all staff

Age: Where a person is at risk of unfair treatment because of their age group

<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff irrespective of their age			

Disability and health and wellbeing: All forms of disability recognised under the Equality Act 2010 including sensory impairment, mental health, learning disabilities, dyslexia and mobility related conditions, conditions such as heart disease, diabetes, and asthma. This also covers any impact on health and well being

<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
A disabled person may not be able to access the policy in its current format.	Refer to Trust Reasonable Adjustment Policy		HR to work with Coms team to produce wide range publicity for distribution to all staff

Gender Reassignment: this relates to a person (or persons) who is proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their sex, by changing physiological or other attributes of sex from that which was assigned to them at birth.

<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is available to all staff irrespective of any transgender issues			

Marriage and Civil Partnership: people who have or share the common characteristics of being married or of being a civil partner can be described as being in a marriage or civil partnership.

<i>Consider whether civil partners are included in benefit and leave policies etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff irrespective of their marriage/civil partnership.			

Pregnancy and Maternity: relates to women who are pregnant or within their allocated maternity period; up to 26 weeks after birth.

<i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Staff on maternity leave may not be aware of this revised policy			HR to work with Coms team to produce wide range publicity for distribution to all staff

Race: All ethnic groups including Asian, Black, East Asian and white minority ethnic groups, including Eastern Europeans and Gypsy and Travellers.

<i>Consider cultural traditions, food requirements, communication styles, language needs etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
Someone speaking another language other than English may not be able to access the policy in its current format.	The Trust has a comprehensive interpretation and translation service is accessible to all staff and service users		Identify what translation support is available to access this policy other than using English language

Religion/belief: all faiths including Christianity, Islam, Judaism, Hinduism, Buddhism, Sikhism and non-religious beliefs such as Humanism

<i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff irrespective of their religion / belief.			

Sex (Gender): referring to being a man or a woman

<i>Consider gender preference in key worker, single sex accommodation etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff irrespective gender			

Sexual Orientation: including heterosexual, gay, lesbian and bisexual people

<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff irrespective of sexual orientation			

Carers This relates to general caring responsibilities for someone of any age.

<i>Consider impact on part-time working, shift-patterns, options for flexi working etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
This policy is accessible to all staff including those with caring responsibilities or commitments			

Socio-Economic Status: This can include people on low incomes, as well as issues around rural and urban deprivation – You may wish to include this, although it is beyond the scope of the Equality Act 2010.

<i>Consider ease of access, location of service, historic take-up of service etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required

Other Disadvantaged Groups: This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, and people with HIV.

<i>Consider ease of access, location of service, historic take-up of service etc.</i>			
Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required

Good Relations: This is where a decision or a change to services may risk creating tensions between community groups in a local area, or has the potential to improve relations between groups.

Issue/option	Positive Impact or benefits	Negative impact or risks	Action Required
The policy is intended to ensure good relations across the Trust by reinforcing the Trust commitment to a zero tolerance approach to all forms of bullying, harassment or victimisation	Poster and publicity campaign via multiple media strands across Trust via comms team		

Phase 3: Findings from the Equality Analysis

Use the space provided below to elaborate on your decision based on the findings of the equality analysis – Please complete one of the following options (1,2, 3 or 4) by adding appropriate comment i.e. option 1 below add ‘Yes as no amendments or alterations required to proceed with implementation’ or option 2 ‘Refer to action plan or specific adjustment to allow proposal to proceed to implementation’	Tick one box
1. Accept the proposal	✓
2. Adjust the proposal - take steps to remove barriers to advance equality. It may involve introducing actions to mitigate the potential effect or to look at how to deliver the proposal in a different way. It <i>is</i> lawful under Equality Law to treat people differently in some circumstances, for instance developing single sex provision where required.	
3. Continue the proposal - despite adverse effects or taking opportunities to advance equality provided the proposals do not unlawfully discriminate and can be objectively justified. <i>(To identify whether a proposal may unlawfully discriminate due regard should be given to discrimination on the basis of the protected characteristics)</i>	
4. Stop the proposal – the policy shows unlawful discrimination and adverse effects that cannot be mitigated.	

Brief summary/rationale for above decision

This policy is already in use, and was developed following legislation to ensure no negative impact.

There is a level of risk, if managers do not correctly follow this policy.

Phase 4: Action Planning

Based on actions raised in the action required box above

Area for further action	Actions proposed	Lead officer	Link to Equality Objective	When	Resource implications	Outcome


Phase 5: Monitoring and Publishing

a) How will the proposal be monitored and by whom?
Refer to relevant policy section
b) What are the arrangements for distributing this Equality Analysis where and by whom?
Attached to Policy as appendices and available via e-source

What Happens Next?

Once a plan has been put in place to mitigate against adverse impacts, the Equality Analysis should then be signed off by the Director/ Head of Service. Following this, the proposal can then be implemented. It is important to remember that Equality Analysis is not a one off process. It is important therefore, to be alert to emergent equality impacts throughout implementation.

Phase 6: Governance

Due Regard findings addressed in Board Report (or other relevant governance body)	Policy Review Group/Workforce and Wellbeing Group
Have staff been involved in developing the Due Regard?	Review of existing policy
Have community organisations/patients/service users and carers been involved?	Review of existing policy
Date Completed	29 May 2018
Review date (Review at least once every three years unless otherwise stated)	27 August 2020
Sign off by Director or Head of service	
Date copy of equality Analysis emailed to Equality and Human Rights Team	

Desired Outcome (i.e. what do you want to happen to resolve the matter?)

Signature.....
 completed.....

Date

Section Below for Management or Human Resources Completion	
Name	
Signature	
Date Received	
Date Acknowledged	

FLOWCHART – INDIVIDUAL GRIEVANCES

INFORMAL PROCEDURE

The member of staff should meet with their immediate line manager to try and resolve the matter informally. If it is not possible to reach a mutually acceptable solution, the formal procedure should be followed.



FORMAL PROCEDURE – STAGE 1

If the attempt to informally resolve the matter with the line manager has failed the member of staff must complete the Grievance Notification Form and submit this to the next line of management. The manager and a HR representative should meet with the staff member within 15 working days of receipt of the Grievance Notification Form (Appendix 1) and the outcome should be confirmed in writing within a further 5 working days.



FORMAL PROCEDURE – STAGE 2 (APPEAL)

Where staff remain dissatisfied with the outcome of Stage 1 of the formal procedure the matter may be referred in writing within 10 working days of receiving the reply to the Director of Human Resources and Organisational Development. Using the Grievance Notification Form (Appendix 1)

The grievance will be heard by a panel consisting of the Next in Line Manager/Head of Service, an appropriate level manager and an HR representative not previously involved in stage 1 within 20 working days and the decision will be notified in writing within 5 working days of the hearing.

The procedure that will be followed is outlined at Appendix 7.

FLOWCHART – COLLECTIVE GRIEVANCES OR DISPUTES

INFORMAL PROCEDURE

If a group of staff have a common issue of concern they should raise this with their immediate line manager through a group representative(s). The manager will meet with the group representative(s) to try and resolve the matter informally. If it is not possible to reach a mutually acceptable solution, the formal procedure should be followed.



FORMAL PROCEDURE – STAGE 1

If the attempt to informally resolve the matter with the line manager has failed the group representative(s) must complete the Grievance Notification Form (Appendix 1) and submit this to the next line of management. The manager and a HR representative should meet with the group representative(s) within 15 working days of receipt of the Grievance Notification Form and the outcome should be confirmed in writing within a further 5 working days.



FORMAL PROCEDURE – STAGE 2 (APPEAL)

Where the group of staff remain dissatisfied with the outcome of Stage 1 of the formal procedure the matter may be referred in writing within 10 working days of receiving the reply to the Director of Human Resources and Organisational Development using the Grievance Notification Form (Appendix 1)

The grievance will be heard by a Divisional Director, an appropriate level manager and the Deputy Director of HR and OD within 20 working days and the decision will be notified in writing within 5 working days of the hearing.

The procedure that will be followed is outlined at Appendix 7.

Appendix 7

PROCEDURE TO BE FOLLOWED AT A GRIEVANCE HEARING (STAGE 2)

1. Staff side state the Grievance and call witnesses (if appropriate).

Staff side question witnesses.

Management side question witnesses.

Panel question witnesses.

Staff side have the opportunity to re-examine witnesses on any matter referred to.

Management question staff side on their case.

Panel question staff side on their case.

2. Management side respond to the Grievance issues raised and call witnesses (as appropriate).

Management side question witnesses.

Staff side question witnesses.

Panel question witnesses.

Management side have the opportunity to re-examine witnesses on any matters referred to.

Staff side question management side on their case.

Panel question management side on their case.

3. Staff Side representative – given the opportunity to sum up their case.

4. Management side representative – given the opportunity to sum up their case.

(NB) in summing up – neither party may introduce new matters.

5. The Panel consider the grievance and associated issues raised.

Both parties advised of the outcome of panel deliberations or to be advised of the action to be taken and expected timescales for receipt of a decision.

Either party or the panel may request an adjournment at any time.

Appendix 8

Policy Monitoring

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements. Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Ref	Minimum Requirements (what are you measuring)	Self-assessment evidence	Process for Monitoring (how you measure it)	Responsible Individual / Group	Frequency of monitoring
	Ensure that formal grievances are heard within the agreed timescales	Appendix 2/3	Random Sample of records (10% of the sample)	Workforce and Wellbeing Group	Quarterly
	Ensure that stage 2 grievances (Appeal) are heard within the agreed timescales	Appendix 4			
	Committing to resolution through mediation wherever possible	4.2.2, 4.2.3			
	Monitor the protected characteristics in relation to the staff submitting grievances	Performance Report			

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Formal training required.
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input checked="" type="checkbox"/> Hosted Services
Staff groups who require the training:	Managers
Update requirement:	Only for policy changes
Who is responsible for delivery of this training?	HR
Have resources been identified?	Yes
Has a training plan been agreed?	Will be delivered as part of Essential HR training for Managers
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> Trust learning management system <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	