Policy:

Grievance

Executive Director Lead	Director of People
Policy Owner	Human Resources Adviser
Policy Author	Human Resources Business Partner

Document Type	Policy
Document Version Number	Version 5.1
Date of Approval By PGG	27/02/2023
Date of Ratification	7/03/2023
Ratified By	People Committee
Date of Issue	TBC
Date for Review	31/07/2025- *date under review*

Summary of policy
This policy provides a process for dealing with concerns, problems or complaints for employees working within Sheffield Health & Social Care, as individuals or as a collective group.

Target audience	All SHSC staff

Keywords	Grievance, mediation, Resolution	

Storage & Version Control
This is Version 5.1 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous version [January 2023].
Any copies of the previous policy held separately should be destroyed and replaced with this version.

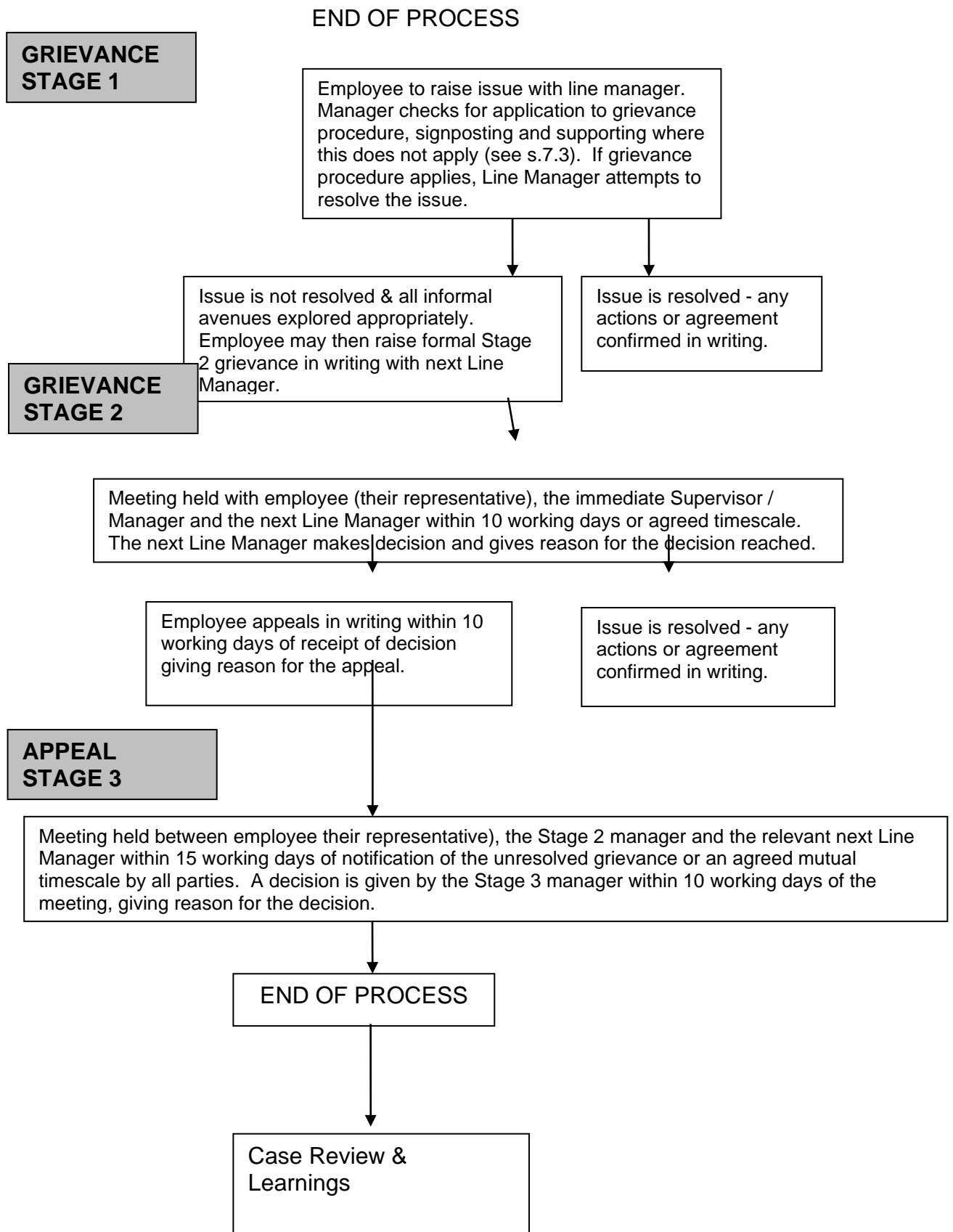**Version Control and Amendment Log (Example)**

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	2003	
1.0	Ratification and issue	1st April 2003	Amendments made during consultation, prior to ratification.
1.1	Policy updated into new format	October 2009	Review undertaken to transfer the policy to approved policy format, and to update any policy or process references only.
1.1	Ratified /finalised / issued	October 2009	
2.0	Policy updated	November 2013	Review undertaken to change procedural steps and give additional guidance to managers.
2.0	Ratification and issue	September – October 2014	
3.0	Policy updated and consultation took place with HR colleagues, other influential colleagues and Staff Side	January – July 2019	HR Review undertaken to • transfer the policy to approved policy format, and to update references and clarify processes. • amendments to correct typographical errors and make some reference updates. Changes include clarification of an appeal process, inclusion of the Freedom to Speak up Guardian, and other more minor clarification points. • In addition, the following change has been made since the last review - 6.2 EXCLUSIONS FOR THE PROCEDURE - Agenda for Change added as an exclusion in section 6.2 on page 5.
4.0	Policy updated and consultation took place with HR colleagues, staff side and other influential colleagues	November 2021	• New 2020 template • Removed her/him replaced with their/employee • Emphasised the informal stage • Embedded a just & learn culture • Limited the timescales on submitting a grievance – encouraging to speak up • Extended the time scale on hearing an appeal from 10 to 15 days or within an agreed mutual timescale • Changed the Trust to SHSC

5	Policy updated and consultation took place with HR colleagues, staff side and other influential colleagues	January 2023	• Added duties of the Trade Union • Circumstances under which a hearing can be postponed • Grievance raised by an employee who has left SHSC • Collective Grievances
5.1	Policy updated and consultation took place with HR colleagues, staff side and other influential colleagues	February 2023	• Learning Reflection added to closed cases • Added box to the flow chart for learning/reflection

Contents

Flowchart

END OF PROCESS

GRIEVANCE STAGE 1

Employee to raise issue with line manager. Manager checks for application to grievance procedure, signposting and supporting where this does not apply (see s.7.3). If grievance procedure applies, Line Manager attempts to resolve the issue.

Issue is not resolved & all informal avenues explored appropriately. Employee may then raise formal Stage 2 grievance in writing with next Line Manager.

Issue is resolved - any actions or agreement confirmed in writing.

GRIEVANCE STAGE 2

Meeting held with employee (their representative), the immediate Supervisor / Manager and the next Line Manager within 10 working days or agreed timescale. The next Line Manager makes decision and gives reason for the decision reached.

Employee appeals in writing within 10 working days of receipt of decision giving reason for the appeal.

Issue is resolved - any actions or agreement confirmed in writing.

APPEAL STAGE 3

Meeting held between employee their representative), the Stage 2 manager and the relevant next Line Manager within 15 working days of notification of the unresolved grievance or an agreed mutual timescale by all parties. A decision is given by the Stage 3 manager within 10 working days of the meeting, giving reason for the decision.

END OF PROCESS

Case Review & Learnings

1   Introduction

The Grievance Policy and Procedure is required to provide employees with a clear and transparent framework to deal with difficulties that may arise from their working relationships within Sheffield Health & Social Care (SHSC). It is one of a number of policies and procedures designed to enable staff to raise concerns which they may have. Other policies include:

- ➢ Unacceptable Behaviours Policy
- ➢ Flexible Working Policy
- ➢ Freedom To Speak Up Policy

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

SHSC are embracing a Just and Learning Culture and improvements have centred on the desire to create an environment where staff feel supported and empowered to learn when things do not go as expected. Many grievance issues can be, and are often best, resolved informally and such informal resolution is actively encouraged in the interests of all parties. This procedure seeks to provide scope for informality and prompt consideration of any issues by Stage 1 being essentially informal in nature. However, where an issue cannot be resolved informally it may be pursued formally.

Employees have the option to seek support and advice from SHSC's Freedom to Speak up Guardian where the issue is one of concern for service user or patient safety. Contact details for the Freedom to Speak up Guardian can be found on the intranet within the Health and Wellbeing Widget, under 'Support for Staff - Work'.

2   Scope

This policy applies to all Trust employees, agency staff or Bank workers, regardless of the length of service.

3   Purpose

This policy and procedure will enable SHSC to deal with grievances fairly, consistently and speedily and to meet its legal obligations under employment legislation.

4   Definitions

Grievances are concerns, problems, or complaints that employees raise with their employers. These will normally relate to their terms and conditions of employment, working arrangements or health and safety, etc.

Collective grievances are raised on behalf of two or more employees by a representative trade union or other appropriate representative. In order that the collective grievance may be resolved as quickly as possible, the group of staff should be represented through the process by no more than 2 staff from the group and their Trade Union Representatives.

5   Detail of the policy

The broad overview of this policy is as described in the introduction

6   Duties

SHSC asks that managers, Trade Union representatives and employees to seek to avoid the need for formal grievance processes, wherever possible, by exploring informal, constructive and reasonable remedies, to the resolution of problems.

Managers will ensure clear communication lines are established to enable employees to raise their concerns and have these considered.

Managers will ensure that grievance processes are managed within the reasonable timescales identified in the procedure or if this is not practicable, the reason for the delay will be provided.

Managers will deal with employee complaints equitably.

Employees will have a responsibility to ensure that issues raised through this grievance procedure are reasonable and raised in a reasonable manner, encouraging employees to speak up. For example, within three months of the last occurrence identified. Outside of 3 months will be considered as 'exceptional circumstances. Exceptional circumstances will be considered on a case-by-case situation and will be dealt with sensitively. ACAS guidance states that when stating their grievance employees should stick to the facts and avoid language which may be considered insulting or abusive. ACAS also state that issues should be raised and dealt with promptly.

Human Resources will provide appropriate and accurate advice, guidance, and support to assist managers in the resolution of grievances.

An employee will have the right to be accompanied by a Trade Union representative or work colleague at meetings under Stages 2 and 3 of this procedure. To avoid formality neither party should need to be represented or supported at Stage 1 of the procedure.
The duties of the Trade Union representative are to advise individual members regarding the process, to accompany an employee at meetings held at the formal stage of the process and ensure the policy and procedure are adhered to.

7   Procedure
7.1   If an employee has an individual grievance with no wider implications for other employees and informal approaches have not resolved it, then this procedure is applicable.

A grievance can relate to a proposed management action, to an action that has already been taken or to lack of action in a situation deemed to require it.

The procedure aims to deal with a grievance quickly, fairly and at the lowest level of management possible and comply and adhere to the principles of this policy. The principle therefore is that the grievance will be heard as soon as possible at all stages, and that the individual has the opportunity to set out their concerns. This should not be unduly delayed.

Complaints will be dealt with as speedily as possible and at the lowest level.

7.1   **Mediation** is a non-adversarial way of resolving difficult situations. The mediator is an impartial third-party person, they will be a Trust employee who has received

appropriate mediation training in order to deal with such matters confidentially and impartially. The mediator helps two or more parties to have an open and honest dialogue, with the aim of identifying a mutually acceptable resolution.

Mediation is about collaborating rather than blaming. Any agreement made during mediation comes from the staff involved, not from the mediator. The mediator is not there to judge, to say one person is right and the other wrong, or to tell those involved in the mediation what they should do. Mediation is both voluntary and confidential.

External mediators can be appointed if deemed appropriate or if there is a conflict of interest.

(See Appendix 2).

7.2 Exclusions

This procedure does not apply to:
- matters of a collective nature, to which the Collective Disputes procedure is applicable;
- cases where the grievance has arisen out of other formal procedures (e.g. Disciplinary, Capability, Bullying and Harassment, Flexible Working request, the Agenda for Change process (A4C), or Redundancy Dismissal), where there is scope for the concern to be raised within that procedure or its appeal arrangements;
- a grievance in connection with an allegation of unsatisfactory performance or conduct of the employee (See 7.4 below),
- issues of pay or conditions of employment which are the subject of Collective Agreements, unless the grievance concerns an alleged failure to observe the agreement;
- dissatisfaction with the outcome of a job evaluation case

Bandings– staff should use the Agenda for Change appeal procedure within their terms and conditions of employment

SHSC cannot apply the grievance procedure to disputes or disagreements between employees except where it affects the service as it relates to clients or other staff. However, alternative processes may be appropriate such as mediation. HR can be contacted for further advice.

7.3 Procedural Stages

The following paragraphs set out the procedure to be adopted.

Stage 1:
The employee should raise the issue in question with their line manager within a 3-month timescale of the last occurrence of the concern/issue. This should be done at an appropriate time and place but there is no set format for this consideration. Both parties are responsible for making every effort to resolve the matter as speedily as possible and all other options should be explored and considered prior to any next steps in the procedure.

Stage 1 (informal) could take place by telephone / email / Microsoft Teams or face-to-face at an established meeting (e.g. 1-1) or a specially arranged meeting. The focus is on ensuring proper communication and a commitment to resolution which will also alleviate any additional stress for all parties.

There are no requirements in terms of providing a statement of case, but the employee should ensure that relevant information is available or accessible if they expect the manager to be able to consider the matter properly.

An outcome letter should be shared with the employee and put on the employee's personal file. If the employee is unable to obtain a response, they should ensure that a written communication to that effect is sent to the manager, and they should also keep a copy.

As outlined above the formal stage should not be used until all avenues of Early Resolution at the informal stage have been attempted, or unless this has been jointly agreed by SHSC's appropriate trade-union and the HR Business Partner or Senior HR Advisor following a preliminary meeting or case review of the concerns raised. There may be exceptional circumstances where the first stage of the policy is mutually agreed to escalate to stage 2, but these will be exceptional circumstances only, and must be mutually agreed. Evidence that the parties have sought to resolve the matter will be required at this stage and prior to a Stage 2 hearing being convened.

Stage 2:
Where the issue is not resolved at Stage 1, and the above can be demonstrated, the employee can raise the matter formally in writing with the immediate appropriate next level manager. A hearing will be held between the employee, the employees' representative, and the next appropriate level of manager within 10 working days. If the member of staff's representative is unable to attend on a proposed date, then the member of staff may suggest an alternative date provided it is within 5 working days of the original date or a mutually agreed and reasonable date by all parties. The next level manager will make the decision regarding the grievance. A decision, with an explanation should normally be given within 10 working days in writing to the employee, clearly outlining the outcome. If the issue/s have been previously and thoroughly investigated by the stage 1 manager, a preliminary meeting could be arranged to consider any benefits of commissioning a further investigation, as it may delay the process further and it could most likely be the same outcome. Any preliminary meeting should include the employees' appropriate trade-union representative. Nevertheless, if further details are to be obtained for example, an investigation commissioned then the Stage 2 manager will need to refer to the fact finding & investigation tool-kit/guidance for managers and keep the employee updated on progress, every 4 weeks.

It is noted that grievance investigations can take considerable time to conclude, but they should be completed within 22-week time frame, of commencing a fact-find/investigation. If, however, this is not possible due to mitigating and reasonable circumstances, the employee should be kept up to date on progress, as stated above and a new revised timeline should be agreed.

If the concern is not resolved, the employee has the option to appeal the Stage 2 decision, and the grievance may proceed to Stage 3.

The employee must appeal in writing to the Stage 2 Manager's line manager within 10 working days of receipt of the decision, clearly outlining reasons and grounds for the appeal. The details of the appeal manager should be outlined within the Stage 2 outcome letter.

Stage 3 (Appeal stage):
An appeal hearing will be held between the employee and their representative, the Stage 2 manager, and the next level manager. It may be appropriate for an Executive Director to be asked to hear the issue depending on the significance of the issue under consideration.

This meeting should take place within 15 working days of notification of the appeal or a mutually agreed and reasonable date by all parties.

A decision will be made on the grievance by the Stage 3 manager who chaired the hearing, or an Executive Director. This decision should then be given in writing within 10 working days of the hearing, with the reasons for the decision clearly outlined. This is the final stage of the procedure. The decision manager may make recommendations to be considered for example mediation.

<u>The Parties</u>
1. The manager making the decision will chair the meeting and will be advised by Human Resources. The other parties will be the employee (and representative) and other manager(s) as appropriate to the grievance (e.g., where an Executive Director is asked to chair the hearing, the manager originally identified as hearing the case may attend to advise them).

2. A witness or witnesses may be called if they have a relevant contribution to make to the consideration of the case.

<u>Conduct of the meeting at Stages 2 and 3</u>

1. The employee (or representative) will outline the reason for and details of the grievance.

2. If a witness is to be used, they will be called by the employee's side at the appropriate time to give evidence. They may be questioned by those present and will then be excused by the Chair if deemed appropriate.

3. The person against whom the grievance is made will have the opportunity of asking other questions of the employee, followed by the hearing chair and the Human Resources representative.

4. The person will respond and present appropriate information / evidence.

5. If a witness is to be used, they will be called by the manager at the appropriate time to give evidence. They may be questioned by those present and will then be excused by the Chair of the grievance meeting.

6. The employee or representative chair will have the opportunity of asking other questions followed by the HR representative.

7. The parties will have the opportunity of summing up: the manager first, followed by the employee (or representative) and the parties will then withdraw whilst the chair considers the information presented.

8. At this point, the Chair may decide that more information is required or more deliberation time is required, before a decision can be made, and the hearing may be adjourned.

9. When the chair is content that they have sufficient information to make their decision, they should do so within a reasonable agreed timescale. The parties will then be called back into the meeting to hear the decision, which will be confirmed in writing to the parties within 10 working days of the meeting.

<u>Decision-making at Stages 2 and 3</u>

1. The hearing Chair will deliberate in private with the HR representative. They will seek to resolve the matter whilst ensuring that at all times the needs of the service are adequately met. (If the Executive Director has been asked to chair the hearing, they may be accompanied by the manager already identified as hearing the appeal.)

2. If points of uncertainty are identified during the hearing and the Chair's deliberations or clarification is required from the parties, both sides will be recalled.

7.4 Guidance for Managers managing this procedure

This guidance is designed to be read in conjunction with the Individual Grievance Procedure, which has been the subject of consultation with trade unions.

These notes clarify procedural points and provide further guidance to support managers in handling grievance matters. Further advice is available from the Human Resources Department on handling specific issues.

Principles

The emphasis for managers should be on resolving difficulties on a person-to-person basis wherever possible through normal communication and supervisory channels. Grievance procedures should only need to be used where efforts have been attempted through usual means and have failed. Managers may feel that the grievance is not reasonable and should not be pursued through the procedure. Pragmatically it will be preferable to try to resolve the problem rather than dwell on the procedural issue. However, there may be occasions when managers feel they have a justifiable reason for believing that a formal process is not appropriate, and they should seek advice on this.

Sheffield Health & Social Care is clear that managers have a duty to deal with matters quickly, equitably and reasonably, but taking account of service needs. ACAS Guidance indicates that care and thought should be put into resolving grievances and whilst the issue may be stressful, all parties should abide by the standards set out in the Equal Opportunities and Dignity at Work Policy.

Scope

Policy decisions made by SHSC Board are not subject to challenge through grievance processes. The way in which these policy decisions are implemented by managers may, of course, be subject to grievance proceedings.

An employee will not be entitled to raise a grievance, for example, about being issued with a warning or notification under the Capability Procedure, as appeal arrangements for these procedures allow for these matters to be considered. However, where there is no scope for the concern to be raised within another procedure - for example, because no formal action results (and therefore no appeal is possible) - an employee should be able to raise significant concerns about their treatment through grievance processes.

In some cases, the grievance may require consideration to be given to suspending the operation of another procedure until the grievance has been resolved. For example, this could happen during a disciplinary process where the employee alleges:
- there is a conflict of interest with the manager holding the disciplinary hearing

- there is evidence of bias or discrimination against the employee which could affect the fairness of the disciplinary process.

 Each situation will be considered on its merits. Options include:
- deciding that the issue does not have any basis and/or does not affect the operation of the disciplinary process.
- postponing the disciplinary hearing until the grievance has been determined
- deciding that the issues can be incorporated within the disciplinary investigation so that in effect there is a joint investigation.
- arranging for the disciplinary hearing to be conducted by another manager from outside the team/Network.

Application

1. Where a grievance arises from the actions of Executive Directors, employees should still seek informal resolution of the matter with the Executive Director concerned in the first instance. If this does not provide a resolution, the Chief Executive would hear the matter with the appeal being to a Non-Executive Director.

   Where an Executive Director wishes to raise a grievance, they can raise the matter informally with the Deputy Chief Executive at Stage 1. Stage 2 would then be heard by the Chief Executive and Stage 3 by SHSC Chair. Where a grievance is raised by a more senior manager than an Executive Director, a process will be identified appropriate to the circumstances.

   Where it is believed a grievance is appropriate in relation to the actions of a Non-Executive member of the Board, the Chief Executive and Director of HR should be contacted for further consideration of how the procedure can be applied.

   Where an issue is raised by the Deputy Chief Executive, the Chief Executive or by a Non-Executive Director, the appropriate process will be considered by the Board with the relevant parties being excluded.

2. Status Quo:
   Where there is a justifiable reason for moving to new arrangements, the general position will be that proposed changes will be applied pending consideration at a Stage 2 grievance hearing. This formal position does not automatically apply if the changes proposed involve changes to contractual terms and conditions unless there are exceptional service requirements. Staff Side representatives may seek to challenge the non-application of the status quo in such circumstances; in which case a meeting with HR and Staff Side will be convened as soon as practicable in order for the matter to be considered further.

3. Mediation may be a positive way forward in some circumstances if both sides are committed to moving their position to find a mutually acceptable solution. The Human Resources department can advise you on this and may suggest a suitable conciliator(s). Mediation outcomes without explicit details (as this is a confidential process) will be shared and form part of the documentation/information to be considered at further stages of the process. (See Appendix 2).

Procedure

There are a range of management arrangements throughout SHSC, and there needs to be flexibility in relation to identifying the most appropriate manager to seek to resolve the matter in the first instance. Clearly, whilst some issues may be resolved by a first line manager/supervisor, others may more appropriately be discussed with

the manager's line manager. If you are contacted, you will need to consider how the matter is best handled to ensure adequate consideration of the problem in the most appropriate way.

7.5   Special Cases
Circumstances under which a hearing can be postponed
In exceptional circumstances hearings may need to be postponed and rearranged. For example, if the Chair is unavailable due to mitigating circumstances, or due to the employees ill health (hospitalised or Occupational Health report). A reasonable postponement will be considered but must not exceed 22 weeks, otherwise the grievance will be placed On Hold. The On Hold grievance can be revisited with the employees agreement on their return to work.

Grievance raised by an employee who has left SHSC
If a former employee of the Trust makes a grievance about an issue related to their employment in the Trust it will be treated as a complaint and they should write to the Trust, as soon as possible, after leaving but within three months of the last incident. The complaint will be managed under the Trust's Complaints Policy.

Collective Grievances
If the same grievance is raised by more than one employee, it may be appropriate for the problem to be resolved through a collective agreement between staff-side representatives and SHSC. It is advised that the group nominate one or two individuals to speak on behalf of the group.

Grievances relating to employees who work outside the SHSC
Where an employee is engaged to work outside SHSC for another organisation (e.g. on a secondment), the employee should raise any issue in the first instance with their line manager within SHSC. It can then be agreed whether this is a matter for SHSC to consider through the grievance process, or if it is for SHSC to raise on behalf of the employee within the other organisation. This will depend upon the nature of the issue and the nature of the contractual relationship with the outside organisation. This should not deter the employee, however, from seeking to resolve matters informally with the organisation where the issue is urgent and/or where the matter can be resolved straightforwardly.

There may be exceptional circumstances where the employee is unable to follow the above and therefore needs to direct their concerns to their temporary manager. For example, a student wishes to address with their seconded Organisation as their concern is related to their substantive employer.

Grievances relating to staff who are not employees of SHSC but carry out work for SHSC.
This guidance relates to staff who are seconded to SHSC from Sheffield City Council.

Under the terms of the SCC-SHSC Staff Supply Agreement, secondees should be supervised and directly accountable to the person shown as their line manager, whether that manager is an employee of the Council or SHSC. Secondees retain their Council terms and conditions and are also covered by the Council's relevant personnel policies. The partners can agree, however, appropriate mediation applicable to seconded staff.

Where a secondee wishes to raise a grievance, they are encouraged to seek resolution informally with their line manager, whether the manager is a Council or a

SHSC employee. The line manager should then seek advice from their own HR service regarding next steps and this will involve parties agreeing on an appropriate process for considering the issue.

Employees with any disabilities
Where employees have difficulty expressing themselves because of language or other difficulties, they should contact HR and/or seek help from their union representative or colleagues. Under no circumstances should an employee with a. protected characteristic be disadvantaged and any requested reasonable adjustments should be considered and put in place.

Grievance raised by an employee against another employee
ACAS Guidance states that "Employers must deal with these cases carefully and should generally start by talking privately to the individual about the concerns of fellow employees". Alternatively, if those involved are willing, mediation can be offered.

The Guidance also points out that "Care needs to be taken that any discussion with someone being complained about does not turn into a meeting at which they would be entitled to be accompanied".

In such situations advice from Human Resources should be sought before taking any action.

8 Reflection and Learnings
On the closure of all cases managers with HR support should reflect and review the case and consider any learnings which could improve the management of future grievance cases.

9 Development, Consultation and Approval
- o *Human Resources Management Team*
- o *JPG consulted on 16th January 2023*
- o *Key changes are timescales, emphasising the informal stage of the policy*
- o *Encouraging employees to speak up & embed a fair & learning culture*
- o *Key recommendations from 360 Assurance Audit Report dated November 2022*
- o *PGG 30th January 2023*

10 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date should be written here.

11 Implementation Plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:
- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*
- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
e.g. Upload new policy onto intranet and remove old version	*Communication Team*	*February 2023*	*N/A*
e.g. Make team aware of new policy	*People Directorate*	*February 2023*	*N/A*

12 Dissemination, Storage and Archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on SHSC's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	April 2003	N/A		
2.0	October 2014	N/A		
3.2	July 2019	July 2019		
4.0	December 2021			

13 Training and Other Resource Implications

The People Directorate offers training modules and support to managers in the implementation of Human Resources policies and procedures.

14 Links to Other Policies, Standards (Associated Documents)

Fact-finding & Investigation Guidelines for Managers
Safeguarding Adults Policy
Safeguarding Children Policy
Equal Opportunities and Dignity at Work Policy
Unacceptable Behaviours Policy
Managing Sickness Absence Policy
Disciplinary, Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners
Relationships between Service Users and Staff Policy
Fraud, Bribery and Corruption Policy
ACAS Code of Practice on Disciplinary and Grievance Procedures (www.acas.org.uk)
DBS Referral Process

15 Contact Details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Title	Name	Phone	Email
HR Business Partner	Maria Jessop	0114 2716753	Maria.jessop@shsc.nhs.uk
Human Resource Team	HR Helpline	0114 2263301	HR.Helpline@shsc.nhs.uk
Freedom to Speak Up Guardian	Wendy Fowler	0114 2263129	Wendy.fowler@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy <u>potentially</u> impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* M. Jessop/Date: 30/01/2023	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	**Does any aspect of this policy or potentially discriminate against this group?**	**Can equality of opportunity for this group be improved through this policy or changes to this policy?**	**Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?**
Age	No	No	No
Disability	No	No	No
Gender Reassignment	No	No	No
Pregnancy and Maternity	No	No	No mention of pregnancy or maternity within this policy

Race	No	No	No
Religion or Belief	No	No	No
Sex	No	No	No
Sexual Orientation	No	No	No
Marriage or Civil Partnership	No		

Policy Amended

Impact Assessment Completed by:
Maria Jessop /30/01/2023

Appendix 2
Mediation in Practice
Definition:
Mediation is a structured process whereby an impartial mediator facilitates communication between those in dispute in order for them to understand each other better so that they can identify mutually acceptable solutions that will improve working relationships in the future.
What is mediation and how does it work?
• Mediation is a process for resolving difficulties between individuals or groups.

• Mediation helps two or more people in a dispute to talk about their situation, exchange their concerns and develop ideas about how to move the dispute forward with the aim of achieving a resolution.

• Those in mediation enter into it voluntarily and with the intention of reaching a resolution that works for all involved.

• A trained mediator is involved, who is independent of the people involved, facilitates the process, acting with impartiality. The mediator, who needs to be seen as impartial, establishes clear guidelines on confidentiality in the process. It is important for participants in mediation to understand that the mediator will not *judge* the merits of each individual's case.

Those who take part in mediation are asked to:
• Be open about how they feel, what the problem is and what they want

• Listen to the other person/people

• Think about how things could be improved in the future and what they can do to make this happen

• Try to understand and accept the others involved.

The mediator will:
• Ensure everyone has an equal opportunity to communicate (speak and listen), negotiate and work with those involved in the mediation to work out realistic and fair agreements.

• Prevent name-calling, abuse or behaviour that prevents people from negotiating fairly (by setting ground-rules and ensuring these are adhered to).

• Not take sides or make decisions for participants.

The mediation process is usually as follows:
1. Individual meetings with the mediator
Describe the problem. Each person will have an individual meeting with the mediator to describe how he/she sees the situation, to reflect on how they would like the working relationship to be different and to consider how this might be achieved.
2. Joint meeting
Outlining the problem. Each participant will have a short time at the start of the meeting to explain, without interruption, how they see the situation and would like to see happen.
Exploring issues. The mediator will ensure that participants are clear about what the important issues are, check facts, compare views of the problem, agree what issues can realistically be settled in mediation and get agreement to continue.
Outcome All parties will agree the outcome/agreement going forward
Appendix 3

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	X
2.	Is the local Policy Champion member sighted on the development/review of the policy?	X
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	X
4.	Is there evidence of consultation with all relevant services, partners, and other relevant bodies?	X
5.	Has the policy been discussed and agreed by the local governance groups?	X
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	X
	Template Compliance	
7.	Has the version control/storage section been updated?	X
8.	Is the policy title clear and unambiguous?	X
9.	Is the policy in Arial font 12?	X
10.	Have page numbers been inserted?	X
11.	Has the policy been quality checked for spelling errors, links, accuracy?	X
	Policy Content	
12.	Is the purpose of the policy clear?	X
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	X
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	X
15.	Where appropriate, does the policy contain a list of definitions of terms used?	X
16.	Does the policy include any references to other associated policies and key documents?	X
17.	Has the EIA Form been completed (Appendix 1)?	X
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	X
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	X
20.	Is there a plan to i. review ii. audit compliance with the document?	X
21.	Is the review date identified, and is it appropriate and justifiable?	X

Appendix 4

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Policy Governance Group (PGG)

Item Ref:

Date: 27th February 2023

Subject: Grievance Policy

Presented by: Maria Jessop, HR Business Partner

Author: Maria Jessop, HR Business Partner

1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
✔					

PGG are asked to approve this policy, taking into consideration all information provided below and provide a recommendation to the Quality Assurance Committee to enact ratification.

PGG are asked to determine whether the policy will appear on the intranet, internet, or both

The Executive Director of the People Directorate, Caroline Parry has been sighted on this policy, as the Executive Lead accountable

2. Summary

Each Policy that is submitted to PGG must meet the 5-way test – see below – and therefore evidence for each of the 5 items must be given.

- Test 1. That the policy has been developed using current best practice/evidence practice
  The contents within are within ACAS Guidelines, legislation and best practice. Benchmarking other Trust policies.

- Test 2. Evidence that it has been through appropriate consultation
  Confirmation from unions with no comments was received 12th January 2023 & the policy was consulted with the union on 16th January 2023 at JPG. The policy has also been communicated with the HR Team & the H&S Committee Group.

- Test 3. That there is an agreed plan for dissemination and training

A summary of the review will be communicated out to all clinical & non clinical areas from the HRBP's. The HR training module will be updated by the HR training specialist & the author of the policy.

- Test 4. That audit arrangements have been clearly identified and agreed
  All arrangements have been agreed.

- Test 5. That staff wellbeing has not been negatively impacted
  Staff wellbeing is key throughout the policy, ensuring employees have the right to speak up in a timely manner within the policy timescales.

- Key changes are listed on the amendment log of the policy (in the amendment log) as follows –
  -.
- Learning Reflection added to closed cases
- Added box to the flow chart for learning/reflection
  -.

3. Next Steps

Following approval by the Policy Governance Group, and their recommendation to Quality Assurance Committee
Corporate Governance to arrange for the publication of the policy:

Intranet		Website		Both	X

Corporate Governance to also arrange for the policy to be submitted to the Quality Assurance Committee for ratification. Any policy uploaded to the Intranet/Website, that the Quality Assurance Committee are unable to ratify for whatever reason, will be amended and replaced as appropriate, with virtual agreement from PGG, and this action minuted at their next meeting.

4. Actions

The Policy Governance Group are asked to approve the attached policy because
An interim review was necessary because of 360 Assurance Audit Recommendations.

5. Monitoring Arrangements

The People Directorate will monitor and update when necessary, changes are required.

6. Contact Details

- Maria.Jessop@shsc.nhs.uk, HR Business Partner
- Helen.Walsh@shsc.nhs.uk, PA to the Executive Director of Human Resources, tel 22 63960