# 20 GB Grievance Policy

<table>
<thead>
<tr>
<th>Policy number</th>
<th>20 GB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>3.0</td>
</tr>
<tr>
<td>Approved by</td>
<td>Governing Body</td>
</tr>
<tr>
<td>Name of author/originator</td>
<td>Toni Downer, Senior HR Manager</td>
</tr>
<tr>
<td>Owner (director)</td>
<td>Elaine Newton, Director of Governance and Compliance</td>
</tr>
<tr>
<td>Date of approval</td>
<td>April 2017</td>
</tr>
<tr>
<td>Date of last review</td>
<td>July 2016</td>
</tr>
<tr>
<td>Review to be completed by</td>
<td>April 2019</td>
</tr>
</tbody>
</table>
## Version control sheet

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>July 2013</td>
<td>Robert Champion</td>
<td>Draft</td>
<td>For consultation</td>
</tr>
<tr>
<td>1.1</td>
<td>July 2013</td>
<td>Robert Champion</td>
<td>Draft</td>
<td>Format changes</td>
</tr>
<tr>
<td>1.2</td>
<td>July 2013</td>
<td>Robert Champion</td>
<td>Final</td>
<td>Approved</td>
</tr>
<tr>
<td>2.0</td>
<td>December 2014</td>
<td>Toni Downer</td>
<td>Draft</td>
<td>For Board Approval following Remuneration Committee and SPF agreement to changes</td>
</tr>
<tr>
<td>2.1</td>
<td>July 2015</td>
<td>Toni Downer</td>
<td>Final</td>
<td>Approved</td>
</tr>
<tr>
<td>3.0</td>
<td>April 2017</td>
<td>Toni Downer</td>
<td>Final</td>
<td>Approved</td>
</tr>
</tbody>
</table>
Equality statement

NHS Guildford and Waverley aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee 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.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.
**Equality Analysis**

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Grievance Policy</th>
<th>Policy Ref:</th>
<th>20GB</th>
<th>Is this New? [ ] Or Existing? [X]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment conducted by (name, role):</td>
<td>Toni Downer, Senior HR Manager</td>
<td>Date of Analysis:</td>
<td>April 2017</td>
<td></td>
</tr>
<tr>
<td>Directorate:</td>
<td>Governance and Compliance</td>
<td>Director’s signature:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Who is intended to **follow** this policy? Explain the aim of the policy as applied to this group.**

This policy applies to employees only. It does not apply to non-employed resources. Grievances raised by employees who have left the CCG will not generally be considered unless the CCG considers it necessary to do so.

**Who is intended to **benefit** from this policy? Explain the aim of the policy as applied to this group.**

The CCG recognises that from time to time employees may wish to seek redress for grievances relating to their employment. The CCG believes that all employees should be treated fairly and with respect to maintain good employee relations. This policy exists to ensure that grievances will always be dealt with independently, fairly and promptly, and that an effective conclusion will be reached. Where appropriate, the organisation will always seek to resolve grievances informally in the first instance.

**1. Evidence considered.** What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?

- Demographic data
- The results of consultations or recent surveys
- Comparison between your policies and functions and similar policies and functions in other public bodies
- Analysis of complaints of discrimination (none received)
- Recommendations of inspection and audit reports

**2. Consultation.** Have you consulted people from protected groups? What were their views?

The review of this policy has been consulted with Staff Partnership Forum and is in accordance with NHS terms and conditions of employment which is a nationally agreed terms of appointment for NHS staff; therefore this is compliant.
3. **Promoting equality.** Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?

Positive effect. As detailed in the Equality Statement, policies can be made available in different formats for CCG staff with different communication needs, on a case by case basis.

4. **Identifying the adverse impact of policies**

Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

<table>
<thead>
<tr>
<th>a) People from different age groups:</th>
<th>No adverse impact predicted from this policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Disabled people:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>c) Women and men:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>d) Religious people or those with strongly help philosophical beliefs:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>e) Black and minority ethnic (BME) people:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>f) Transgender people:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>g) Lesbians, gay men and bisexual people:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>h) Women who are pregnant or on maternity leave:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
<tr>
<td>i) People who are married or in a civil partnership:</td>
<td>No adverse impact predicted from this policy.</td>
</tr>
</tbody>
</table>

5. **Monitoring**

How will you monitor the impact of the policy on protected groups?

Appeals and complaints made will be brought to the attention of the Human Resources team and reported to the Governing Body.
1. **Introduction and Policy Objective**

1.1. The CCG recognises that from time to time employees may wish to seek redress for grievances relating to their employment. The CCG believes that all employees should be treated fairly and with respect to maintain good employee relations. This policy exists to ensure that grievances will always be dealt with independently, fairly and promptly, and that an effective conclusion will be reached. Where appropriate, the organisation will always seek to resolve grievances informally in the first instance.

2. **Core Standards**

2.1. The CCG’s policy is to encourage free communication between employees and their managers to ensure that questions and problems arising during the course of employment can be aired constructively and with discretion and, where possible, resolved quickly and to the satisfaction of all concerned.

2.2. It is a general principle that grievances are best resolved informally and as close to the point of origin as possible. However, where attempts to resolve the matter informally do not work it may be appropriate to raise a formal grievance under this policy and this should be in writing. A complaint should normally be made within six months of the date on which the matter, which is the subject of the complaint, occurred or came to the employee’s attention. If a complaint relates to bullying or harassment on the part of a colleague, the matter should be dealt with under the Dignity at Work policy.

2.3. Complaints that amount to an allegation of misconduct on the part of another employee will be investigated and dealt with under the disciplinary policy. Individuals should be made to feel confident to raise any valid grievance and should be reassured that they will not be victimised for bringing a complaint or acting as a witness. If anybody does victimise the employee or a witness, they may be subject to disciplinary action. Anyone bringing a false grievance or one that is found to be malicious may be subject to disciplinary action. Complaints about any disciplinary action will be dealt with as an appeal under the disciplinary policy. Grievances raised during disciplinary proceedings should be referred to HR for advice as to how the situation will proceed.

2.4. The CCG recognises that a formal grievance procedure can be a stressful and upsetting experience for all parties involved. Everyone involved in the process is entitled to be treated fairly and with respect. The CCG will not tolerate abusive or insulting behaviour from anyone taking part in, or conducting grievance procedures and will treat any such behaviour as misconduct under the disciplinary policy.
2.5. The CCG’s aim is to deal with grievances sensitively and with due respect for the individuals involved. All employees must treat the concerns they raise as confidential whether redress is informal or formal and should not encourage a situation. Information communicated to them in connection with a matter which is subject to this grievance policy should also be treated with confidence and respect for all involved.

3. **Scope**

3.1. This procedure applies to employees. It does not apply to non-employed resources.

3.2. Grievances raised by employees who have left the CCG will not generally be considered unless the CCG considers it necessary to do so.

4. **Definitions**

4.1. **Grievances** are concerns, problems or complaints raised by a staff member with management. Anybody may at some time have problems or concerns with their working conditions or relationships with colleagues that they wish to raise. They may refer to:

   4.1.1. Terms and conditions of employment
   4.1.2. Health and safety
   4.1.3. Work relations
   4.1.4. Bullying and harassment
   4.1.5. Working practices
   4.1.6. Working environment
   4.1.7. Organisational change
   4.1.8. Discrimination

4.2. A **grievance hearing** is a formal meeting that deals with any grievance raised by an employee

5. **Roles and Responsibilities**

5.1 **The Governing Body and Remuneration Committee**

   5.1.1. The Guildford and Waverley CCG Governing Body is responsible for ensuring that sufficient resources are provided to support the requirements and application of the people management policies across the CCG and that compliance with the necessary legislation and professional conduct is maintained; monitoring the application of policies and outcomes, for equality.
5.1.2. GWCCG Governing Body is responsible for approving the policy and procedure and leading the development of a culture that embraces dignity and respect for all.

5.1.3. The Remuneration Committee will review and approve any recommended changes or updates to this policy biennially, to be ratified by the Governing Body.

5.1.4. Biannual analysis on the implementation of this policy will be provided to the Governing Body.

5.2 Line Managers

5.2.1. Line Managers are responsible for:

   a) Ensuring they have a full understanding of this policy;
   b) Explaining the CCG policy to their staff and taking steps to promote awareness of the procedure for dealing with grievances;
   c) Listening to their staff and actively resolving any complaint in a fair, timely and consistent manner;
   d) Ensuring staff are aware of their responsibilities with regard to this policy;
   e) Making every effort to ensure unfair treatment, harassment or bullying of any individual does not occur;
   f) Ensuring they set a good example by treating all staff with dignity and respect;
   g) Being alert to unacceptable behaviour, taking appropriate action and ensuring that employees are aware of what is unacceptable behaviour.

5.3 Human Resources

5.3.1. HR is responsible for:

   a) Supporting the process and advising managers where appropriate;
   b) Raising Line Manager awareness of this policy and promoting best practice;
   c) Ensuring the appropriate line manager conducts appropriate investigation and manages a formal grievance meeting if it is appropriate.
5.4 Employees

5.4.1. Employees are responsible for:

a) Adhering to the principles of this policy;
b) Not harassing, discriminating against, victimising or bullying other employees;
c) Attending grievance meetings and engaging in the process with discretion to resolve;
d) Discussing with their line manager (or next line manager up if their concerns involve their line manager) if they are unhappy about the treatment they have received, or about any aspect of their work.

6. Procedure

6.1 Informal Grievance Procedure

6.1.1. Employees are encouraged to resolve any grievance situation informally. This should be done by talking directly, politely and objectively to the person with whom they have the grievance. It may be sufficient to explain clearly to the person the nature of their grievance and how it interferes with their work. This can also be done informally with their line manager and allows for problems to be resolved quickly. If this approach is inappropriate or unsatisfactory or any other informal method chosen does not resolve the grievance informally, employees should follow the formal procedure.

6.2 Formal Grievance Procedure

6.2.1. To start the grievance procedure the employee should put their complaint in writing. This written statement will form the basis of any subsequent investigations and hearings, so it is important that they set out clearly the nature of their grievance and indicate the outcome that they are seeking. The written grievance should contain any relevant facts, dates and names of individuals involved, including witnesses. If their grievance is unclear, they may be asked to clarify their complaint.

6.2.2. The employee’s complaint should be sent to their line manager. If their complaint relates to the way in which their line manager is treating them, the complaint should be sent to their next line manager up.

6.2.3. The manager will investigate the grievance to establish facts and evidence, with the support from HR. At this stage the individual the grievance is made against and any witnesses involved will be notified.
6.3  The Grievance Hearing

6.3.1. The manager investigating will arrange a hearing to be held as soon as is reasonably practicable and usually within 5 to 10 working days of the receipt of the employee’s written complaint. At the meeting, the employee will be asked to explain the nature of their complaint and what action they feel should be taken to resolve the matter. The employee should ensure that they attend the meeting at the specified time. If they are unable to attend because of circumstances beyond their control, they should inform the person conducting the meeting as soon as possible. If the employee persistently fails to attend without good cause, or if it appears that they have not made sufficient attempts to attend, the meeting may take place in their absence or not at all.

6.3.2. While the employee will be given every opportunity to explain their case fully, they should confine their explanation to matters that are directly relevant to their complaint. Focusing on irrelevant issues or incidents that took place long before the matters in hand is not helpful and can hinder the effective handling of their complaint. The manager conducting the meeting will intervene if he/she thinks that the discussion is straying too far from the key issue. The manager may also intervene to ensure that the meeting can be completed within a reasonable timeframe, depending on the nature and complexity of the complaint.

6.3.3. After the grievance hearing, the manager conducting the matter will determine any further investigation to the issues raised, gathering evidence and speaking with witnesses as necessary. If the manager conducting the investigation requires further information from the employee, they may ask for a further meeting with the employee. As soon as reasonably practicable, or usually within 5 working days, after completion of the investigation, the employee will be informed in writing of the outcome and told of any action that the CCG proposes to take as a result of their complaint. The employee may discuss this outcome informally with either their manager or HR. If the employee is dissatisfied with the outcome, they may make a formal appeal.

6.4  Appeal

6.4.1. The employees appeal should be made in writing to HR who will determine who is best placed to hear their appeal. The employee should clearly state the grounds of their appeal, i.e. the basis on which they say that the result of the grievance was wrong or that the action taken as a result was inappropriate. This should be done within
5 working days of the written notification of the outcome of the grievance. An appeal meeting will be arranged to take place, usually within 10 working days of the submission of their formal appeal.

6.4.2. The employee should ensure that they attend the meeting at the specified time. If they are unable to attend because of circumstances beyond their control, they should inform the person conducting the appeal meeting as soon as possible. If they persistently fail to attend without good cause, or if it appears that they have not made sufficient attempts to attend, the meeting may take place in their absence or not at all.

6.4.3. The appeal meeting will be conducted by a manager who has not previously been involved with the case and if appropriate an HR Representative, who will consider the grounds that the employee has put forward and assess whether or not the conclusion reached in the original grievance meeting was appropriate. The appeal is not a rehearing of the original grievance, but rather a consideration of the specific areas with which the employee is dissatisfied in relation to the original grievance. The manager conducting the appeal may therefore confine discussion to the specific areas raised in the appeal letter, rather than reconsider the whole matter afresh.

6.4.4. Following the appeal meeting, the employee will be informed of the outcome, usually within 5 working days in writing. The outcome of this meeting will be final.

6.5 The right to be accompanied

6.5.1. Employees have the right to be accompanied by a fellow worker or trade union representative at any grievance meeting or subsequent appeal. The trade union representative need not be an employee of the CCG, but if they are not a fellow worker or an employee of their union, the CCG may insist on them being certified by the union as being experienced or trained in accompany employees at grievance hearings.

6.5.2. The choice of companion is a matter for the employee, but the CCG reserves the right to refuse to accept a companion whose presence would undermine the grievance process. Please note that individual workers are not obliged to agree to accompany an employee if requested to do so. Those companions employed by the CCG will be given appropriate paid time off to allow them to accompany colleagues at a grievance hearing or appeal meeting.
6.5.3. At any hearing or appeal meeting, the employee’s companion will be allowed to address the meeting, to contribute to the summing up of the case, respond on the employee’s behalf to any views expressed at the meeting and confer with the employee during the hearing. The employee’s companion does not however, have the right to answer questions on their behalf, address the hearing if the employee does not wish them to or prevent the CCG from explaining their case.

6.5.4. Where the chosen companion is unavailable on the day scheduled for the meeting or appeal, the meeting will be rescheduled, provided that the employee can propose an alternative time within 5 working days of the original date.

6.6 Record keeping

6.6.1. Records will be kept detailing the nature of the grievance raised; the line manager’s response; the action taken; the reasons for action taken; whether there was an appeal and, if so, the outcome. Responsibility for this lies with the manager hearing the initial grievance or appeal.

6.6.2. Copies of the meeting records and letters will be placed on the employees personnel file, and a copy will be given to the employee, although in exceptional circumstances, for example to protect confidentiality of a witness the CCG may withhold certain information. In these cases, advice should be sought from HR.

6.7 Procedure for previous employees that have left the CCG

6.7.1. The CCG is not required to deal with grievances made by ex-employees. However, there may be some circumstances whereby the CCG will consider investigating a grievance providing it is submitted in writing within 3 months of the date of leaving and sent to HR.

7. References

7.1. The following references have been used to ensure statutory and regulatory compliance:

7.1.1. Previous CCG Grievance Policy (April 2013-April 2017)
7.1.2. Equality Act 2010
7.1.3. NHS Employers
7.1.4. Employment Rights Act 1986
7.1.5. ACAS
8. **Approval, ratification and review process**

8.1. This policy will be subject to review every 2 years and at any stage at the request of either management or the consultative committee.

8.2. Human Resources will review this policy, with any recommendations or required changes being presented to the Staff Partnership Forum for consultation, the Remuneration Committee for approval and the Governing Body for ratification.

8.3. High level employee relations activity is reported to the Governing Body on a biannual basis and within the CCG publically published Annual Report.

9. **Dissemination and implementation of the Policy**

9.1 This document will be disseminated as follows:

   a) Copies will be made available on the CCG’s Intranet
   b) The policy will be brought to the attention of all staff periodically through team brief and ebrief and monitored in line with normal assurance processes.
   c) Awareness and understanding required on an annual basis for all staff through Appraisal and PDP discussions.
10. **Appendix 1 Procedural Document Checklist for Approval**

**Procedural document checklist for approval**

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

<table>
<thead>
<tr>
<th>Title of document being reviewed:</th>
<th>Yes/No/Unsure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Is there a sponsoring director?</td>
<td>Yes</td>
<td>Director of Governance and Compliance</td>
</tr>
<tr>
<td><strong>1. Title</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the title clear and unambiguous?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Is it clear whether the document is a guideline, policy, protocol or standard?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>2. Rationale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are reasons for development of the document stated?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>3. Development Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the method described in brief?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are individuals involved in the development identified?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of consultation with stakeholders and users?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>4. Content</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the objective of the document clear?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Is the target population clear and unambiguous?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are the intended outcomes described?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are the statements clear and unambiguous?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>5. Evidence Base</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the type of evidence to support the document identified explicitly?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are key references cited?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Are the references cited in full?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Procedural document checklist for approval

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

<table>
<thead>
<tr>
<th>Title of document being reviewed:</th>
<th>Yes/No/Unsure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are local/organisational supporting documents referenced?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

6. **Approval**

- Does the document identify which committee/group will approve it? Yes
- If appropriate, has assurance been sought? Yes

7. **Dissemination and Implementation**

- Is there an outline/plan to identify how this will be done? Yes
- Does the plan include the necessary training/support to ensure compliance? Yes

8. **Document Control**

- Does the document identify where it will be held? Yes
- Have archiving arrangements for superseded documents been addressed? Unknown

9. **Process for Monitoring Compliance**

- Are there measurable standards or KPIs to support monitoring compliance of the document? Yes
- Is there a plan to review or audit compliance with the document? Yes

10. **Review Date**

- Is the review date identified? Yes
- Is the frequency of review identified? If so, is it acceptable? Yes

11. **Overall Responsibility for the Document**

- Is it clear who will be responsible for coordinating the dissemination, Yes
**Procedural document checklist for approval**

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

<table>
<thead>
<tr>
<th>Title of document being reviewed:</th>
<th>Yes/No/Unsure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>implementation and review of the documentation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Director Approval**

On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

<table>
<thead>
<tr>
<th>Name</th>
<th>Elaine Newton</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Committee Approval**

On approval, Chair to sign and date so it can then be forwarded to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phelim Brady</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 11. Appendix 2 Compliance and Audit Table

<table>
<thead>
<tr>
<th>Systems in place to ensure that Policy Owners/Authors follow the process outlined in this Guidance document</th>
<th>Measurable</th>
<th>Frequency</th>
<th>Reporting to</th>
<th>Action Plan/ Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy review schedule proposed. Once approved, to be added to the Governing Board agenda as required</td>
<td>Biennial</td>
<td>Remuneration Committee</td>
<td>Monitoring</td>
<td></td>
</tr>
</tbody>
</table>

| Systems in place for:  
• Distribution (including version control)  
• Monitoring of Implementation Plan  
• Implementation  
• Timely review of all policies and procedures including equality analysis  
• Archiving/Retention/Deletion of policies | Database showing status of HR current policies  
On internet/intranet site and referenced in Appraisals/PDP  
Gaps in information  
Timescales met?  
How many achieved?  
Result of Audit | Biannually | Remuneration Committee/Governing Body | HR Report |

| Iterative development of Policy responding to comments received regarding the viability of policy implementation | Number of comments received  
Implementation review with staff | Biannually | Remuneration Committee/Governing Body following review with DGC | Action Plan to address comments |