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Business Services Authority

Disciplinary Policy

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Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 2

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 3

Contents

Part 1	5
1 Policy Statement	5
2 Principles.....	5
3 Procedure.....	7
4 Scheme of Delegation	7
5 Equal Opportunities	7
6 Monitoring and Review	7
7 Data Protection.....	8
Part 2 - Discipline Procedure	8
1 Procedure.....	8
2 Informal Stages	8
3 Formal Stages.....	9
4 Suspension	11
5 The Disciplinary Hearing.....	11
6 Appeals	12
7 Duration of Warning/Records.....	13
8 Recording of Meetings.....	13
Appendix A.....	14
Appendix B.....	15
Appendix C.....	17
Appendix D.....	18

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 4

Part 1

1 Policy Statement

- 1.1 The Disciplinary Policy applies to all staff and is in accordance with all legal requirements and ACAS guidance. The policy aims to encourage employees to achieve and maintain the required standards of conduct, performance and attendance. It ensures fairness and consistency in the treatment of individuals. In cases where an employee fails to attain the required standard the disciplinary policy will be instigated and this may result in disciplinary action.
- 1.2 Disciplinary issues concerning the Managing Director or Executive Directors will be referred to the Board of the CSU. Cases will be progressed by the Board in accordance with the principles and procedures set out in this policy.

2 Principles

- 2.1 Alleged breaches of conduct, performance or attendance will be fully investigated before any disciplinary action is taken and wherever possible, the manager will attempt to resolve the matter through informal discussion with the employee.
- 2.2 Managers considering whether an issue should be progressed to a disciplinary hearing should discuss the matter with an HR Representative before making a decision.
- 2.3 All cases of suspected fraud within the CSU must initially be referred to the Director of Finance and Local Counter Fraud Specialist prior to a full investigation being initiated as required under the Standing Financial Instructions. This is to assess the case and exercise discretion as to the need to involve others or whether to allow the matter to be dealt with internally. If the latter is preferred, the following procedure will apply (Please refer to the Bribery, Fraud, Corruption and Raising a Concern policy).
- 2.4 No disciplinary action will be taken against a trade union representative without firstly discussing with the relevant full time officer.
- 2.5 Employees will be informed in writing of the issues causing concern and will be given the opportunity to present their views before any decision is made at a disciplinary hearing.
- 2.6 Employees are entitled to be accompanied at all formal meetings by a Trade Union Representative or work colleague.
- 2.7 If the employee has been requested to attend a disciplinary hearing they must inform the Chair of the Disciplinary Panel of their chosen companion, at least 2 working days in advance of the meeting.
- 2.8 The employee may not insist on being accompanied by a colleague whose presence would prejudice the meeting or who might have a conflict of interest. It would also be unreasonable for an employee to ask to be accompanied by a colleague from a remote location when someone suitably qualified was available on site. Should there be any dispute regarding the chosen companion that cannot be resolved, the matter will be escalated to the Head of HR.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 5

- 2.9 Employees are required to attend all meetings relating to the disciplinary process. If they, or their companion, are unable to attend the arranged meeting, they must give notice and reasons why they are unable to attend. The meeting will then be rescheduled to a mutually convenient time, within 10 working days of the original date wherever possible. However, where an employee fails to attend such meetings without reasonable grounds, then the meeting may be held in their absence. The employee will be informed of this in writing.
- 2.10 If an employee has a valid objection to the person appointed to undertake the investigation or to hear the case, they must raise this objection in writing, clearly stating their reasons, to the Head of HR.
- 2.11 The level of disciplinary action to be taken will be determined according to the seriousness and nature of the alleged misconduct. Once the formal disciplinary procedure has been initiated subsequent misconduct within the warning period may lead to further, and perhaps more serious, disciplinary action, which may ultimately lead to dismissal.
- 2.12 Warnings are active from the date of issue for the periods detailed in Section 7.1, except in exceptional circumstances.
- 2.13 No employee will be dismissed for a first instance of misconduct: summary dismissal may occur in the case of Gross Misconduct.
- 2.14 The employee will have the right of appeal against any disciplinary warning or sanction issued in the formal stages of the procedure. Please refer to Part 2, Section 6 of the procedure – Appeals.
- 2.15 The CSU will ensure that all managers who are responsible for disciplinary issues are suitably trained and have the necessary knowledge and skills.
- 2.16 Should an employee raise a complaint either under the Grievance Policy or the Dignity at Work Policy whilst subject to action under this policy, the disciplinary process may be temporarily suspended in order to deal with the grievance. Where an initial investigation into the complaint, conducted by another manager, finds that the grievance and disciplinary cases are related, it may be appropriate to deal with both issues concurrently. If the grievance complaint is found to have no bearing on the matters being investigated under this policy then the disciplinary proceedings will continue from the point at which they were suspended. In any event, advice should be sought from a HR Representative
- 2.17 Data is held and destroyed in accordance with the provisions of the Data Protection Act 1998 and any CSU policy which derives from that Act.
- 2.18 All matters relating to any part of this procedure will be treated in strict confidence. Any breach of this confidentiality may render those responsible liable to disciplinary action. However, it must be remembered that legislation requires the accused to be made aware of the allegations against them and the name(s) of those making the allegations, along with witnesses.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 6

3 Procedure

- 3.1 This procedure is detailed in PART 2 and should be read in conjunction with the flow chart.

4 Scheme of Delegation

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line managers direct manager if the line manager has been previously involved or implicated
Appeal following formal procedure	Line Managers manager or equivalent who has not previously been involved or implicated
Dismissal Hearings	Chaired by a Deputy Director or equivalent plus one other manager and HR representative
Appeal against dismissal	Chaired by a Director plus one other manager and HR representative

5 Equal Opportunities

- 5.1 In applying this policy, the CSU will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- 5.2 As part of the CSU equal opportunities monitoring, all disciplinary hearings are monitored on a rolling annual basis. Subsequently information may be held on the disciplinary monitoring register longer than the duration of the warning itself.

6 Monitoring and Review

- 6.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.
- 6.2 Implementation and operation of this policy will be monitored on an annual basis by the CSU Leadership Team. It will also be assessed on an ongoing basis as part of the monthly review of performance of CSUs and the annual governance review of CSUs undertaken by the NHS England CSU Transition team.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 7

7 Data Protection

- 7.1 In applying this policy, the Organisation will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

Part 2 - Discipline Procedure

1 Procedure

- 1.1 If an employee fails to meet the required standards of performance, conduct or attendance, they may be subject to this disciplinary procedure. At all stages the employee will be told of the reason for using the procedure. Management will ensure that the changes in performance, conduct or attendance required and the timescales involved are reasonable, achievable and where possible agreed by all parties. Please refer to the Attendance Management policy and the Managing Work Performance policy for further information and guidance. Further misconduct, or expiry of the review period without improvement, may lead to progressive disciplinary action which may ultimately result in dismissal. This procedure may also apply where cases of unacceptable conduct take place outside the working environment.

2 Informal Stages

- 2.1 Where there is an identified failure in performance, the procedure in the Managing Work Performance Policy will be implemented. Where unsatisfactory progress is made towards the agreed performance level, the formal stages of the Disciplinary Policy will apply.
- 2.2 Where levels of attendance are a cause for concern, the procedure in the Attendance Management policy will be implemented.
- 2.3 In cases of suspected minor misconduct in relation to conduct or behaviour, the following process will be followed:-
- 2.4 The employee's line manager will speak to the individual, in private, as soon as possible after an issue comes to light. This will be a two-way discussion aimed at establishing the circumstances and encouraging improvement.
- 2.5 If, during the discussion, it becomes evident that there is no problem the manager will confirm to the employee that no formal disciplinary action will be taken.
- 2.6 Where an improvement in conduct is required, the manager will make sure the employee understands what needs to be done, and over what period of time. The required improvement, the length of the review period and any sanctions imposed, for

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 8

example withdrawal of flexi time, will be confirmed in writing following the meeting and the letter will also include the consequences of a failure to improve.

- 2.7 Further meetings will be held to review progress during, and at the end of, the review period. Notes of all meetings will be taken and agreed.
- 2.8 If, during the initial discussion, it becomes obvious that the matter may be more serious, the meeting will be adjourned and the employee advised that an investigation will be instigated under the formal stages of the disciplinary procedure.
- 2.9 If managed informally there is no right to be accompanied by a staff side representative or workplace colleague to the meeting with the line manager.

3 Formal Stages

- 3.1 Before any disciplinary hearing is held, an investigation will take place to establish the facts of the case. This will normally be in the form of a fact find meeting where notes will be taken. However in exceptional circumstances and with advice from an HR Representative, other forms of evidence may be sufficient. For example, in the case of short-term persistent absence, absence records, return to work interviews and Occupational Health reports may be used as the basis for disciplinary proceedings.
- 3.2 Normally the investigation process should take no longer than 4 weeks. Where it is not possible to complete the process within this timescale, the reasons for the delay will be recorded and the expected date for completion of the investigation process communicated in writing to all parties involved.
- 3.3 An employee is entitled to be accompanied at the investigation meeting by a Trade Union Representative or a workplace colleague.

Managers Authorised to Take Disciplinary Action:-

- 3.4 To ensure fairness and impartiality, where reasonably practicable, the disciplinary panel should consist of no less than two members. The meeting will be led by a manager who has not been previously involved in the matter, in consultation with either another impartial manager or an HR Representative. Where dismissal is a possibility, the disciplinary hearing will be conducted by a Manager authorised to dismiss and an HR Representative. Please contact the Head of HR for those Managers authorised to dismiss. (Please refer to Part 1, Section 4 of the Policy – Scheme of Delegation).
- 3.5 The outcome of a disciplinary hearing will generally fall into one of the following categories:-
 - Case dismissed
 - No action required
 - The employee is required to attend counselling or retraining
 - First written warning
 - Final written warning
 - Dismissal

Also see 3.12 of the procedure for further sanctions.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 9

First Written Warning

3.6 If the issue is serious, a First Written Warning will normally be issued and will be kept on the employee’s personal file for 12 months. A copy of the written warning will be kept on file but should be disregarded for disciplinary purposes after 12 months from the date of issue.

Final Written Warning

3.7 If the issue is more serious or if there is still an active First Written Warning in place and insufficient improvement has been made or further misconduct occurs, a Final Written Warning will normally be issued and will be kept on the employees personal file for 24 months. A copy of the written warning will be kept on file but should be disregarded for disciplinary purposes after 24 months from the date of issue.

Dismissal with Notice

3.8 If, within 12 months of the issue of a Final Written Warning, further misconduct occurs or insufficient improvement has been made, the employee will normally be dismissed with notice.

3.9 The employee will be provided with written reasons for dismissal, the date on which the employment will terminate, their entitlement to pay, and the right of appeal. (Please refer to Part 2, Section 6 of the procedure – Appeals)

3.10 The CSU reserves the right to make a payment in lieu of notice.

Summary Dismissal

3.11 Where behaviour or misconduct is sufficiently serious to constitute gross misconduct (see examples in Appendix A) the employee will normally be summarily dismissed - i.e. without notice. In exceptional cases an alternative sanction may be applied. Please refer to section 3.12 of the procedure.

3.12 The employee will be provided with written reasons for dismissal, the date on which the employment will terminate and the right of appeal. (Please refer to Part 2, Section 6 of the procedure – Appeals)

Potential Additional Sanctions

3.13 Additional sanctions may be included after full discussion with an HR Representative who will be able to advise on the appropriateness, equity and viability of any further sanction. These can include, but are not limited to:-

- Demotion or transfer to another job or location
- Deferred increment
- Loss of privileges e.g. removal of right to self-certificate absence and the requirement for all absences to be covered by a medical certificate, removal of flexi-time.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 10

4 Suspension

- 4.1 This does not constitute disciplinary action or sanction. Suspension is only to be invoked when an individual's continued presence at work places themselves/other person(s) at risk, or hampers any investigation. If appropriate, suspension should be effected as soon as possible after the matter to be investigated comes to light or a need for suspension is identified. Suspension will always be on full pay and should be for as brief a period as possible. It is expected that suspension will be no longer than 4 weeks, but may be extended in exceptional circumstances. Employees who are suspended will be informed in writing of the reasons for the suspension. The necessity or otherwise for suspension, will be agreed between the manager and an HR Representative.
- 4.2 Should it be concluded that no further action is necessary following investigation, a briefing session should be held between the individual, their trade union representative or work colleague if required, and their manager prior to a return to work.

5 The Disciplinary Hearing

- 5.1 A disciplinary hearing (See Appendix B) will normally be held by a panel consisting of a manager, who has not been previously involved in the matter, who will act as the Panel Chair. They will either be accompanied by another appropriate manager or an HR Representative, or in some cases both. Should the attendance of an HR Representative be required, their role will be to provide advice on Human Resources policies and employment legislation and to ask questions to obtain clarification on any issues that are discussed or new relevant information disclosed (Please refer to Part 1, Section 4 of the Policy – Scheme of Delegation).
- 5.2 Before the disciplinary hearing the employee will be advised in writing of the purpose of the meeting and details of the complaint or allegation being considered, covering all issues to be discussed. The individual will be given a minimum of 5 working days' notice of the disciplinary hearing. If the individual, or their chosen companion, is not available to attend on the date proposed, the CSU will endeavour to offer an alternative reasonable date within 10 working days of the original date wherever possible. Note: This meeting will normally only be re-arranged once, except in exceptional circumstances.
- 5.3 Should either party wish to call any witnesses to the disciplinary hearing they must give at least 2 working days' notice to the Disciplinary Panel, and have full responsibility for arranging the attendance of these witnesses.
- 5.4 All relevant facts and evidence will be made available to the employee at least 5 working days prior to the disciplinary hearing. Additional information gathered by the employee, that they wish to present at the meeting, must also be made available to the disciplinary panel at least 2 working days prior to the meeting.
- 5.5 Either party may present evidence including details of previous relevant warnings, witness statements, call witnesses and have the opportunity to ask questions.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 11

- 5.6 Adjournments may be called by the panel at any time during the hearing should new facts emerge which require investigation or clarification. If the employee becomes distressed an adjournment may be called in order for them to regain their composure. Should the employee be unable to continue, the meeting will be adjourned to a later date.
- 5.7 An adjournment must be held in order that there can be a period of dispassionate reflection by the disciplinary panel to consider what action, if any, is to be taken. Where possible, both parties will be verbally informed of the outcome after the adjournment.
- 5.8 The employee will be advised in writing of the outcome of the disciplinary hearing within 7 working days unless a longer period is specified and can be justified. If disciplinary action is taken, the employee will be informed of the required improvements which are necessary and if applicable details of timescales for achievement, the duration of the warning and the consequence of a failure to improve performance as required, in line with Section 3.1. The letter must include the date of the disciplinary hearing, the reason for issuing the warning as well as details of any sanctions which may be imposed. It should also be noted whether the employee invoked their right to be accompanied. The right of appeal will also be included.

6 Appeals

- 6.1 An employee in receipt of a disciplinary warning or notice of dismissal has the right of appeal.
- 6.2 Appeals, outlining the grounds on which the appeal is being made, must be lodged in writing to the person specified in the notification letter within 5 working days of the receipt of the written notice of disciplinary action or dismissal. The letter must include details of their grounds for appeal. In exceptional circumstances this period may be extended.
- 6.3 The employee must submit details of their grounds for appeal, plus any new evidence they wish to present, to the Appeal Hearing Panel at least 2 working days prior to the appeal meeting.
- 6.4 Appeals will be heard within 5 weeks of receipt of the letter requesting the appeal but either party may, with the consent of the other and in exceptional circumstances, be entitled to extend this period.
- 6.5 The employee must be given at least 5 working days' notice of the date of the appeal hearing.
- 6.6 The Appeals Hearing Procedure (Appendix C) must be followed.
- 6.7 Appeals will normally be heard by a more senior manager to the person taking the first instance disciplinary action unless directed otherwise by the Managing Director. All appeals will include a representative of the Human Resources Department wherever possible.
- 6.8 The employee will have the right to be accompanied at the Appeal Hearing by either a staff side representative or workplace colleague.
- 6.9 Both parties must provide to the Appeal Hearing Panel, a full written statement of

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 12

case including the grounds upon which the appeal is presented/resisted, with copies of any documents the party concerned intends to use in evidence, and, the identities of any witnesses the party concerned intends to call, at least 2 working days prior to the Appeal Hearing.

- 6.10 The decision of the panel will be communicated to both parties verbally, following the adjournment wherever possible, and in any case will be confirmed later in writing (again to either party), no later than 5 working days after the Appeal Hearing.
- 6.11 The decision of the appeal panel is final.

7 Duration of Warning/Records

- 7.1 The duration of warnings will normally be as follows:-

First written warning	12 months
Final written warning	24 months

- 7.2 A copy of the warnings will be kept on file but should be disregarded for disciplinary purposes after 12/24 months from the date of issue.

8 Recording of Meetings

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

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or <i>if statutory change is required</i>	Page 13

Appendix A

Examples of Gross Misconduct

Please note: this list is not exhaustive and simply gives examples. There may be other examples of gross misconduct.

- Behaviour bringing the organisation into disrepute
- Physical violence
- Contravention of the CSU's Equality and Diversity policy, including bullying and harassment
- Fraud or falsification of records (e.g. application forms, CVs, sickness forms, overtime and expenses claims)
- Theft or fraudulent misuse of the organisations property or name (e.g. phones, cars or computers)
- Deliberate damage to organisations property
- Incapability to work through substance misuse
- Negligence which causes loss or damage to organisations property or injury to other personnel
- Illegal activity on the organisations premises or with the CSU's property
- Infringement of health and safety rules
- Breaches of confidence
- Soliciting or accepting a bribe or secret commission
- Improper use of email or Internet facilities or other methods of communication and contravention of internal divisional policies in place.
- Sharing commercially sensitive business data/intellectual property rights outside of the CSU
- Anything which calls into question an employee's honesty or integrity.

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 14

Appendix B

Conducting a Disciplinary Hearing

A disciplinary hearing will normally be held by a panel consisting of a manager, who has not been previously involved in the matter, who will act as the Panel Chair. They will either be accompanied by another appropriate manager or an HR Representative, or in some cases both. Should the attendance of an HR Representative be required, their role will be to provide advice on Human Resources policies and employment legislation and to ask questions to obtain clarification on any issues that are discussed or new relevant information disclosed.

The Disciplinary hearing follow the following stages:

1. Opening the meeting by Panel Chair
2. Management side present their case (summary of allegation by the investigating officer), including calling of any witnesses
3. Employee side, then the Disciplinary Panel, will have the opportunity to ask questions
4. Employee side to present their case, including calling of any witnesses
5. Management side, then the Disciplinary Panel, will have the opportunity to ask questions
6. Summing up by management side, then by employee side
7. Adjournment
8. Action to be taken (if any)
9. Establishment of a review date (if appropriate)

Opening the Disciplinary Hearing

All employees are entitled to be accompanied by their Trade Union representative or a work colleague. Where an employee is not accompanied, the employee must be reminded of this right, and if declined, this must be recorded.

Those 'hearing' the disciplinary must introduce those present and outline the reasons for the disciplinary meeting taking place (the reason/s outlined in the invite to disciplinary letter) and the format the meeting will take.

Summary of Allegation

At this stage the investigating officer(s) must summarise the case on behalf of management. The investigating officer(s) presenting the case must adhere to the facts and not introduce opinions, hearsay or issues that have not previously been mentioned. All documentation that will be used as evidence (including previous relevant warnings and witness statements where applicable) will already have been made available to the individual prior to the disciplinary hearing taking place (copies will have been sent with the invite to disciplinary meeting letter).

Should a new matter arise during the disciplinary meeting then the Disciplinary Panel should adjourn in order that consideration may be given to the appropriateness of the introduction of this new matter. To avoid unnecessary duplication of the process as well as ensuring fairness, it may be more beneficial to adjourn the disciplinary meeting in order that further investigations may be carried out in relation to the new matter.

The aim of the disciplinary meeting is to seek verification and clarification about the issues of concern, through questions. Where it is appropriate to call witnesses, either party may call and question them.

After the investigating officer has stated their case the employee will be given the opportunity to ask questions and state their case. The employee's representative will be able to ask questions for clarification purposes.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 15

If the disciplinary hearing is dealing with multiple issues, each issue should be addressed in turn and the employee and/or their representative be allowed to state their case in relation to each issue as it is addressed.

Exploration of any differences in facts, as they appear to the manager and employee should be carried out in a constructive manner to gain an understanding of the facts which are, as far as possible, acceptable to both manager and employee.

The investigating officer should remain present during the disciplinary hearing to allow for any questions.

Both parties will be given the opportunity to sum up their case if they so wish. The summing up shall not introduce any new matter. If at any stage new facts are alleged or new evidence produced, the Disciplinary Panel may adjourn the meeting (of its own volition or at the request of one of the parties) for so long as it thinks fit.

Adjournment

Before any decision is taken, it is necessary to adjourn the disciplinary hearing to give adequate consideration to the facts as they have been presented and the responses that have been given to the allegations, including any mitigating circumstances. At this stage both parties will be asked to leave the room and the panel must decide the facts of the case, with advice from an HR Representative, where appropriate, and whether the behaviour requires disciplinary action to be taken and if so, at what level.

Where possible, an indication of the length of time of the adjournment should be given, including the reasons for the adjournment, i.e. to consider what action to take, if any.

The disciplinary hearing may also be adjourned to consider other issues, e.g. to direct further investigations to take place or to investigate new information/facts that have been brought to light.

There is no set time for an adjournment and adjournments can be called at any time during the disciplinary meeting, by either party.

Taking disciplinary action is not a matter to be taken lightly and should only be taken if it is to be constructive in attempting to produce the desired behaviour. Managers will also need to consider, if disciplinary action is to be taken, whether any other sanctions will be attached to the warning (see Section 3.14).

Action

When the disciplinary hearing is reconvened the Panel Chair should explain that consideration has been given to all of the issues raised at the beginning of the hearing, and all of the facts and issues raised during the course of the hearing. The Panel Chair must then outline what action, if any, will be taken including any sanctions.

It is important that where a warning/sanction is given, the employee is informed of the length of time it will remain on their record, their right of appeal, the procedure that will be followed in relation to confirming the action in writing and any arrangements for the review of sanctions imposed.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 16

Appendix C

Appeals Hearing Procedure

Appeals will normally be heard by a more senior manager to the person taking the first instance disciplinary action. In cases of dismissal of a Director, the appeal will be heard by a panel of CSU members. All appeals will include a representative of the Human Resources Department, in an advisory capacity, wherever possible.

An employee may choose to appeal if, for example:

- They think a finding or penalty is unfair
- New evidence comes to light
- They think the Disciplinary procedure was not used correctly

Should either party require an adjournment then this request should be made to the Hearing Panel, with an indication of the length of time required.

The procedure for an appeal hearing is as follows:

1. The appellant will present their case first, detailing the grounds for their appeal including the calling of any witnesses.
2. The management side will then be able to ask any questions about the case the appellant has presented
3. The appeal panel members will also have an opportunity to ask any questions.
4. The management side will then be asked to present their case, explaining the reasons for the action taken, including the calling of any witnesses.
5. The appellant may then wish to ask management side any questions about the case.
6. The appeal panel members will also have the opportunity to ask any questions.
7. Both parties will have the chance to sum up their case.
8. There will then be an adjournment when both sides will be asked to leave the room while the appeal panel consider the information they have heard and reach their decision.
9. The decision of the panel will be communicated to both parties verbally, following the adjournment wherever possible, and in any case will be confirmed later in writing (again to either party), no later than 5 working days after the Appeal Hearing.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 17

Appendix D

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Anya Lendrum
Job Title: HR Project Support Officer
Organisation: NECS

Title of the service/project or policy: HR07 Disciplinary Policy

Is this a;

Strategy / Policy **Service Review** **Project**
Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

The Disciplinary Policy applies to all staff and is in accordance with all legal requirements and ACAS guidance. The policy aims to encourage employees to achieve and maintain the required standards of conduct, performance and attendance. It ensures fairness and consistency in the treatment of individuals. In cases where an employee fails to attain the required standard the disciplinary policy will be instigated and this may result in disciplinary action.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 18

- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

[Click here to enter text.](#)

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 19

Equality Impact Assessment: Project – Service Review (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment.

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Angela Lo
Job Title: HR Workforce Officer
Organisation: NECS

Title of the service/project or policy: HR07 Disciplinary Policy

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

The Disciplinary Policy applies to all staff and is in accordance with all legal requirements and ACAS guidance. The policy aims to encourage employees to achieve and maintain the required standards of conduct, performance and attendance. It ensures fairness and consistency in the treatment of individuals. In cases where an employee fails to attain the required standard the disciplinary policy will be instigated and this may result in disciplinary action.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 20

- Staff
- Service User / Patients
- Others, please specify [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
<p>(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)</p>	<p>Workforce Information Reports from ESR.</p> <p>NECS has a suite of HR policies developed and maintained by North of England Commissioning Support (NECS) and has been drafted in accordance with NHS Terms and Conditions of Service Handbook.</p> <p>The NECS Workforce profile is as follows:</p> <p>Age – There is no defined pattern with regards to age at NECS. 76.81% of staff are aged between 31 and 60. 5.06% of the workforce are 61-65 and 0.96% of the workforce are 66-70. 15.97% of staff are aged between 21-30 and just 1.08% of staff are aged under 20.</p> <p>Disability status – 80.42% of staff have declared no disability. 6.2% have declared they have a disability, including 2.84% who have declared that they have an unspecified disability. 14.63% of staff refused to declare or were unspecified, 0.66% preferred not to answer.</p> <p>Gender Reassignment – no information retained.</p> <p>Marriage/Civil Partnership – 49.04% of the workforce are married, 1.2% are in a civil partnership and the status of 7.29% is unknown. 6.45% are divorced and 0.66% are legally separated. 32.29% of the workforce are single.</p> <p>Pregnancy/maternity – 1.07% of the workforce are currently pregnant or on maternity leave as of February 2022.</p>

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 21

	<p>Ethnicity – 83.67% of staff are White British and 2.17% have not stated their ethnic origin.</p> <p>Religious beliefs- 44.58% of the workforce are Christian and 20% are Atheists. 17.83% have chosen not to disclose their religious beliefs.</p> <p>Sex/gender – 62.35% of the workforce is female.</p> <p>Sexual orientation - The sexual orientation of 82.47% of the workforce is Heterosexual and 14.82% have not disclosed their sexual orientation.</p> <p>Carers – no information retained.</p> <p>Workforce Employment Profile – 9.10% of the workforce are employed in fixed term contracts as opposed to 89.10% who are permanent.</p>
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STEP 3: FULL EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.

Outline what impact (or potential impact) the project/service review outcomes will have on the following protected groups:

Age

A person belonging to a particular age

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people of a particular age?
<https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination>
- Are there any discriminatory practices/processes within the scope of the project/service review?
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- If training is required – outline what considerations have been made for an older workforce i.e accessibility considerations, venues, travel etc.
- Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required?
- Could there be any IT related obstacles for older users? Can younger users use current technology to
- Suit their lifestyle and habits?
- Services should be provided, regardless of age, on the basis of clinical need alone.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 22

- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Age – There is no defined pattern with regards to age at NECS. However, 76.81% of staff are aged between 31 and 60.

Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email and the internet can be accessed by all users in the workplace.

There is no content that is discriminatory against the workforce.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Disability

A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people with a disability?
<https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>
- What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?
- If training is required – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.
- Are websites accessible for all and is there a process in place/information available to users/on website stating how people can access information in alternative formats if required?
- Has the Accessible Information Standard been considered?
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- Are there facilities for people with disabilities? e.g. Access ramps/ Hearing Loops/ Interpreter Referral System/ partnership working/British Sign Language (BSL) interpretation/personal assistance if required.
- Is independent living equipment available (where appropriate)?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Disability status – 80.42% of staff have declared no disability. 6.2% have declared they have a disability. 14.63% of staff refused to declare or were unspecified, 0.66% preferred not to answer.

Relevant tools could be made available to staff that potentially do have a disability that the

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 23

organisations are unaware of. The policy should be able to be communicated in alternative methods as required for those with a disability and/or visual impairment such as braille, large font, interpreters etc.

Disciplinary procedures, whether informal or formal might exacerbate mental health issues. Individuals with existing mental health issues may already have difficulties with personal resilience and disciplinary procedures may add to their anxieties.

Where someone meets the definition of a disabled person under the Equality Act, NECS is required to make reasonable adjustments to any elements of their role which place a disabled person at a substantial disadvantage compared to non-disabled individuals.

[National evidence](#) highlights that ‘Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people’ (Office for Disability issues).

However, the policy refers to the CSU's obligations under the Equality Act. Therefore the policy should not have an adverse impact on staff members with disabilities, however the management and implementation of the policy should be monitored.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person’s body into alignment with his or her internal self perception.

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>
- Have Staff been trained on appropriate language/pronouns?
- Please see useful terminology website for info: <https://www.transgendertrend.com/transgender-terminology/>
- Equality of opportunity in relation to health care for individuals irrespective of their gender.
- Does the service provide adequate safeguards for confidentiality?
- Have you arrangements been made to assess what the user’s preferences are?
- Are appropriate facilities available?
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Gender Reassignment – no information retained.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 24

The policy does not include content or vocabulary that could cause offense or discriminate against any staff members who have undergone or are undergoing gender reassignment or that identify as transgender.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?
- Do all procedures treat both single and married and civil partnerships equally?
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Marriage/Civil Partnership – 49.04% of the workforce are married, 1.2% are in a civil partnership and the status of 7.29% is unknown.

The content of this policy does not include content or vocabulary that discriminates against staff that may be married or in a civil partnership.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?
- Is there equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave?
- Do corporate policies discriminate against staff that are currently pregnant or on maternity leave?
- Are processes in place for managers to share information for any staff returning from Maternity leave?

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 25

- Are there parent and baby facilities available where required?
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.
- Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Pregnancy/maternity – 1.07% of the workforce are currently pregnant or on maternity leave as of February 2022.

The policy does not discriminate against staff that are currently pregnant or on maternity leave and can be accessed while on maternity leave or any other leave of absence via the organisation's website.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have a particular race?
<https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination>
- Are there any discriminatory practices/processes outlined within the scope of the project/review that may impact a particular race?
- Is there the provision of an interpreter for people whose first language is not English?
- Is written communication and the use of language particularly jargon or colloquialisms etc. reduced to a minimum?
- Is written and verbal communication available in alternative languages, and if so is this made clear to the user?
- What is the size of the BAME communities your service affects?
- What language/s do the service users/ communities speak?
- What support for accessing service can you offer?
- Cultural issues – consider mixed gender activities, hygiene, clothing, and physical activities.
- How will you make your service/ project accessible for the diverse local population?
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Ethnicity – 83.67% of staff are White British and 2.17% have not stated their ethnic origin.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 26

National research has demonstrated that employees in the NHS from a BME background are almost twice as likely to be disciplined as white employees (Bradford University report, the involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings). However, there is no evidence that the disciplinary policy will have a negative impact on BME staff, but the implementation of the policy should be monitored.

Training and advice is provided for managers on the application of this policy

The policy is applied to the workforce fairly and equally

Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination>
- Are there any discriminatory practices/processes outlined within the scope of the project/ service review that may impact a particular religion or belief?
- Are prayer facilities available for service users and staff?
- Are there any dietary requirements?
- Is the gender of staff taken into consideration when caring for patients of the opposite sex?
- Respect for requests from staff to have time off for religious festivals and strategies.
- Respect for dress codes
- Take religious holidays into consideration, is there flexibility for such holidays?
- Respecting religious beliefs e.g. blood transfusions?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Religious beliefs- 44.58% of the workforce are Christian and 20% are Atheists. 17.83% have chosen not to disclose their religious beliefs.

The policy does not discriminate against staff that hold any particular religion or belief.

Training and advice is provided for managers on the application of this policy

The policy is applied to the workforce fairly and equally.

Sex/Gender

A man or a woman.

Guidance Notes

- Provide/link/ the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against either men or women?

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 27

<https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination>

- Are there any discriminatory practices/processes outlined within the scope of the project/review that may negatively impact men or women?
- Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?
- Are men or women treated differently as a result of the service review/project outcomes?
- Location - men do not access health services as much as women, could location of service/ project/engagement improve access e.g. the workplace?
- Do men and women use the service in different ways? (consider times/locations/date etc)
- Same sex accommodation available where required? The provision of single sex facilities, toilets, wards etc.
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Sex/gender – 62.35% of the workforce is female.

The Policy does not discriminate between staff that are men or women.

Training and advice is provided for managers on the application of this policy

The policy is applied to the workforce fairly and equally.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may negatively impact people of a particular sexual orientation?
- Are processes in place to ensure confidentiality about an individual's sexuality?
- Does the service/policy use language that respects Lesbian, Gay and Bisexual (LGB) people?
- Can LGB people disclose their sexual orientation to their health provider without fear of prejudice?
- Has staff had awareness training relating to sexual orientation?
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>
- Sexual orientation monitoring guidance (to be used as appropriate):
<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Sexual orientation - The sexual orientation of 82.47% of the workforce is Heterosexual and 14.82% have not disclosed their sexual orientation.

Document Owner: OD & Corporate Services/ CSU HR Policy Sub Group	Prepared by: CSU HR Policy Sub Group	First Published: September 2018
Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 28

The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the project outcomes/service review discriminate, directly or indirectly against people who have this characteristic?
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?#
- Does the service avoid incurring unnecessary extra costs (e.g. car parking)?
- Is the venue accessible?
- Consider the time of meetings and/or interviews to take into account caring responsibilities.
- Is flexible working available?
- Any scheduling of training should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.
- Staff projects/services - Equal access to recruitment, personal development, promotion and retention.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended for insight (STEP 4).

Carers – no information retained.

The content of this policy and vocabulary used does not discriminate against staff who have carer responsibilities.

Training and advice is provided for managers on the application of this policy.

The policy is applied to the workforce fairly and equally.

Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.

(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Guidance Notes

- Provide/link the service user data/metrics/demographics held relating to the appropriate group/service user.
- Could the project outcomes/service review discriminate, directly or indirectly against people who are part of the particular group?
- Are there any discriminatory practices/processes outlined within the scope of the project/service review that may impact this group?
- Has there been consideration given to the effect that costs will have on accessing a service?

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 29

- What other factors may be present in whether services are used? (E.g. child care for single parents, no permanent address for homeless people).
- Have you considered the level of health education within the group?
- What evidence have you considered to determine what health inequalities exist in relation to your work?
- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?
- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?
- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?
- What can you do to make it more likely that the work reduces health inequalities?
- How will you monitor and evaluate the effect of your work on health inequalities?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular group is recommended for insight (STEP 4).

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Consultation on the policy has taken place via CSU's including local partnership forums, Management / Staff Side joint HR Policy Sub- Group and National CSU Partnership Forum. No concerns about the impact of this policy on protected characteristics were raised during consultation.

If no engagement has taken place, please state why:

[Click here to enter text.](#)

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Written - Email Internet/website Intranet page
 Other

If other please state: [Click here to enter text.](#)

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 or if statutory change is required	Page 30

STEP 6: ACCESSIBLE INFORMATION STANDARD CHECK

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Recording those needs clearly and in a set way.
- Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
- Sharing information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission/facilities to do so.
- Have processes in place, that ensure people receive information which they can access and understand, and receive communication support if they need it.

If any of the above have not been considered, please state the reason:

[Click here to enter text.](#)

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 31

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Document number: HR07	Approval date: May 2018	Version number: 2
Status: Approved	Next review date: 02 March 2023 <i>or if statutory change is required</i>	Page 32