

Conduct Management Policy

Document No	HR - 00002	Version No	2.0
Approved by	Policy Governance Group	Date Approved	24.10.18
Ratified by	Employee Partnership Forum	Date Ratified	05.11.18
Date implemented (made live for use)	13.11.18	Next Review Date	05.11.21
Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> Ensuring any training required is attended and kept up to date. Ensuring any competencies required are maintained. Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. 		
	All employees directly employed by the Trust, whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	There are no special cases in this policy		
Accountable Director	Director of Human Resources (HR)		
Author/originator – Any Comments on this document should be addressed to the author	Human Resources		
Division and Department	Corporate. Human Resources		
Implementation Lead	Human Resources		
If developed in partnership with another agency ratification details of the relevant agency	NA		
Regulatory Position	<p>This Policy has been formulated to comply with relevant legislation e.g. Equality Act 2010 (Ref 8) and the Advisory, Conciliation, and Arbitration (ACAS) guidelines (Ref 2).</p> <p>Any breach of this policy that may be considered fraudulent will be reported to the Local Counter Fraud Specialist for investigation, and may result in criminal and/or disciplinary proceedings being commenced.</p>		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

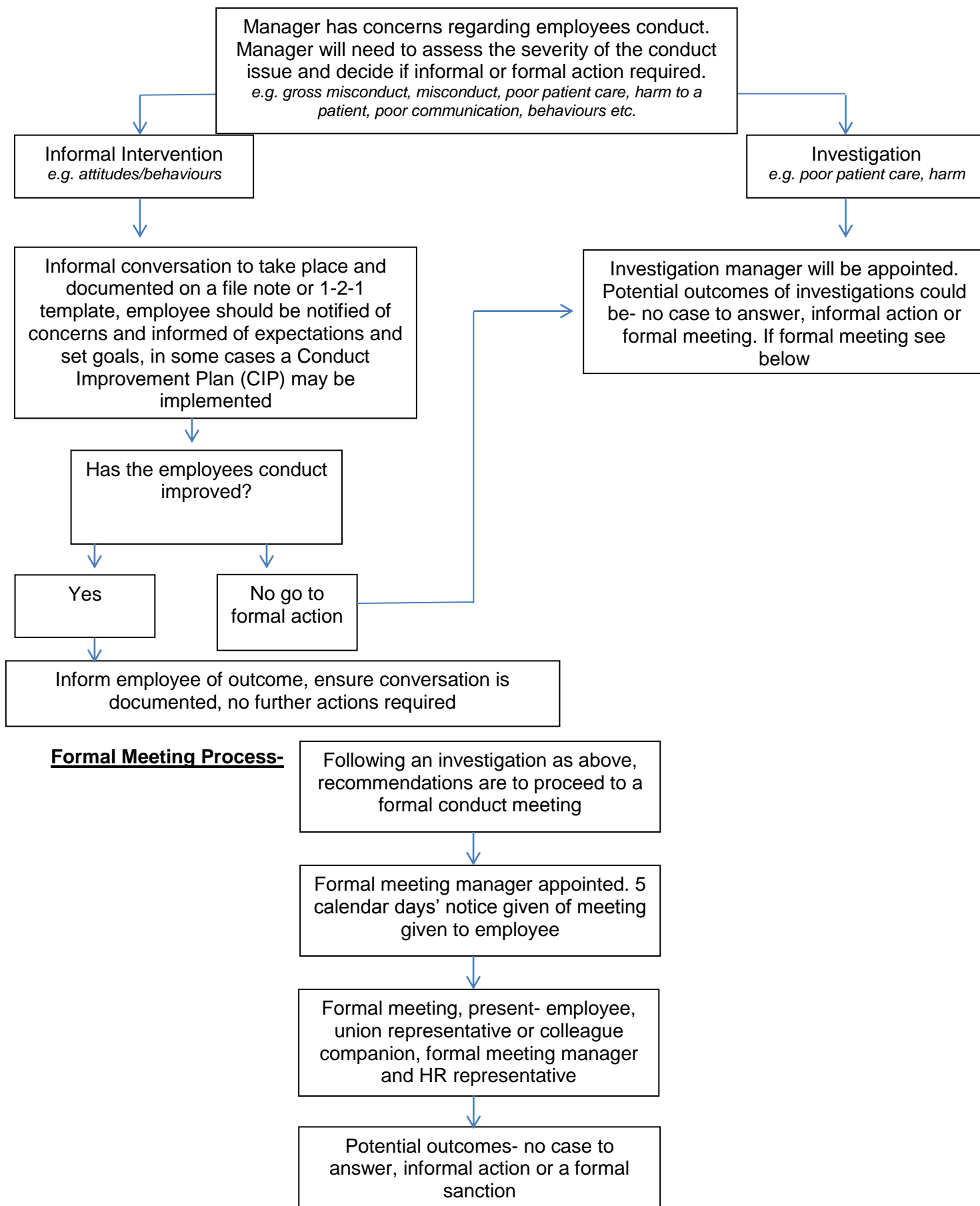
1	Introduction & Purpose.....	4
2.1	Glossary/Definitions	4
2	Main Document Requirements.....	5
2.1	Informal Conduct Management	5
2.1.1	Dealing with Issues or Concerns Early	6
2.1.2	1-2-1 Meetings	6
2.2	Appraisals	6
2.3	Conduct Improvement Plan.....	6
2.4	Formal Conduct Management.....	7
2.4.1	Examples of Misconduct and Gross Misconduct	7
2.5	Safeguarding Allegations	8
2.6	Counter Fraud.....	8
2.7	Investigation.....	8
2.8	Upon Completion of an Investigation.....	8
2.9	Suspension	9
2.10	Formal Disciplinary Meeting	9
2.11	Record of a Formal Disciplinary Meeting.....	10
2.12	Possible Outcomes from a Formal Disciplinary Meeting.....	10
2.12.1	Next Steps Informal Action Plan.....	10
2.12.2	First Written Warning	10
2.12.3	Final Written Warning.....	10
2.12.4	Dismissal	10
2.12.5	Down Banding.....	11
2.12.6	Mentorship	11
2.13	The Right to Appeal	11
2.14	The Right to be Accompanied	12
2.15	Appointment of a Formal Meeting Manager	12
3	Monitoring Compliance and Effectiveness of Implementation.....	12
4	Duties and Responsibilities of Individuals and Groups	13
4.1	Ward Managers, Matrons and Managers for Non Clinical Services.....	13
4.2	Employees	13
4.3	Human Resources	13
4.4	Trade Unions	13
4.5	Document Author and Document Implementation Lead	13
4.6	Target Audience – As indicated on the Cover Page of this Document.....	14
5.	Further Reading, Consultation and Glossary.....	14
5.1	References, Further Reading and Links to Other Policies	14

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

Document Title: Conduct Management Policy

5.2	Consultation Process	14
6	Equality Impact Assessment	14
	Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment	15

Instant Information 1- Flow Chart



Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

1 Introduction & Purpose

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to encouraging its employees to maintain appropriate conduct at work, and to providing them with the tools and the environment to do so. It is expected that employees demonstrate professionalism whilst carrying out the duties of their role in accordance with the Trusts STAR (Service, Teamwork, Ambition, and Respect) values.

This policy provides a framework for guidance in managing an employee's conduct when it falls below a reasonable standard. Any templates referenced in this policy are available on the HR intranet page under the Conduct Toolkit. Any matters involving alcohol, drugs or substance misuse will be dealt with in conjunction with the Trust's Alcohol, Drugs and Substance Abuse Policy (Ref 6). Any matters involving bullying and/or harassment will be dealt with in conjunction with the Bullying and Harassment Policy (Ref 5).


2.1 Glossary/Definitions

The following terms and acronyms are used within the document:

ACAS	Advisory, Conciliation, and Arbitration
Appeals Manager	Appointed by the Commissioning Manager to chair appeal meeting against the outcome of a formal meeting.
CIP	Cost Improvement Savings
Commissioning Manager	Manager who decides that a conduct issue should be investigated and appoints an Investigating Manager. This could be the line manager.
CQC	Care Quality Commission
EIA	Equality Impact Assessment
Formal Meeting Manager	Appointed by Commissioning Manager to chair the formal meeting and make a decision on the outcome.
HR	Human Resources
Investigating Manager	Appointed to undertake investigation into allegations and produce report which is submitted back to Commissioning Manager
IT	Information Technology
LADO	Local Area Designated Officer
NHS	National Health Service
NMC	Nursing and Midwifery Council
OH	Occupational Health
SMART	Specific Measurable Achievable Realistic Time-specific
STAR	Service Teamwork Ambition Respect

2 Main Document Requirements

The purpose of this document is to set out the Policy and Procedural framework for managing the conduct of an employee when this falls below the standard expected by the Trust. These standards are set out in the STAR values, job descriptions and all other Trust policies. This Policy outlines the informal stages of managing conduct, and also sets out the formal procedure where informal action has failed or the conduct is sufficiently serious to warrant formal action.

	
<p>Service – We will put our customers first</p>	<ul style="list-style-type: none"> • Ensure all employees are capable of delivering exceptional service in their individual roles • Clear expectations of what excellent looks like provided by management • Service delivery can only be achieved with a competent workforce • Make patient care and safety our priority
<p>Teamwork - We will work together</p>	<ul style="list-style-type: none"> • Awareness of the impact that poor performance has on the Trust and the team • To ensure your team members can rely on you • The Trust provides the right training and support to enable staff to do their roles • For managers to apply this policy fairly and consistently • Demonstrate professionalism
<p>Ambition – We will aspire to provide the best service</p>	<ul style="list-style-type: none"> • For all to strive to provide the best performance to deliver excellent patient care • Take pride in our work • Act as a good role model • Have a positive attitude • Encourage others
<p>Respect – We will act with integrity</p>	<ul style="list-style-type: none"> • Be open and honest whilst maintaining confidentiality • Be an advocate for the Trust • Demonstrate compassion and empathy • Treat others with dignity

2.1 Informal Conduct Management

Before the formal stages of this policy are invoked and where appropriate, minor conduct issues will be brought to the employee's attention informally by the employee's manager with the objective of achieving improvement. (i.e. trivial or not serious)

The line manager will bring concerns to the employee's attention and listen to their version of event(s). The line manager will discuss expectations, standards, development needs and timescales for improvement, this must be clearly documented and signed by both the manager and employee to ensure the employee clearly understands the expectations of them and what the next steps will be should no improvement be made.

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

2.1.1 Dealing with Issues or Concerns Early

Employees work in an environment where they either have responsibility for the care of patients and their safety, or work in roles to support colleagues to deliver this. Early intervention is therefore vital to ensure that the Trust is delivering high quality patient care and experience.

Quality of care relates to the way employees behave with their colleagues and starts with integrity, honesty and an understanding that the way they are at work, the way they interact and the way they speak can impact on the people they work alongside. All too often in busy work environments it is easy to overlook dealing with concerns or issues early, whereby nipping things in the bud may save something unnecessarily building up into a complex issue.

It is key that managers and teams deal with any concerns or issues early where needed, so that issues aren't left unresolved. If managers are able to provide coaching or facilitation to employees/teams to provide support, it may prevent issues escalating into formal grievances or disciplinary action being taken.

2.1.2 1-2-1 Meetings

Any issues or concerns which have previously been highlighted to an employee will be reviewed and discussed during regular 1-2-1 meetings.

When the informal approach fails to resolve the problem or the misconduct issue is serious (i.e. More than minor), then the formal disciplinary process will be followed.

In the 1-2-1 meeting the employee will have an opportunity to raise any concerns regarding the conduct of the manager.

2.2 Appraisals

Managers will always be monitoring the performance of their employees and performance reviews can be vital in ensuring effective two-way feedback is given regarding performance. Feedback on performance should be constructive, with the priority being to find ways in which good improvement can be achieved and sustained; this may include the provision of additional support, guidance or training.

Performance reviews also allow managers to discuss and agree Specific, Measurable, Achievable, Realistic, and Time specific (SMART) objectives with the employee, ensuring clarity on the expectations and standards required of them in their role. A personal development plan will also be discussed and a review date agreed during the performance review to support the employee in meeting their (SMART) objectives.

2.3 Conduct Improvement Plan

Following any issues or concerns being discussed and documented in 1-2-1 review meetings, it may be necessary to put an action plan in place to set standards and expectations. These may be based on the Trust's STAR Values and the conduct which is required in the department. This plan must have SMART objectives with regular documented reviews between the line manager and the employee.

A final review meeting should also take place at the end of the agreed timescale; which is where the decision is to be made as to whether:

- The employee's conduct has improved to the required standard and the employee is to be informed that no further action will be taken, under the Conduct Management Policy.

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

Document Title: Conduct Management Policy

- There has been some improvement in conduct, however the conduct at the required standard has not been consistent, and a further review period may need to be agreed.
- The employee is incapable of achieving the required standards, or the employee's conduct has consistently not met the required standards, and therefore the formal stage of the policy will be implemented.

2.4 Formal Conduct Management

2.4.1 Examples of Misconduct and Gross Misconduct

Examples of Misconduct <i>Possible outcomes – written warning</i>	Examples of Gross Misconduct <i>Possible outcomes- summary dismissal</i>
Behaviour regarded as examples of a poor attitude i.e. being inflexible, uncooperative, minor failures to adopt the STAR values	Theft, fraud or bribery including falsification of records e.g. timesheets
Failure to follow a reasonable management instruction	Deliberate or reckless damage unauthorised possession or misuse of the Trust's property
Inappropriate behaviour towards colleagues or patients	Negligent or poor patient care e.g. inappropriate use of language, dismissing patient concerns, failure to adhere to the Nursing and Midwifery Council (NMC) code (Ref 9) and/or Trust's STAR values
Excessive personal use or prohibited use of systems i.e. e mail, telephone internet etc	Serious inappropriate behaviour e.g. sleeping whilst on duty
Contravention of safety or hygiene requirements	Bringing the Trust and/or its reputation into disrepute
Failure to declare a criminal conviction on an application form	Being convicted of a criminal offence which makes their continued employment untenable
Failing to follow absence reporting procedures to notify absence	Assault or ill treatment of patients or any other person
Failure to escalate issues and/or in the right manner	Deliberately breaking safety rules or a single error due to negligence which causes or could have caused significant loss, damage or injury
Persistent lateness	Unauthorised disclosure or acquisition of confidential information
Inappropriate posting via web based media	A breach of trust and/or confidentiality
Minor breach of Trust Policy or procedure or failure to follow these	Serious breach of Trust Policy or procedure, or failure to follow these including a breach delegated financial authority.
Failure to maintain registration with relevant mandatory professional body	Bullying or harassment of others.

*Please note this list is not exhaustive

2.5 Safeguarding Allegations

If a conduct allegation is made in relation to children that would constitute a safeguarding concern this will be reported to the Trust's Safeguarding Lead and recorded by the HR team on the Employee Relations Database. Suspension may be considered in these cases – please see section 2.9 of this policy.

If the employee has a secondary employer where they work with children the Safeguarding Lead can take advice from the Local Area Designated Officer (LADO) about whether or not it would be appropriate to disclose this information to their secondary employer and take advice from the Trust's Information Governance Team prior to making a decision. As with any other conduct allegation a full investigation needs to take place. The HR team can be contacted for advice and support.

2.6 Counter Fraud

Any breach of this policy that may be considered fraudulent will be reported to the Local Counter Fraud Specialist for investigation, and may result in criminal and/or disciplinary proceedings being commenced. Any upheld allegation of fraud in relation to this policy may result in dismissal with or without notice. If fraud is suspected to be occurring in the workplace, contact the Local Counter Fraud Specialist to discuss concerns confidentially on 023 881 767

2.7 Investigation

The investigation process consists of the following steps, in order to establish a thorough understanding of the facts:

- An investigating manager will be appointed who will be from outside the subject of the complaint (s) team and ideally from outside the division.
- In certain cases, the investigating manager may interview the employee and/or witnesses, analyse data including Information Technology (IT) systems and/or organise a search of the employee's personal property e.g. locker if appropriate.
- If the investigating manager requires the employee to attend an investigation meeting they will provide the employee with details of the issue and ensure sure they are aware that the investigation may lead to a formal meeting.
- The employee will be provided with full details of the issue, advice and evidence in the form of a conduct summary report prior to them attending a formal meeting.
- During the meeting the employee will be given an opportunity respond to the concerns raised.

2.8 Upon Completion of an Investigation

The investigating manager will compile a report to submit to the Commissioning Manager and will provide recommendations as to whether any of the following apply -

- No case to answer – the employee will be informed of this outcome as soon as possible.
- Informal action – improvement plan, additional training etc
- Poor performance – where the investigation discovers the issue is related to poor performance rather than conduct and therefore training and support is required, the process reverts to the Trusts Improving Performance Policy (Ref 7)
- Mediation – this may be deemed appropriate to support resolving a dispute or issue that has arisen. Advice must be sought from the HR Team before proceeding with this.
- Formal conduct meeting – chaired by an independent Formal Meeting Manager to determine whether a sanction will be applied.

Document Title: Conduct Management Policy

Once the investigation report has been received by the Commissioning Manager they will make a decision as to whether the case is alleged misconduct or gross misconduct.

2.9 Suspension

The employee's manager or a manager of an equivalent level may suspend an employee on full pay pending a detailed investigation of an alleged offence, without prejudice to the outcome of the investigation following advice from the Head of Human Resources. Suspension is not a disciplinary sanction or an accusation of guilt.

Suspension is only considered in the following circumstances and as a last resort:

- Where there is an allegation of gross misconduct.
- Where it is necessary to protect the employees, other people or public funds.
- Where presence at work could prevent a thorough investigation.
- Where a work permit has been suspended or expired.

The employee will receive a letter confirming the suspension and the reasons for it.

Employees must be available during a period of suspension to attend necessary meetings etc. however annual leave can be requested via the local departmental procedures.

The employee's manager will be responsible for regularly updating the employee on the progress of the investigation and likely timescales for conclusion.

2.10 Formal Disciplinary Meeting

If, upon completion of an investigation, there are reasonable grounds to believe that an employee has committed an act of misconduct then the employee will be invited to attend a formal disciplinary meeting. The appointed Formal Meeting Manager will write to the employee to invite them to attend the formal meeting, giving them at least five calendar days' notice.

If the employee is absent due to ill health, the investigating manager and/or formal meeting manager may contact them to gain permission to seek Occupational Health advice about whether they will be fit to attend. If the employee refuses to meet with Occupational Health the manager conducting the formal disciplinary meeting will make a decision based on the information available.

If the employee is unable to attend a formal meeting within a reasonable period, they will be provided with a detailed explanation of the alleged misconduct and given the opportunity to provide a written response. In exceptional circumstances an employee may nominate a representative to attend a formal meeting on their behalf to put forward the employee's point of view.

Witnesses to the circumstances may be called by the Formal Meeting Manager or by the employee. All witnesses will co-operate fully with the hearing process and failure to do so may result in their conduct being addressed in accordance with this policy and procedure. Witnesses will be supported during the process and adjustment may be considered to enable witnesses to engage in the process.

In circumstances where it is deemed appropriate by the Formal Meeting Manager or by the employee, the investigating officer will be invited to present the case and answer any questions by the Formal Meeting Manager, employee and/or their representative.

The Formal Meeting Manager, at their discretion can adjourn the hearing in order that further evidence may be produced. Any further evidence will be submitted to the employee for consideration and response.

Document Title: Conduct Management Policy

The Formal Meeting Manager is empowered to recall witnesses or the investigating officer if they consider that this will help them arrive at a decision. In these circumstance the employee and/or their representative will be invited to the meeting

If a potential outcome of a formal disciplinary meeting is dismissal, a different Formal Meeting Manager to the investigating manager must be appointed to conduct the formal meeting.

2.11 Record of a Formal Disciplinary Meeting

The HR department will provide a recording device for all formal meetings to ensure an accurate record of the meeting is held. The employee will be informed at the start of the meeting that the meeting will be recorded and if they are happy to continue, they will also be advised that on request they can ask for a copy of the recording on a Compact Disc. Meeting notes will only be transcribed in exceptional circumstances and if required. Please read the Procedure for the Recording of HR Meetings which is available on the Trust Intranet – Conduct Toolkit (Ref 1).

2.12 Possible Outcomes from a Formal Disciplinary Meeting

2.12.1 Next Steps Informal Action Plan

Where it would be unreasonable for a formal sanction to be issued from a formal disciplinary meeting, an informal action plan may be agreed or recommended to support the employee in ensuring they achieve the expected level of conduct.

2.12.2 First Written Warning

If, following the formal disciplinary meeting it is believed that the employees conduct does not meet acceptable standards the employee will be given a first written warning. This warning will usually expire after six months unless otherwise stated.

2.12.3 Final Written Warning

If an employee's conduct is still unsatisfactory, or there is a further occurrence of misconduct during or following a first written warning, or the misconduct is sufficiently serious (i.e. more than minor), a final written warning may be issued to the employee. This warning will usually expire after twelve months unless otherwise stated.

In some cases it may be necessary to make a referral to the appropriate professional body. Each professional body has its own referral process which would be followed. Please refer to the Trusts Professional Registration Policy (Ref 10) for details.

2.12.4 Dismissal

If an employee's conduct remains unsatisfactory, there is a further occurrence of misconduct following previous warnings or the misconduct is sufficiently serious, this will normally result in a dismissal.

The Trust reserves the right to summarily dismiss any employee who has committed an act of gross misconduct, without notice or other benefits.

The employee will be provided with the appropriate notice in writing where applicable with the reasons for dismissal and the date on which their employment will terminate. The employee will also be notified of their right to appeal.

In exceptional circumstances, and only if the issue is not gross misconduct, the Trust might propose action short of dismissal such as redeployment or down banding, subject to agreement from the Head of Human Resources and requirements.

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

Document Title: Conduct Management Policy

In some cases it may be necessary to make a referral to the appropriate professional body. Each professional body has its own referral process which should be followed. Please refer to the Trusts Professional Registration Policy (Ref 10) for details.

2.12.5 Down Banding

Down banding options for the employee may be considered as an alternative to dismissal on the grounds of conduct, if an appropriate post is available. This is typically to a lower banded post within the Trust, in which it is felt the employee will be able to perform effectively. An employee will not be entitled to pay protection in these circumstances.

2.12.6 Mentorship

It may be an additional recommendation from a formal meeting that an employee is assigned an appropriate mentor (this may be a peer or a more senior colleague) for a specified period of time. The purpose of this is to ensure the employee is supported in their role following the formal meeting, and an on-going relationship of learning, dialogue and challenge is facilitated.

Table of outcomes:

Possible outcome of formal meeting	Who has the authority to chair the meeting?
First or Final Written Warning	Employee's line manager or manager of an equivalent banding and above
Appeal Meeting for First or Final Written Warning	Equivalent or higher banding to the original Formal Meeting Manager
Dismissal	8A or above
Appeal Meeting for Dismissals	8B or above (outside of the employee's directorate)
Other sanctions which may be used alongside the outcomes above:	
Training relating to conduct	
Down Banding –no pay protection	
Transfer to another department	

2.13 The Right to Appeal

- Employees have the right to appeal against any formal sanction taken at all stages as outlined in this policy. Appeals should be made in writing to the HR representative who attended the hearing, no later than seven calendar days from the date of receipt of the letter confirming the outcome of the meeting.
- Any appeal must explain the grounds for doing so, which must be either that the employee felt the decision was unreasonable, the manager did not take account of all the evidence or the employee has further evidence which may affect the outcome.
- An appropriate manager will be appointed to hear the appeal and the employee will be invited to attend an appeal meeting without unreasonable delay, usually within 14 calendar days. The appeal meeting is a formal meeting and employees have the right to be accompanied.
- The appeal manager may request the original manager to attend the appeal hearing as a witness to ensure rationale of the original decision is clear.
- The employee should be informed of the decision in writing and the decision of the appeal meeting will be final.
- All appeals against dismissals should be heard by an impartial Appeals Manager and HR representative and should be taken outside the employee's original division.

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

2.14 The Right to be Accompanied

- Employees have the right to be accompanied to meetings under the **formal** stages of this policy.
- Employees can be accompanied by a workplace colleague, a trade union representative or an official employed by a trade union and certified as being competent to accompany a worker. There is no right to be accompanied by a solicitor or legal representative.
- An employee can request to reschedule an informal or formal meeting once for up to seven calendar days from the original date of the meeting to allow more time for preparation and/or due to the availability of their companion.
- If the employee is unwilling or unable to attend a rescheduled meeting, the appointed manager will use the available evidence to make their decision and confirm this in writing to the employee.

2.15 Appointment of a Formal Meeting Manager

Table of Authority:

Possible outcome of formal meeting	Who has the authority to chair the meeting?
First or Final Written Warning	Employee's line manager or manager of equivalent banding and above
Appeal Meeting for First and Final Written Warning	Equivalent or higher banding to the original Formal Meeting Manager
Dismissal (summary or with notice)	8A or above
Appeal Meeting for Dismissals	8B or above (outside of the employee's division)
Appeal Meeting for Dismissals of NMC registered employees	Either the Chief Nurse or Deputy Chief Nurse or appointed Deputy

**For Formal Meetings involving medical employees the manager will be of equivalent banding as per the guidance above*

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Review 100% of cases	Reports and case feedback	HR	Monthly	Present to Deputy Director of HR	Review the Policy

4 Duties and Responsibilities of Individuals and Groups

The Chief Executive is ultimately responsible for the implementation of this document.

4.1 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.2 Employees

Employees will:

- Be a role model of the Trusts STAR values at all times.
- Deliver patient care to a high standard raising any issues preventing this to the appropriate person in a timely manner.
- Represent the Trust appropriately and ensure that a professional approach is taken with patients and colleagues at all times.
- Provide truthful information.
- Take all reasonable steps to attend meetings that they are invited to either informally or formally.

4.3 Human Resources

Human Resources will:

- Provide guidance and advice to employees at all levels within the Trust.
- Ensure this policy is applied in a fair and consistent manner.
- Review the effectiveness of the policy and procedures.
- Provide solutions focused advice taking into account relevant employment legislation
- Where appropriate ensure meetings under this policy are conducted without unreasonable delay.
- Support employees to deliver patient care which is underpinned by the Trusts STAR values
- Provide training and coaching to managers who may be required to use this policy
- Ensure employees are able to access a confidential counselling service through Staff Support
- Ensure this policy is accessible to all employees.

4.4 Trade Unions

For subscribing trade union members Trade Unions will:

- Provide support and guidance to employees.
- Represent the employee.
- Work in partnership with the Trust to support an open and honest culture.
- Support the review of the effectiveness of the policy.

4.5 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

4.6 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5. Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Conduct Toolkit	T Intranet
2	ACAS Guidance	www.acas.org.uk
3	STAR Values	T:\Trust-wide Documents
4	Fraud and Corruption Policy	T:\Trust-wide Documents
5	Bullying and Harassment Policy	T:\Trust-wide Documents
6	Alcohol, Drugs and Substance Abuse Policy	T:\Trust-wide Documents
7	Improving Performance Policy	T:\Trust-wide Documents
8	The Equality Act 2010	www.equalityhumanrights.com
9	Nursing and Midwifery Code	https://www.nmc.org.uk/standards/code/
10	Professional Registration Policy	T:\Trust-wide Documents

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Human Resource Department	16 July 2018
Sample of the line managers across the Divisions	30 July 2018

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Conduct Management Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? To provide a framework for guidance in managing an employees conduct when it falls below a reasonable standard		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No

Signed by the manager undertaking the assessment	Ros Weston
Date completed	10/10/2018
Job Title	HR Advisor

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

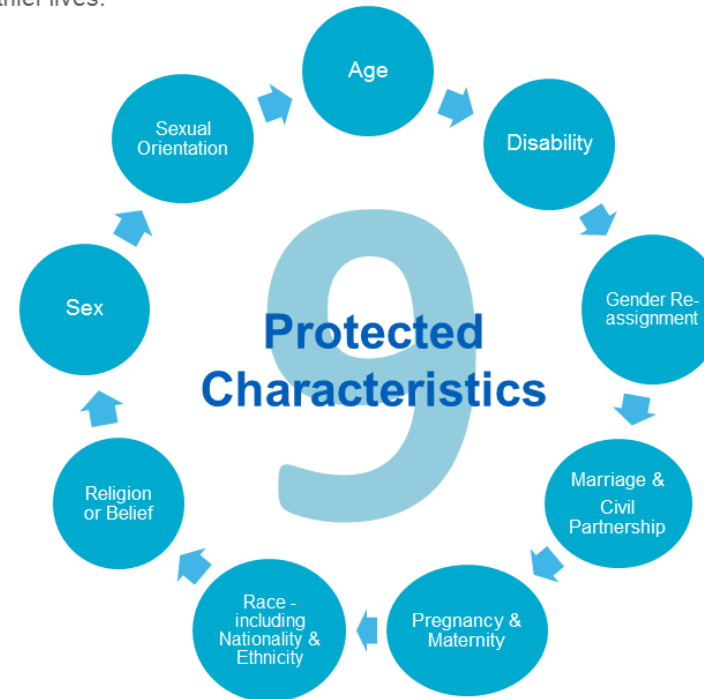
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
--------------------------------	--------------------------------------	------------------------------------	------------------------------------

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.