Outstanding Care,
Compassionate People,
Healthier Communities

Sherwood Forest Hospitals
NHS Foundation Trust

DISCIPLINARY POLICY

POLICY

Reference	HR/0018		
Approving Body	Joint Staff Partnership Forum		
Date Approved	August 2026		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
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	X		
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Author (Position & Name)	People Services Lead		
Lead Division/ Directorate	Corporate		

Lead Specialty/ Service/ Department	People Directorate
Position of Person able to provide Further Guidance/Information	People Services Lead

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. GD 40 Disciplinary Policy Supplementary Guidance for Managers and Employees	February 2021
2. GD 50 Investigation Guidance from Case Managers and Investigating Officer	February 2021
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1.0 INTRODUCTION

1.1 The policy outlines the Trust Policy in relation to an employee's conduct. The Trust expects all staff to meet high standards of behaviour in line with the Trust's values. It is important that colleagues understand their obligations and rights regarding this aspect of employment.

2.0 POLICY STATEMENT

2.1 The aim of the policy is to provide a framework within which managers can work with colleagues to maintain satisfactory standards of conduct. The Trust wants to ensure when something happens which is not expected, that a process is followed to decide what actions need to happen next. The Trust is committed to improvement where necessary and ensuring the practice of lessons learnt is embedded in the Trust.

2.2 This policy has been agreed to ensure that any disciplinary matter is dealt with fairly and steps are taken to establish the facts supported by the Just Culture / Being Fair principles and give employees the opportunity to respond before taking formal action.

2.3 This policy applies to all staff of the Trust with the exception of Bank Staff. It is noted that guidance on hearings and disciplinary procedures regarding medical and dental staff was published in 2005 in 'Maintaining High Professional Standards in the Modern NHS'. This guidance states misconduct matters for doctors and dentists are matters for local employers and must be resolved locally. In cases of alleged misconduct or gross misconduct by medical and dental staff relating to matters of a professional nature or professional conduct, hearings must be conducted in accordance with this Disciplinary Policy incorporating the amendments made by MHPS e.g. Part III

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust: Means the Sherwood Forest Hospitals NHS Foundation Trust

Employee: Employees of the Trust with the exception of medical and dental staff.

Capability: The Employment Rights Act 1996 states that 'capability is assessed by reference to skill, aptitude, health or any other physical or mental behaviour'. It also indicates that 'incapability must relate to the work or kind of work that the employee was employed by the employer to do'. This is determined by the employee's current contractual obligations.

Conduct: Where an employee fails to come up to the required standard as a result of their own carelessness, negligence or idleness, this does not constitute a lack of capability and can be regarded as misconduct. This should be dealt with under the Trust's Disciplinary Rules and Procedure.

Gross Misconduct ACAS defines Gross Misconduct as

Gross misconduct is generally seen as misconduct serious enough to destroy the contract between the employer and the employee, making any further working relationship and trust impossible.

Misconduct Is a substantial or intentional disregard of the employer's interests.

Suspension Suspension is where an employee continues to be employed but does not have to attend work or do any work.

4.0 ROLES AND RESPONSIBILITIES

4.1 Line Manager

- Managing the organisation (including employees), and setting and maintaining appropriate, expected standards of behaviour, ensuring that individuals are treated in a manner that promotes dignity and respect.
- Developing a culture that values diversity.
- Ensuring colleagues are aware of and have an understanding of this policy.
- Ensuring colleagues are aware of the relevant standards of acceptable work, which could include where appropriate, professional standards and are responsible for maintaining these.
- Adopt a person centered and compassionate approach to managing colleagues.
- Reviewing any incident, errors or allegations and speaking to the People Services Team for further advice
- Addressing any problems at the earliest opportunity and encouraging informal resolution in the first instance, where appropriate.
- Maintaining confidentiality throughout the process; for example not discussing the proceedings with individuals not connected with the process.
- If informal resolution not appropriate, to conduct a robust fact find to enable the Just Culture / Being Fair principles to be implemented.
- Supporting any colleagues involved in a People process, ensuring colleague health and wellbeing is considered and correct support is put in place e.g. referral to Occupational Health, sign posting to Employee Assistance Programme (EAP), staff counselling.

- Maintaining weekly contact with colleagues subject to a formal process in order to support their health and wellbeing. If there is a conflict of interest, or in the absence of the line manager, identify a designated deputy/alternative.
- Keep a log of all contact made with the colleague – date, time, message left and details of discussion.
- Communicating with the Case Manager/Investigating officer/People Directorate any concerns which the employee raises in relation to the investigation.

4.2 Employees

- All colleagues are to ensure their conduct is aligned with Trust values and behaviours. All colleagues of the Trust should ensure that they understand and comply with the Trusts standards relating to conduct and they carry out their duties in accordance with contractual obligations and with appropriate care.
- To co-operate with informal and formal procedures within the policy
- Challenging and reporting inappropriate behaviour.
- To attend disciplinary hearings if requested by management, inclusive of witnesses or attending in a specialist capacity.

4.3 Case Manager

- To consider information collated via the fact find.
- Commissioning a full and transparent investigation into allegations raised in accordance with this policy.
- Discharge their duties in accordance with this policy and the Disciplinary Policy Guidance document
- Appointing an investigating officer.
- Develop terms of reference for the investigation and amend as necessary.
- Maintain regular contact with the investigating officer.
- Review the progress of the investigation ensuring it is conducted in a timely manner.
- .
- Decide if there is a case to answer or not upon completion of the investigation.
- Identify the chair of any panel.

4.4 Investigating Officer

- Being fully aware of the disciplinary policy and guidance; conducting investigations accordingly. Ensuring confidentiality is maintained at all times.
- Investigate and establish the facts in the case by holding fact finding interviews, gathering statements and data/evidence as appropriate.
- Produce an investigation report based on factual evidence for the case manager.
- To regularly update the case manager and make them aware of any additional allegations or concerns that arise during the investigation.
- Updating the employee in relation to progress, any delays and the reasons for this.
- Present the investigation report at a disciplinary hearing if applicable

4.5 People Services Team

- Provide advice to managers following an adverse event to decide the next steps.
- Provide support to managers for any informal resolution.
- To be in attendance at any formal meetings and disciplinary hearings to provide support and advice
- Ensure the investigation is following due process and conducted in a timely manner, escalating where appropriate.
- Updating colleagues on a regular basis regarding the progress of the investigation, including any delays and the reasons for these.
- Maintain accurate records and monitoring via the electronic database.
- On conclusion of cases, the People Services Team will ensure retention of all records pertaining to the cases.
- The People Services Team Team will maintain and update a central database of disciplinary cases and for ensuring consistency in any action taken.

4.6 Trade Union Representatives

- Trade Union Representatives have an important role to play in providing advice and/or support to individual colleagues, work in partnership with the Trust to ensure conduct and behaviour is in line with the Trusts values and behaviours.
- A colleague under investigation for alleged misconduct/gross misconduct or facing formal disciplinary proceedings has the right to be accompanied by an accredited trade union representative.

4.6 Staff Side Chair/Staff Side Secretary

- Will give independent information regarding the fast track process, not acting in a trade union capacity.
- Can support individuals who are not members of an accredited Trade Union at fact-finds, investigation meetings or hearings, to ensure that due process is followed.

5.0 APPROVAL

5.1 Joint Staff Partnership Forum

6.0 DOCUMENT REQUIREMENTS

6.1 Just Culture / Being Fair Principles

6.1.1 A Just Culture / the Being Fair principles can be seen as an environment where the Trust puts equal emphasis on accountability and learning. It's where the Trust asks individuals and teams to give an account of how the event happened and what it meant to individuals and teams, and what support is needed by those affected by the event both directly and indirectly.

6.1.2 It's a culture that instinctively asks in the case of an adverse event '**what** *was responsible,* ***not who*** *was responsible'.*

6.2 Expected Behaviours

6.2.1 Trust policies and procedures outline the rules and conduct expected from all colleagues.

6.2.2 The values identify the conduct and behaviours required by all colleagues employed by the Trust.

6.2.3 Examples of Misconduct and Gross Misconduct are outlined in the supplementary guidance. These lists are not exhaustive.

6.3 Fact Finding

6.3.1 In line with the Just Culture / Being Fair principles, when concerns are raised there should be a fact finding exercise to review the whole of the event. This is to ensure initial facts are established to enable a decision regarding the next steps.

6.3.2 The fact finding will establish dates and time of the incident, individuals involved, or individuals who have potentially witnessed events. This should include taking accounts from individuals involved in the incident/concern. This may also include reviewing rotas, patient's notes, emails, individual circumstances and previous discussions with individuals for example. This is not a formal investigation and will be informal, open and transparent.

6.3.3 Individuals will be asked to attend a fact-finding meeting. If an individual fails to attend on two separate occasions without reasonable justification, the facts obtained will be shared with the Case Manager without the input from an individual. A decision will be made based on the information made available.

6.3.4 For minor cases of misconduct, the facts will be obtained and Case Manager will consider a way forward and may take advice from the People Services Team. The options will include:

- No further action
- Informal counseling
- Improvement Notice

6.3.5 For more serious acts of misconduct or gross misconduct, a thorough fact find will be completed. Advice may be taken from the Deputy Chief People Officer and the Chief Nurse (or appropriate deputy) with regards to possible suspension from duty.

The facts will be informally presented to a senior manager within the division or Corporate area for a decision regarding the way forward.
The options will include;

- No further action
- Informal counseling
- Improvement Notice
- Formal investigation via the disciplinary policy

6.4 Informal discussions and improvement notice

6.4.1 The Trust recognises that cases of minor misconduct are best dealt with informally and quickly.

6.4.2 Managers are expected to see the colleagues concerned and discuss with them why the expected standard of conduct and/or behaviour is not being met.

6.4.3 The aim of the meeting should be to clarify standards required and agree improvement expected over an appropriate timescale. Any agreed training in order to facilitate improved conduct and/or behaviours should also be identified. This should be followed up in writing with an Improvement Notice which will remain on file for up to 6-9 months. An improvement notice outlines expectations and is not a disciplinary sanction.

6.4.4 If appropriate, a manager will meet with any other relevant individuals to obtain further facts,prior to making any decisions. Managers will then consider the information discussed and determine whether they feel it is appropriate to issue an improvement notice. Advice should be sought from the People Services Team to ensure consistency throughout the organization. Further guidance on improvement notices can be found in the Disciplinary Supplementary Guidance for Managers and Employees.

6.4.5 Where informal discussion and the Improvement Notice have failed to address the conduct and/or behaviour concerns, or it involves more serious incidents, it will be appropriate to follow the formal disciplinary investigation process.

6.5 Formal Disciplinary Process

6.5.1 Where the fact find exercise has identified alleged misconduct or gross misconduct or where expectations have been clarified and there has been a failure to improve conduct and/or behaviour concerns a formal investigation will be instigated.

6.6 Suspension

6.6.1 Alternatives to suspension must always be considered before suspending a colleagues; this could be restricting duties or temporary redeployment to another role / department or site. Suspension should only be agreed as a last resort; it is important that a robust fact-find has been conducted, and ascertain the colleagues version of events before suspending. It should also be made clear to the colleague that suspension is not regarded as disciplinary action and is a holding measure to enable an investigation and does not imply that any decision has already been made about the allegations.

6.6.2 Where alternatives to suspension are not deemed to be suitable, the options considered and rationale must be documented and must form part of the investigation report.

6.6.3 A colleague suspended due to a serious allegation of misconduct/gross misconduct will receive full pay (including an average of contractual enhancements) unless the individual is not willing or are unable to attend work (for example because they are ill).

If an individual is absent due to ill health when suspended they will be paid in accordance with Section 14.2 of Agenda for Change terms and conditions.

6.6.4 Suspension from duty on full pay may become necessary in certain circumstances. These could include (but are not limited to) situations where:

- the allegation requires immediate removal of the colleague from their place of work pending a decision of what action, if any, is to be taken;
- the allegation requires investigation and is of such a serious nature (i.e. potentially gross misconduct) that it is undesirable for the employee concerned to remain on duty;
- it is necessary for the protection of a member of other colleagues, a patient, or the public;
- if there are concerns regarding the completion of fair and objective investigation e.g. potential witness intimidation or evidence tampering.

6.6.5 An individual who is suspended will be referred to Occupational Health for support regarding wellbeing and advice on any reasonable adjustments if applicable.

6.6.6 The decision to suspend an employee, including where there are safeguarding concerns, must be taken by the Chief Nurse or designated deputy and the Deputy Chief People Officer or designated deputy.

6.6.7 Individual's terms and conditions of employment and contract of employment remain effective during a suspension. Individuals who hold a second job or do voluntary work and want to continue this work during their suspension must discuss with the case manager regarding the type of work, what the role is and if the suspension would impact on the other workplace. If authorization is given for the individual to work elsewhere, they must not work during their normal working hours with the Trust.

6.6.8 Periods of suspension should be kept to a minimum, the case manager will write to the employee every 2 weeks to formally review the suspension and provide information about the progress of the investigation. The suspension will be reviewed by the Chief Nurse, or designated deputy and the Deputy Chief People Officer or designated deputy.

6.6.9 During the suspension the individual will receive regular contact with their line manager or designated deputy and will receive regular updates from the People Directorate .

6.6.10 Colleagues may be advised to return any Trust property during their suspension including laptops, mobile phones, smart cards and access cards (excluding car park barrier pass).

6.6.11 Colleagues should also be advised that their IT accounts will be closed during their suspension. Colleagues should contact the People Services Team if they need access to their work documents or IT account during their suspension in order to gain information that may help the investigation.

6.7 Investigation

6.7.1 The process of conducting investigations is set out in detail in the Disciplinary Guidance document.

6.7.2 A fact finding exercise will have taken place prior to the commissioning of a formal investigation in line with this policy.

6.7.3 Colleagues subject to a formal investigation will be referred to occupational health for support regarding health and wellbeing and advice regarding reasonable adjustments if applicable.

6.7.4 A case manager will be appointed, who will identify an investigating officer. The investigating officer should not be someone who is directly responsible for the employee who is being investigated, in order to ensure a fair and objective investigation.

6.7.5 The investigating officer should not be directly or indirectly involved in the incident. It should also be noted that an investigating officer cannot subsequently be a member of the disciplinary panel in the event a formal hearing is required.

6.7.6 The case manager will write to the colleague who is the subject of an investigation via this policy must be written to within 7 working days of being informed of the concerns, outlining the nature of the allegation being investigated. The letter must contain the points outlined in the Disciplinary Guidance document.

6.7.7 The investigating officer will be responsible for ascertaining the full facts of the case and for providing a report to the case manager. In cases where an incident involves, or was witnessed by, a number of colleagues, this must involve obtaining statements from each individual employee, who has the right to be accompanied by an accredited trade union representative or current work place colleague not acting in a professional capacity and not involved on the investigation to any investigation meeting.

6.7.8 The colleague will be invited to a formal investigation meeting. If they fail to attend on two separate occasions without reasonable justification, the investigation will be concluded without their input. .

6.7.9 The investigating officer should keep the colleague under investigation updated with regards to timescales of the investigation.

6.7.10 The investigating officer will submit a report including all evidence collected to the case manager, outlining the full facts and circumstances of the case based on the evidence collected.

6.7.11 The case manager will review the report and make a decision regarding whether a formal disciplinary hearing should be convened. Advice is available from the People Services Team.

6.7.12 If a disciplinary hearing is deemed not appropriate the case manager should meet with the employee at the earliest opportunity to discuss the findings of the report and agree a way forward. A letter confirming the outcome of this meeting should be sent to the employee within 7 working days of the meeting.

6.8 Representation

6.8.1 A colleague who is subject to an investigation is entitled to be represented by an accredited Trade Union Representative at an investigation statement meeting, disciplinary hearing or appeal hearing. Alternatively an individual is able to be accompanied by a current work place colleague not acting in a professional capacity and who is not involved in the investigation.

6.8.2 If the individual's representative is unavailable at the time the meeting is scheduled and will not be available for more than 7 days afterwards the Trust may ask the individual to choose someone else to represent them.

6.9 Fast Track Disciplinary Meeting

6.9.1 A disciplinary meeting is a fast track meeting in which a disciplinary warning (up to, and including, a final warning for a maximum of 24 months) is given to a colleaguee.

6.9.2 A fast track disciplinary meeting will only be appropriate where the colleague has taken full responsibility for their actions and accepted the allegations against them. It enables a faster resolution and closure to a disciplinary matter for the employee. It is a less formal meeting than a disciplinary hearing consisting of the case manager, HR representative, the colleague and their representative (where applicable).

The Investigating Team do not attend a disciplinary meeting. This process is not applicable in cases where the employee denies the allegations.

A Fast track meeting may be agreed as a reasonable adjustment following occupational health advice if appropriate.

6.9.3 At the meeting:

- The Case Manager will feedback the outcome of the investigation or fact finding review;
- The colleague will have the opportunity to give a response to the allegations and raise any mitigation;
- If no further issues come to light and all mitigation has been explored the Case Manager will offer a disciplinary sanction up to and including a final written warning.
- The option of a Fast track is only applicable for sanction up to and including Final Written Warning and cannot be offered for action short of dismissal or dismissals
- The Disciplinary Guidance definitions of misconduct/gross misconduct will be used to ascertain the level of warning.
- Where the colleagues accepts the warning, they and their representative will sign a statement to confirm acceptance of the sanction. In the absence of a representative, the HR representative will sign to confirm all information and options have been disseminated to the employee. Following the meeting an outcome letter will be confirmed in writing and a copy will be placed on their personal file. The employee will have the right to request a review of the sanction.

6.9.4 To review the sanction, this must be made in writing to the Deputy Chief People Officer outlining the reasons for the review, within 2 weeks of the date of the written confirmation of the disciplinary outcome letter.

6.9.5 If a review has been requested a full investigation and/or disciplinary hearing will be convened. A disciplinary panel will be independent and will not include the Case Manager or HR representative involved in the fast track meeting.

6.9.6 A fast track meeting can take place at any point throughout the process prior to the disciplinary hearing.

6.9.7 Staff who are not a member of a Trade Union can obtain independent information from the Staff Side Chair or Staff Side Secretary. The advice given is not Trade Union advice thus the Staff Side Chair or Staff Side Secretary will not provide representation.

6.10 Disciplinary Hearing

6.10.1 If it is deemed necessary to convene a disciplinary hearing, this should be arranged within 4 weeks of the date of submission of the report to the case manager.

6.10.2 The disciplinary hearing will be heard by an authorised disciplining manager who will be supported by a Representative from the People Directorate.

6.10.3 On occasions it may be necessary to have an independent/specialist advisor on the panel.

6.10.4 The management case will be presented by the investigating officer who will be supported by an Representative from the People Directorate.

6.10.5 The employee is entitled to be represented by an accredited trade union representative or accompanied by a current work colleague not acting in a professional capacity and not involved with the investigation. Employees cannot bring a legal representative or anyone acting in a legal capacity.

6.10.6 A copy of the report (including all evidence collected) will be sent to the employee at least 7 working days prior to the disciplinary hearing. In line with GDPR regulations, information may be redacted within the report, including patient information.

6.10.7 The order of the disciplinary hearing is outlined in the disciplinary guidance document

6.11 Disciplinary Sanctions

6.11.1 Formal Written Warnings

6.11.2 In all cases where a formal written warning is to be issued, this must be notified to the individual at the hearing and subsequently must be confirmed in writing within 7 working days of the disciplinary hearing. Both the verbal and subsequent written confirmation must include reference to the points in the disciplinary guidance along with the right of appeal.

6.11.3 First Written Warning can be issued for a specified period of up to 12 months. This will normally be issued if it is deemed as misconduct by the disciplinary panel.

6.11.4 Final Written Warning can be issued for a specified period of up to 18 months. This will normally be issued where there has been a repeat of a breach of the disciplinary rule(s) or a failure to improve or change behaviour in the timescale set in a first written warning or, on a first occasion, where the offence is sufficiently serious to warrant it.

6.11.5 Significant mitigating factors can be taken into account when deciding the period of time of the sanction.

6.11.6 Staff who have been issued with a first or final written warning will have their incremental pay progression withheld for the period the warning is active in accordance with National Terms and Conditions of Employment.

6.12 Other action short of dismissal – extension of final warning / transfer / down banding

6.12.1 According to the circumstances of the case, other action may be considered as an alternative to dismissal. This may involve a transfer and/or down banding to a different department and/or location and/or shift pattern.

6.12.2 The employee is obliged to raise any issues of concern and identify support which they may need to enable the required improvement.

6.12.3 A copy of the outcome letter confirming formal warnings, down bandings, redeployment, transfer or dismissal plus the investigation report must be retained on the employee's personal file

6.13 Dismissal

6.13.1 Dismissal under the Disciplinary Policy is the final sanction that can be imposed. It is usually applicable where the behaviour or conduct constitutes gross misconduct or where there have been previous instances that are the subject of live disciplinary warnings.

6.13.2 Acts of gross misconduct result in dismissal without notice (summary dismissal) unless there are substantial mitigating circumstances which justify the application of a lesser penalty in the judgment of the person conducting the disciplinary hearing.

6.13.3 The decision to dismiss must be communicated to the employee within 7 working days and must contain the information in the toolkit.

6.14 Right of Appeal

6.14.1 There will be a right of appeal against any formal warnings, down bandings, redeployment, transfer or dismissal. The sanction will be put in place until the appeal has been heard. Employees must be informed of their right of appeal and advised of the procedure for lodging an appeal in writing in the letter confirming any disciplinary action.

6.14.2 Appeals must be made in writing to the Deputy Chief People Officer outlining the reasons for the appeal, within 2 weeks of the date of the written confirmation of the disciplinary hearing outcome.

6.14.3 Appeals will be heard by a panel and will normally be held within a timely manner of receipt of the
written appeal, or as soon as is reasonably practicable.

6.14.4 See the Appeals Policy regarding panel and process for appeal hearings.

6.14.5 The employee has the right to be accompanied by an accredited Trade Unions Representative or current work place colleague not acting in a professional capacity and not involved in the investigation.

6.15 Grievances

6.15.1 Where a formal grievance is raised during a disciplinary investigation/process, the appropriate action will be determined on a case by case basis.

6.15.2 Any concerns in relation to the disciplinary process must be addressed through the disciplinary process and not via the Trust Grievance Policy.

6.16 Sickness during the disciplinary process

6.16.1 Where an employee is off sick during any stage of the disciplinary process, advice will be sought from Occupational Health regarding their fitness to engage in the process, and any reasonable adjustments which could be considered to be facilitated to support their involvement. Where Occupational Health advice indicates the sickness absence will continue, advice will be sought from the People Directorate, and consideration will be given to the impact of the disciplinary process and a decision made whether this should continue in the employee's absence.

6.17 Serious Harm

6.17.1 An employee who is subject to a disciplinary process, and who suffers serious harm, physical or mental (e.g. suicide, self-harm, inpatient stays), should be treated as a 'never event'.

6.17.2 The Deputy Chief People Officer or designated deputy will implement and follow the Incident Reporting Policy and Procedure and the Incident Reporting Policy and Procedures Toolkit.

6.18 Recordings

6.18.1 Covert recordings of any management meeting, inclusive of fact-finds, investigation meetings and hearings are not permissible. If any covert recordings are disclosed, the procedure as outline within this policy may be followed.

6.19 Allegations of Criminal Acts (related or unrelated to employment)

6.19.1 Employees who are arrested on any charge, and/or cautioned, and/or convicted of a criminal offence, regardless of whether the incident is related or unrelated to their employment, must inform their line manager (or designated deputy) of the circumstances immediately. This is applicable during all periods of employment including periods of sickness absence, family leave (Maternity Leave, Paternity Leave, Adoption etc), career break, secondment etc. A failure to report a disclose of such information in a timely manner, may lead to action under this policy.

6.19.1 Where an employee has committed, or is suspected of committing or conspiring to commit a criminal act at work, this will be reported to the police. The Trust will continue with action under this policy, unless it is established that in doing so would impede a police investigation.

6.19.2 Allegations of criminal acts unrelated to employment will not be treated as an automatic reason for action under this policy. Each case will be considered on it's own merits. Advice will be sought from the People Directorate and other professional leads, e.g. Safeguarding. Where the alleged offence constitutes potential misconduct or gross misconduct, the Trust will continue with action under this policy, unless it is established in doing so would impede a police investigation.

6.19.3 Regardless of the outcome of the police investigation / criminal proceedings, where there is sufficient evidence to suggest the alleged action is potential misconduct / gross misconduct, then action will be taken under this policy. Please note that the Trust's Allegations Against Professional Policy may also be considered.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Policy Implementation	People Services Lead	Audit	Monthly	JSPF
Policy Implementation	Chief People Officer	Audit	Monthly	Private Board of Directors

8.0 TRAINING AND IMPLEMENTATION

8.1 and Training has been provided to Managers on the application of this Disciplinary Rules procedure and update training is made available on a yearly basis. Trade Union Representatives also receive training via their union's training resources.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

- ACAS Code of Practice on Grievance and Disciplinary Procedures
- Equality Act 2010
- Employment Rights Act 1996
- Employment Relations Act 1999
- Employment Act 2002
- Trade Union and Labour Relations (Consolidation) Act 1992
- Trade Union Act 2016

Related SFHFT Documents:

- Grievance Policy
- Dignity at Work Policy
- Appeal Policy
- Capability Policy

12.0 APPENDICES

See cover page.

APPENDIX 1) - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

EIA Form Stage One:

Name EIA Assessor: Amber Hardy		**Date of EIA completion: 4 August 2026**
Department: People Directorate		**Division: Corporate**
Name of service/policy/procedure being reviewed or created: Disciplinary Policy		
Name of person responsible for service/policy/procedure: Amber Hardy		
Brief summary of policy, procedure or service being assessed: The aim of the policy is to provide a framework within which managers can work with staff to maintain satisfactory standards of conduct. The Trust wants to ensure when something happens which is not expected, that a process is followed to decide what actions need to happen next.		
Please state who this policy will affect: Staff **(Please delete as appropriate)**		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Provide a brief summary of what data or supporting information was considered to complete this assessment?**
Race and Ethnicity	None	The Trust's existing Disciplinary Policy was reviewed alongside the requirements of the Equality Act 2010. Consideration was given to the policy's application across all protected characteristics. The assessment concluded that the policy applies consistently to all employees, with no evidence that it creates barriers to access or results in disproportionate adverse impact for any protected characteristic. The policy includes appropriate provisions to ensure fairness, consistency, and reasonable adjustments where required and will be monitored through JSPF.
Sex	None	
Age	None	
Religion and Belief	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	

Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	None	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
JSPF Sub Group, JSPF,

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
No.

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
		Low	**Nil**			

If you identified positive impact, please outline the details here:

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**

EIA Form Stage Two:

Gender			
Age			
Religion			
Disability			
Sexuality			
Pregnancy and Maternity			
Gender Reassignment			
Marriage and Civil Partnership			
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)			

Signature: *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form*
Date: