

STAFF DISCIPLINE POLICY	
Summary statement: How does the document support patient care?	By ensuring that staff achieve the expected standards within their employment and providing a framework to deal with concerns
Staff/stakeholders involved in development: <i>Job titles only</i>	Human Resources, Policy Discussion Group, Employee Partnership Forum
Division:	Organisational Development and Leadership
Department:	Human Resources
Responsible Person:	Director of HR
Author:	Head of Employee Relations
For use by:	All staff
Purpose:	This policy provides a framework to deal with concerns about staff conduct
This document supports: <i>Standards and legislation</i>	ACAS Code of Practice Employment Legislation including Employment Act 2008 and the Equality Act 2010
Key related documents:	Health and Wellbeing Policy, Investigation Policy, Capability Policy, Maintaining High Professional Standards in the Modern NHS, Grievance and Fair Treatment Policy, Raising Concerns/Freedom to Speak Up Policy
Approved by: <i>Divisional Governance/Management Group</i>	Trust Executive Committee
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If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
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1.0	Previous Trust documents (WaSH/SRH)			
2.0				
3.0	October 2009	HR Business Partner	Archived	3 year review
4.0	September 2012	HR Advisor	Archived	3 year review
5.0	July 2016	██████████ ■	Archived	
6.0	March 2019	Head of Employee Relations	Live	

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1. Purpose

- 1.1 University Hospitals Sussex NHS Foundation Trust is striving to create a culture where everyone is passionate about delivering exceptional quality every time and “where better never stops”.
- 1.2 The Patient First programme sets out the approach to continually improve the care provided for patients. The patient focus is directly supported by the Trust’s values and behaviours: being kind, friendly, respectful, compassionate, professional and working as a team.
- 1.3 This policy aims to set out a framework whereby employees will be held to account for their actions and supported to seek improvement in their standards where these are below what is expected. The Trust recognises that some failures in standards are caused by the faults of systems and processes and will therefore ensure that these are continually improved upon.
- 1.4 This policy will be applied consistently for all members of staff.
- 1.5 The Trust is committed to seeking informal solutions to issues wherever possible. Staff should be given an opportunity to make improvements to their conduct before formal action is taken. However, some concerns are so serious that formal action must be considered.
- 1.6 This policy and the procedure contained in Appendix A are designed to comply with best practice, the ACAS Code of Practice and current legislation, including the Employment Act 2008.
- 1.7 This policy should be read in conjunction with the Investigation Policy, Capability Policy and Maintaining High Professional Standards in the NHS Policy.

2. Scope

2.1 Who is covered by the Policy

- 2.1.1 This policy covers all staff, including Medical and Dental staff, regardless of role, location or contractual status. Agency workers or contractor staff should give regard to this policy; however separate disciplinary policies will exist with their respective employers. Where concerns arise in respect of Medical and Dental staff, reference should be made to Maintaining High Professional Standards in the NHS.
- 2.1.2 This policy does not apply to Bank workers. Guidance for how to deal with concerns is contained within the Temporary Worker Agreement. This is issued to Bank workers on commencement with the Trust.

3. Principles

3.1 Rights of representation

- 3.1.1 At all formal stages, the member of staff may be represented or accompanied by their Trade Union/ Staff Side representative or a work colleague. It is the member of staff's responsibility to arrange this and confirm attendance with their line manager or case manager.
- 3.1.2 As staff discipline is a matter for internal resolution, members of staff are not entitled to legal representation at any stage of this process.
- 3.1.3 Family members often become emotionally involved and are therefore not permitted to attend any meetings with the member of staff. They can be available to support the member of staff before and after a meeting.
- 3.1.4 Additional provisions for representation are in place for Medical and Dental staff. These are outlined in Maintaining High Professional Standards in the NHS.

3.2 Disciplinary relating to another HR process

Where a disciplinary is related to another HR process (e.g. an investigation, grievance or capability process) consideration will be given to as to whether both processes can run concurrently and/or if one should be halted until the other concludes.

3.3 Trade union representatives going through disciplinary process

The Trust will, with the prior agreement of the member of staff, discuss the matter with the full time official of the trade union before taking disciplinary action.

3.4 Holding a disciplinary in staff absence

There may be exceptional circumstances where a member of staff is unable to attend a disciplinary hearing and the Trust will need to consider whether to hear the disciplinary in the member of staff's absence. The following will be considered before making a decision:

- Whether a representative can attend in their absence
- Whether the venue can be changed to encourage participation
- Whether the member of staff can make written representations
- The member of staff mitigating circumstances

3.5 Decision to hold a disciplinary process

- 3.5.1 A decision to proceed with a disciplinary hearing will usually be taken by the case manager following a formal investigation process (see Trust Investigation Policy). There will be circumstances in which a disciplinary process is initiated without an investigation, where the full facts of the case are known following a fact finding exercise.

- 3.5.2 This policy allows for a line manager (or appropriate alternative senior manager) to issue a disciplinary sanction up to and including final stage warning within a disciplinary meeting. This will only be used when the facts are not in dispute and dismissal is not a potential outcome. The member of staff is entitled to request a full disciplinary panel hearing if they do not believe that a meeting with the line manager is appropriate.

3.6 Forms of misconduct

- 3.6.1 It is not possible to produce an exhaustive list of concerns that fit within each classification of misconduct. However, the following list provides some examples:

Minor misconduct:

- Poor time keeping
- Short term unauthorised or uncertificated absences
- Failure to adhere to Trust policies/rules/procedures or protocols e.g. failure to wear ID badge, failure to comply with the Trust Dress Code Policy
- Breach of rules applying to the particular department or building, provided no danger or unsafe practice is involved
- Breach of expected standards set within each department or section of the Trust relating to the work being carried out which should be known to employees

Serious misconduct:

- Repeated offences of minor misconduct
- Conduct of such a degree that it seriously interferes with the smooth running of the service or affects the health or safety of any person
- Behaving in a disorderly manner
- Using offensive language on health service premises
- Failure to carry out reasonable instructions
- Dangerous or wilful breach of safety rules
- Breaches of professional standards and/or neglect of duties
- Breaches of Trust policies and procedures
- Failure to comply with infection control measures, e.g. hand washing etc

Gross misconduct:

- Poor treatment of patients, staff and/or colleagues or demonstrations of behaviours that are not consistent with the Trust values or expected standards of behaviour (including behaviours towards others demonstrated on social networking sites)
- Bullying and/or harassment
- Physical or verbal abuse of patients or staff
- Serious breaches of professional standards and/or neglect of duties
- Serious breaches of Trust policies and procedures
- Theft

- Fraud or Bribery
- Physical violence
- Deliberate and serious damage to property
- Absence Without Leave (AWOL)
- Serious misuse of the Trust's property or name
- Deliberately accessing internet sites containing pornographic, offensive or obscene material
- Serious insubordination
- Unlawful discrimination, including bullying and harassment, of any kind, (e.g. on the grounds of race, gender, disability, age, religion, sexual orientation, pregnancy and maternity, marriage and civil partnership and gender reassignment)
- Bringing the Trust into disrepute
- Breach of contract including lapse of professional registration
- Bringing alcohol or illegal drugs onto Trust property and/or serious incapability at work brought on by alcohol or illegal drugs
- Causing loss, damage or injury through serious negligence
- A serious breach of health and safety rules
- Serious breaches of confidentiality including the misuse of or failure to safeguard confidential information and/or patient data
- Using social networking sites and making reference to the Trust, patients, your work, making personal comments that could cause offence or distress to an individual, making remarks that bring the Trust or the NHS as a whole into disrepute, breaching confidentiality and sharing inappropriate comments and pictures
- If employees commit an offence in the course of or outside their employment, which reflects on their suitability to continue in their post or which undermines the reputation and credibility of the Trust
- Conviction for a criminal offence that is relevant to their role or employment at the Trust.

4. Informal action

- 4.1 Where it is judged that there is an issue of misconduct but informal action will quickly resolve or correct those concerns, the manager will arrange to discuss these with the member of staff at the earliest opportunity.
- 4.2 Informal action can provide a valuable opportunity to clarify expected standards of conduct and identify any support required for the employee to achieve these.

5. Formal action

- 5.1 Formal action is sometimes required:
 - Where there has not been an improvement identified in the informal stage
 - Where there is a potential risk to the Trust and/or patient safety

- Where informal action is unlikely to resolve the concerns or when the member of staff refuses to meet with their manager informally
- Where the concern is sufficiently serious to warrant a formal approach

5.2 Formal action will follow the process outlined in Appendix A and can involve a disciplinary meeting with a manager or a full panel hearing.

5.3 During a formal process the manager or panel chair will consider whether there is evidence to substantiate the misconduct, the level of misconduct which has been substantiated and whether a formal sanction should be issued.

5.4 The levels of formal sanction that can be issued are:

- 1st Stage Formal Warning – for a period of 12 months
- Final Stage Formal Warning – for a period of 24 months
- Action short of dismissal (e.g. demotion, change of working pattern)
- Dismissal with contractual notice
- Dismissal with option of redeployment
- Dismissal without contractual notice (summary dismissal)

In exceptional circumstances the panel chair has the right to issue formal warnings for a longer duration than that outlined above but clear and objective justification will need to be given for this.

5.5 Any member of staff receiving a formal warning will have their pay progression to the next point of the pay scale delayed for the duration of their warning.

5.6 If the panel issue a sanction of action short of dismissal there is no entitlement to pay protection for a resultant reduction in pay.

5.7 Dismissal with option of redeployment will be considered where the panel reaches a decision that the member of staff cannot continue in the role they are employed in but the panel feels they should be given an opportunity of alternative work in the Trust. Consideration should be given to the nature of the conduct concerns and the implications for the redeployed role.

Redeployment will only be sought for a specified period as agreed by the panel and if no alternative can be found the dismissal will proceed.

5.8 Contractual notice periods will apply to dismissals that are not summary. The Trust reserves the right to pay in lieu of notice.

5.9 A record of all live and expired disciplinary actions will be maintained by the Human Resources department.

5.10 If the member of staff has a current 1st stage or final stage warning for reasons of conduct and further action is then warranted under the disciplinary policy, the outcome could lead to dismissal even if the incidents/reasons are not connected.

- 5.11 Further reference will not be made to warnings that have expired unless further concerns have been raised of a similar nature. The process for considering expired warnings is outlined in Appendix A.
- 5.12 Where a disciplinary sanction is issued the Trust reserves the right to advise the member of staff's professional body of this decision.
- 5.13 Where the member of staff has been dismissed and/or removed from regulated activity the Trust has a legal obligation to inform the Disclosure and Barring Service (DBS).
- 5.14 The member of staff is not normally permitted to record electronically any meetings held by the Trust as part of the disciplinary process, unless the member of staff has a disability and it is agreed as a reasonable adjustment, or if there is a specific reason. Requests will be considered by the chair of panel and a decision made prior to the meeting.

6. Levels of authority

- 6.1 The levels of authority for taking action within the Trust are:
- Informal action – all staff with line management responsibility
 - 1st stage – ward manager, supervisor, line manager
 - Final stage – ward manager, supervisor, line manager
 - Dismissal with or without Notice – head of service, general manager, head of nursing, director of clinical services, chief of service
- 6.2 Delegated authority may be granted at each stage and involvement from Human Resources must be sought at all formal stages.

7. Support for staff

- 7.1 The Trust recognises that participating in a disciplinary process in any capacity can be worrying and distressing for members of staff. It is therefore important that all members of staff are appropriately supported. The confidential Staff Counselling service can be contacted for support and if the disciplinary process is impacting on the member of staff's health and wellbeing, a referral to Occupational Health can be made by the line manager. Should any other support be required, members of staff should contact the Human Resources department in the first instance to discuss requirements and to access contact details for the appropriate support mechanisms. Staff can also contact their trade union representative who may be able to identify further support mechanisms available.

8. Monitoring, Review and Learning

- 8.1 The Employee Relations team will be responsible for maintaining records of disciplinaries. Themes of disciplinaries will be reviewed on a bi-annual basis and outlined in an Employee Relations report to the Quality and Risk Committee, with appropriate action plans where required.
- 8.2 The Employee Relations team will maintain statistics of all disciplinaries undertaken under this policy and monitor trends by disability, age, gender, race and sexual orientation. This will be reported on a regular basis through the Diversity Matters group and appropriate action plans developed.
- 8.3 During disciplinary processes there will often be opportunities for organisational learning (e.g. changes to systems, processes or approaches). It is the responsibility of the panel chair or line manager hearing the case to ensure that learning is appropriately disseminated in the organisation. The Employee Relations team will keep records of organisational learning identified through the investigation process and report this in the Employee Relations report.
- 8.4 Where the learning relates to the implementation of this or another Human Resources policy, the Employee Relations team will be responsible for carrying out a case review that will be used to inform management training, advice from Human Resources and any required changes to policies, procedures and guidance documents.
- 8.5 The Employee Partnership Forum will monitor the implementation of the policy.

Appendix A – Disciplinary Process

1. Informal action

- 1.1 An informal discussion will work more effectively between the member of staff and their line manager. Therefore Trade Union/Staff Side representatives or work colleagues and Human Resources representatives will not be invited to attend under normal circumstances.
- 1.2 The informal nature of the discussion also means that advance written notification of the meeting is not required. However as it will be helpful to be clear about what is expected of staff, the manager will write to the member of staff after the discussion to confirm the key points and outcomes that have been agreed.
- 1.3 The purpose of the discussion will be to:
 - Draw attention to the concerns about the member of staff's conduct
 - Ask the member of staff for their response
 - Remind the member of staff of the expectations and standards required whilst at work
 - Agree actions and timescales that will resolve or correct the concerns
 - Discuss any assistance the Trust can offer to support the member of staff – these may include an education, training or development intervention; a change to working method or pattern of working; management supervision; identifying a coach or mentor; attending counselling
 - Agree how improvement will be monitored - this may include regular feedback and a review period
- 1.4 When there are concerns about the member of staff it is good management practice to raise these with them in a timely way and to support them appropriately to achieve the required standard.
- 1.5 Informal action or discussions may be referred to at a later date if there are repeated incidents of a similar concern or there is evidence of multiple informal discussions which contribute to a pattern of behaviour which is not in accordance with Trust values or expected standards.

2. Decision to proceed with formal action

- 2.1 The case manager should make the decision as to whether formal disciplinary action is required based on the evidence obtained through the investigation (see Investigation Policy). The case manager should ensure they have considered all options, including informal actions and can provide justification for their decision.
- 2.2 In some circumstances a line manager may believe that it is appropriate to proceed with a disciplinary process on the basis of evidence obtained as part of an initial investigation and fact finding exercise and that no formal investigation is required. This approach is particularly appropriate when there is no dispute over the facts of the case. Advice from Human Resources should always be sought.

- 2.3 The case manager or line manager should then consider whether a full panel hearing is required. This will normally be the case to ensure all evidence is fairly heard by a senior manager with no prior knowledge of the case. However, in certain circumstances it can be beneficial for all parties to achieve a prompt resolution to the issue by holding a disciplinary meeting between the line manager and the member of staff, with a Human Resources representative present. This will only be appropriate in a small number of cases and the member of staff should always be offered the opportunity to request a full panel hearing. If all parties are in agreement that a disciplinary meeting is appropriate the process outlined in Section 5 should be followed. This approach should never be used when dismissal is a potential outcome.

3. Pre-Hearing

- 3.1 As soon as possible after the decision is made the case manager or line manager will advise the member of staff of the nature of the concerns and confirm they are required to attend a hearing/meeting to discuss them.
- 3.2 The member of staff should be sent a letter with at least 7 calendar days' notice of the hearing. The letter will advise them of their right to representation by a Trade Union/Staff Side representative or workplace colleague. The letter will also advise them of their right to request any additional support (e.g. translator, access to an appropriate advocate if there are health concerns, hearing loop).
- 3.3 The manager chairing the meeting should collate the relevant documentation to be considered and ensure copies are sent to the member of staff at least 7 calendar days before the hearing. The member of staff will be given the opportunity to submit any documentation they believe is relevant in advance of the meeting.
- 3.4 The member of staff will also be advised of the witnesses who the management side wishes to call and should be advised to make arrangements to call any additional witnesses.
- 3.5 The case manager will be responsible for appointing a chairperson for the disciplinary panel and agreeing the witnesses to be called for the management side. On occasion it may be necessary to have a third panel member with appropriate knowledge and expertise. The case manager is responsible for identifying this and appointing a suitable third panel member.
- 3.6 The case manager should consider whether the member of staff may require any additional support at the hearing and discuss this where appropriate (e.g. translation services, additional support from a healthcare professional where there is an underlying health condition).

4. Formal Hearing Process

- 4.1 A panel will be present at a formal hearing. This will comprise of a minimum of two people; a manager and a member of Human Resources. The manager will chair the panel. As stated in point 3.5, on occasion there may also be a third panel member.

The purpose of a formal hearing is to:

- Clarify the concerns about the member of staff's conduct
- Understand the response of the staff member to the concerns
- Determine whether to issue the member of staff with a sanction
- Agree actions and timescales that will resolve or correct the concerns
- Clarify future expectations and standards
- Discuss any assistance the Trust can offer to support the member of staff – these may include an education, training or development intervention, a change to working method or pattern of working, increased management supervision, identifying a coach or mentor, accessing counselling
- Agree how improvement will be monitored
- Communicate any sanction issued, together with duration
- Confirm the right of appeal

- 4.2 The case investigator(s) will present their case to the hearing panel, first summarising the case with an opening statement then calling any witnesses, one at a time.
- 4.3 The member of staff and/or their representative and the panel will have the opportunity to ask questions of the case investigator(s) and any witnesses.
- 4.4 The member of staff and/or their representative will have the opportunity to state their case, calling any witnesses, one at a time.
- 4.5 Both the case investigator(s) and the panel will have an opportunity to ask questions of the member of staff and any witnesses. The member of staff's representative cannot answer questions on behalf of the member of staff.
- 4.6 The case investigator(s) and the member of staff and/or their representative will sum up their case.
- 4.7 The hearing will be adjourned for the panel to reach a decision.
- 4.8 If the member of staff has an existing live formal warning on file that is unrelated, on deciding if the current case warrants a formal sanction, the panel will then be provided with a copy of the existing warning. The panel will then consider an appropriate sanction taking into consideration the existing warning.
- 4.9 If the member of staff has previously been issued with a warning for similar or related conduct which has now expired, on deciding if the current case warrants a formal sanction, the panel will then be provided with a copy of the expired warning. The panel will then consider an appropriate sanction taking into consideration the prior warning.
- 4.10 The member of staff will normally be informed verbally of any formal disciplinary action as soon as possible after the hearing. If a decision cannot be reached on the same day, the hearing will be adjourned and either reconvened to deliver the decision or the decision will be sent to the member of staff in writing within 7 calendar days.

- 4.11 In any event, the member of staff will always be informed in writing of any formal disciplinary action taken within 7 calendar days of the hearing. The letter will include the consequences of any further failure.
- 4.12 Short adjournments during disciplinary hearings may be requested at any time by any party; such requests will normally be granted, should there be a sufficient reason, in the view of the panel.

5. Formal Disciplinary Meeting

- 5.1 Where a fact finding exercise or investigation has identified that there is a case to answer but the facts are relatively straightforward and not in dispute a disciplinary meeting can be held between the line manager and member of staff.
- 5.2 The member of staff should be met with to advise them of the intention to proceed with formal disciplinary action and outline the conduct issue to be considered. They should be advised that the proposal is to proceed with a meeting with their line manager and a representative from Human Resources. They should be given the opportunity to request a full panel hearing if they have any concerns that a meeting will not provide them with a fair opportunity to present their case and/or they wish their case to be heard by an independent manager.
- 5.3 If they wish to proceed the member of staff should be sent a letter with at least 7 calendar days' notice of the meeting. The letter will advise them of their right to representation by a Trade Union/Staff Side representative or workplace colleague. The letter will also advise them of their right to request any additional support (e.g. translator, access to an appropriate advocate if there are health concerns, hearing loop).
- 5.4 The manager chairing the meeting should collate the relevant documentation to be considered and ensure copies are sent to the member of staff at least 7 calendar days before the meeting. The member of staff will be given the opportunity to submit any documentation they believe is relevant in advance of the meeting.
- 5.5 The purpose of a formal meeting is the same as a formal hearing:
- Clarify the concerns about the member of staff's conduct
 - Understand the response of the staff member to the concerns
 - Determine whether to issue the member of staff with a sanction
 - Agree actions and timescales that will resolve or correct the concerns
 - Clarify future expectations and standards
 - Discuss any assistance the Trust can offer to support the member of staff – these may include an education, training or development intervention, a change to working method or pattern of working, increased management supervision, identifying a coach or mentor, accessing counselling
 - Agree how improvement will be monitored
 - Communicate any sanction issued, together with duration
 - Confirm the right of appeal

- 5.6 The member of staff must be sent written confirmation of the meeting, which will set out the key points and outcomes, together with the action taken. This will be sent out within 7 calendar days of the meeting.

6. Appeal

- 6.1 Members of staff have the right to appeal any formal disciplinary sanction issued during a disciplinary meeting or hearing. They can appeal if they:
- Believe the outcome is unfair or unjust and can demonstrate this; or
 - Believe that the principles of the policy have not been applied and can evidence this
- 6.2 Appeals should be submitted within 14 calendar days of the date of the outcome letter and should clearly state the reasons for the appeal. A proforma is available in the Appeal Guidance Notes.
- 6.3 The appeal will be conducted in line with the process outlined in the Appeal Guidance Notes.

EQUALITY IMPACT ASSESSMENT (EIA)

PURPOSE OF EQUALITY IMPACT ASSESSMENT

The EIA should:

- Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify / propose action to mitigate that impact
- Enable the Trust to identify where policy changes may be needed to actively promote equality / inclusivity and eliminate inequality
- Remind all involved in delivering services of the determination to promote equality
- If advice is required in completing the EIA please contact an HR Advisor

Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation	Staff Discipline Policy
1.2 Name of person completing this assessment (and role / department)	Head of Employee Relations
1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation? (Include details of who is affected by, involved in and / or benefits from it)	This policy provides a framework to deal with concerns about staff conduct
1.4 Which department owns the policy, service, function, proposal, strategy or consultation?	Human Resources
1.5 Is responsibility for implementation of this policy, service, function, proposal, strategy or consultation shared with another agency / department?	Yes, policy applies to all staff
1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and / or staff?	Yes

Section 2 – Equality Impacts

2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)

External	Partners	Internal
Service user interviews	Care Quality Commission	Staff event
Focus Groups	Multi Agency event	Staff interviews
Public events	Joint Working group	Staff workshop/focus groups
Patient experience surveys	Regional Minority network	Management Board
Voluntary organizations	Regional equality forum	Trust Executive Committee ✓
Minority group events/forums	GP Practice groups	Diversity Matters Group
Carer Forum	Local/County Council	Staff side reps ✓
LINKs	Equality and Human Rights Commission (EHRC)	Staff minority forums (e.g disability, BME, sexual orientation, religion/beliefs) (please state)
HOSC	Other NHS Trust (please identify below)	Trust Board
On line forums		Staff survey results ✓
Local media		Annual General Meeting
Published research into minority needs		Other (please state)
Census data or other external demographic reports		
Comments:		

Section 3 – Equality Analysis Template

To be used to analyse the effect of your policy or service on the protected groups in equality law, resulting in either:

1. removing or minimizing disadvantages suffered by people due to their protected group characteristics (i.e. age, race/ethnicity, disability, gender reassignment, sex, sexual orientation, marriage & civil partnership, pregnancy, maternity/paternity, religion/belief, human rights)
2. taking steps to meet the needs of people from protected groups where these are different from the needs of other people
3. no further action required

Equality law protects people on the following grounds:	Is your policy or service relevant to this area of equality or human rights?		If relevant, is the effect positive or negative		Evidence of the effect (e.g. statistics, research, surveys, results of engagement, etc)	Is further action required?	
	Yes	No	Positive effect	Negative effect		*Yes	No
Age	✓		✓				✓
Race / Ethnicity	✓		✓				✓
Disability	✓		✓				✓
Gender Reassignment	✓		✓				✓
Sex	✓		✓				✓
Sexual orientation	✓		✓				✓
Marriage and Civil Partnership	✓		✓				✓
Pregnancy, Maternity / Paternity	✓		✓				✓
Religion / Belief	✓		✓				✓
Human Rights	✓		✓				✓

* Complete the following Equality Analysis Action Plan only for the equality grounds marked: *Yes further action required.

Equality Analysis Action Plan								
Equality grounds ticked *yes requiring further action:	Does your policy or service:			Any action taken to date	Action to be taken	Target date	Responsible Person(s)	Expected Outcome (including monitoring arrangements)
	Discriminate?	Eliminate discrimination or promote equality?	Promote good relations between groups?					
Age								
Race / Ethnicity								
Disability								
Gender Reassignment								
Sex								
Sexual orientation								
Marriage and Civil Partnership								
Pregnancy, Maternity/Paternity								
Religion / Belief								
Human Rights								

Equality Analysis: Care Group Manager / Head of Service to sign off			
Signed		Date	