Policy:
Unacceptable Behaviours Policy

Executive Director Lead	Director of Human Resources
Policy Owner	HR Business Partner
Policy Author	HR Business Partner and Staff Side

Document Type	Policy
Document Version Number	Version 7
Date of Approval By PGG	30/10/2023
Date of Ratification	7/11/2023
Ratified By	People Committee
Date of Issue	21/07/2020
Date for Review	10/2026

Summary of policy

This policy sets out the framework and process to deal with issues regarding unacceptable behaviour which can impact and affect employees inside and outside of the workplace, including all forms of bullying and harassment.

The changes made to this version of the policy are summarised in the Version Control and Amendment Log.

Target audience	All staff at SHSC

Keywords	Unacceptable, behaviour, bullying, zero, tolerance, mediation, conduct, harassment

Storage & Version Control

Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V6 21 July 2020). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2	Policy Review	August 2016	Review to policy
	Ratification and issue	October 2016	N/A
3	Extension to review date	2019	N/A
4	Extension to review date		N/A
5	Extension to review date		N/A
6	Policy Review and Rewrite including change of name	October 2019 – June 2020	• Rewrite of policy following engagement with staff and managers who have experienced the policy (B&H) written in partnership with Staff Side. • Title change to better reflect the scope of behaviours where support and action should be taken • Introduction of structured Mediation and support networks • Focus on Early resolution • Clarity on links to other problem resolution policies e.g. Grievance and Disciplinary
6	Extension to review date	October 2023	N/A
7	Policy Review	May 2023- October 2023	• Plain English and took out duplications of information/ simplified • Focussed policy on informal resolution • Signposted to investigation guidelines for formal procedures • Highlighted just and learning culture • Expanded on post mediation or not participating in mediation • Brought fact finding process in line with the current fact finding guidance, implementing a checkpoint 1 to bring consistency to outcomes across Trust via this policy.
	Ratification and issue	October 2023	N/A

Contents

Flowchart

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┌─────────────────────────────────────────────┐
│ Staff member experiences unacceptable         │
│ behaviour.                                     │
└─────────────────────────────────────────────┘
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Individual to consider **Early Informal Action:**

Taking action early and informally in most cases results in the best outcome. Therefore, individuals are encouraged to deal with behaviours they feel are unacceptable to them as early as possible and ideally informally. There are lots of support services staff can go to, to get support and advice on how to deal with a situation. However, if the individual feels they need support via the Unacceptable Behaviours Policy, then staff are encouraged to follow the policy and will be fully supported whichever route they decide to take.
For further support in tacking issues the following contacts are available:
 - Your Manager or other members of your Management Team
 - Trade Union Representatives/ Staff Side
 - Human Resources
 - Freedom to Speak up Guardian

Where early informal action has been previously exhausted or is not possible. Staff member raises complaint via the Unacceptable Behaviours Policy.

In the first instance a complaint under the Unacceptable Behaviours Policy should be raised with the relevant line manager, Human Resources or Senior Manager if the line manager is the source of the complaint. This may be done with the support of your trade union, and may be done verbally or in writing.

Manager consults the Trust's Fact-finding and investigation guidelines and conducts a fact-find, this includes, as a minimum, meetings with the complainant (HR and Staff Side), any witnesses, the respondent and compile any supporting information.
When meeting with the complainant, the Manager should try to establish what resolution the employee considers suitable, and manage expectations of a reasonable resolution.

Manager reviews the fact-find, completing the fact-find summary template, ready for a Check point 1 meeting.

A Check point 1 meeting takes place with a 'Commissioning manager', HR representative and the Fact-finding Manager to review the information collected and determine an outcome, which is either:
 - Nothing found
 - Informal resolution
 - Formal resolution (Investigation)

Nothing found.

Informal Resolution.

Formal resolution (investigation). Refer to Fact-finding and investigation guidelines for next steps.

Regardless of whichever outcome as above, Fact-finding Manager to hold an outcome meeting held with complainant, and a separate outcome meeting with the respondent(s) to advise of the outcome/ recommendations of the Checkpoint 1.

Progress agreed actions or procedures as appropriate.

1. **Introduction**

   This policy sets out the framework and process to deal with issues regarding unacceptable behaviour which can impact and affect staff inside and outside of the workplace, including all forms of bullying and harassment.

2. **Scope**

   This policy applies to all staff employed by SHSC as well as to those who act as Volunteers, Bank, Agency and Contracted staff and those who hold an Honorary contract. For the purposes of this policy SHSC staff includes employees and those deemed to be "Workers" under the legislation.

   Each member of staff carries personal responsibility for their own behaviours in relation to this policy.

2.1. The aims and objectives of this policy are as follows:

   - To outline the support available to staff in dealing with any kind of unacceptable behaviour and enable early resolution where problems arise.

   - To define the behaviours which may constitute bullying, harassment and victimisation.

   - To ensure that all managers and staff are aware of their responsibilities in creating and sustaining a positive work environment which is free from bullying, harassment and unacceptable behaviours.

   - To outline the process for dealing with complaints of bullying, harassment, and unacceptable behaviours under the Unacceptable Behaviours Policy.

3. **Purpose**

   Unacceptable behaviour at work covers any behaviours which result in people feeling that they are not being treated with dignity and respect including bullying and harassment on Trust premises and in any work-related setting outside the workplace, for example, business trips, Trust social events and SHSC social media platforms.

   Evidence shows that levels of performance, job satisfaction, employee health and wellbeing, attendance and sickness absence are all influenced by the culture of an organisation.

3.1. SHSC has adopted a zero tolerance for any kind of unacceptable behaviour, bullying or harassment, and this policy forms part of a range of support for staff. This means recognising that unacceptable behaviours of all kinds in the workplace are serious issues that must always be addressed whenever they occur.

3.2. SHSC values have been developed to support and promote a culture based on respect, which is free from discrimination and harassment. These values outline a range of expected behaviours which support a positive workplace: working together (for service users), respect and kindness, everyone counts, commitment to quality and improving lives.

3.3. As a responsible employer, SHSC has a legal responsibility to make sure our employees are not subject to any inappropriate, disrespectful or discriminatory behaviours, and are promoting equality and diversity within our workforce.

The aim of this policy is to support a positive workplace culture where all staff feel safe at work and with colleagues.

4. Definitions

Protected Characteristics	Characteristics that the Equality Act 2010 protects are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
Membership	Staff association/trade union.
Stigma	A negative and often unfair belief that a society or group of people have about something.
Raising a complaint under the policy	Willingness to challenge unacceptable behaviours.
Micro-aggression	A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalised group such as a racial or ethnic minority.
Complainant	Employee who makes complaint
Respondent	The employee who the complaint is raised against.
Fact-finding Manager	Manager who conducts the fact-finding exercise. This is often the Line Manager, however may be delegated to an alternative Manager if the Line Manager is the source of the complaint.
Commissioning Manager	An independent Manager who reviews the findings of the fact-find, who has authority to commission an investigation.
Checkpoint 1 meeting	The name of the meeting which is held to consistently assess the findings against parameters to instigate formal proceedings.

5. Duties

5.1. Trust Board

The Chief Executive has overall responsibility for ensuring compliance with all statutory regulations and guidance related to dignity and respect at work including bullying and harassment. This responsibility can be devolved to Directors, Heads of Services, General Managers and Managers.

5.2. Executive Directors

Executive Directors have strategic responsibility for ensuring that systems are in place, which will ensure compliance with the Unacceptable Behaviours Policy.

They will ensure that all Directors, Managers, Human Resource Advisors and staff are aware of the Unacceptable Behaviours Policy, and of their responsibilities in relation to it.

5.3. Managers and Supervisors

It is the duty of managers to establish and maintain an environment free from unacceptable behaviour by:

- Setting a positive example by ensuring their own working practices uphold SHSC's values and setting standards of behaviour, ensuring all staff know and understand SHSC values.
- Ensuring that all employees in their area of work are made aware that this policy exists, and that they have a right not to be harassed, bullied, or subjected to any form of unacceptable behaviour at work.
- Attending all identified training relating to workplace behaviours and values.
- Seeking HR advice and assistance in matters relating to unacceptable behaviours, including bullying and harassment.
- Taking prompt action to stop harassment, bullying and other unacceptable behaviours, by pointing out that the behaviour is unacceptable, managers may be able to effectively put a stop to the problem without the need for further formal action.
- Ensuring that all complaints of unacceptable behaviour are treated seriously and sympathetically and with confidence by management.
- Ensuring that staff members understand that victimisation of any employee making or helping someone to make a complaint is unacceptable and where appropriate will be treated as a disciplinary matter.
- Take appropriate positive action to encourage equality of opportunity in the workplace, sign posting staff to SHSC's wellbeing and support services.

5.4. All staff

All employees have a responsibility to:

- Refrain from participating in unacceptable behaviours in the workplace including behaviours that constitute bullying or harassment.
- Ensure they are supportive to colleagues who experience unacceptable behaviour or who state that they have been bullied or harassed.
- Encourage those colleagues to seek help from an appropriate source.
- Refrain from participating in, encouraging or condoning gossip related to cases of alleged or actual bullying or harassment.
- Attend training sessions which may be arranged to increase their awareness of the issues involved in unacceptable workplace behaviours, bullying, and harassment.
- Report incidents of harassment, bullying or unacceptable behaviours in the knowledge that complaints will be dealt with in a sensitive manner.

5.5. Trade Union Representatives

Trade Union Representatives are encouraged to assist their members who allege they have experienced unacceptable behaviours, including supporting them in making complaints and offering informal, confidential advice.

- SHSC is committed to working in Partnership with Staff Side to eradicate all forms of unacceptable behaviour.
- SHSC recognises that members of a trade union are entitled to representation at every stage of this procedure and would encourage staff to seek this assistance at the earliest possible opportunity.
- SHSC will support the trade unions' activities in raising awareness and tackling the issue of harassment and bullying amongst its members.
- SHSC is committed to the prevention of bullying, harassment or victimisation of trade union representatives because of their Trade Union role.

5.6. Occupational Health

The aim of the Occupational Health service is improving and sustaining the health and wellbeing of staff. It is an advisory service and can be accessed by individuals making contact directly or by management referral to recommend workplace adjustments.

5.7. Workplace Wellbeing

Workplace Wellbeing service offer free confidential staff counselling to anyone who is struggling with work related or personal issues.

5.8. Human Resources

Human Resources may be contacted to discuss issues of complaint related to unacceptable behaviours from colleagues at work. Members of the Human Resources team may also be involved in fact-finding (see section 6.4) and other stages related to this policy.

Support Human Resources may provide is:

- Advice on process and procedure
- Keeping a record of meetings
- Signposting to resources
- Collating appropriate equality monitoring statistics that relate to unacceptable behaviours outcomes
- Human Resources will co-ordinate and assign impartial mediators across SHSC where a need for mediation is identified.

6 Procedure

6.1 Raising a complaint

In the first instance a complaint under the Unacceptable Behaviours Policy should be raised with the relevant line manager, Human Resources or Senior Manager if the line manager is the source of the complaint. The complaint should be raised within 3 months of the complaint. This may be done with the support of your trade union and may be done verbally or in writing.

6.2. What to include in a complaint

It should provide enough information about the unacceptable behaviour experienced, including:

- The name(s) of the person being complained about (the respondent).
- The nature of the complaint, for example, treatment resulting in loss of dignity or respect, harassment, bullying etc.
- The dates, times and places where the incident(s) took place
- The name(s) of anyone who witnessed any of the incident(s)
- Details of any action taken by you or others to stop the behaviour that is being complained about.

6.3. What happens next?

The Manager, or appropriately appointed Manager, will conduct a fact-finding exercise (see section 6.4).

This will then be reviewed by an independent Manager, a 'Commissioning Manager' in conjunction with the Fact-finding Manager and a HR Representative to come to an appropriate resolution.

6. 4. What is a fact-find?

A 'fact-finding' process is an informal process, often a necessary preliminary step in determining whether a formal investigation is warranted. It is extremely important that staff are made aware that a fact-finding process is simply that - not accusatory but only to gather information and should be completed within 2 weeks.

Fact-finding is an exercise to collect all the relevant information on a matter, to enable a manager to fully consider the matter while making an informed decision on it. Making a decision without completing a fact-finding exercise can make any subsequent decisions or actions appear unfair, leaving employees feeling vulnerable. Fact-finding considers the 'bigger picture' and will enable our organisation to learn.

Where possible we should focus on resolving individual complaints informally and quickly. This often has the best outcome and supports maintaining good working relationships between colleagues.

Please consult the Fact-finding and Investigating Guidelines for Managers on SHSC's intranet before taking further action and consult with your HR representative.

6.5. What is a Checkpoint 1 meeting?

Once the fact-finding exercise has been concluded a Checkpoint 1 meeting will be held with an independent Manager, a 'Commissioning Manager' in conjunction with the Fact-finding Manager and a HR Representative to come to an appropriate resolution. The following elements are considered:

- Deliberate intention
- Health and wellbeing
- Protocol/ custom and practice

- Culture and values
- Just and learning culture
- Any mitigating circumstances

This meeting ensures there is consistency across SHSC regarding outcomes of complaints raised through the policy.

The outcome of the Checkpoint 1 meeting will be communicated and confirmed in writing to the complainant and respondent, this correspondence will be held on the individuals personal files.

6.6. What are the possible outcomes?

There are three possible outcomes:

- Nothing found / no case to make / no further action required
- No further investigation required / case to make that can be resolved informally / opportunities for learning/reflection (individual/team)
- More information required / case to make / explore via formal investigation

If a complaint is found to be malicious in nature then the person who made that complaint may be subject to formal disciplinary action.

7. Informal Resolution

Informal procedures are always the preferred first option in addressing issues related unacceptable behaviours at work if appropriate. The reasons for this are:

- A staff member may be unaware of the effect their behaviour has on others.
- Some incidents concerning unacceptable behaviours at work will be more effectively dealt with in an informal way.
- Sometimes staff members are not aware that their behaviour is unwelcome, and an informal discussion can lead to greater understanding and an agreement that the behaviour will stop.
- An informal process will always be less destructive and damaging to relationships, and less stressful for all those involved.

A management record must be made if the issue has been resolved informally. This should include the process and outcome of the procedure and will be shared with both parties to the complaint within a reasonable timescale.

7.1 Just and Learning Culture

SHSC, in conjunction with a number of other Trusts, believe in a Just and Learning Culture. This is an environment where we put equal emphasis on accountability and learning. This means that we will not only explore what has happened, and what this has meant to individuals affected, but also that we will seek to identify the support required by all affected both directly and indirectly, and what action is required moving forward.

A Just and Learning Culture is one which instinctively asks in the case of an adverse event, "what was responsible?", not "who is responsible?". It is not blame-seeking. That said, a Just and Learning Culture is not the same as an uncritically tolerant culture where anything goes.

Trade unions support this approach and it is considered to be best practice by ACAS.

7.2.   What is mediation?

Mediation is a confidential and voluntary process, which brings together people who are experiencing problems with a work-related relationship. The problem will usually relate to behaviour, attitude, or communication. Mediation takes place in the presence of an impartial third party (a mediator). During mediation, individuals will be encouraged to describe their experience and air their feelings. It empowers the people involved in the dispute to decide on the terms of any resolution. The mediator does not offer advice on how to solve the problem. People participating in mediation do so without prejudice, which means that this process does not stop further processes taking place if the mediation does not work.

Managers or Staff may request mediation at any stage where they have identified that this could be beneficial in resolving difficulties between two parties, and where both parties are willing to try mediation. For more advice on mediation you should contact Human Resources.

7.3.   The benefits of mediation?

The mediators are independent and new to the dispute/disagreement/upset and are not involved in the work area or team where the problem has come up. They will make sure that the meetings are conducted in a fair and productive way. The mediator can try to help you reach a resolution which is acceptable to everyone involved.

7.4   Will agreements be reached?

The aim of the mediation process is for the people involved in a problem to come to a resolution. Individuals coming to mediation must be willing to try the resolutions they propose, and to reach agreement about future behaviour.

7.5   What happens if mediation is not agreed by both parties

Consent from all parties is required to participate in mediation. If one or both of the parties does not agree to participate in mediation, then measures will need to be established and agreed to ensure an effective working relationship moving forward in line with Trust Values and to avoid any negative impact on service delivery.

Managers should monitor conduct of parties (ad hoc and through supervision) after this period to consider if there are any patterns of behaviours which would given cause for concern directly relating to the original complaint.

7.6   What happens after mediation?

It is anticipated that once mediation has taken place and individuals have had the opportunity to share their experience and feelings those involved will be able to agree on a positive resolution. In reflection of a just and learning culture we anticipate those involved will take accountability and learning from the experience, reflecting on behaviours and feelings of themselves and others.

In some cases we may find that mediation may be unsuccessful, in those cases, measures will need to be established and agreed in line with the SHSC values, to ensure an effective working relationship moving forward if possible.

This could include, for example; setting out boundaries for ways of working, appropriate escalation routes and management supervision and support.

8. Formal Procedure

In cases where it is established at the Checkpoint 1 meeting that formal resolution is warranted, i.e commissioning an investigation, referral should be made to SHSC's Fact-finding and Investigation Guidelines.

9. Post-procedure conciliation

Whether the complaint is resolved through mediation or through the formal process, the line manager must ensure that any action decided upon is properly and fully followed through. This includes managing and supporting interventions for any subsequent fallout or ongoing resentments resulting from the complaint and/or outcome. Potential damage to relationships and feelings can be deeply felt and may take time to be resolved.

The overriding aim of post-procedure conciliation is to ensure a safe working environment in which dignity and respect are preserved. Therefore, any planned actions resulting from the procedure should include arrangements about how the complainant and the person(s) they complained about are going to work together.

It may be necessary to consider relocation, team building and other transitional arrangements. Therefore, following the completion of the procedure the line manager and the Human Resources representative need to meet with relevant members of staff and discuss issues in relation to any of the following as soon as practically possible:

- Return to work/ relocation
- Support structures
- Team building/ conciliation
- External support
- Training issues
- Whether there is a need for future review

10. Preventing victimisation

On completion of a case under this policy, whatever the outcome, the management team is responsible for maintaining dignity and respect at work, including ensuring that victimisation does not take place. Victimisation occurs where a person is treated less favourably than another person because they have referred to or have asserted their rights under the relevant statutory provision, e.g. the Equality Act 2010 or raised a complaint under Trust procedures.

This would cover those bringing cases under the legislation/procedures or acting as witnesses in any investigations or complaint, or being involved in trade union activities.

11. Support contact details

11.1 Equality and Inclusion Lead

- Informal Support re bullying and harassment
- Contacts and information re staff support networks

11.2 Human Resources Department

Contact number: 0114 2263301 (the helpline is open 9.30am to 4.30pm, Monday to Friday) or email HRAdvisors@shsc.nhs.uk .
Human Resources | JARVIS (shsc.nhs.uk)

For help with:
• Clarification of policy process
• Staff support network management and training
• Mediation service
• Management advice
• Freedom to Speak Up

11.3 Workplace wellbeing

Contact number: 0114 226 1810 or email workplace.wellbeing@shsc.nhs.uk
Workplace Wellbeing | JARVIS (shsc.nhs.uk)

11.4 Occupational Health

Contact number: 2714737 or sth.sohs@nhs.net
Occupational health | JARVIS (shsc.nhs.uk)

11.5 Trade Union (Unison)

Contact number: 0114 2716154, ext. 16154.
(https://jarvis.shsc.nhs.uk/all-about-me/trade-unions-and-staff-side)

12. Development, Consultation and Approval

The following staff / groups were consulted with in the development of this policy document:

i. People Directorate Quality, Risk and Governance Group 2023
ii. Freedom to Speak up 2023
iii. Staff Network Groups 2023
iv. Intranet staff consultation page 2023
v. Joint Policy Group 2023
vi. Policy Governance Group 2023

13   Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Individual case review	Completion of casework review	Commissioning manager and HR	Ad hoc	HR Business Partners	HR	WODC (People Committee)
Monthly reporting	Casework tracker audit	HR Business Partners	Monthly	HR	HR	WODC (People Committee)

The policy review date is **30 October 2026**.

14   Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Overall accountability for HR Policies	Executive Director of Human Resources / Deputy Director of Human Resources	N/A	Ongoing
Upload new policy onto intranet and remove old version	Assistant/HR Business Partner	TBC	Complete when approved
Make HR team aware of new policy	Assistant HR Business Partner	TBC	Update in weekly team meeting
Update non mandatory HR training package to reflect changes to Policy	HR Adviser/ OD Partner	TBC	Complete when approved

15   Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
V4	Sept 2012	Sept 2012	Sept 2012	N/A
V5	Sept 2016	Sept 2016	Sept 2016	N/A
V6	Aug 2019	Aug 2019	Jul 2020	Managers briefing as appropriate June/Jul 2020
V7	November 2023	November 2023	November 2023	N/A

This is Version 7 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 6 2020.

Any copies of the previous policy held separately should be destroyed and replaced with this version. All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Executive Director of People.

Word copies of final versions of policies can be obtained from Policy Governance via PA to the Executive Director of People/Corporate Governance Executive Assistant.

16. Training and Other Resource Implications

A training programme for managers and teams has been developed and will roll out between July 2020 and December 2020 to include:
- Briefing for staff and Managers on the policies
- Drop in sessions for all staff on the principles of the policy
- Values based training
- Inclusion of values in Trust induction
- Conflict resolution skills
- Training for mediators
- Training for staff joining the staff support network

17. Links to Other Policies, Standards, References, Legislation (Associated Documents) And National Guidance

- SHSC Fact Finding & Investigation Guidelines
- SHSC Grievance Procedure
- SHSC Disciplinary Policy
- SHSC Speaking Up – Freedom To Speak Up: Raising Concerns (Whistleblowing) Policy

18 Contact Details

Title	Name	Phone	Email
HR Advisors	HR Helpline	Ext 63301	HRAdvisors@shsc.nhs.uk
Assistant HR Business Partner	Kerry Scott	Ext 63974	Kerry.Scott@shsc.nhs.uk
Assistant HR Business Partner	Shawn Sweet	Ext 16988	Shawn.Sweet@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy <u>potentially</u> impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date: Kerry Scott, October 2023	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**No**	**Yes**	**No**
Disability	**No**	**Yes**	**No**
Gender Reassignment	**No**	**Yes**	**No**
Pregnancy and Maternity	**No**	**Yes**	**No**

Race	**No**	**Yes**	**No**
Religion or Belief	**No**	**Yes**	**No**
Sex	**No**	**Yes**	**No**
Sexual Orientation	**No**	**Yes**	**No**
Marriage or Civil Partnership	**No**		

Please delete as appropriate: -
No changes made.

Impact Assessment Completed by:
Name /Date Kerry Scott October 2023

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	N/A
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	N/A
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓