



**Nottingham and
Nottinghamshire**
Integrated Care Board

Acceptable Behaviours Policy

July 2023 - July 2026

CONTROL RECORD			
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Equality Impact Assessment	See Appendix F		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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Contents

	Page
1	Introduction 4
2	Purpose and Scope 4
3	Roles and Responsibilities 4
4	Approach 6
5	Definitions 6
6	Criminal Investigations 8
7	Dress and Appearance 9
8	Personal Relationships 9
9	Social Media 9
10	Third Parties 10
11	Procedure 11
12	Informal Stage 11
13	Formal Stage 12
14	Appeals 13
15	Protection and Support for those involved 14
16	Confidentiality and Record-Keeping 14
17	Equality and Diversity Statement 14
18	Communication, Monitoring and Review 15
19	Staff Training 15
20	Interaction with other Policies 16
21	References 16
	Appendix A: Examples of Unacceptable Behaviour 17
	Appendix B: Managing Personal Relationships at Work 18
	Appendix C: Scheme of Delegation 19
	Appendix D: Investigation Process 20
	Appendix E: Appeals Process 21
	Appendix F: Equality Impact Assessment 22

1. Introduction

- 1.1 This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2 The ICB recognises that all employees have the right to be treated with dignity and respect. Any behaviour that contravenes an employee's rights to be treated with consideration, dignity and respect is unacceptable.
- 1.3 Certain types of harassment are regarded as discrimination and are covered by statute. The Equality Act (2010) covers age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Under the Criminal Justice and Public Order Act (1995) the use of threatening, abusive or insulting words, or disorderly behaviour intended to cause harassment, alarm or distress, is a criminal offence. Under Article 14 of the Human Rights Act 1998, discrimination in any form is prohibited. Employers are responsible for the health, safety and welfare at work of all employees under the Health and Safety at Work Act 1974.

2. Purpose and Scope

- 2.1 This policy sets out what constitutes unacceptable standards of behaviour within the ICB.
- 2.2 This policy should be used in conjunction with the competency framework which provides details of the ICB expectations in line with the Healthcare Leadership Model.
- 2.3 The ICB will take a zero-tolerance approach in all instances of unacceptable behaviour towards employees.
- 2.4 Each employee has a personal responsibility for their own behaviour and for ensuring that their conduct is in line with this policy.
- 2.5 The policy applies to all employees, contractors, office holders (including GPs and Lay Members), agency workers, individuals working within the ICB on an Honorary Contract and individuals on secondment from other organisations (hereafter known as 'all staff').

3. Roles and Responsibilities

- 3.1 Good working relationships are essential for the running and successful delivery of the ICB objectives. There is a joint responsibility for employees, managers and Trade Union partnerships to operate and work together in good faith and with the shared intention of working collaboratively.

Roles	Responsibilities
Human Resources	<p>It is the responsibility of the HR team to:</p> <ul style="list-style-type: none"> • Provide support and advice to all staff as appropriate on any aspect of this policy and associated documents, including how this policy links to the appraisal and competency process.
Line Managers	<p>It is the responsibility of all line managers to:</p> <ul style="list-style-type: none"> • Ensure that all employees are aware of this policy and have a clear understanding of the behaviours that are expected of them whilst at work and representing the ICB away from the workplace (including ICB organised social events). • To act as role models for behaviours across the organisation in line with the competency framework. • To commit to the highlighting of unacceptable behaviour within the workplace. • Ensure prompt action is taken should an employee raise a complaint and/or concern in relation to this policy seeking advice from the HR team. • Encourage a supportive and inclusive working environment. • Take appropriate action to prevent and stop any behaviour that is demonstrated that directly contravenes those detailed in this policy. • Ensure that there is no victimisation of any employees who have made or have assisted colleagues to make a complaint in accordance with this policy. • Ensure they attend all relevant training sessions in relation to this policy.
Employees	<p>It is the responsibility of all employees to:</p> <ul style="list-style-type: none"> • Ensure individuals do not suffer any form of unacceptable behaviour by conducting themselves in a manner that does not cause offence to another person. • Carry personal responsibility for their actions on or off and across all sites. • Be aware of their individual behaviour and the affects this may have on others around them. • Understand the ICB has a zero-tolerance approach to unacceptable behaviour. • Treat colleagues with respect and dignity and value diversity.

Roles	Responsibilities
	<ul style="list-style-type: none"> • Fulfil the expectations laid out in the competency framework. • Use the procedures in this policy responsibly and in situations where they genuinely believe that unacceptable behaviour is taking place.

4. Approach

- 4.1 The ICB is committed to providing a working environment that all staff can enjoy without fear of bullying, harassment, or victimisation.
- 4.2 Any allegations of bullying and harassment will be investigated in accordance with this policy. Employees should be aware that if proven, bullying and harassment may constitute gross misconduct and could lead to the individual's dismissal from the ICB in line with the Disciplinary Policy.
- 4.3 The ICB encourage all staff to report any incidents of bullying and/or harassment, or any behaviour that contravenes this policy to their Line Manager, Director, or the HR Team. Reporting such incidences will be done in the strictest confidence and without fear of reprisal.
- 4.4 Malicious or vexatious complaints may themselves be constituted as misconduct and will be investigated in accordance with the Disciplinary Policy.
- 4.5 The ICB acknowledge that a balance needs to be reached between the complainant and the accused. Both the complainant and the accused will be offered support via Occupational Health.
- 4.6 The ICB will need to consider whether the concern or complaint that they have received places the employee and/or others at considerable risk to such an extent that they could be considered an 'Adult at Risk'. If the ICB does take this view it may be necessary to make a Safeguarding referral in which case the Line Manager or the HR Team will need to speak to the relevant Safeguarding Lead.

5. Definitions

5.1 Harassment

- 5.1.1 Harassment is defined as "unwanted conduct related to a protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual".

5.1.2 Harassment can take many forms and may be directed against minority groups of staff or towards people because of their age, gender (including trans), race, religion, sexual orientation, physical, sensory or mental disability (including learning difficulties) or may involve conduct of a sexual nature (sexual harassment). This list is not exhaustive. Harassment is unacceptable even if it does not fall within any of these categories. It may involve action, behaviour, comment or physical contact which is found objectionable or which causes offence. It can result in the recipient feeling threatened, humiliated or patronised and it can create an intimidating work environment. Harassment often consists of persistent behaviour, although one single act may be considered sufficiently serious to warrant disciplinary action, including dismissal. Harassment may include, for example:

- Unwanted physical contact or “fooling around”, including touching, pinching, pushing and grabbing;
- Unwelcome sexual advances or suggestive behaviour (which the harasser may perceive as harmless);
- Offensive e-mails, text messages or social media content;
- Mocking, mimicking or belittling a person’s disability.

5.2 **Bullying**

5.2.1 Bullying is a form of harassment and can be defined as behaviour that is intimidating, insulting, offensive, abusive, and malicious or which makes the recipient feel upset, threatened, humiliated or vulnerable. Bullying can take the form of physical, verbal and non-verbal conduct. Bullying may include, by way of example:

- Physical or psychological threats;
- Overbearing and intimidating levels of supervision;
- Inappropriate derogatory remarks about someone’s performance.

5.2.2 Legitimate, reasonable and constructive criticism of an employee’s performance or behaviour, or reasonable instructions given in the course of employment, will not amount to bullying on their own.

5.2.3 The effects of bullying on morale and productivity can be substantial and there are particular undesirable consequences such as:-

- Loss of self-esteem and self-confidence;
- Reduced productivity and competence;
- An atmosphere of intimidation;
- Prolonged stress leading to health problems;
- Poor work relationships;
- High levels of absenteeism;
- High turnover of staff;
- Legal action.

5.3 Discrimination

5.3.1 Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perception discrimination, clause 6.3.2), or because they associate with someone who has a protected characteristic (see discrimination by association, clause 6.3.3). For example, rejecting a job applicant because of their religious views or because they might be gay.

5.3.2 Perception discrimination is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

5.3.3 Discrimination by association is direct discrimination against someone because they associate with another person who possesses a different characteristic.

5.3.4 Indirect discrimination occurs when the organisation has a condition, rule, policy, or even a practice provision criteria or practice (for example, a rule or a policy) that applies to everyone but particularly disadvantages individuals who share a protected characteristic. For example, there is a restriction to how many appointments employees can have time off to attend if an employee has a disabled child. This places a particular disadvantage to this individual. Such requirement would be discriminatory unless it can be justified.

5.4 Victimisation

5.4.1 Victimisation occurs when an employee is treated to a detriment because they have made or supported a complaint or raised a grievance under the Equality Act or the organisation's policies based on a protected characteristic, or because they are suspected of doing so.

5.5 Further examples of unacceptable behaviours are provided in Appendix A; although this is not intended as an exhaustive list.

6. Criminal Investigations

6.1 Complaints that can be raised in accordance with this policy may also be considered criminal offences for which the accused could be prosecuted. The complainant has the right to make a formal complaint to the Police under the relevant legislation.

- 6.2 Should a complainant choose to progress criminal proceedings, the complainant should inform the HR Team as soon as possible.
- 6.3 The ICB, in conjunction with the Police, will need to make an informed judgement as to whether to cease the internal investigation until the criminal proceedings are concluded. If the decision is reached to halt internal proceedings, this will be communicated to the accused immediately. Consideration will be made as to whether suspension from duty is appropriate.

7. Dress and Appearance

- 7.1 All staff are expected to dress appropriately as well as conduct themselves professionally in the workplace. Clothes should be business casual and professional at all times and in a good state of repair i.e. clean and properly fitted.
- 7.2 All staff are considered representatives of the ICB and should not bring the ICB into disrepute either in their behaviours or appearance in the workplace.
- 7.3 The ICB accepts that there are requirements to change dress for religious, cultural, disability, and pregnancy related reasons and fully support those differences unless it creates a health and safety risk to you and/or others.

8. Personal Relationships

- 8.1 The ICB acknowledges that there are occasions where personal relationships exist or develop in the workplace. Where this occurs, employees should declare the nature of their relationship to their Line Manager and the relevant Governance Lead to ensure Conflicts of Interest are avoided.
- 8.2 Where employees are involved in a relationship in the workplace they should behave responsibly and professionally and in accordance with this policy. Should behaviour become unacceptable; the employee(s) will be managed in accordance with this policy. Further guidance on personal relationships is available in Appendix B.

9. Social Media

- 9.1 Social Media (eg, Twitter, Facebook, Instagram, blogs and other web forums) is a powerful way for ICB colleagues to establish, develop and deepen relationships with colleagues, partners, patients and stakeholders. They also provide an important tool for us to hear from citizens about what they are finding most positive or more challenging about the services that we oversee.

- 9.2 The ICB recognises that many staff mainly use social media to keep up-to-date with friends and families and what's going on in the world.
- 9.3 ICB employees need to be mindful of their social media presence. The nature of social media can sometimes mean that things get posted in haste or there is a blurring of the lines between personal and professional accounts or activities on social media.
- 9.4 If ICB employees are able to be identified as an NHS or ICB employee on their social media (either because you explicitly state it or because of what you post) then the account would no longer be seen as a "personal account" and the same standards that would apply to official business activities would apply.
- 9.5 What gets posted online will stay available for a very long time. ICB employees should not post something online that they wouldn't want to say or do in an official meeting or letter or email or be reported in the local or national media.
- 9.6 Staff should be mindful to make sure they do not inadvertently reveal information that should be kept confidential – this could be commercially sensitive information or information about individual patients or citizens.
- 9.7 Staff should keep discussions with partners and colleagues from our health and care system polite and respectful at all times. This also applies when you might be engaging with citizens or patients.

Where employees are posting on social media they should do so responsibly and professionally and in accordance with this policy. Should behaviour become unacceptable or they bring the ICB or the NHS into disrepute, the employee(s) will be managed in accordance with this policy.

10. Third Parties

- 10.1 All staff should ensure that they inform their Line Manager if they feel they have been subject to harassment by a third party to enable steps to be taken to protect them and an investigation to take place as appropriate to prevent any further action from happening.
- 10.2 Where employees feel that they have been subject to harassment by an individual or employees from another organisation, the relevant member of the Senior Leadership Team should be informed of the nature of the harassment. If deemed as sufficiently serious, the member of the Senior Leadership Team with the support of the HR Team should write to the accused's Line Manager detailing the allegation (maintaining confidentiality) and asking the organisation to initiate their own internal procedures.

10.3 In the instance where the ICB receives a complaint from a third party regarding the inappropriate behaviour of our employees, the relevant Line Manager will be notified and will manage the complaint in accordance with this policy.

11. Procedure

11.1 If an employee feels that they have been subject to unacceptable behaviour they should inform their Line Manager as soon as practically possible providing the following information:

- Date, time and location of incident;
- Name(s) of the accused individual(s);
- What was said and done by whom;
- Detail of any witnesses to the incident;
- Any other information that is relevant to the incident i.e. how it made them feel;
- Possible resolutions.

11.2 All effort should be made by all parties to resolve any complaint regarding unacceptable behaviour informally, however this does not prevent employees raising a concern or complaint and requesting action in line with any stage of this policy depending upon the severity of the unacceptable behaviour.

12. Informal Stage

12.1 If the unacceptable behaviour continues or the employee feels unable to speak to the accused about the behaviour, the Line Manager can facilitate a conversation between the two parties with a view to reaching a common resolution.

12.2 If the complainant and the accused are in different teams, the accused's Line Manager will need to be informed of the complaint in order to assist in the management of it.

12.3 Should both employees wish to attempt to resolve the complaint informally, a meeting between the two individuals should be arranged with their Line Managers present. The meeting will involve both parties discussing the complaint, the behaviour that has caused offence and agreeing the possible resolutions. The Line Manager of both parties must ensure that the agreed resolution is progressed and actioned.

12.4 Possible resolutions could include, but are not exclusive to:

- Formal mediation;
- Facilitation;
- Coaching;
- Mentoring;
- Behavioural interventions.

12.5 Following the meeting, the complainant's Line Manager will write to both parties detailing the outcome of the meeting and the agreed actions. A copy of the letter will be retained by both Line Managers but not on the employee's personnel file.

13. Formal Stage

13.1 Should the attempts to resolve the complaint informally fail or there is a repeat of the unacceptable behaviour, or the complaint is of sufficient seriousness, employees can request to invoke the formal procedure of this policy.

13.2 Should either party be unable or unwilling to resolve the complaint informally, in order to progress, the formal procedure will be invoked.

13.3 An employee wishing to raise a formal complaint should do so in writing to their Line Manager (or appropriate Senior Manager as detailed in Appendix C - Scheme of Delegation) providing the following information:

- Employee's details, Line Manager, preferred contract details;
- Date(s), time(s) and location(s) of the incident(s);
- Name(s) of the perpetrator(s);
- What was said and done by whom;
- Detail of any witnesses to the incident(s);
- Any other information that is relevant to the incident i.e. how it made them feel;
- Detail of any attempt to resolve the complaint informally;
- What is wanted as a resolution to the complaint.

13.4 Employees who are Trade Union (TU) members are encouraged to discuss their complaint/concerns with their local TU representative. They will assist with the completion of the letter and will be entitled to attend any formal meetings as the employee's representative.

13.5 An independent manager will be invited to investigate the formal complaint with support from the HR Team.

13.6 The investigation process is detailed in Appendix D.

13.7 Managers are responsible for retaining all documentation relating to the investigation including notes of any meetings held as part of the investigation. Any notes of the meetings will be shared with the witnesses for agreement and signature before forming part of any report. Notes made at investigatory meetings will be in note form rather than a verbatim account.

13.8 Once the investigation is complete, the Manager will compile a report detailing the facts of the case and any findings. The investigating manager can make

recommendations relating to remedial actions or further intervention. However, they must not make any recommendations regarding the disciplinary sanction.

- 13.9 The report is submitted to the relevant Senior Manager (please refer to Appendix C - Scheme of Delegation) for a decision to be made regarding the case in its entirety.
- 13.10 The Senior Manager will then meet with both parties to explain the outcome of the investigation and what action will be taken.
- 13.11 Should the Senior Manager decide that the unacceptable behaviour is of a nature that contravenes both this policy and the ICB Disciplinary Policy; a disciplinary hearing will be arranged in accordance with that policy.
- 13.12 The complainant and where applicable their representative will be formally written to following the conclusion of the complaint, detailing the findings of the investigation and any remedial action that is recommended. The complainant will have the right to appeal the outcome of the formal investigation; however the accused does not have the right to appeal the outcome.
- 13.13 Any staff member who deliberately provides false information or otherwise acts in bad faith as part of an investigation may be subject to action in line with the disciplinary process.

14. Appeals

- 14.1 If the employee who raised the complaint is dissatisfied with the outcome of the investigation, they may submit an appeal to the relevant manager (please refer to Appendix C - Scheme of Delegation).
- 14.2 Any appeal should be submitted in writing within five working days of receiving the outcome of the investigation letter. The appeal should detail the grounds of their appeal in writing including why the original outcome decision was incorrect and what their desired outcome is.
- 14.3 Details of the appeal process are detailed in Appendix E.
- 14.4 The end of the appeal hearing concludes the internal process. If the panel uphold the appeal they will be responsible for ensuring that the outcomes and/or recommendations are actioned. Should the appeal not be upheld, the appeal panel will instruct the Senior Manager to ensure that any recommendations from the investigation are implemented.

15. Protection and Support for those involved

- 15.1 Staff who make complaints or who participate in good faith in any investigation must not suffer any form of retaliation or victimisation as a result. Anyone found to have retaliated against or victimised someone in this way will be subject to disciplinary action under the ICB Disciplinary Policy. If you believe you have suffered such treatment you should inform your Line Manager or the HR Team. If the matter is remedied, you should raise it formally using the ICB Grievance Policy if appropriate.
- 15.2 The ICB offers access to confidential counselling, which is available on request for anyone and can be found on the staff intranet. Please contact the HR Team for more information.

16. Confidentiality and Record-Keeping

- 16.1 Confidentiality is an important part of the procedures provided under this policy. Details of the investigation and the names of the person making the complaint and the person accused must only be disclosed on a “need to know” basis. Breach of confidentiality may give rise to disciplinary action under our Disciplinary Policy.
- 16.2 Information about the complaint, by or about an employee, may be placed on the employee’s personnel file, along with a record of the outcome and of any notes or other documents compiled during the process.

17. Equality and Diversity Statement

- 17.1 The Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services as well as an employer.
- 17.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 17.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.

- 17.4 As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 17.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

18. Communication, Monitoring and Review

- 18.1 The Acceptable Behaviours Policy will be highlighted to new employees at staff induction and is stored on the ICB's HR/OD Intranet pages and by the ICB's HR&OD Team.
- 18.2 The application of this policy and the effectiveness of the provision of awareness training will be monitored by the HR Team. This will be as and when required and in line with the requirements within the NHS Resolution Risk Management Standards, Equality Statutory Duties and Care Quality Commission that require the ICB to record, analyse and publish employee relations activity to ensure the organisation is eliminating discrimination and promoting equality of opportunity. In accordance with this requirement, summary reports will be submitted to the ICB relevant Committees. Any suspected discriminatory trend will be investigated.
- 18.3 To ensure compliance of this policy, reviews will be carried out on a regular basis by the most suitable Lead individual. Any outcomes of reviews will be reported to the relevant Committees appropriate to the ICB who will review the results and delegate actions/planning for any issues/outcomes that have been identified to the most appropriate Lead individual.
- 18.4 The Policy will be reviewed periodically every three years (or earlier if changes in the law or any other circumstances require it) and will be approved by the HR Sub-Committee.
- 18.5 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the HR Lead.

19. Staff Training

- 19.1 All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

19.2 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the HR Team via email at nnicb-nn.hr@nhs.net.

20. Interaction with other ICB Policies

20.1 This policy should be read in conjunction with the following ICB policies:

- Grievance Policy.
- Disciplinary Policy.

21. References

21.1 The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Equality Act (2010).
- Criminal Justice and Public Order Act (1995).
- Human Rights Act 1998.
- Health and Safety at Work Act 1974.

Appendix A:

Examples of Unacceptable Behaviour

(This is not intended as an exhaustive list)

- Unnecessary or unwanted physical contact; or invasion of personal space.
- Direct verbal aggression including the use of foul and abusive language.
- Sending or forwarding of electronic messages within the organisation which might be considered offensive on the grounds of gender (including trans persons), race, disability, sexual orientation, age, religion or other beliefs.
- Sexually suggestive behaviour, or compromising sexual invitations or demands.
- Racial harassment – including racist jokes or graffiti.
- Displaying offensive material.
- Unwarranted or suggestive remarks.
- Verbal or written abuse including non-communication and deliberate and/or inappropriate exclusion from social events.
- Derogatory name-calling and insults.
- Threats of a physical or psychological nature.
- Victimisation because of someone's gender (including trans persons), race, disability, sexual orientation, age, religion or other beliefs.
- Bullying behaviour or language that causes fear or distress to others.
- Abuse of power by someone in authority, or bullying by junior staff towards a member of senior staff.
- Abuse of power by full-time staff over part-time staff.
- Incitement of others to commit harassment.
- Electronic messages or electronic displays of sexually suggestive pictures or literature (including email and text messages).
- Sending curt, rude or intimidating messages.
- Inappropriate and derogatory remarks in connection with performance.
- Inappropriate literature, pictures, books or tapes including calendars in the workplace, including any material considered likely to incite hate crime.
- Imposing unrealistic targets.
- Impeding work in progress.
- Imposing excessive workloads.
- Withholding information.
- Allocating menial, trivial or unpleasant tasks.
- Blocking holiday requests from one person when they are given to others.
- Unfair and excessive criticism in front of colleagues.
- Physical assault.

Appendix B:

Managing Personal Relationships at Work

The aim of this guidance is to protect employees and staff detailed in Section 2 of the policy, of the ICB in situations where a personal relationship exists or develops by setting boundaries. Employees are expected to act professionally at all times and not let any personal relationship impact on their conduct at work.

The ICB would not ordinarily allow a Line Management relationship where a personal relationship develops or already exists. The ICB define close personal relationships below.

What constitutes a close personal relationship?

A personal relationship includes any relationship where a close family relationship exists, for example, including mother, father, daughter, son, sister, brother (and including step and in-laws) partner, ex-partner (including spouse or cohabitee), civil partner.

How to manage the situation where a work/personal relationship conflict arises?

Where a personal relationship exists or develops and this is seen to have a potential impact upon the ICB or develop a conflict of interest, the employees concerned will be helped to resolve the matter to the benefit of the ICB and themselves.

It would not be appropriate for a line management relationship to exist between two employees who have a close personal relationship. The Recruitment and Selection Policy gives further guidance around employing prospective employees who have a personal relationship with the expected line manager. Where a personal relationship develops whilst working for the ICB, the two employees should declare this to the Head of Corporate Assurance.

The organisation expects employees to take responsibility and not put themselves into a situation where their relationship may cause the organisation problems.

The termination of one or both employment contracts would only be considered in exceptional circumstances in accordance with the ICB Disciplinary Policy. This would only be considered where the employees have not declared the potential conflict of interest issue caused by their relationship and there is evidence that this has had a detrimental impact upon the ICB, their employees or clients.

In all other cases every effort will be made to resolve the situation by consulting the employees involved in order to find an agreeable solution for all parties.

Appendix C:

Scheme of Delegation

The Scheme of Delegation has been developed to manage any disciplinary or grievance processes within the ICB. The table provides detail of the lowest grade officer that can take specified action or issue a disciplinary sanction.

Staff Group	Written Warning	Final Written Warning	Dismissal	Suspension from Duty	Appeals
Chief Executive Officer	ICB Chair in consultation with NHS England	ICB Chair in consultation with NHS England	ICB Chair in consultation with NHS England	ICB Chair in consultation with NHS England and Head of HR & OD	ICB Chair from a different footprint in consultation with NHS England and Head of HR & OD
Directors	Chief Executive	Chief Executive	ICB Chair	Chief Executive in consultation with Head of HR & OD	ICB Chair in consultation with NHS England and Head of HR & OD
Employees who report directly to a Director	Director	Director	Director from a different directorate	Director in consultation with Head of HR & OD	Chief Executive in consultation with Head of HR & OD
All other employees	Line Manager (Band 4 and above)	Line Manager (Band 4 and above)	Director	Director in consultation with Head of HR & OD	Director from a different directorate in consultation with Head of HR & OD

Appendix D:

Investigation Process

1. The Line Manager will identify an Investigating Manager and speak with Human Resources regarding appropriate support.
2. The complainant will be written to, to confirm the remit of the investigation and the names of the manager(s) and Human Resources (if appropriate) support undertaking the investigation.
3. The appropriate Line Manager will meet with the perpetrator to verbally inform them of the allegation and hand them a letter to confirm the remit of the investigation and the names of the Investigating Manager and Human Resources support (if appropriate) undertaking the investigation. Support for the perpetrator is available from Occupational Health and this will be highlighted to the individual and will be made clear in the letter.
4. The Line Manager will need to consider the nature of the complaint and the relationship of the complainant and the perpetrator and consider whether alternative working arrangements (for either party) or suspension from duty is appropriate during the investigation.
5. The Line Manager will ensure that the investigation is keeping to the agreed timescales and that support for all parties is identified and actioned as appropriate.
6. The Investigating Manager will write to all parties inviting them to participate in an interview, providing a minimum of five days' notice of the investigation interview. The letter must explain what the allegations are and provide all individuals the opportunity to be accompanied to the investigatory meeting by a Trade Union representative or a colleague (template letters are available from the HR team nnicb-nn.hr@nhs.net).
7. It is for the case investigator to decide who is interviewed. The basis of this decision should be reasoned within the investigation report.
8. All statements should be typed and sent to the interviewee for checking and signing.
9. Interviewees must be aware that statements taken at the interview will be used in evidence if the investigation results in a disciplinary hearing.
10. Investigations will be concluded as soon as practically possible. An outline of the timescale for the investigation should be agreed at the outset. There may be circumstances where it is necessary to agree an extension. All parties will be informed of the extension and the reasons for this.
11. Upon completion of the investigation, the Investigating Manager will compile a report detailing their findings and recommendations in line with Section 13.7.
12. Once the report is completed the report shall be submitted to the appropriate Line/Senior Manager for consideration.
13. Any suspicions or allegations of fraud, bribery or corruption that may arise during a disciplinary investigation must be reported immediately to the ICBs' nominated [Counter Fraud Specialist](#).

Appendix E:

Appeals Process

All documents to be presented at the Hearing must be available to managers and the employee/representative at least five working days prior to the Appeal Hearing.

At the Hearing of an appeal before the Panel, the following procedure will be observed:

1. The Chair of the Panel may at his/her discretion remind both parties that the purpose of the Hearing is to review the decision made following the investigation. This is not a re-investigation of the facts.
2. The employee (or their representative if appropriate) will state their case and call any witnesses.
3. The members of the Panel and the representatives of both parties will be entitled to question any witnesses called.
4. The employee (or their representative) may re-examine his or her witnesses on any matters referred to in their examination by members of the Panel or the management representative.
5. The management representative will state the case for the employer and call any witnesses.
6. The members of the Panel and the employee (or their representative) will be entitled to question any witnesses called.
7. The management representative may re-examine his or her witnesses on any matters referred to in their examination by members of the Panel or the employee (or their representative).
8. The employee (or their representative) will be entitled to reply to the ICB case.
9. Members of the Panel may invite the representative of either party to clarify or amplify any statement he or she may have made.
10. The panel may at their discretion adjourn an appeal in order that further information may be ascertained.
11. No new matters will be brought up at Appeal stage.
12. The panel will give their decision in writing to both parties as soon as possible and normally within ten working days of the Hearing date.

Appendix F: Equality Impact Assessment

Overall Impact on: Equality, Inclusion and Human Rights	Positive <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Undetermined <input type="checkbox"/>
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Name of Policy, Process, Strategy or Service Change	Acceptable Behaviours Policy
Date of Completion	July 2023
EIA Responsible Person Include name, job role and contact details.	Head of Human Resources and Organisational Development Email: gemma.waring@nhs.net
EIA Group Include the name and position of all members of the EIA Group.	
Wider Consultation Undertaken State who, outside of the project team, has been consulted around the EIA.	
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	Equality Act 2010

For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:	What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?	What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?	What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?	What, if any, additional actions should be considered to ensure the policy, process, strategy or service change is as inclusive as possible? Include the name and contact details of the person responsible for the actions.	Impact Score
Age	Potential impact on staff members of all ages where generational differences/conflicts may occur.	Protected under the Equality Act 2010. Line Management training. Continuation of Staff equality education. Support from HR.	None.	None.	3
Disability ¹ (Including: mental, physical, learning, intellectual and neurodivergent)	There are no actual or expected positive impacts on the characteristic of Disability.	There are no actual or expected negative impacts on the characteristic of Disability.	None.	None.	3
Gender ² (Including: trans, non-binary and gender reassignment)	There are no actual or expected positive impacts on the characteristic of Gender.	There are no actual or expected negative impacts on the characteristic of Gender.	None.	None.	3

Marriage and Civil Partnership	There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.	None.	3
Pregnancy and Maternity Status	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	None.	3
Race ³	Potential impact for Black and Minority Ethnic employees where cultural differences and approaches may cause differences to approach or conflict.	Protected under the Equality Act 2010. Line Management training. Continuation of Staff equality education. Support from HR.	None.	None.	3
Religion and Belief ⁴	Potential impact for staff of different religions where beliefs may lead to different opinions/approaches or cause conflict.	Protected under the Equality Act 2010 Line Management training. Continuation of Staff equality education. Support from HR.	None.	None.	3
Sex ⁵	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	None.	3

Sexual Orientation ⁶	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	None.	3
Human Rights ⁷	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	None.	3
Community Cohesion and Social Inclusion ⁸	There are no actual or expected positive impacts on the characteristic of Community Cohesion and Social Inclusion.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	None.	None.	3
Safeguarding ⁹ (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	There are no actual or expected positive impacts on the characteristic of Safeguarding.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.	None.	3
Other Groups at Risk ¹⁰ of Stigmatisation, Discrimination or Disadvantage	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	None.	3

Additional Narrative

Provide additional evidence and narrative about the positive, negative, and neutral impacts of the proposal on the equality, inclusion and human rights elements detailed above.

You should consider:

- Three elements of Quality (safety, experience and effectiveness)
- Intersectionality
- Impact of COVID-19
- Access to Services
 - Physical
 - Written communication
 - Verbal communication
- Digital Poverty
- Safeguarding
- Dignity and Respect
- Person-centred Care

Here you should add additional detail or explanation around the positive, negative, and neutral impact of the proposals on the above protected characteristic and health inclusion groups. To address this, you should consider the barriers to accessing or using the service, including the mitigations to respond to these.

Positive Impact	Neutral Impact	Negative Impact	Undetermined Impact	Equality Impact Score Total	39
56 to 50	49 to 36	35 to 22	21 to 14		

Positive	Neutral	Negative	Undetermined
4	3	2	1

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.
9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.
10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).