

**Governing Body
Agenda for the meeting in public
Tuesday 14 September 2021 – 1030 to 1215**

Zoom Meeting

Chair :Huw Thomas

(Quoracy requirements: no less than 50% Members present, and:

- at least three (3) Place Based Clinical Leaders, and*
- at least one (1) of the Executive Members present, and*
- at least one (1) Non- executive member present and*
- either the Chair or Deputy Chair present)*

Timing		Item	Delivery
1030	1	Welcome, apologies for absence and Chair's introduction	Verbal
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda- to note <i>(see matrix below for suggested management of any COIs declared)</i> <i>Chair</i>	Paper
	3	To approve Minutes of the last meeting held on 13 July 2021 and matters arising <i>Chair</i>	Paper
1040	4	Patient Story <i>Tracey Faraday-Drake</i>	Presentation
1055	5	Accountable Officer's update – to note <i>Fiona Edwards</i>	Verbal
1105	6	Operational update – to note <i>Lalitha Iyer / Sarah Bellars/ Fiona Slevin-Brown</i>	Verbal
1130	7	Financial update including any issues to be escalated in respect of quality, performance or finance <i>Rob Morgan</i>	Paper
1140	8	Place update: <ul style="list-style-type: none"> • Slough <i>Tracey Faraday-Drake</i>	Presentation
1200	9	Disciplinary Policy – to ratify	Paper

Timing		Item	Delivery
		<i>Emma Boswell</i>	
1205	10	Questions from the public <i>Chair</i>	Verbal
1215	11	Date of next meeting in public – AGM 21 September 2021 - 1300 to 1600 and Tuesday 9 November 2021 – time TBC	

MANAGEMENT OF CONFLICTS OF INTEREST				
Example item	Interest declared			
	Financial	Non-financial professional	Non-financial personal	Indirect
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

Directorate	Job title	Firstname	Lastname	Description of interest	Interest Description (Abbreviated)	Type of interest			Date Incurred	Actions agreed by line manager to mitigate risk
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for FHFT in an administrative role	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Col at all relevant meetings and appropriate steps taken to mitigate any risk
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for the East Berkshire Out of Hours Primary Care Provider - EBPC	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Interest to be declared at relevant meetings and risk mitigated through management of CCG decision making relating to this provider
495 Frimley CCG Chief Clinical Office	Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Queen Alexandra hospital	A&E consultant	Outside Employment			01/04/2021	Alert people to the possible conflict
495 Frimley CCG Chief Clinical Office	Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Western Sussex hospitals NHS	I was an A&E Consultant and chief of service for medicine from 2001 to dec 2020	Outside Employment			02/04/2021	Again only potential conflicts
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Rosemead Surgery	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	02/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gp	Work as Gp in Camberley Surrey	Outside Employment			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gordon Road pharmacy Pharmacy	part owner in pharmacy	Shareholdings and other ownership interests			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	part owner of Gordon Road surgery provider organisation	Provides pain and MSk services	Shareholdings and other ownership interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Primary Care (Governing Body)	Anthony	Fitzgerald	Lightwater Surgery	Patient at Lightwater Surgery, one of the member practices	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	As Chair of PCCC, recuse from any commissioning decisions specific to Lightwater surgery. Remain for any commissioning decisions for generic Primary Care
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Daryl	Gasson			Nil Declaration			26/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Director of Development & Improvement	Emma	Boswell			Nil Declaration			26/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Head of Governance	Mary-Jane	Steijger	Registered as a patient with Farnham Park Health Group	Personal	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	Patient at Lightwater Surgery	Patient at Lightwater Surgery which is one of the Frimley CCG member practices.	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	Will be managed in accordance with policy.
495 Frimley CCG Nursing & Quality Directorate	Governance Manager	Joanne	Green	Cambridge Practice, Aldershot	Registered patient	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Lay Member for Audit	Arthur	Ferry			Nil Declaration			04/05/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Caroline	Farrar	Bliss, the national charity for premature and sick babies	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
Governing Body	Accountable Officer	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	19/04/2021	Only review services in distant geographical areas

Governing Body	Accountable Officer	Fiona	Edwards	Surrey and Borders Partnership NHS Foundation Trust	Employed by this organisation so that my salary and terms and conditions are processed via this Trust	Declarations of Interest – Other	Financial	Direct	19/04/2021	Formal full time secondment so that I do not take part in any of the Trust's business and there is full separation from the role I am seconded from. Declaration of interest to ensure i am not directly involved in any transactions between the CCG/ICS and Surrey and Borders NHS Foundation Trust.
495 Frimley CCG Development & Improvement Directorate	Director of Communications & Engagement	Sharon	Ward			Nil Declaration			18/05/2021	
495 Frimley CCG North East Hampshire & Farnham Place	Place Based Clinical Lead, North East Hampshire & Farnham	Steven	Clarke	Branksomewood Healthcare Centre	GP Practice	Outside Employment			01/04/2021	Usual COI measures
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Nicola	Airey	Ambulance provider (SECAMB)	Son student paramedic at Bright University (second year) with placements provided by SECAMB who are one of the ambulance providers for the Frimley system.	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Low risk of a conflict not directly involved in any contractual negotiations
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Hampshire, Southampton & IOW CCG	Non Executive Director - Secondary Care Clinician	Declarations of Interest – Other	Financial	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Frimley ICS	Chair of ICS Quality Collaborative	Declarations of Interest – Other	Non-Financial Professional	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Daughter	Palliative Care Trainee KSS	Loyalty Interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Patient & Public Involvement	Katherine	Atkinson	Voluntary Action South West Surrey	Volunteer role as Trustee of VASWS, which has in the past received funding from the CCG.	Loyalty Interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Patient & Public Involvement	Katherine	Atkinson	Safer Tourism Foundation	Chief Executive of the Safer Tourism Foundation	Outside Employment			01/04/2021	No conflicts anticipated.
495 Frimley CCG Chief Clinical Office	Executive Director of Nursing & Quality	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	01/04/2021	Manage in accordance with policy
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Thames Valley Vasectomy Services Ltd	Director, Shareholder and Surgeon for company	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Forest Health Group	Member practice of Frimley CCG	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Braccan PCN	Member of PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Berkshire Primary Care LTD	Practice is shareholder	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Tracey	Faraday-Drake			Nil Declaration			21/06/2021	
495 Frimley CCG Finance Directorate	Chief Finance Officer	Robert	Morgan	East Berkshire Primary Care Out Of Hours	Wife works 10 hours per week as call handler	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Declared at all meetings where decisions are taken with the organisation
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Farnham Road Practice	Partner & Principal	Outside Employment			01/04/2021	Declaration. All GPs have this issue. It is clear this form is inappropriate to cover such circumstance. It has been designed and authorised by a non-clinician.

495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	HealthHeroSolutions	Deliver GP clinical advice electronically to cohorts of the UK population remotely. have been doing this since 1999!	Outside Employment			01/04/2021	Open declaration of these interests, only relevant should we ever decide to procure remote clinical triage services from this organisation.
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Thames Hospice	I donate my salary as a GP to the Thames Hospice on a monthly basis, as I believe very strongly in the clinical value of their non-taxpayer charitable service status to our registered patients who are on the EoLC pathway. This is relevant as we procure a number of services from them.	Donations		Yes	01/04/2021	
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Slough Senior Citizens	Am a patron of this charity since 2016	Loyalty Interests			01/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	NX10 Limited	One	Shareholdings and other ownership interests			01/04/2021	

**Draft Minutes of Frimley Clinical Commissioning Group – Governing Body held in public on
Tuesday 13 July 2021 between 1030 and 1210 via Zoom**

Present:	<p>Fiona Edwards – Accountable Officer Dr Huw Thomas – Clinical Chair and Clinical Leader for Royal Borough of Windsor and Maidenhead</p> <p>Sarah Bellars - Executive Director of Quality and Nursing Dr Lalitha Iyer - Executive Medical Director Rob Morgan - Executive Director of Finance Emma Boswell - Executive Director of Development and Improvement Nicola Airey - Executive Place Managing Director, Surrey Heath Tracey Faraday-Drake – Executive Place Managing Director, Slough Caroline Farrar - Executive Place Managing Director, Royal Borough of Windsor and Maidenhead Daryl Gasson – Executive Place Managing Director, North East Hampshire and Farnham Fiona Slevin-Brown - Executive Place Managing Director, Bracknell Forest</p> <p>Kathy Atkinson – Lay member for PPE and Lay Member for NEHF Arthur Ferry – Lay member for Governance and Audit and Lay Member for Royal Borough of Windsor and Maidenhead and Slough Dr Ed Palfrey – Independent Member Dr Amanda Wellesley – Secondary Care Consultant</p> <p>Dr Steven Clarke – Clinical Leader for North East Hampshire and Farnham Dr John Fraser – Clinical Leader for Surrey Heath</p>
In attendance :	<p>Ann Cooper - Deputy Director of Governance Mary-Jane Steijger - Head of Governance Joanne Green – Governance Manager (secretariat)</p>
Apologies for Absence:	<p>Tony Fitzgerald – Lay Member for Primary Care and Lay Member for Surrey Heath Dr Martin Kittel – Clinical Leader for Bracknell Forest Dr Jim O'Donnell – Clinical Leader for Slough</p>

1	<p>Welcome newly elected Chair</p> <p>On behalf of the Governing Body, Dr Ed Palfrey congratulated the newly elected Clinical Chair, Dr Huw Thomas and wished him well in the role.</p> <p>The Chair placed on record his appreciation to Dr Palfrey for his period as Chair of the Governing Body since the CCG's inception on 1 April 2021. He advised that Dr Palfrey now became an Independent Member of the Governing Body. He also advised that Dr Lalitha Iyer, would become Vice-Chair.</p> <p>In his absence the Chair placed on record members' appreciation and thanks to Dr Martin Kittel, who was standing down from his role as Clinical Leader for Bracknell Forest , with effect from 31 July 2021. Members noted a recruitment process had now started for his replacement.</p>
2	<p>Welcome, apologies for absence and Chair's introduction</p> <p>The Chair welcomed everyone to the meeting, in particular members of the public in attendance. He advised that no formal questions had been received by the deadline set. The Chair welcomed feedback from members of the public and encouraged those present to make use of the chat facility.</p>

	<p>He also reminded members to switch their camera on when speaking and to introduce themselves when first speaking.</p> <p>Apologies for absence, as set out above, were noted.</p>
3	Conflicts of Interest Register and declarations of any interests relating to this agenda
	The above-mentioned Register was received and noted, with no further declarations being made at the meeting.
4	Minutes of the last meeting held on 11 May 2021 and matters arising
	The Minutes of the above-mentioned meeting were approved , there were no matters arising.
5	Voluntary Sector support and Innovation Funding programme - Presentations
	<p>Two detailed presentations were made to the meeting as follows:</p> <p>(a) Voluntary Sector Support:</p> <ul style="list-style-type: none"> • Long standing relationships with the voluntary sector • Integrated approach being developed across the CCG • Sector at forefront of pandemic response, including vaccination sites • Supporting the sector to recover • Moving to phase three of the vaccination response , continuing to build on the relationships • How best to move from a place of support to place of true partnership and integration? <p>(b) Innovation Fund 2021</p> <ul style="list-style-type: none"> • Established in NEHF in 2017 • Fund now covering Surrey Heath and East Berkshire geography, including over 45 projects supported • Community driven, supported by community involvement, training and development opportunities, networking and mentoring, awards ranging from £500 to £5k • Support now available form NHS Charities Together , Hampshire County and Surrey Heath Borough Councils - £70k in total available • Projects aimed at supporting health and wellbeing of children, young people and families. • Commitment to addressing inequalities within local communities <p>Members reflected on their own experience of the Fund, which they had found most fulfilling and had demonstrated the ability of the voluntary sector to make a huge difference , with very little financial support. Work would continue to support the sector as part of the commitment to develop integrated care systems.</p>
6	Accountable Officer's update
	<p>The Accountable Officer briefed the meeting on the current strategic direction of the CCG and Integrated Care System (ICS) which she also led. The core strategy would be to tackle health inequalities and reduce the gap for people affected. She reflected on research, undertaken in 2018 , which had shown the importance for people of involvement and community which she felt the presentations demonstrated. Support for the voluntary sector would be a key part of the ICS strategy and she expressed thanks to the voluntary sector for their hard work and contributions during the ongoing pandemic.</p> <p>Resources to support local communities, across the CCG, to live healthily would be vital in addition to ensuring an inclusive approach. This would continue to be challenging during the ongoing pandemic; however, it would be at the centre of the CCG's strategy.</p> <p>The recently published Health and Social Care Bill , which included the boundaries of future ICS , was</p>

	<p>scheduled to have its second reading before the forthcoming summer recess and she advised the Bill's focus was very much on reducing health inequalities and population health management. A decision on ICS boundaries was also expected imminently.</p>
7	<p>Operational update</p> <p>Fiona Slevin-Brown updated the meeting on the latest position with regard to pressures experienced across the local health system. All areas were experiencing increased pressure, with Covid infection rates also increasing, impacting on Frimley Health FT which was experiencing increased patient admissions. Planning for winter pressures had also started, whilst continuing to focus on dealing with the backlog which had built up during the ongoing pandemic. Support also continued to be offered to staff who had experienced an extremely challenging year.</p> <p>Dr Iyer reminded the meeting that all services offered in primary care were open to patients, albeit operating slightly differently with virtual triaging continuing. She was particularly proud of the successful operation of Pulse Oximetry @Home.</p> <p>The Director of Nursing and Quality advised that infection prevention and control measures continued to impact primary care activity, with the lifting of restrictions from 19 July 2021 likely to have further impact. The vaccination programme continued to operate well, although vaccination of younger patient cohorts was proving challenging, with a number of innovative solutions being introduced. She encouraged members to utilise their contacts to encourage take up of the vaccine by this cohort.</p>
8	<p>Financial update including any issues to be escalated in respect of quality, performance or finance</p> <p>The Director of Finance advised the latest position which showed the CCG reporting a £1.3m deficit, due to delayed payments for some services. He placed on record his thanks to the Finance Team for their hard work in closing the accounts of the previous three CCGs, whilst also establishing systems and process for the new CCG.</p> <p>He further advised that nationally, the second half of the financial year was being considered and he anticipated being advised of budgets by September 2021.</p>
9	<p>Places' update:</p> <ul style="list-style-type: none"> a) Slough b) Surrey Heath c) Bracknell Forest d) North East Hampshire and Farnham e) Royal Borough of Windsor and Maidenhead <p>The Governing Body received detailed presentations from each Managing Director for their respective place.</p>
10	<p>Emergency preparedness, resilience and response</p> <p>The Chair advised the following checklists (placed in the Reading Room) had been reviewed by the Internal Resilience Group and were recommended for approval:</p> <ul style="list-style-type: none"> ➤ Cold and Snow, Heatwave and Flooding (appendices of the Frimley CCG Severe Weather Plan); ➤ The National Threat Level going to Critical; ➤ Cyber Security; <p>Governing Body RATIFIED the above-mentioned documents.</p>
11	<p>Questions from the public</p> <p>During the meeting a number of comments had been made in the chat facility and were responded to. The slides used during the meeting would also be made available on the CCG's website.</p>
12	<p>Date of next meeting in public – Tuesday 14 September 2021 – time TBC and AGM 21</p>

DRAFT

GOVERNING BODY

Title of Paper	Financial update including any issues to be escalated in respect of quality, performance or finance – Month 4 2021/22		
Agenda Item	7	Date of meeting	
Exec Lead	Rob Morgan	Clinical Sponsor	

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	CCG Priority Theme 4 - Creating the new Health and Care Landscape CCG Priority Area 11 - Collaborative and ICS development
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary
<p>The month 4 (July) finance update is presented to Governing Body.</p> <p>As previously updated in July the three legacy CCG finance teams are continuing to develop the finance function to support both the Frimley CCG but also to support the Frimley Health and Care Integrated Care System (ICS). Legislation currently being laid before Parliament would mean that from 1 April 2022 the Frimley ICS as an organisational body will come into force replacing the Frimley CCG with new (and existing) statutory responsibilities.</p> <p>Financial reporting for the new organisation in April 2022 will focus on how the NHS partners within the ICS (those partners within the ICS “System Control Total”) are performing in aggregate. As such the financial information reported will be wider than that presented in Table 1 which is solely the financial position of the CCG (not its partners).</p> <p>The ICS has been working under a system control total since 2018 and has consistently met its financial obligations. As a response to COVID, the NHS has for both 19/20 and 20/21 been planning financially in six monthly intervals. The three legacy CCGs met their financial targets and obligations in 2020/21 and for the first half (ending 30 September 2021) of this year, both the ICS and Frimley CCG plan to meet their financial targets and duties. Financial planning for the second half of the year cannot be completed until the funding is agreed nationally and as such the report only covers the period to 30 September 2021. It is important to note that there are certain costs which are not part of the funding allocation for the CCG as they are being funded centrally by NHS England. This covers areas such as Personal protective equipment . There are also certain costs which are incurred by the CCG and local authorities which the original allocation does not cover and for which there are national processes in place for the CCG to reclaim the money. The Hospital Discharge Programme is an example of this, where extra funding is provided to pay for the first six weeks (Q1) and four weeks (Q2) care upon discharge from hospitals to maximise the flow of patients and therefore beds available to help with COVID and also the waiting list recovery activity. The CCG claims the costs of this retrospectively each quarter and is detailed below in note A.</p> <p>The summary report for Frimley CCG is presented in Table 1 below:</p>

CCG Summary	Month 4 July 2021			6 month Forecast		
	Plan YTD	Actual YTD	Variance	2021-22 Plan	2021-22 Forecast Outturn	2021-22 Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Revenue Resource Limit (in-year)	(409,724)	(409,724)	0	(627,978)	(627,978)	0
Commissioning						
Acute Services	203,702	206,119	(2,417)	308,213	308,696	(483)
Mental Health Services	39,672	39,730	(58)	59,889	59,924	(36)
Community Health Services	25,740	25,617	123	39,349	39,592	(243)
Continuing Care Services	26,438	25,905	533	39,657	39,657	0
Primary Care Co-Commissioning	36,204	36,267	(63)	54,306	54,306	0
Primary Care Services	43,725	43,900	(175)	67,144	67,144	0
Other Programme Services	27,079	28,367	(1,288)	43,153	44,307	(1,155)
Reserves	2,423	183	2,240	9,156	9,563	(407)
Commissioning sub-total	404,983	406,087	(1,105)	620,866	623,189	(2,323)
Running Costs	4,741	4,741	1	7,112	7,112	0
Expenditure sub-total	409,724	410,828	(1,104)	627,978	630,301	(2,323)
Surplus/(Deficit)	0	(1,104)	1,104	0	(2,323)	2,323



The financial position is as expected at Month 4. There are 2 areas to highlight (A and B circled above)

A – The CCG is reporting a £1.1m deficit at Month 4. This is an expected deficit and reflects the costs incurred for the Hospital Discharge Programme (HDP) which are not covered in the original CCG funding allocation. These will be reclaimed via NHSE/I in the same way that it was during financial year 20/21. Once reclaimed the deficit will be covered by the income the CCG will receive. There is a monthly reporting and collection process for these costs and the collection of information and reimbursement is part of a national process. Total HDP costs which are claimable at Month 4 amount to £3.5m. Funding for Q1 has been received amounting to £2.4m, resulting in a net variance of (£1.1m) being the reported deficit which reflects the Month 4 HDP costs incurred.

B - The forecast for HDP costs which can be claimed is £4.7m for the 6 months ended 30 September, which is within the NHS England envelope of £5.6m. The extra £1.2m costs for Months 5 and 6 for HDP are the reason why the deficit moves from £1.1m to a forecast £2.3m but this will be reclaimed as part of the Quarter 2 process which will be paid to the CCG in quarter 3. There are further costs relating to discharges which run past 6 weeks which cannot be claimed from the NHSE funding available and therefore the CCG has covered through its reserves. As such we can report that after funding received the CCG will be in a balanced financial position.

NHS Pay award

- Guidance has been received on the timings and funding flows of the 3% pay award for NHS staff.
- No additional allocation will be awarded for CCG staff, so this uplift is to be funded from the existing running cost allowance and other programme budgets.
- The additional cost on providers will be received as part of the H2 funding allocation and should not be accrued for by CCGs until month 7. Providers will accrue for the cost at M6

The financial position of the CCG has been considered by the Executive meeting prior to Governing Body and has also been subject to review by NHSE/I Region Team

Recommendation	Governing Body is asked to NOTE the M4 financial position of the Frimley CCG
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Please provide details on the impact of following aspects

Risk and Assurance	Sound financial stewardship of public funds is expected and is required to be demonstrated. Financially distressed systems can adversely impact the level of services provided to residents
Equality and Quality Impact Assessment	The financial position of the CCG is subject to both internal and external audits including being assessed for "Value for money". These checks help to ensure that the right quality services are being funded and that equality and Quality impact assessments are performed as part of decision making process
Patient and Stakeholder Engagement	Engagement is done through the design of services which includes the financial impact
Financial Impact and Legal implications	The Financial Reporting mechanisms highlight the Financial Impact and legal implications are considered.

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
Executive Meeting	9 September 2021	At date of submitting this paper (7 th September) report the meeting had not taken place

GOVERNING BODY

Title of Paper	Disciplinary Policy		
Agenda Item	9	Date of meeting	14 September 2021
Exec Lead	Executive Director of Development and Improvement - Emma Boswell		

Purpose	To Approve	
	To Ratify	X
	To Discuss	
	To Note	

Executive Summary

Following the establishment of Frimley CCG there is a programme of work to review the HR policies of the three legacy organisations (65) to ensure consistency

A process for this has been agreed, which involves expert advice and review from the CSU HR team, review by the Staff Partnership Forum and discussion at the Policy Review Group, which includes two Executive Directors and the Remuneration Committee Chair. This policy has also been reviewed by Remuneration Committee.

The policy has been through this process and is recommended for ratification NHS England requires the Policy to be made publicly available on the CCG's website.

Recommendation	This policy has been reviewed as above and recommended for ratification
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Please provide details on the impact of following aspects

Risk and Assurance	CCG would not be complaint if policies are not in place
Equality and Quality Impact Assessment	Completed
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	Not having these policies could leave the Frimley CCG open to financial and legal scrutiny

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
<ul style="list-style-type: none"> • Staff Partnership Forum • Policy Review Group • Remuneration Committee 	30.04 – 31.08.2021	Recommended for ratification.



Frimley
Clinical Commissioning Group

Frimley CCG Disciplinary Policy

September 2021

DOCUMENT INFORMATION

Document type:	Policy
Document title:	Disciplinary Policy
Document operational date:	
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Equality Analysis

Frimley Clinical Commissioning Group (CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none is placed at a disadvantage over others.

Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

An equality impact assessment was completed by David Rowlands, HRM, shown in Appendix A

1. Summary

The purpose of the disciplinary procedure is to clarify the procedures to be followed where the conduct of an employee falls short of that which is expected. It describes examples of acts which are considered misconduct or gross misconduct and how the CCG will respond in these circumstances so that all concerned understand their rights and obligations. The disciplinary procedure is how the CCG ensures that its rules and practices are observed and maintained.

This procedure applies to all employees employed by the CCG, with the following exceptions:

- This policy does not include dismissals due to redundancy, capability, or the non-renewal of fixed term contracts on their expiry.
- Issues involving capability of Medical Staff will be dealt with under Maintaining High Professional Standards in a Modern NHS. However allegations of misconduct by these staff will be dealt with under this Disciplinary procedure.
- Issues involving complaints of bullying or harassment will normally be dealt with under the Frimley CCG Challenging Bullying and Harassment Policy except where it is deemed that disciplinary offences may have occurred.
- Issues involving allegations of fraud or related misconduct will be dealt with under the Counter Fraud Policy.
- Health and capability issues are dealt with through the separate Sickness Absence Policy and performance issues are dealt with through the Managing Poor Performance Policy.

The employee will not normally be allowed to raise a separate formal grievance related to any action taken, or contemplated, under this procedure and any concerns will be managed within the hearing or appeals process.

This policy adheres to the ACAS Code of Practice.

2. Introduction

The users of the CCG services have a right to expect a high-quality healthcare service. The conduct and performance of CCG staff at all levels will play a major part in the quality of service provided by themselves and other staff to patients, clients, relatives, friends and visitors.

This policy covers all employees within the CCG and will supersede all other relevant policies under previous terms and conditions of employment held by individuals who have transferred into NHS Frimley CCG from other NHS organisations.

The fair treatment of employees supports a culture of openness and learning in the CCG by making employees feel confident to speak up when things go wrong, rather than fearing blame.

It is essential that people are treated with dignity and kindness in line with the CCG values and regardless of circumstances. The CCG requires high standards of conduct from everyone and is committed to helping people improve and learn from mistakes.

This policy is designed to ensure a fair systematic and consistent approach is taken when an employee's behaviour or action is in breach of workplace rules or falls short of the expected standards.

An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are truly grounds for a formal investigation and/or for formal action. This should ascertain whether e.g. training for the employee, support, guidance or informal management would be more appropriate/ productive or whether there is a systemic issue that needs to be addressed.

This Policy is set against a culture of openness and transparency to ensure the CCG is doing the right thing by its employees.

3. **Purpose**

The aims of the policy are

- To help make clear the standards of care, conduct, attendance and job performance required by the CCG so that staff know what they are expected to achieve and maintain.
- To have a clear, agreed way that is fair, consistent proportionate and appropriate for dealing with situations where conduct or performance fall below a satisfactory level and setting the standards necessary for improvement. It should not be viewed merely as a means of imposing sanctions against staff.

4. **Responsibilities**

Executive Team and Line Managers

Managers are responsible for ensuring that they are familiar with this policy.

In all cases involving formal disciplinary action in accordance with this policy managers should ensure that they have obtained appropriate Human Resources (HR) advice before taking any action. If this is not possible, for instance, in the case of gross misconduct warranting suspension occurring

outside normal working hours, managers should take appropriate action in accordance with this policy and contact HR as soon as possible afterwards.

Managers are responsible for ensuring that any disciplinary decisions are consistent with Frimley CCG disciplinary policy and for ensuring a uniformity of standards throughout the CCG.

Managers should always consider whether informal action is appropriate.

Where formal investigation is required, a thorough, unbiased investigation should be in line with this Policy.

Managers are responsible for ensuring that they only take disciplinary action as authorised to do so in accordance with the levels of authority contained in Appendix D.

Managers are responsible for ensuring that other procedures are appropriately referred to and invoked, in discussion with HR. For instance, in cases involving adult abuse, reference should be made to the Vulnerable Adults Policy & Procedure. In cases of suspected fraud the CCG Director responsible for fraud management and the NHS Counter Fraud Team will be contacted immediately to discuss how to proceed. In all these cases contact with the relevant internal or external advisers should be made prior to any action being taken.

Managers will ensure that all action taken under the disciplinary policy and procedure is reasonable and proportionate.

Employees

Employees are responsible for ensuring that they are familiar with this policy and procedure.

Employees are responsible for ensuring that they adhere to accepted standards of conduct and behaviour and examples of what constitutes misconduct or gross misconduct can be found in Appendix B for information.

Being subject to allegations of misconduct can be very upsetting and stressful for the employee and other employees can be affected. It is important throughout the procedure for the manager to maintain clear, regular and confidential communication with both the employee and any other employees affected and pay attention to their wellbeing.

Where there are concerns about the employees' health or wellbeing, Occupational Health advice will be obtained.

ConsultHR

ConsultHR are responsible for advising about the application of this policy and procedure.

ConsultHR are responsible for monitoring the timescales contained within this policy and procedure and for notifying a more senior manager should the length of time taken to deal with an issue begins to cause concern.

ConsultHR should maintain a central record of all disciplinary cases for the purposes of monitoring and statistical records.

ConsultHR are available to provide support to all line managers and chairs who sit on hearing panels throughout the process.

The commissioning manager has responsibility for implementing the Disciplinary Procedure. The role of ConsultHR is to help ensure fairness, consistency and appropriate standards of conduct and performance. Human Resources advisors/managers may assist with investigations and will attend any formal disciplinary hearings. No manager should undertake a formal disciplinary on their own, and a record of the hearing must always be kept

5. Representation

The employee has the right to be represented at all stages of the disciplinary procedure by a trade union representative or accompanied by a work colleague who is an employee of the CCG (and not acting in a legal capacity). The employee should be advised of this right as soon as the disciplinary procedure is invoked.

It is the responsibility of the employee to contact his or her chosen representative and to ensure that the representative is willing and available to represent him or her. If the representative is unavailable the CCG will offer an alternative date providing reasonable notice for all to attend.

Where allegations involve an accredited staff representative no investigation or disciplinary action will be taken until the case has been discussed with a full-time official of the organisation concerned. In respect of suspension, this may not be possible, however the full-time officer must be notified as soon as possible after the decision to suspend has been taken.

During the proceedings, the representative is entitled to fully participate but not directly answer questions on behalf of the employee.

6. Stages of Disciplinary Action

Allegations of misconduct will be carefully assessed by the relevant manager, with HR advice, to decide if the matter can be managed informally where possible or whether there are grounds for further investigation and / or formal action.

The manager will carry out initial fact finding and meet the employee to establish their version of events. The manager may also meet with other relevant individuals to get a good understanding about what has happened.

6.1 Informal Discussions

Although it is not part of the Disciplinary Procedure, managers are urged to use the informal discussion provision, where appropriate, before activating the formal disciplinary procedure - see Appendix F. This procedure could be used in minor incidents, i.e. where an individual does not follow the correct procedure when reporting sickness. In serious incidents or repeated occurrences and/or failure to improve using the informal stage, the formal procedure will be followed and implemented.

Managers should also consider mediation at all stages of this procedure. Whilst not appropriate in cases of serious misconduct, mediation can be especially useful in cases of relationship breakdown, communication problems, personality clashes or to rebuild relationships after formal proceedings have taken place.

If it is felt that mediation might be appropriate this should be discussed with HR before an approach is made to the employee. Disciplinary proceedings may be suspended pending the mediation process.

6.2 Investigation

It is essential that investigations are carried out fairly, thoroughly and without unreasonable delay. Investigations should be unbiased and include searching for evidence which supports the employee's case as well as evidence against them.

It is a managerial responsibility to consider allegations or complaints about staff seriously, whatever the source, and judge what investigation is appropriate based on the information which is available at the time. The aim will be to ascertain the facts to decide what action needs to be taken, if any. Where the investigation is initiated as the result of a formal complaint by a patient or client, it should be conducted so that it could form part of any subsequent disciplinary hearing.

The member of staff concerned will be informed immediately if an investigation is to be undertaken in accordance with this policy into any allegation made against them.

The way such investigations should be conducted is not prescribed in detail within this procedure. This will depend upon the particular circumstances of and be proportionate to each situation. However, certain principles must be followed.

It is important to complete investigations as soon as possible but some time may be needed to arrange to interview all relevant parties, especially if further allegations emerge during the investigation.

Investigations are initiated but not undertaken by the Commissioning manager . (See Appendix D for levels of disciplinary authority). The Commissioning manager will delegate responsibility for undertaking the investigation to

someone else of an appropriate level who will provide the investigation report and present the findings if a disciplinary hearing should take place.

The investigating officer / manager may decide that it is necessary to conduct interviews as part of the investigation process. If this is the case, the interviewees should be informed of their right to be accompanied and that the information they give could be used in a Disciplinary Hearing should it be decided that one should take place. Full notes of the investigatory interviews should be taken.

There may be occasions where fresh information or allegations which are related to the allegations already made emerge after the formal disciplinary hearing has been set up and/or started but before a decision is recorded. Management will inform the employee of any additional allegations in writing.

Management reserve the right to put these to the employee for a response at the disciplinary hearing whilst recognising that it may be necessary to adjourn the hearing to give the member of staff the opportunity to digest the information and respond and/or consult with their representative.

The employee may request the meeting be reconvened. The preference would be not to postpone the hearing completely, but it may not be possible to make a decision on the latest allegations without conducting further investigation and reconvening the meeting at a later date. This will not preclude a decision being made on the original allegations, although it is unlikely. It should be noted that at any subsequent appeal, the procedure followed in this paragraph will be closely scrutinised.

The employee must be advised of the outcome of the investigation (in writing) i.e., no further action, informal action or a formal disciplinary hearing will take place.

If during the investigation the employee raises a grievance in relation to the disciplinary issues being investigated or the disciplinary process itself, consideration must be given to suspending the disciplinary process pending investigations into the grievance. However, it is possible to run both procedures concurrently, particularly where the matters are linked.

6.3 Suspension

Where a serious allegation is made an appropriate senior manager can suspend the employee(s). Normally the line manager will suspend an employee, but if the line manager is not available the suspension will be conducted by a manager of an equivalent level. If an employee has not actually been suspended but during the course of the investigation this action appears to be appropriate, the investigating manager may suspend the employee.

Suspension does not constitute disciplinary action. It is a neutral act which does not imply guilt.

Circumstances in which an employee may be suspended are:

- to facilitate a further or more detailed investigation; where it is felt that this may be hindered by the continued presence of the employee at work or that they employee themselves may interfere with the investigation
- when the continued presence of the employee is not in the best interests of patients, clients, staff, the public, the service generally or the employee
- on the evidence available, and in the opinion of the disciplining manager or senior manager present, the alleged incident is so serious that summary dismissal may result

criminal charges have been brought against the employee and there is evidence that the alleged criminal activity may result in summary dismissal

- In all cases, suspension should be discussed with a Director either before the suspension is carried out or as soon as possible afterwards

Every effort should be made to minimise the length of time that a period of suspension should last. Suspension (on full pay) should not normally exceed eight weeks, but sufficient time will be needed to allow for full enquiries to be carried out.

The individual to be suspended must be informed personally. The Manager will ensure that appropriate contact is maintained with the employee concerning their welfare during the period of suspension. The suspending Manager will also ensure that any CCG property is collected and retained during the period of suspension, including keys, ID badge, Smart Cards, laptops, mobile phones, remote access fobs etc. If alternative arrangements cannot be made, the suspended employee may request permission to meet their accredited staff representative, or colleague providing support, on CCG premises if required during the period of suspension. Such permission, if granted, would relate to a specific date, time and place only.

The individual may not work in any capacity for the any other employer, whether paid or unpaid (including agency employment) whilst on suspension and must be available to come into work if required.

Pre-arranged holidays will be honoured and the normal process for booking annual leave adhered to, in line with the CCGs Leave Procedure.

All matters connected with the suspension must be kept confidential and not discussed with anyone except the accredited staff representative. This is to protect the integrity of the investigation.

The suspension will be confirmed in writing within three working days. It will include the reason for the suspension, the terms of the suspension, the requirements on the employee, a copy of the CCG Disciplinary procedure and

will inform the employee that an investigation will follow. The employee will also be advised of the right to consult with a representative of a recognised Trade Union or colleague who is an employee of the CCG. The employee will also be advised of support available to them in relation to health issues, such as Occupational Health and EAP services.

An employee may request to be suspended in a difficult situation. This request will be considered in relation to each circumstance, however work at another base may be deemed suitable, while an investigation is being undertaken.

Staff who are taken ill during the period of suspension must follow the CCG Sickness Absence Policy. This includes the reporting of sickness and the requirement to send sick certificates to the CCG and attend Occupational Health if requested.

Periods of suspension will be kept under regular review by the investigating manager and should be kept to a minimum. Where during the investigation it is deemed that it is appropriate for an employee to return to work even though disciplinary action is still being considered then this should be affected.

7. The Formal Disciplinary and Appeals Procedure

7.1 Principles

This procedure embodies the following principles:

- Matters should be dealt with quickly. As a general guide disciplinary matters should be dealt with within one month of the issue first coming to the attention of the manager concerned. Notwithstanding this, it is accepted that some more serious and complex matters will inevitably take longer, and no investigation should be rushed to the detriment of thoroughness. Timescales should be agreed at the outset and the employee kept informed of progress and any anticipated changes to timescales.
- Disciplinary action should not be taken until a thorough investigation has taken place.
- Members of staff have the right to be informed of the allegation against them in writing, and to have the opportunity to state their case before decisions are taken.
- At each stage of the procedure there is a right to be represented by an accredited representative of a recognised trade union, or work colleague who is an employee of the CCG (see representation).
- Where disciplinary action is taken the employee will be informed in writing with the reasons, the consequences of any repetition and the appeal mechanism.

7.2 Procedure

- 7.2.1 The CCG is committed to ensuring panels are diverse in representation, have appropriate seniority and have knowledge, skills and experience that are relevant to the case in question and cater for factors such as BAME, disability status etc. A panel will consist of a minimum of 2 people one of whom is a senior manager.
- 7.2.2 Panel members will be selected to achieve this and where appropriate additional panel members will be recruited to provide professional advice as required. If an employee has any concerns in relation to diversity or possible bias of the panel, they can raise this with the relevant Executive Director who is able to seek an independent view if required.
- 7.2.3 Upon receipt of the investigation report by the investigating manager, the commissioning manager must decide if there is on the face of it a case to be answered. At this stage, the appropriateness of informal action should be considered again.

However, where formal action is necessary a formal disciplinary hearing will be arranged by the Commissioning manager and they will identify an appropriate manager to Chair the panel who will have responsibility for taking the appropriate level of action for the employee if the allegations were to be substantiated (see Appendix D for levels of authority).

Where the allegations may be considered as an act of gross misconduct, the Chair of the panel must be a Senior manager who has the authority to dismiss. It does not pre-judge any decision.

The Chair of the panel is responsible for communicating the outcome from the panel to the employee and notifying the Commissioning manager of any further action that needs to be implemented.

- 7.2.4 The employee is responsible for arranging representation. Disabled employees may also wish to be accompanied by a second person as a support worker or someone with knowledge of the disability and its effects
- 7.2.5 At least 10 working days' notice will be given (unless the member of staff agrees to waive this to have the matter dealt with sooner). Requests for alternative dates for hearings to accommodate the attendance of a representative or colleague must be considered. However, hearings will not be unreasonably delayed and if the employee or representative is repeatedly unable to attend consideration will be given to hearing the matter in their absence.

- 7.2.6 The letter inviting the employee to the hearing will be issued by the disciplining manager and will include the reasons for the meeting, that disciplinary action may be an outcome (including dismissal), the right to be accompanied and all relevant documents to be presented (together with copies for the representative) and a note of any witnesses to be called. The employee should be informed of the deadline for submission of their case (see paragraph below). The letter should detail the time, date, and venue for the hearing.
- 7.2.7 Documents to be referred to by the employee (the employee's case) during the hearing should be submitted to the disciplining manager at least 5 working days prior to the hearing date. Any documentation submitted after this date will not be accepted. It would be helpful if documents could be submitted in electronic format wherever possible.
- 7.2.8 At the hearing the manager who has investigated the alleged misconduct will present the evidence and the employee will be asked to put their case. Both sides may call witnesses in support of their cases and should notify the disciplining manager of their names at the time of the submission of papers.

7.3 Disciplinary Hearing Procedure

See Appendix C

7.4 Levels of Disciplinary Action

There are three levels of formal disciplinary action that may be taken:

- First written warning
- Final written warning
- Dismissal

Disciplinary action may commence at any of the three stages depending upon the circumstances. However, only in very serious cases involving gross misconduct would it be appropriate to dismiss an employee who has not previously been issued with a warning for a similar offence.

Mutually Agreed Outcome

This describes a situation when an individual accepts a sanction with or without recourse to a full independent investigation or hearing, or where an investigation has been concluded and there is a case to answer in a disciplinary hearing.

If these criteria are met then the commissioning manager will consider any mitigating circumstances, the investigation report, findings and recommendations.

The commissioning manager with the support of Consult HR will meet with the individual and their representative to outline the details of a proposed sanction to

be applied and will provide the employee with 5 working days to consider the option.

If the employee agrees to a “mutually agreed outcome”, the commissioning manager will then put a sanction in place and confirm the details in writing. The letter will also make clear the consequences of further breaches.

If the employee does not accept the “mutually agreed outcome” sanction, a disciplinary hearing panel will be arranged in line with the disciplinary policy.

This process will not be used when the allegation/offence may constitute serious or gross misconduct

First Written Warning

If a serious breach of discipline occurs or there have been several less serious breaches which have already been dealt with under the informal procedures, a written warning may be issued. This should be issued in the form of a letter that confirms:

- the nature of the problem and the reason for the disciplinary action.
the improvement required and timescales for improvement
any support to be provided to the employee to assist improvement
- the time period the warning will remain active namely 12 months.
- that further misconduct will lead to further disciplinary action.
- how to exercise the right of appeal to the next level of management.

Final Written Warning

If the employee continues to fail to meet the required standard of conduct following previous warning(s), or in a first instance of misconduct serious enough not to be tolerated a second time, or where a dismissal may have been appropriate but there are mitigating circumstances not to dismiss, a final written warning will be issued making it clear that a further repetition of misconduct will be likely to lead to dismissal. The structure of the letter will be the same as for a written warning above, except that the employee must be informed in the letter that repetition of the misconduct may lead to dismissal.

The warning will be active for a period of 12 months,

If it is felt that the level of misconduct is so serious, a pattern of behaviour is emerging or the warning system is being abused, a longer time limit for the final written warning may be given, for instance, up to 2 years.

Dismissal

Failure to meet the required standards of conduct following the issue of previous warning(s) and/or a final warning will result in termination of employment. The dismissal letter will state the reasons, the length of notice,

whether this is to be worked or paid in lieu, and the effective date. It will also include details of the right of appeal.

A list of posts with the authority to dismiss is given at Appendix D of this policy.

When an employee has reached the point of dismissal, the dismissing manager may, at their discretion, consider alternative action. Mitigating circumstances will be considered. Alternative action may include demotion or transfer which could involve a loss of pay. In such cases a final written warning will be issued. The employee will have until the end of the following working day to decide whether to accept the alternative offered.

7.5 Dismissal: Gross Misconduct

Dismissal for gross misconduct can take place without any previous warnings in place of the disciplinary procedure. This will be summary dismissal - without notice - taking effect from the date of the decision to dismiss. Payment in lieu will be made for any annual leave entitlement up to the date of termination and in line with the CCG Leave Policy.

Gross misconduct is seen as misconduct serious enough to destroy the contract of employment by breaking the fundamental bond of trust and confidence between the CCG and the employee. Examples of gross misconduct are given in Appendix B although this should not be regarded as an exhaustive list.

7.6 Failure to Attend a Disciplinary Hearing

The employee is expected to attend a disciplinary hearing. Where the employee fails to attend with no acceptable reason, the disciplining manager, once satisfied that the employee was made aware of the arrangements for the hearing, has the discretion to continue with the hearing in the absence of the employee. This will be drawn to the attention of the employee when being notified of the hearing. Every effort should be made on the day of the hearing to establish the reasons for non-attendance. If this has been done, the meeting should continue.

7.7 Criminal Offences

The fact that the Police are conducting enquiries, an employee has been charged, remanded in custody or convicted of a criminal offence outside of employment will not be regarded as an automatic reason for dismissal or other disciplinary action.

However, employees must notify their manager of any prosecution warning, reprimand, bind overs, caution or conviction. It will then be considered as to whether the alleged offence or period of remand/imprisonment/sanction is likely to have a bearing on the employment and/or affect the performance of the

employee's contract or the relationship of trust and confidence, and ultimately whether it would render the employee unsuitable for their post.

Disciplinary action will not necessarily have to await the outcome of the criminal proceedings and will depend upon the circumstances of the case. However, care must be taken not to hamper, impede or damage any ongoing police investigation. Where police investigations are being carried out advice must be sought from the police before commencing any internal investigation.

In cases where it is deemed disciplinary action can continue during a criminal investigation care should be taken not to prejudice either the criminal case or CCG case. In some circumstances it may be necessary to contact the police in this regard.

Employees who withhold information at any stage of their employment or who fail to disclose a conviction, caution, warning or change to their DBS status will be subject to disciplinary proceedings and could face sanctions up to and including dismissal and possible notification to the relevant Professional Registration body.

7.8 Conduct outside Employment

There are some instances when an employee's conduct outside of their CCG employment will reflect upon their suitability for work. For example, the types of behaviour listed under gross or serious misconduct in Appendix B, but which do not result in criminal charges and are therefore not covered by paragraph 7.7. Such cases should be investigated as far as is practicable and disciplinary action including dismissal may be considered appropriate.

7.9 Right of Appeal

There is a right to appeal against written warnings through the internal appeal mechanism and for cases involving dismissal through the CCG Appeals Policy which can be found on the ConsultHR portal.

<https://hr-frimleyccg.scwcsu.nhs.uk/index.php/resources/policies-frimley/frimley-ccg-3>

The right to appeal should be exercised through writing to the manager identified within the warning/dismissal letter within 14 calendar days of the date giving the decision of the disciplinary hearing. This letter must specify the reasons for the appeal and management reserve the right not to hear the appeal without receipt of the reasons for the appeal in writing.

7.10 Action against Trade Union Representatives

The same disciplinary standards apply to trade union or professional organisation representatives as to all employees. However, due to the responsibilities of accredited representatives no disciplinary action should be taken until the matter has been discussed with the senior representative of the organisation within the CCG, or the full-time officer.

7.11 Time Limits

It is intended that Disciplinary Proceedings should be concluded within one month of the matter coming to the attention of the employee's manager. However, this is a guide and the time taken to investigate and conclude the matter will depend upon the severity and complexity of the case and availability of the employee and/or representative and any witnesses. However, there should not be unreasonable delays.

Written warnings and letters of dismissal should be issued within 7 calendar days of the disciplinary hearing to the member of staff concerned by the Chair of the panel. A copy for the representative can be enclosed or sent direct to the representative if agreed by the member of staff.

8. Review

This policy will be subject to review after three years and at any stage at the request of either management or the staff partnership forum.

9. Equality Impact Assessment

Please see Appendix A

EQUALITY IMPACT ASSESSMENT

1.	Title of policy/ programme/ framework/ strategy being analysed: <i>Disciplinary Policy</i>		
2.	Please state the aims and objectives of the work and intended equality outcomes <i>This policy describes the arrangements for dealing with staff conduct issues ensuring consistency, fairness and adherence to legislative requirements.</i>		
3.	Who is likely to be affected? E.g. staff, patients, service users, carers <i>Staff</i>		
4.	What evidence do you have of potential impact (positive and negative) <i>None</i>		
		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:	<i>No</i>	
	• Race	<i>No</i>	
	• Ethnic origins	<i>No</i>	
	• Nationality	<i>No</i>	
	• Gender including transgender	<i>No</i>	
	• Culture	<i>No</i>	
	• Religion or belief	<i>No</i>	
	• Sexual orientation including lesbian, gay and bisexual people	<i>No</i>	
	• Age	<i>No</i>	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	<i>No</i>	
2.	Is there any evidence that some groups are affected differently?	<i>No</i>	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	<i>No</i>	
4.	Is the impact of the document/guidance likely to be negative?	<i>No</i>	
5.	If so, can the impact be avoided?	<i>n/a</i>	
6.	What alternative is there to achieving the document/guidance without the impact?	<i>n/a</i>	
7.	Can we reduce the impact by taking different action?	<i>n/a</i>	
Who		Date of Assessments	
David Rowlands, HR Manager		April 2021	

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Appendix B

Examples of Misconduct and Gross Misconduct

Gross Misconduct

Gross misconduct is behaviour of such nature that the CCG loses confidence and trust in the employee to the extent that it can no longer tolerate the continued employment of the individual. Such conduct may warrant summary dismissal i.e. without notice.

The following are examples of behaviour that may, in the light of circumstances, be regarded as gross misconduct. It is not an exhaustive or exclusive list.

- 1.1 Ill treatment, willful or knowing neglect, or verbal abuse of patients or clients.
- 1.2 Theft, unauthorised removal or possession of property belonging to the CCG (or other NHS institutions), its members of staff, patients or the public.
- 1.3 Criminal offences committed within CCG employment including any failure to disclose a conviction, caution, warning or other change to DBS status.
- 1.4 Misuse or misappropriation of drugs.
- 1.5 Being under the influence of alcohol, drugs (other than those medically prescribed) or other substances to the degree that it affects work performance or the public perception of the service.
- 1.6 Sexual misconduct at work.
- 1.7 Harassment (including racial) or bullying at work.
- 1.8 Discrimination against a member of staff or public based on legally protected characteristics (e.g., sex, race, nationality, colour, ethnic origin, disability, trade union activity, age or sexual orientation).
- 1.9 Fighting, assault on another person, violence or exceptionally offensive behaviour.
- 1.10 Falsification of financial claims or any other fraud.
- 1.11 Working elsewhere either for the CCG or any other employer whilst on sick leave.

- 1.12 Falsification of relevant information in a job application.
- 1.13 Damage caused maliciously or by gross negligence to the CCG's property.
- 1.14 Serious act of insubordination.
- 1.15 Breaches of Health and Safety at Work Act or Trust Health and Safety Policy endangering self or others.
- 1.16 Willfully disobeying a reasonable instruction or order when the consequences may result in danger to patients or staff.
- 1.17 Breaches of confidentiality of patients, clients, staff or others.
- 1.18 Falsification or destruction of patient/client records, or unauthorised alteration of patient records without due cause.
- 1.19 Corrupt or improper practice e.g. using official position for personal gain or the gain of another person.
- 1.20 Unauthorised entry to computer records. Computer fraud or sabotage.
- 1.21 Serious abuse of the Internet or E-mail System including access to obscene or offensive material.
- 1.22 Serious negligence which causes unacceptable loss, damage or injury.
- 1.23 Smoking in designated "no smoking" areas in accordance with the Smoking Policy.

Misconduct

The following are examples of behaviour that may, in the light of circumstances, be regarded as misconduct. It is not an exhaustive or exclusive list.

- 2.1 Disobeying instructions, omitting or neglecting to carry out reasonable orders or failing to observe operational regulations, policies or procedures.
- 2.2 Lapses of conduct, improper, disorderly or unacceptable conduct, unprofessional behaviour, insubordination, inappropriate language.
- 2.3 Disrespectful behaviour, such as sarcasm, mockery or mimicry, which cause personal offence.
- 2.4 Abuse of status or position when dealing with other staff or the public.
- 2.5 Unauthorised absence from duty, lateness or leaving work without permission, without sufficient cause.
- 2.6 Failure to perform responsibilities satisfactorily due to a willful act or neglect (as opposed to non-performance due to capability reasons). This may include

causing loss or damage, failure to report matters which should have been reported and failure to keep appropriate records or accounts etc.

- 2.7 Adverse effect of employment outside the CCG upon performance or availability for employment within the CCG.
- 2.8 Disclosure of information which is in breach of Guidance to Staff on Relations with the Public and Media (excluding whistle blowing issues).
- 2.9 Conduct which may have an adverse effect on the CCG's reputation(excluding whistle blowing issues).
- 2.10 Misuse or personal use of the CCG's property without authorisation

Disciplinary Hearing Procedure

The Disciplinary Panel will comprise the Disciplinary Manager accompanied by a HR Manager/ Business Partner who will act as adviser to the Panel. Additional membership of the Panel may be required in specific cases (e.g., where professional and/or technical advice to the Panel is required).

The following procedure will apply at the hearing:

- The Panel may ask questions at any time.
- Either side may request an adjournment at any time.
- The manager hearing the allegation will outline the procedure, ensure it is followed and that the hearing is conducted fairly and objectively.
- The presenting manager will outline the case against the employee.
- The presenting manager will call and question any witnesses. No witness may be present at the hearing until called.
- The employee or their representative may question the witness(es).
- The presenting manager may re-examine the witness(es).
- The employee, or representative, may question the presenting manager.
- The employee or their representative will outline the case for the employee.
- The employee or their Union representative will call and question any witness(es). No witness may be present at the hearing until called.
- The presenting manager may question the witness(es).
- The employee or their representative may re-examine the witness(es).
- The presenting manager has the right to question the employee.
- The presenting manager sums up, followed by the employee or their representative. Any pleas of mitigation may be entered at this time by the employee or representative
- Both sides withdraw. The manager hearing the allegation then decides if the allegations have been sustained before recalling and informing the parties of their decision, to be confirmed in writing. (Both sides may be recalled at any time for the purpose of clarification).
- The manager hearing the allegation may postpone announcing their decision if circumstances warrant.

Levels of Disciplinary Authority

First Written Warning	All who have managerial / line management responsibility for staff
Final Written Warning and below	Managers reporting to a Director of the CCG
Dismissal and below	Executive Director of the CCG

Glossary

Commissioning Manager	The manager who commissions the investigation to be completed
Investigating Officer	The manager who conducts the investigation and submits their findings through a formal report to the Commissioning Manager
Chair of Panel	Manager appointed by the Commissioning manager to chair the panel hearing

