



**Berkshire Health
Foundation Trust**

ORG003

PERFORMANCE MANAGEMENT AND DISCIPLINARY POLICY

(Incorporating incidents of Conduct and Capability)

Berkshire Healthcare NHS Foundation Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	March 2016
Review Date:	March 2018
Version:	9

Policy Number:	ORG003
Title of Policy:	Performance Management and Disciplinary Policy (incorporating incidents of Conduct and Capability)
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Replaces Policy:	Version 8
Designated Lead:	Tracey Slegg Head of HR
Policy Manager:	Director of Human Resources
For policy information:	HR Department Berkshire Healthcare NHS Foundation Trust Upton Hospital Albert Street Slough Berkshire SL1 2BJ

POLICY DEVELOPMENT

ORG003 - Disciplinary Policy

History:	Version 9:	Section 5 added regarding responsibility for raising concerns.
	Version 8:	Updated to include breach of duty of candour as an example of gross misconduct requirements.
	Version 7:	Approved and re-issued July 2014.
	Version 6:	Approved and re-issued July 2013.
	Version 5:	Approved and issued June 2011.
	Version 4:	Re-issued April 2009. Amendment to page 25, 2 nd paragraph - guidance on the responsibility of the designated manager to complete a relevant timesheet for a suspended employee.
	Version 3:	Issued June 2008 to incorporate ORG025 Individual Performance Management Policy. ORG025 removed from the system.

Designated Lead: Tracey Slegg
Head of HR

Policy Consultants
Distributed for comments: SMT's
HR
JSCC Committee

This policy has been assessed for compliance with CQC Fundamental Standards

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1. INTRODUCTION

- 1.1 This policy covers individual performance and conduct including a member of staff's capability and attendance at work. Individuals are accountable for their performance and conduct and can expect support from their line management to help them do their best.

2. SCOPE

- 2.1 This policy covers all BHFT staff excluding board Directors and in some circumstances Medical and Dental staff. In the case of Doctors and Dentists professional or clinical matters need to be addressed using the Medical and Dental Disciplinary Policy. For non-professional or non-clinical matters, Doctors and Dentists are covered by this policy.

3. PRINCIPLES

- An individual's overall contribution to the Trust needs to be considered. Attendance at work, performance in the job, conduct, capability, attitudes and/or behaviours can all influence whether or not that contribution is satisfactory
- Line managers need to ensure that employees understand the contribution they make in their role and to their team. They should provide clear instructions, supervision, training and development to enable individuals to achieve expected performance levels and standards.
- Through timely supervision and coaching line managers can provide individuals with the necessary support that raises the individual's understanding of what they need to achieve and how. It will also address at an early stage any conduct or performance issues before they become unsatisfactory.
- This policy should be used fairly and constructively to improve performance and conduct. Individuals as well as their line managers have a responsibility for monitoring and improving their own performance and conduct.
- Any formal action taken within the scope of this policy needs to be completed within a reasonable time. Managers, staff and their representatives have a responsibility for ensuring matters are dealt with as quickly as possible. The majority of cases involving conduct can and should be dealt with within a month, although it is recognised that cases involving capability may take longer to resolve.
- In exceptional circumstances, the Trust may decide to proceed in the absence of individuals.
- At all formal performance and/or disciplinary meetings conducted under this policy, staff can be supported by a recognised trade union representative or a workplace colleague.

4. DEFINITIONS

- 4.1 In this policy unsatisfactory performance includes references to unsatisfactory conduct, performance on the job, capability and attendance, which are defined as follows:

- **Capability** – An individuals' competence or ability to undertake and perform the duties expected in the role
- **Non-Attendance** – An individuals' absence from and/or time keeping for work, over a period of time and / or number of occasions

- **Conduct** – How an individual behaves or their failure to adhere to management instruction. More serious offences may constitute gross-misconduct (see below). Conduct outside of employment which is relevant to a member of staff's role can be dealt with under this policy
- **Misconduct** – would normally be regarded as not adhering to Trust rules, regulations, protocols, a breach of employment contract (for example unauthorised absence), breaching terms and conditions of employment (for example failing to maintain certain standards such as professional registration), negligence which causes loss, damage, injury or distress to others
- **Gross Misconduct** – Conduct that warrants dismissal (with or without notice) because there has been a fundamental breach of the trust and confidence the Trust can expect from its staff. It includes but is not limited to theft, fraud, abuse, breaching confidentiality, negligence, breach or contribution to a breach of the Duty of Candour, alleged acts of such severity that the Trust considers its reputation may be significantly harmed and in the case of directors, ceasing to be a fit and proper person under Regulation 5 of the Health & Social Care Act (Regulated Activities) Regulations 2014.

5. CONDUCT AND PRACTICE IN RELATION TO THE RAISING OF CONCERNS

Special attention is drawn to the personal accountability that all staff of the Trust hold for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns. There should be personal and organisational accountability for:

- Poor practice in relation to encouraging the raising of concerns and responding to them
- The victimisation of workers for making public interest disclosures
- Raising false concerns in bad faith or for personal benefit
- Acting with disrespect or other unreasonable behaviour when raising or responding to concerns

All staff who are responsible for, participate in, or permit such conduct are liable to appropriate and proportionate disciplinary processes.

6. APPLYING THE PROCEDURE

- 6.1 Where normal supervision does not achieve the necessary levels or standards of performance and conduct, this policy should apply to try and bring about an improvement.
- 6.2 This policy can apply to a single incident or patterns of performance or conduct. It can also apply to behaviour which is intentional or unintentional.
- 6.3 Line managers should consider if an informal stage is appropriate before adopting the formal procedure. This decision needs to be made looking at all the circumstances of the case, including the seriousness of the matter and the opportunity already given to the member of staff to bring about an improvement.
- 6.4 An informal procedure should be target-driven, with regular reviews and managed in a timely way whilst ensuring that adequate support is provided to facilitate the achievement of the objectives. All documents and action plans should be signed by the manager and the employee.

6.5 In all cases the relevant HR Manager should be notified by the line manager at the outset of any situation when formal performance or disciplinary proceedings are to be applied.

7. FORMAL PROCEDURE

7.1 Establishing the Facts/Conducting an Investigation

7.1.1 In cases of unsatisfactory performance, the line manager responsible for the member of staff will establish the facts. This will include setting targets, agreeing action plans and formal review meetings. This may involve issuing sanctions under Stages 1, 2 and 3 of this policy where an individual's performance remains unsatisfactory. At Stage 4, a performance hearing would be held.

7.1.2 In cases of unsatisfactory conduct, the line manager will make preliminary inquiries to decide whether formal investigation is required. In such cases an investigator should be appointed. The line manager should discuss the need to do this with the appropriate HR Manager, who will help appoint an Investigating Officer.

7.1.3 Where Gross misconduct is alleged, then disciplinary proceedings will start at stage 4 of the formal procedure. A risk assessment with HR advice should be undertaken to consider whether suspension with pay, pending the outcome is necessary. Suspension is not a disciplinary sanction but is required to enable a full and thorough investigation with the interests of everyone involved in mind.

7.1.4 The Investigating Officer produces a report detailing the findings of their investigation.

7.1.5 The responsible line manager should consider the findings and conclusions of this report and decide whether there is a case to answer and a disciplinary hearing is appropriate. The decision should be communicated to the individual at the earliest opportunity.

7.1.6 If the decision is to proceed to a hearing, then the chair of the hearing panel should write to the individual:

- Providing them with sufficient information about the nature of the unsatisfactory conduct. This will usually include giving them a copy of the Investigating Officer's report
- Inviting them to attend a hearing to respond to the allegations that have been made against them
- Advising them that they can bring a trade union representative or a work colleague with them to the hearing

7.1.7 The member of staff should be given 5 working days notice of the hearing so that they can prepare their case (working days are days falling on or between Monday to Friday, even if they are not days the member of staff works). Where hearings are cancelled, postponed or reconvened less notice may be given in the interests of reaching a speedy conclusion.

7.2 Conducting a Performance or Disciplinary Hearing

7.2.1 The chair of the hearing panel should observe the following principles when setting up or conducting a performance or disciplinary hearing:

- Ensure expert advisers (e.g. from HR or the Safeguarding Team) attend or are available to provide advice on policy and practice

- Make certain at the hearing that the member of staff is clear what the nature of the unsatisfactory performance or conduct is and the supporting evidence
- Give the individual and their representative / work colleague the chance to respond to the allegations and evidence made against them.
- Make sure the case is considered from all perspectives: the Trust's, the member of staff concerned, other affected colleagues and service users. This list is not exhaustive
- Take the necessary time to consider the evidence but do not delay making or communicating a decision in writing, no later than 5 working days after the hearing.

7.2.2 There are 4 stages to the formal procedure. At each stage the responsible line manager should seek advice, as required and meet with the individual to explain why performance or conduct is unsatisfactory, present any relevant evidence and allow the individual the opportunity to respond.

Stage 1 (first formal warning)

The warning would remain on the file for a minimum of 6 months and a maximum of 12.

Stage 2 (second formal warning)

The warning would remain on the file for a minimum period of 12 months and up to a maximum period of 3 years.

Stage 3 (third and final warning)

The warning would remain on the file for a minimum period of 2 years up to a maximum period of 5 years, the last 2 years of which are likely to be for conduct issues only.

Stage 4 (potential case for dismissal)

Only managers with authority to dismiss should carry out stage 4 proceedings.

The authority to act under this policy is set out in Appendix 1.

7.2.3 If the manager decides that a warning is warranted the stage and duration of warning will be issued as above. A record of the warning should be given to the individual and a copy placed on the personal file.

7.2.4 The record of the warning should state the nature of the unsatisfactory performance or conduct, the improvement required and the timescales for improvement.

7.2.5 If performance or conduct does not improve sufficiently then it will be dealt with at the next stage in the procedure. If there is another incident of unsatisfactory performance or conduct (whatever the nature) whilst a warning is still in place, then it will be dealt with at the next stage in the procedure, unless the subsequent incident is serious enough in its own right to warrant a higher sanction.

8. APPEALS

8.1 An employee may appeal against any level of sanction taken provided they do so in writing no later than 10 working days (working days are days falling on or between Monday to Friday, even if they are not days the member of staff works) from receiving confirmation of the outcome of the hearing. The appeal should be sent to:

Director of Human Resources

Berkshire Healthcare NHS Foundation Trust
3rd Floor
Fitzwilliam House
Skimped Hill Lane
Bracknell
Berkshire
RG12 1BQ

- 8.2 The letter should contain the full reasons for the appeal and the Trust reserves the right not to accept an appeal if there is no reason or insufficient reason is given.
- 8.3 The purpose of an appeal hearing is to consider whether the action taken was fair and reasonable, taking into account all the circumstances, and whether the correct procedure was applied in deciding on the outcome. The appeal hearing must take account of any evidence that has emerged since the hearing, but the purpose of the appeal is not to rehear the original case.
- 8.4 The appeal should be heard by a manager more senior or equivalent to the chair of the hearing panel who should be joined by one other Trust manager.

9. THIRD PARTY INVOLVEMENT / NOTIFICATION

- 9.1 It may be the case that the Trust will need to inform third party organisations of their disciplinary investigations/sanctions such as professional bodies, statutory regulating organisations and/or recognised Trade Unions. Should this be the case, the individual will be informed in writing.
- 9.2 Disciplinary action may result from investigations undertaken externally to the Trust (*for example criminal investigations, or investigations undertaken by the NHS Litigation Authority or Local Counter Fraud Specialist Team or Local Authority Partners*). Managers and staff must seek advice and guidance from HR or their respective representatives when such investigations arise.

10. RECORDING, STORING AND MONITORING DISCIPLINARY INFORMATION

- 10.1 Expired warnings will not be removed from the personnel file at the end of the stated period, but will be crossed through and marked as spent. Whilst the detail of the spent sanction cannot be used in future performance or disciplinary issues the information will form the basis of the informed employment history of that employee.
- 10.2 The HR department will summarise (non-confidential) details of employee relations activities as part of Workforce Board Reporting and other ad-hoc reports as required.

APPENDIX 1 – LEVELS OF DISCIPLINARY AUTHORITY

Managerial levels at which suspension or action under this policy may be taken

Executive Directors and/or Board members will only be required to be involved in hearings or appeals under this policy if the investigation or hearing was undertaken by a manager one level below Executive Director level.

Levels of Authority

Authority Level 1 Executive and Non-Executive Board Directors	Authority to issue disciplinary sanction of up to and including Stage 4 (dismissal)
Authority Level 1 Directors, Deputy and Assistant Directors	
Authority Level 2 Senior Managers Band 8c or above	Authority to suspend
Authority Level 3 Managers Band 7 or above with line management responsibility	Authority to issue disciplinary sanction of up to and including Stage 3 (third and final warning)

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed Performance Management and Disciplinary Policy.	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. This policy covers individual performance and conduct including a member of staff’s capability and attendance at work. Individuals are accountable for their performance and conduct at work and this policy provides a fair and constructive framework for monitoring and improving performance and conduct.	
3. Who is likely to be affected? e.g. staff, patients, service users This policy covers all BHFT staff excluding board Directors and in some circumstances Medical and Dental staff, for whom professional and clinical matters are addressed via a separate policy.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified.	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.

<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Head of HR</p>	
<p>Date analysis completed: November 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the JSCC – November 2015</p>	

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG003 – Performance and Disciplinary incorporating incidents of Conduct and Capability)

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the HR Coordinator, 57-59 Bath Road, Reading, Berkshire, RG30 2BA.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

ORG010

DRESS CODE, APPEARANCE & PERSONAL PRESENTATION

Policy & Procedures

Berkshire Healthcare NHS Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the guidance on the Trust website is the most up-to-date version.

Re-issued:	January 2015
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Version:	4

Guidance Number:	ORG010
Title of Guidance:	Dress Code, Appearance and Personal Presentation
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Re-issued:	January 2015
Review Date:	January 2017
Replaces Policies:	Version 3
Policy Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	Director of HR
For guidance information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG010 - DRESS CODE, APPEARANCE AND PERSONAL PRESENTATION

History: Version 4: Bi-annual review.

 Version 3: Amalgamated with Berkshire East and West policies and adapted for new Trust format.

 Version 2: Re-issued December 2009.
Amalgamated with CCR022 Dress Code Guidance for all Employees.

Designated Lead: Tracey Slegg
 Head of Operational HR

Guidance Consultants: HR Leads
 Senior Managers
 JSCC

Distributed for comments: HR Leads
 Senior Managers
 JSCC

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1. INTRODUCTION AND PURPOSE

- 1.1. The Trust recognises the importance of attire and that personal presentation is an integral part of our quality standards. In addition, in a healthcare setting, issues of health and safety and infection control are very closely linked to dress and appearance. The policy has been designed to support good practice with regard to health and safety and infection control, as well as promote a code of appearance that will engender a positive and professional image.
- 1.2. The purpose of this policy is to set out the Trust's expectations and standards of personal presentation expected by all Berkshire Healthcare NHS Foundation Trust employees whether uniformed or non uniformed.
- 1.3. This policy aims to:
 - promote a positive personal and professional image as representatives of the Trust
 - maintain infection control, and health and safety standards
 - ensure that potentially controversial material is not overt, for example in the form of clothes, badges, slogans, tattoos, piercings or other insignia

2. SCOPE

- 2.1. This policy and procedure will be applied fairly and consistently to all employees.
- 2.2. This guidance should be considered in conjunction with the Trust's Health and Safety policies and procedures and Control of Infection procedures.

3. PRINCIPLES

- 3.1. Employees need to consider the role of their dress and appearance in minimising risk and presenting a professional image. Employees who work in clinical areas have particular responsibilities both to themselves and to others with regard to infection control, health and safety and professional recognition. There is a requirement for clinical staff to be 'bare below the elbow' when treating patients.
- 3.2. All prospective employees will be advised that the Trust operates a dress code, appearance and personal presentation policy. Service managers have a responsibility to inform existing and new employees of this and of any local policies that apply to their area of work.
- 3.3. Where local procedures exist, it is expected that all employees will adhere to the required standards. Local guidance should be within the principles of the policy and comply with health and safety and infection control requirements and any concerns or queries should be raised with the line manager. Any local guidance may include requirements for short finger nails, hair to be kept off the shoulder, not wearing excessive make-up or the requirement for appropriate footwear.
- 3.4. Directors, services managers and team leaders are expected to lead by example.
- 3.5. All managers will be accountable for the monitoring and maintenance of dress and personal appearance standards and retain the right to take appropriate or necessary action to implement the principles of this guidance.

- 3.6 Staff at all times, whilst on duty, must wear identity in the form of an approved Trust ID badge. This must be easily visible to all patients and other staff and displayed appropriately.
- 3.7 The Trust is committed to promoting diversity and equality of opportunity within the workforce and will therefore respect an individual's preference or requirement for customary dress, subject to the minimisation of any health and safety risks. No employee will be disadvantaged by conditions or requirements that cannot be shown to be justifiable. Requests for variances to this guidance to meet specific requirements based on religious or cultural norms, disability or other special needs will be considered by the line manager in consultation with human resources.

4. EXPECTATIONS OF PERSONAL PRESENTATION

- 4.1 Where staff are required to wear a uniform to work, they should ensure that their uniform is not visible in public when they are off duty.
- 4.2 Staff must not wear their ID badge outside working hours.
- 4.3 Individuals should ensure that they maintain a high standard of personal hygiene, and should be aware of how their personal presentation may impact on others, e.g. strong smelling perfume, cigarette smoke or body odour.

5. RESOLVING CONCERNS

- 5.1 Where concerns over dress or appearance arise, it is important that local managers attempt to resolve these sensitively but directly with the member of staff. In cases of disagreement over what constitutes acceptable dress or appearance, staff and managers are advised to resolve issues informally where possible.
- 5.2 Managers reserve the right to ask an individual to return home to change into more suitable clothing or to change their personal appearance if it is considered that the employee has reported for duty with an inappropriate, unsafe or unprofessional image.
- 5.3 Where a reasonable management request has been made for an employee to leave Trust premises to change into suitable clothing and/or to present themselves in an acceptable manner, the Trust may suspend pay for that period of absence.
- 5.4 Should an individual employee refuse to co-operate with the above, disciplinary action will be taken.
- 5.5 Failure to adhere to the Trust's standards of dress, uniform, appearance and personal presentation will constitute misconduct and may result in formal disciplinary proceedings.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG010 - DRESS CODE, APPEARANCE AND PERSONAL PRESENTATION

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of guidance to the designated lead or HR Administration Team, 57-59 Bath Road, Reading. Berkshire , RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

<p>1. Title of policy/ programme/ service being analysed</p> <p>Dress Code, Personal Appearance and Personal Presentation Policy</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.</p> <p>The purpose of this policy is to support good practice with regard to health and safety and infection control, and to promote a code of appearance that will engender a positive and professional image. The policy sets out the Trust’s expectations and standards for personal presentation for all employees.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>The policy applies to all employees, whether uniformed or non-uniformed, and includes agency workers, students, contract workers and volunteers.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>No adverse impact identified</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>No adverse impact identified</p>
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<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

<p>Sign off</p>
<p>Name of person who carried out this analysis (Policy Lead): Joanne Evans, Senior HR Manager, Professional Development</p>
<p>Date analysis completed: September 2014</p>
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – September 2014</p>

ORG013

FREEDOM TO SPEAK UP: RAISING CONCERNS (WHISTLEBLOWING)

Policy & Procedures Berkshire Healthcare



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Policy Number:	ORG013
Title of Policy:	FREEDOM TO SPEAK UP: RAISING CONCERNS (WHISTLEBLOWING)
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Designated Lead:	Head of Operational HR
Policy Manager:	Director of Human Resources Berkshire Healthcare
For policy information:	HR Administration 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG013 - FREEDOM TO SPEAK UP: RAISING CONCERNS (WHISTLEBLOWING)

History:	<p>Version 9: Policy revised to bring it in line with NHS national policy. Reviewed and ratified by NCRM and JSCC.</p> <p>Version 8: Policy reviewed and ratified by the NCRM on 10th February 2016.</p> <p>Version 7: Review of policy content post internal audit. Change to policy title. Updated to include information on regulatory information.</p> <p>Version 6: Review of the process for raising a concern and policy updated to include additional routes for raising concerns reflecting current practice.</p> <p>Version 5: Section 5 updated to reflect support systems in place for the whistle-blower. The policy remains under full review.</p> <p>Version 4: Updated in line with the implementation of the new Bribery Act.</p> <p>Version 3: Updated to comply with current legislation.</p> <p>Version 2: Updated and approved January 2007.</p> <p>Version 1: Approved September 2002. Issued December 2002.</p>
Designated Lead:	Head of Operational HR
Policy Consultants:	Non-Clinical Risk Group – December 2016 Joint Staff Consultative Committee – November 2016

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1. SPEAK UP – WE WILL LISTEN

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

2. THIS POLICY

A 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. Berkshire Healthcare has adopted the standard policy (produced by NHS Improvement and NHS England) which it is expected will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Our local Berkshire Healthcare process has been integrated into the standard policy. It adheres to the principles of the standard policy and provides more detail about how we will look into a concern (please see Appendix 1).

3. WHAT CONCERNS CAN I RAISE?

You can raise a concern about **risk, malpractice or wrongdoing** you think is harming the service(s) we deliver. Just a few examples of this might include (but are by no means restricted to):

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud (which can also be reported to our local counter-fraud team, through Debbie Kinch | Counter Fraud Specialist, email: deborahkinch@nhs.net; Mobile: 07792 653501
- A bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the two videos produced by Health Education England entitled Raising Concerns and Responding to Concerns.

All Trust employees have a duty to report any wrongdoing or malpractice that is happening at work. However, as a registered healthcare practitioner, you also have a professional duty to report a concern.

If in doubt, please raise it

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them that type of concern is better suited to our grievance policy ORG022.

4. FEEL SAFE TO RAISE YOUR CONCERN

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

5. CONFIDENTIALITY

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

6. WHO CAN RAISE CONCERNS?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers, governors and doctors in training.

7. WHO SHOULD I RAISE MY CONCERN WITH?

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:-

- Your Locality or Corporate Services Director
- The Berkshire Healthcare Freedom to Speak Up Guardian
- The Berkshire Healthcare executive director with responsibility for whistleblowing - Helen Mackenzie, Director of Nursing and Governance on 01344 415600
- Our Risk Management Team – 0118 2077611
- Through the dedicated confidential telephone line on 0800 197 2814 (this service is provided by CIC)
- The confidential email service at blowingthewhistle@cic-eap.co.uk (this service is also provided by CIC)
- The Local Counter Fraud Specialist – Deborah Kinch – 07792 653501
- Speak up for safety button on intranet

If you still remain concerned after this, you can contact:

- Julian Emms, Chief Executive - Berkshire Healthcare NHS Foundation Trust, 3rd Floor Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ; Tel: 01344 415600; or

- Our non-executive director with responsibility for whistleblowing - Mehmuda Mian, Berkshire Healthcare NHS Foundation Trust, 2nd Floor Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ; Tel: 01344 415600. The non-executive director, may ask for the matter to be investigated in the same way as an independent complaint

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed on page 13.

8. ADVICE AND SUPPORT

As mentioned above, CiC provide a confidential telephone and email service which can be used to raise concerns, Details on other local support available to you can be found here [Contact Your HR Manager](#) and [CiC - Independent Staff Support and Advice](#).

(However, you can also contact the [Whistleblowing Helpline](#) for the NHS and social care, your professional body or trade union representative.

9. HOW SHOULD I RAISE MY CONCERN?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern. The more information you can provide, the easier it will be for us to fully investigate your concerns.

10. WHAT WILL WE DO?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Appendix 2).

We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

10.1 Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation, using someone suitably independent (usually from a different part of the organisation) and properly trained and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident. If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the Serious Incident Framework.). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

10.2 Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

Berkshire Healthcare recognises that “blowing the whistle” can be a stressful experience for the person and the Trust will discuss with the person what system of active support is needed. This could include assigning a dedicated senior manager to meet with the person regularly, to maintain lines of communication. This could also include more specialist emotional support if required.

10.3 How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

10.4 Board oversight

The board will be given high level information through the Quality Accounts about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports you in raising concerns and wants you to feel free to speak up.

10.5 Review

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

11. RAISING YOUR CONCERN WITH AN OUTSIDE BODY

Alternatively, you can raise your concern outside the organisation with:

- **NHS Improvement** for concerns about:
 - How NHS Trusts and Foundation Trusts are being run
 - Other providers with an NHS provider licence
 - NHS procurement, choice and competition
 - The National Tariff
- **Care Quality Commission** for quality and safety concerns
- **NHS England** for concerns about:
 - Primary medical services (general practice)
 - Primary dental services
 - Primary ophthalmic services

- Local pharmaceutical services
- **Health Education England** for education and training in the NHS
- **NHS Protect** for concerns about fraud and corruption
- **Your professional association or trade union** if applicable
- **The Ombudsman**

12. MAKING A 'PROTECTED DISCLOSURE'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of '[prescribed persons](#)', similar to the list of outside bodies on page 8 who you can make a protected disclosure to.

To help you consider whether you might meet these criteria, please seek independent advice from:

- **The Whistleblowing Helpline** (Telephone 08000 724 725) for the NHS and social care; or
- **Public Concern at Work** – (Telephone advice (020 7404 6609) is available 9 am to 6 pm, Monday to Friday or you can email on helpline@pcaw.co.uk. The charity provides confidential telephone advice, free of charge, to people who witness wrongdoing at work but are not sure whether or how to raise their concern. If you are in this position, Public Concern at Work will help you identify how best to raise your concern, while minimising any risk to you and maximising the opportunity for any wrongdoing to be addressed; or
- A legal representative.

13. NATIONAL GUARDIAN FREEDOM TO SPEAK UP

The new National Guardian (once fully operational) can independently review how staff have been treated having raised concerns where NHS trusts and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

APPENDIX 1: THE BERKSHIRE HEALTHCARE PROCESS FOR RAISING AND ESCALATING A CONCERN

Step one

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or tutor (for students). This may be done orally or in writing.

If you are a member of a Trade Union/Professional Body you may wish to seek advice from them.

Step two

If step one does not address your concerns or you feel unable to raise the matter with your line manager, lead clinician or tutor, for whatever reason, you could raise the matter with any of the following:

- Your Locality or Corporate Services Director
- The Berkshire Healthcare Freedom to Speak Up Guardian
- The Berkshire Healthcare executive director with responsibility for whistleblowing. This is Helen Mackenzie, Director of Nursing and Governance and her contact details are Helen.mackenzie@berkshire.nhs.uk; Telephone 01344415611]
- Our risk management team [*insert contact details*].
- Through the dedicated confidential telephone line on 0800 197 2814 (this service is provided by CIC)
- The confidential email service at blowingthewhistle@cic-eap.co.uk (this service is also provided by CIC)
- The Local Counter Fraud Specialist – Deborah Kinch – 07792 653501

The people above have been given special responsibility and training in dealing with whistleblowing concerns. They will:

- Treat your concern confidentially unless otherwise agreed
- Ensure you receive timely support to progress your concern
- Escalate to the board any indications that you are being subjected to detriment for raising your concern
- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- Ensure you have access to personal support since raising your concern may be stressful.

Step three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact Julian Emms the Berkshire Healthcare Chief Executive (contact email address: Julian.Emms@berkshire.nhs.uk) or Mehmuda Mian, a non-executive director of Berkshire Healthcare Mehmuda.Mian@berkshire.nhs.uk .

Alternatively, you can write to either of them at the Berkshire Healthcare's Head Office: 2nd Floor Fitzwilliam House, Skimped Hill Lane, Bracknell, Berkshire, RG12 1BQ.

Step four

You can raise concerns formally with external bodies:

- NHS Improvement (address: Wellington House, 133-155 Waterloo Road, London, SE1 8UG; Email: nhsi.enquiries@nhs.net; Website: improvement.nhs.uk) for concerns about:

- How NHS trusts and foundation trusts are being run
- Other providers with an NHS provider licence
- NHS procurement, choice and competition
- The national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
 - Primary medical services (general practice)
 - Primary dental services
 - Primary ophthalmic services
 - Local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption
- Your professional association or trade union if applicable
- The Ombudsman

APPENDIX 2: A VISION FOR RAISING CONCERNS IN THE NHS

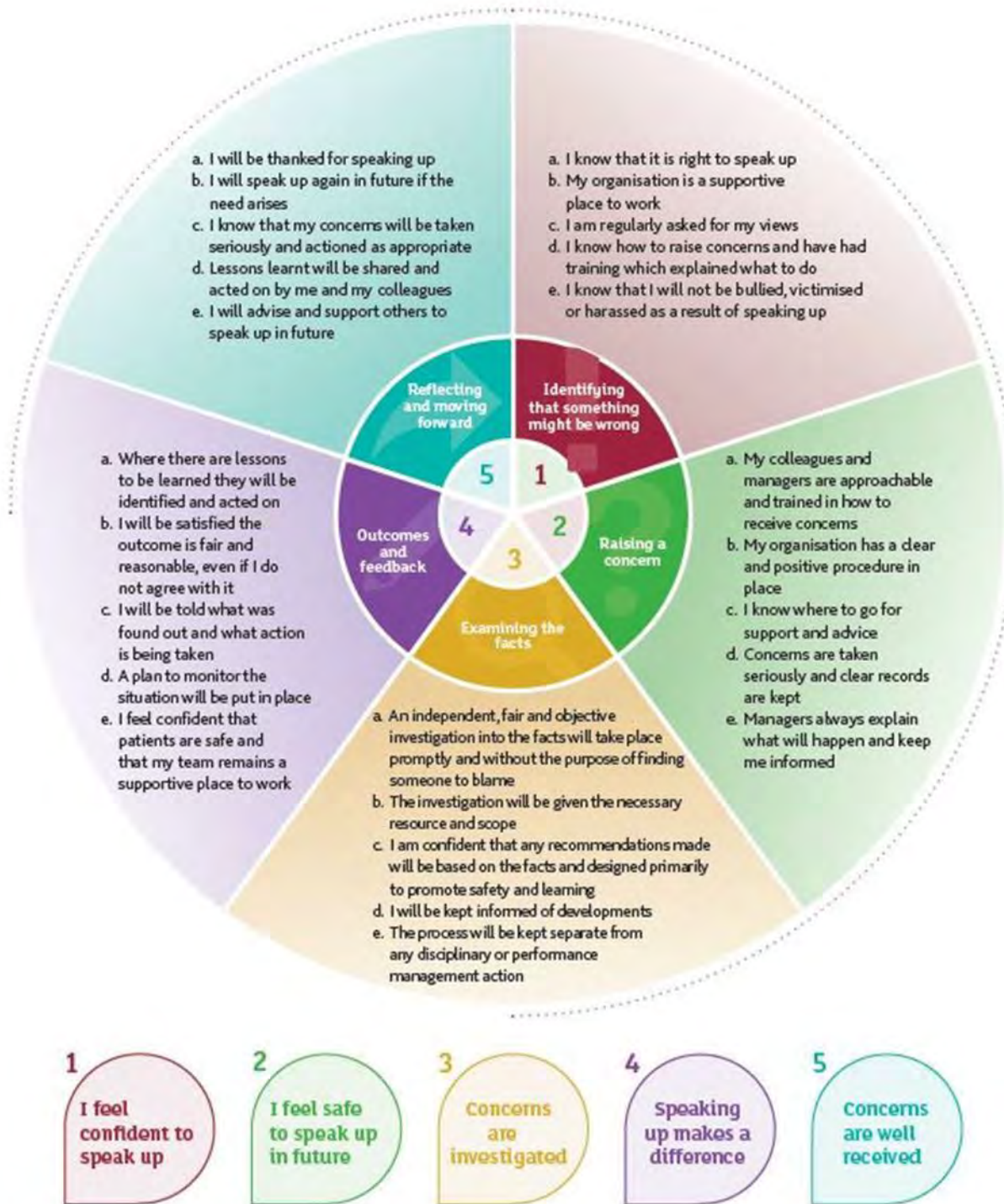


Figure 1: Vision for raising concerns in the NHS

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG013 - Freedom to speak up: raising concerns (whistleblowing) policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated Policy Lead or Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
'Helping you deliver person-centred care and fair employment'

1. Title of policy/ programme/ service being analysed	
ORG013 - Freedom to speak up: raising concerns (whistleblowing) policy	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The Trust has adopted the NHS National Policy on Raising Concerns (Whistleblowing) Policy because it is employee-focussed, sets a high standard and is written in simple clear language. It also provides links to good material that provide more detailed information as well as informative videos that make the policy very accessible.	
3. Who is likely to be affected? e.g. staff, patients, service users	
This policy applies to all employees of Berkshire Healthcare Foundation Trust.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travellers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.
4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i>	<i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i> No adverse impact identified.

<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Head of Human Resources</p>	
<p>Date analysis completed: December 2016</p>	
<p>Date analysis was approved by responsible Director: Ratified by the NCRG - December 2016 and the Joint Staff Consultative Committee - November 2016.</p>	

ORG014

DIGNITY AT WORK
(Incorporating Bullying and Harassment in the Workplace)

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	August 2016
Review Date:	September 2017
Version:	12

Policy Number:	ORG014
Title of Policy:	Dignity at Work Policy (incorporating Bullying and Harassment in the Workplace)
Category:	Organisational
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	14
Approved by:	Joint Staff Consultative Committee
Re-issued:	August 2016
Review Date:	September 2017
Replaces Version:	Version 11
Policy Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	Director of HR Berkshire Healthcare NHS Foundation Trust
For policy information:	HR Coordinator Upton Hospital Albert Street Slough Berkshire SL1 2BJ

POLICY DEVELOPMENT

ORG014 Dignity at Work Policy (incorporating Bullying and Harassment in the Workplace)

History:	Version 12:	Two specific amendments to the wording in section 1.4. <ul style="list-style-type: none">- The acronym LGB (lesbian, gay and bisexual) has been amended to LGBT (lesbian, gay, bisexual and transgender)- The examples of bullying that LGBT staff may experience have been expanded to include biphobic and transphobic bullying, in addition to homophobic bullying. <p>The amendments have been agreed by staff-side, via a virtual HR Policy Review Group. Full review to remain as September 2017.</p>
	Version 11:	Re-issued September 2015, minor amendments in line with Equality & Diversity Act.
	Version 10:	Approved and re-issued July 2014.
	Version 9:	Approved and re-issued April 2013. Re-issued June 2013 – minor typo's corrected.
		Previous archived versions are held by the Governance Administration Manager.
Summary:		Version 1 was reviewed and rewritten using guidance from NHS Employers and incorporating information from the Trust Version 1. A flowchart was added to clarify the procedures to manage allegations of bullying and harassment.
Designated Lead:		Tracey Slegg Head of Operational HR
Policy Consultants:		JSCC SMT's
Distributed for comments:		HR Department SMT's HR Department JSCC

his policy has been assessed for compliance with CQC Fundamental Standards

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1. POLICY STATEMENT

- 1.1 BHFT is committed to promoting and sustaining a working environment in which all members of staff feel valued and respected. Any kind of bullying, harassment or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trusts Disciplinary Policy.
- 1.2 Members of staff have the right to be treated with dignity and respect. Any member of staff that raises a concern because they are subjected to behaviour or treatment that does not promote dignity and respect will be fully supported by the Trust.
- 1.3 Berkshire Healthcare NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, Berkshire Healthcare Trust will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.
- 1.4 The Trust will not tolerate any person covered by this policy being bullied, harassed or treated with a lack of respect or dignity. In order to prevent bullying, we all need to recognise what forms it might take. For example, if lesbian, gay, bisexual and transgender staff (LGBT) are to be protected from bullying and feel totally included, all staff need to understand the nature of homophobic, biphobic and transphobic bullying, the ways it can occur as well as the problems LGBT staff might face in reporting bullying. (Please refer to the guidance for examples of homophobic, biphobic and transphobic bullying and the commonly reported reasons LGBT staff find it difficult to report it).
- 1.5 This policy applies to all staff working within the Trust, employees, service users and their families and carers, visitors, patients, contractors and staff from other organisations working on Trust premises.

2. PRINCIPLES

- 2.1 The following principles promote how the Trust places a high importance on dignity and equality in the workplace:
 - Staff should practice the NHS constitution values of **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy (FREDA) for all
 - All complaints will be dealt with sensitively and confidentially
 - All staff should prevent any acts that may constitute treating someone inappropriately, indignantly or disrespectfully either from their own actions and behaviour or that of others
 - Any form of victimisation will not be tolerated and will be dealt with accordingly

3. ROLES & RESPONSIBILITIES

3.1 **Staff:** have a personal responsibility for their own behaviour and for ensuring that they comply with this policy and the practices adopted in their workplace that promote the principles of this policy.

3.2 **Managers:** at every level are responsible for leading by example as well as:

- Implementing and promoting this policy within their workplace and maintaining a working environment and culture that practices the statements and principles of this policy
- Generally managers should sense check the working environment of their teams and take prompt and necessary action to prevent concerns regarding dignity in the workplace arising as they see appropriate
- Managers must take immediate corrective action to resolve any matters raised by their staff concerning dignity in the workplace with the most effective outcome possible
- Managers must ensure that they and their staff make use of the training and other development resources the Trust provides regarding dignity at work

3.3 **The Human Resources Department:** have a responsibility for providing advice and support in the operation of this policy for both informal and formal matters. They will also be responsible for monitoring the policy and ensuring it is operating fairly and effectively with regard to all protected categories of people. Monitoring includes collecting information about a complainant's protected category characteristics as well as the nature of the complaints, the time taken to resolve them and the extent to which they were upheld or not.

4. PROCEDURE

4.1 Further guidance on the intranet details how the process is set out to manage informal and formal complaints that are raised where this policy is applied. The guidance can be found at:

<http://teamnet.berkshire.nhs.uk/ss/hr/policies/dignity/Pages/home.aspx>

4.2 Should it be the case that a complaint needs to be dealt with concerning an individual's line manager, then the matter should be raised with the next senior manager in the reporting line.

4.3 Informal:

4.3.1 In the first instance, an employee who feels that they have been treated without dignity, if comfortable in doing so, should ask the accused person to stop and make it clear that their behaviour is unwelcome. It is possible that this informal approach will raise awareness to the accused person of their behaviour and the impact of their actions.

4.3.2 If the matter remains unresolved, or the individual is uncomfortable speaking to the accused person directly, then they can raise either an informal or formal complaint.

4.3.3 If raising an informal complaint the individual raising their concerns could:

- Request the accused person's manager to speak to them informally
 - Involve a third party (agreeable to both parties) whose role would be to mediate and facilitate a resolution of the issues
 - Involve their staff representative for support or advice and to facilitate a resolution without the need to proceed to the formal stage of the policy
- 4.3.4 The decision to progress a formal complaint of bullying or harassment rests with the claimant **except** where the situation, following initial reporting, is so serious that by not taking action the Trust would be failing its common law duty of care and responsibilities under health and safety legislation, as well as responsibilities under discrimination law.

4.4 Formal:

- 4.4.1 If it is not possible to resolve the matter informally, or the complainant prefers to adopt the formal procedure, they will need to put their complaint in writing.
- 4.4.2 The responsible manager should acknowledge receipt of the complaint and take appropriate steps to establish the facts. This will usually involve appointing an investigating officer.
- 4.4.3 The responsible manager should consider what immediate temporary action should be taken to minimise contact between the complainant and accused person during the investigation if requested by either party. A practical timescale for the completion of the investigation should be set, in order to minimise any stress to the parties concerned (ideally within a four week time period)
- 4.4.4 The accused person will be informed that a complaint has been made against them and will be made fully aware of the nature of the complaint and the supporting evidence in order that they can participate in the investigation process
- 4.4.5 The investigating officer should meet with the complainant and the accused person), usually within 10 working days (working days are days falling on or between Monday to Friday, even if they are not days the member of staff works) of receiving the complaint, to:
- Clarify the nature of the complaint, making thorough notes, writing down any dates, times, places and names that are mentioned, the nature of the complaint and any existing evidence
- 4.4.6 A report detailing the findings of the investigation should be submitted to the responsible manager who should decide whether the available evidence justifies:
- no formal action; or
 - recourse to the Trust Disciplinary Policy
- 4.4.7 The responsible manager should confirm the outcome of the investigation process to both the complainant and the accused person as soon as possible following the completion of the investigation
- 4.4.8 Where the complainant is dissatisfied with the outcome of this formal process, an appeal may be made in writing, detailing the reasons for the appeal and the expected outcome. Any appeal will be managed in accordance with Stage 2 (appeal stage) of the Trust Grievance Policy.

5. TRAINING

5.1 The Trust will make available to all staff the following training provisions:

- New staff will receive face-to-face equality and diversity training during their corporate induction programme and via this training will be made aware of the policy.
- The Trust Mandatory, Statutory and Essential Training Framework shows equality and diversity as a continuous essential training requirement for all staff. This training must be undertaken by staff every three years as part of that requirement.
- Compliancy in this area can be achieved by staff undertaking approved e-Learning, which is held on OLM, or through face-to-face training.
- Compliancy through corporate induction and subsequent e-Learning /face-to-face training is recorded on the employee staff record and reported on a monthly basis to the board.
- Equality and diversity training is included in the Essential Skills for Managers Course sat by all new band 6-8 managers. This training is also included in The Trust Mandatory, Statutory and Essential Training Framework but is not reported on.
- Articles and features on NHS Employers best practice will be promoted to staff through existing communication channels.

5.2 Relevant training for this policy, and the frequency with which it is delivered/expected, is detailed in the organisation's Training Needs Analysis which can be found on the intranet.

6. MONITORING

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead (s)	Changes in practice and lessons to be shared
Duties	HR Department	Central log of bullying and harassment complaints to be monitored to assess the effectiveness of the policy	Quarterly	To be reviewed at HR Managers meeting	HR department/Service Managers	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
	HR Department	Analysis of staff survey results	Annually	To the Formal Executive Committee	HR department/Service Managers	
	HR Managers	Review of reasons for leaving the organisation as reported during exit interviews	Quarterly	Reasons for leaving reported to the Formal Executive Committee	HR department/Service Managers	
Statement by the organisation that harassment and bullying are not acceptable	HR Department	Central log of bullying and harassment complaints to be monitored as assess the effectiveness of the policy	Quarterly	To be reviewed at HR Managers meeting	HR department/Service Managers	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
	HR Department	Analysis of staff survey results	Annually	To the Formal Executive Committee	HR department/Service Managers	

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead (s)	Changes in practice and lessons to be shared
How concerns about harassment and bullying can be raised	HR Department	Central log of bullying and harassment complaints to be monitored as assess the effectiveness of the policy	Quarterly	To be reviewed at HR Managers meeting	HR department/Service Managers	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
	HR Department	Analysis of staff survey results	Annually	To the Formal Executive Committee	HR department/Service Managers	
	HR Managers	Review of reasons for leaving the organisation as reported during exit interviews	Quarterly	Reasons for leaving reported to the Formal Executive Committee	HR department/Service Managers	
	HR Department	Review of anonymised reasons given for accessing the staff counselling service	Six-monthly	To be reviewed at HR Managers meeting	HR department/Service Managers	
What should be done once a concern has been raised	HR Department	Central log of bullying and harassment complaints to be monitored as assess the effectiveness of the policy	Quarterly	To be reviewed at HR Managers meeting	HR department/Service Managers	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
	HR Managers	Review of reasons for leaving the organisation as reported during exit interviews	Quarterly	Reasons for leaving reported to the Formal Executive Committee	HR department/Service Managers	
	HR Department	Review of anonymised reasons given for accessing the staff counselling service	Six-monthly	To be reviewed at HR Managers meeting	HR department/Service Managers	

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead (s)	Changes in practice and lessons to be shared
How the organisation trains staff, in line with the training needs analysis	Learning and Development Department	Attendance records for staff induction programme	Monthly	Training reports available from the Learning and Development team (Learning and Development team record attendance on management information system)	Learning and Development team	Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
	Learning and Development Department	Attendance records for Equality & Diversity training	Automatically when completed through e-Learning; as delivered through face-to-face training			
	Learning and Development Department	Attendance records for Essential Skills for New Managers training	As delivered			

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG014 - Dignity at Work Policy (Incorporating Bullying and Harassment in the Workplace)

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated policy lead or HR Coordinator, Upton Hospital, Albert Street, Slough, Berkshire, SL1 2BJ.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

<p>1. Title of policy/ programme/ service being analysed Dignity at Work Policy (Incorporating Bullying and Harassment in the Workplace)</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics To promote and sustain a working environment in which all members of staff feel valued and respected.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users All staff. This policy has been agreed with senior managers and JSCC and is used by staff who have concerns regarding their dignity at work.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No evidence of potential adverse impact.</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>No evidence of potential adverse impact.</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>No evidence of potential adverse impact.</p>
<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travellers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc</i></p> <p>No evidence of potential adverse impact.</p>
<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i></p> <p>No evidence of potential adverse impact.</p>
<p>4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i></p>	<p><i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i></p> <p>No evidence of potential adverse impact.</p>

<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No evidence of potential adverse impact.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No evidence of potential adverse impact.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No evidence of potential adverse impact.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No evidence of potential adverse impact.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No evidence of potential adverse impact.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No evidence of potential adverse impact.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty.</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR.</p>	
<p>Date analysis completed: July 2014.</p>	
<p>Name of responsible Director: Director of Human Resources.</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee July 2014.</p>	

ORG015

EQUAL OPPORTUNITIES & DIVERSITY

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued: January 2015
Review Date: January 2017
Version: 6

Policy Number:	ORG015
Title of Policy:	Equal Opportunities & Diversity
Category:	Organisational
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Replaces Policy:	Version 5
Review Date:	September 2016
Policy Lead	Head of Operational HR
For policy information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG015 - EQUAL OPPORTUNITIES & DIVERSITY

History:	Version 6: Bi-annual review.
	Version 5: Re-issued September 2012 to include recommendations following the Stonewall Review.
	Version 4: Reviewed to reflect the integration with Community Health Services and current legislation.
	Version 3: Re-issued January 2011. Policy reviewed to fully integrate the legislative changes required by the Equality Act 2010.
	Version 3: Policy extensively reviewed to incorporate current legislation and Diversity.
	Version 2: Re-issued January 2006.
	Version 1: Issued December 2002.
Designated Lead:	Head of Operational HR
Policy Consultants:	Senior Managers
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1. POLICY STATEMENT

- 1.1 This document outlines the Equal Opportunities and Diversity Policy for Berkshire Healthcare NHS Foundation Trust (the Trust) and is consistent with the principles outlined in part 5 of Agenda for Change NHS terms and conditions of service handbook, the NHS constitution and best practice.
- 1.2 The Trust is committed to promoting measures that eliminate all forms of unlawful or unfair discrimination on the grounds of the legally protected characteristics of age, marital or civil partnership status, disability (this includes cancer and HIV), race, gender, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity. We will also not discriminate on the basis of domestic circumstances, social and employment status, having or not having dependants, political affiliation or trade union membership, or any other basis not justified by law or relevant to the requirements of the post.
- 1.3 Where the term “partner” is referenced in this policy, this includes “same sex partner”. Where reference is made to “married partners or spouse”, this includes “civil partner”.
- 1.4 By committing to a policy of equality of opportunity and diversity, the Trust values all members of its workforce, and actively seeks to benefit from their differing skills, knowledge and experiences in order to provide an exemplary healthcare service to our communities.
- 1.5 The Trust will therefore take every possible step to ensure that individuals are treated equitably and fairly, with dignity and mutual respect, and that decisions in recruitment, selection, training, promotion, redeployment, career management and the decision to grant request flexible working are based solely on objective organisational factors and job related criteria.
- 1.6 In April 2012, the Trust published its Equality Objectives for 2012 -16. These set out the ways in which we will meet the public sector equality duties (Equality Act 2010) in relation to our staff, the populations served and other stakeholders. Through these objectives, we will meet our public sector duty requirements to eliminate discrimination, advance equality of opportunity and foster good relations. The monitoring data required by law will be published annually in January.
- 1.7 This is an over-arching policy embracing all aspects of equal opportunities and should be read in conjunction with other relevant policies and the Trust’s Equality Objectives and Equality Compliance Report 2012 which is available in pdf format on our website www.berkshirehealthcare.nhs.uk

2. SCOPE

- 2.1 This policy applies to all employees of the Trust, in all locations and to other people employed on Trust premises which includes volunteer workers, students or trainees, contractors, and to patients, clients/service users and any other people with whom Trust employees have a work relationship.

3. ROLES AND RESPONSIBILITIES

- 3.1 The Trust Board has overall responsibility for Equal Opportunities within the Trust. The Chief Executive has the ultimate responsibility for the effective implementation and monitoring of this policy.

- 3.2 It is the responsibility of all managers, from Directors and departmental heads, to supervisors and team leads, to:-
- Ensure that the standards established within the policy are adhered to within their own designated area of responsibility
 - Familiarise themselves with the procedures in all equality policy and documentation
 - Ensure that they are not instructing employees to act in a discriminatory manner
 - Bring the details of the policy and procedures to the attention of all members of their staff teams
 - Ensure that information on equal opportunity and diversity is incorporated in all induction processes for new or temporary staff and is supported by ongoing training
 - Co-operate with any measures introduced to ensure equality of opportunity and diversity
- 3.3 All Trust employees are responsible for applying, upholding and promoting the principles of equal opportunities in all aspects of their work. Trust Managers have responsibility for ensuring that they and those who report to them are informed on how the policy applies to all aspects of their work, and should be aware in particular of the relevant legal framework and National Codes of Practice issued to support legislation. They should also be aware of and apply any relevant Trust policies and procedures. This includes requesting, organising, undertaking any necessary training and encouraging a culture which removes restrictions on individuals, so that all have access to the same opportunities.
- 3.4 The Chief Executive and Human Resources Director are responsible for ensuring that the provision of all services are consistent with the equality and diversity aims of the Trust.

4. THE LEGAL FRAMEWORK

- 4.1 Over and above the provisions set out in our own policy the Trust is bound by legal responsibilities outlined in the Equality Act 2010. Under the law, protection from discrimination in employment and service delivery is given on the basis of the following 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

5. UNLAWFUL DISCRIMINATION

5.1 Discrimination

Discrimination in employment happens as a result of prejudice, misconceptions and stereotyping which in turn hinders the proper consideration of an individual's talents, skills, abilities, potential and experience. Discrimination is treating a person less favourably than someone else because of a 'protected characteristic'. It can be direct or indirect, intentional or not intentional. The following forms of discrimination are not just unfair, but unlawful:

5.2 Direct Discrimination

Direct discrimination takes place when a person is treated less favourably than others (in the same circumstances) on the grounds of their race, sex, disability or any of the other factors outlined in 4.1 above.

Example - a job advertisement which states that "Only those who have English as their first language may apply".

5.3 Indirect Discrimination

Where an apparently neutral provision, criterion or practice would put a substantially higher proportion of the members of one sex, age, or persons having a racial or ethnic

origin, or a particular religion or belief, or a particular disability or a particular sexual orientation at a disadvantage compared with other persons unless that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

Example - a policy on paternity leave that makes reference to a person's husband which may mean that gay staff assume that the policy is not for them.

5.4 Discrimination by Association

It is against the law to discriminate against someone who is associated with someone with a protected characteristic.

Example - refusing to employ someone whose daughter is a lesbian or refusing to employ someone who is caring for a disabled child.

5.5 Discrimination by Perception

It is against the law to discriminate against someone because others perceive they are from a protected group even if they are not

Example - refusing to recruit someone if you think they are gay (whether they are or not).

5.6 Victimisation

When an employee is treated badly because they have made a complaint or raised a grievance under the Equality Act or because they are suspected of doing so. Employees are not protected if they have maliciously made or supported an untrue complaint.

5.7 Harassment

This is defined by the law as 'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, humiliating or offensive environment for that individual'. Harassment may involve physical acts or verbal and non-verbal communications and gestures. For further information of and a definition of bullying and harassment, please refer to the Trust's Dignity at Work Policy (ORG014) and intranet guidance.

5.8 Third Party Harassment

It is important for people to be able to work in a harassment-free environment. The Trust is liable for harassment of their employees and job applicants by third parties such as customers or suppliers if: the employee or job applicant is harassed on more than two occasions (not necessarily by the same person); and the employer knows that it has happened; and the employer fails to take steps that are reasonable in the circumstances to prevent such harassment happening to that person again.

Further information on the law and definitions is outlined in **Appendix 1**.

6. DISCRIMINATION BY EMPLOYEES

6.1 The Trust has a genuine commitment to equality and diversity, and any actions or behaviours which are perceived as violating or breaching this will not be tolerated whether these are connected to factors identified within statute, or any other characteristics not objectively related to the requirement of the post.

6.2 Any breach of this policy will constitute a disciplinary offence and will be dealt with through the Trust's Disciplinary policy and procedures. Any employee found to have unfairly discriminated, harassed or victimised a user of the service, third party, another member of staff, volunteer, trainee or a contractor may be dismissed.

6.3 Where action short of dismissal is appropriate, this may include a requirement for the individual to attend suitable training. The individual may be prevented from participating

in employment processes including short-listing, assessment centres and interview, allocation of shifts or overtime, recommendation for appointment or training, competency assessment, mentoring, appraisal processes and disciplinary processes. Whilst the list is not exhaustive, this sanction may only be used to prevent unfair discrimination, harassment or victimisation. It may also be necessary to prevent the individual from carrying out investigations.

7. DISCRIMINATION AGAINST EMPLOYEES

The Trust will not tolerate unfair discrimination or harassment by members of the public against Trust employees, users of the services, or by users of the service towards each other or towards Trust employees. To ensure compliance, the Trust will use any appropriate means such as security management specialists to prevent such discrimination and for serious cases of assault the Trust will involve the Police and support staff to take criminal proceedings against the perpetrators.

8. COMPLAINTS BY THE PUBLIC

Any user of the service or relevant third party who believes that they have not been treated equitably in accordance with this policy or have a complaint of discrimination, harassment or victimisation may make their complaint using the Trust's complaints procedure or by contacting the Patient Advice and Liaison Service.

9. RECRUITMENT & PROMOTION

The Trust will strive to:

- ensure that all employees are recruited and promoted on the basis of ability and other objective and relevant criteria
- work towards ensuring that through recruitment its workforce better represents the communities it serves at all levels of the Trust and may use positive action where particular groups of employees have been under represented for a period of 12 months or more
- ensure that it communicates job opportunities to all sections of the communities it serves
- ensure that those who are involved in assessing candidates for recruitment or promotion will be trained in non discriminatory selection techniques and equality law
- use appropriate legislation as a framework for action to support the recruitment process in a positive way
- work with the Disability Advisor/Access to Work Schemes to support people with a disability or chronic ill health issues
- ensure that decisions in relation to promotion opportunities including temporary promotion are widely advertised and that extended use of temporary promotion is discouraged where it will give one individual unfair advantage over others

9.1 Anti-discriminatory recruitment requirements

- job descriptions should not contain duties that may be regarded as directly or indirectly discriminatory unless this can be justified
- qualifications should only be specified where they are a requirement of the post or justifiable
- job descriptions/person specifications and advertisements are drawn up without bias
- all posts will be eligible for job-share except when a manager can demonstrate this is not appropriate
- consideration will be given to flexibility in working patterns subject to staffing and service needs of that particular area at that time

- short-listing of candidates for interview is made by judging the application form against the job description and person specification
- at least one member of any recruitment panel must have undertaken recruitment and selection training
- recruitment panels are balanced insofar as operational requirements allow (e.g. gender, ethnicity, disability)
- interviews are undertaken fairly, with due regard to legal requirements and avoiding assumptions and stereotyping about ability, attitudes, motivation, ambition etc. based on age, gender, sexual orientation, marital or civil partnership status, race, nationality, ethnic origin, religious belief or disability. Selection decisions must be based on objective non discriminatory, job related criteria, consistently applied to all candidates
- selection criteria and reasons for rejection of individual candidates are recorded
- monitor the results of recruitment processes with particular regard for decisions which appear to be inconsistent
- it is unlawful to ask job applicants questions about disability or health before making a job offer, except in specified circumstances outlined in 9.2 below.

9.2 Employing disabled people

The Trust fully supports the employment of disabled staff and will make every effort to ensure reasonable adjustments are made to the workplace to enable staff to work effectively. For staff who become disabled this will involve arranging an Access to Work assessment within a reasonable time frame in collaboration with the relevant Disability Employment Adviser who can be accessed at the local Job Centre.

Examples of reasonable adjustments are:-

- Providing voice recognition technology for blind or partially sighted staff
- Adapting premises for wheelchair users
- Non financial adaptations such as altering hours/locations of work
- Reallocating heavy lifting duties
- Strategies to control stress

It is unlawful for employers to ask job applicants questions about disability or health before making a job offer, except in specified circumstances listed below. Once the Trust has made a provisional job offer it will make any necessary enquiries about a person's health or disability.

During the selection process the Trust may make enquiries about health or disability in the following specific circumstances:

- to determine whether any reasonable adjustments are necessary to enable a disabled applicant to participate in the selection process;
- to decide whether the person can carry out a function that is an essential part of the work;
- to monitor diversity among people applying for Trust jobs;
- to enable the Trust to apply the guaranteed interview scheme for disabled candidates who meet the minimum selection criteria for the job.

The Trust will not use this information to discriminate against job applicants or appointees because of their disability.

Further guidance on recruiting and managing disabled staff can be obtained from Human Resources.

9.3 Positive action

Positive action is allowed by law to encourage employees who are members of disadvantaged groups that are under-represented to access special training and development programmes so as to enable them to compete equally for jobs. The Trust will therefore take steps to encourage under-represented groups to apply implementing positive action measures where appropriate, as permitted under the Equality Act 2010. The Trust's HR Lead, in consultation with the Diversity Steering Group will be responsible for deciding where and when it is to be used, and for recommending appropriate action to meet the identified need.

9.4 Examples of positive action:

- Recruitment adverts could be designed specifically to reach members of under-represented groups, encouraging them to apply.
- Pre-employment training or work experience for school leavers
- Encourage employees from under-represented groups to apply for promotion and training
- Reasonable adjustments for disabled applicants
- Use of part-time and flexible working arrangements, e.g. job sharing
- Provision of child care facilities
- Special leave for domestic emergency and distress
- Guaranteed interviews for disabled applicants who meet the minimum criteria (Department of Work and Pension's Two Ticks Scheme).

10. EDUCATION, TRAINING AND CAREER DEVELOPMENT

10.1 The Trust values its workforce and will support staff to deliver the values and principles of equality and diversity. We will identify the knowledge and skills required to deliver culturally sensitive services across all front-line clinical roles and provide training to enhance capacity and confidence.

10.2 All employees will have equal access to and benefit from all forms of education, further education facilities, and training and development opportunities. The Trust requires all staff to undertake personal development reviews and have an up-to-date Personal Development Plan (PDP). This will be demonstrated by the following:

- All employees will be encouraged to utilise training, education and development facilities available to enable them to progress within the Trust and the wider NHS
- All those employees directly involved in recruitment and selection, and performance management must have received training in equal opportunities
- The Trust will ensure that unjustifiable barriers to staff receiving education, training and development are eliminated
- Provide flexibilities to accommodate the needs of staff on flexible working patterns, special needs and disabilities
- Monitor learning activities across departments to ensure staff are not excluded

11. TERMS & CONDITIONS

11.1 The Trust will apply the principles of Equal Opportunities in all its terms and conditions of service and in relating terms and conditions to employees' own circumstances.

12. EQUALITY IMPACT ASSESSMENTS

12.1 As a public sector body, the Trust must ensure that the equality implications of any significant policy or strategy decision are considered before being agreed. Equality impact assessments can assist the Trust in the delivery of its business objectives to achieve equal outcomes for our staff and local communities.

- 12.2 All new and revised policies, large capital projects and functions are subject to Equality Impact Assessment and policies will not be accepted by the Policy Working Group and Clinical Effectiveness Committee without an Equality Impact Assessment showing a clear review of evidence.
- 12.3 Equality Impact Assessment is a process which involves determining whether a policy, procedure or project impacts unfavourably on particular groups as a result of race, gender, disability, age, sexual orientation, religion or other belief, gender reassignment, pregnancy and maternity. If unfavourable impact is a possibility alternative options must be considered prior to the final decision being taken.

13. ORGANISATIONAL CHANGE AND DEVELOPMENT

All organisational development and change processes, such as changes to shift/rota patterns, review of service provision, change of work base or other negative effects on particular groups as a result of race, gender, disability, age, sexual orientation, religion or other belief will be subject to equality impact assessment by the manager delivering the change.

14. COMPLAINTS

Any individual who believes that they have suffered any form of discrimination, harassment or victimisation are entitled to raise the matter through the Trust's Grievance, Dignity at Work or complaints procedures which can be accessed via the Trust's Intranet, line manager or in the case of the public, via the internet and the Complaints Manager. All complaints of discrimination will be dealt with seriously, promptly and confidentially.

15. WHISTLE BLOWING

Third parties, service users and employees/workers are reminded that everyone has a right and a duty to report an issue of propriety. This is where it is felt that the law has been broken or that the usual communication channels have been exhausted. Employees can obtain direct access via the Trust's Whistle blowing policy and/or a named Non-Executive Director.

16. MONITORING AND EVALUATION

- 16.1 The Trust recognises that regular monitoring of equal opportunities is essential to the thorough review of the effectiveness of the implementation of this policy and ongoing good practice. The Trust will collect and analyse the following information:-
- The profile of its current workforce by grade banding, age, gender, contract type (full/part time) ethnic origin, disability, sexual orientation
 - The profile of its job applicants, short-listed candidates and appointments by gender, ethnic origin and disability, sexual orientation, age
 - Internal promotions by gender, contract type, ethnic origin, disability and sexual orientation
 - Leavers from the Trust by age, gender, contract type, ethnic origin, disability, sexual orientation reason for leaving and destination
 - Participation in training programmes and the proportion of staff with a personal development plan by age, gender, contract type, ethnic origin and disability, sexual orientation
 - The use of formal disciplinary, sickness, grievance and harassment procedures by ethnic origin, disability and gender, sexual orientation

- Staff who benefit from performance appraisal and those who suffer detriment by ethnicity, disability and gender, sexual orientation
 - Flexible working by ethnicity, gender, age and sexual orientation
- 16.2 The above information will be collected and stored in line with the Data Protection Act. It will be used to monitor compliance with this policy and will be reviewed on a biannual basis by the Diversity Steering Group and annually by the Board. The Trust Board will receive an annual report through the Equality and Diversity Steering Group, reporting on employment and service delivery. A summary of this information will be included in the Annual Report.
- 16.3 Monitoring of the successful implementation of this policy will also be carried out through the annual staff attitude survey and through benchmarking our performance against national best value performance indicators in respect of all equalities issues.
- 16.4 The Trust will review its monitoring processes to comply with changes to legislation.

SUMMARY OF RELEVANT LEGISLATION AND DEFINITIONS

1. Equality Act 2010

The Equality Act 2010 contains all the UK legal requirements on equality. It affects equality law in the workplace and in delivering services. It replaces the existing equality law including the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disability Discrimination Act 1995. Most of the new law is based on previous discrimination legislation which has been streamlined.

Whether at work as an employee or in using a service, the purpose of the Equality Act is to ensure that everyone has the right to be treated fairly at work or when using services. It protects people from discrimination on the basis of certain characteristics. There are known as 'protected characteristics' and they vary slightly according to whether the person is at work or using a service.

There are nine protected characteristics for employees: disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race religion or belief, sexual orientation, sex and age.

There are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex and age (over 18s only will be protected as of April 2012).

2. Definitions of 'protected characteristics' under the Equality Act 2010:

2.1 Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). In terms of service usage, protection will start from April 2012 but only for those over 18 years of age.

2.2 Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. There is no longer a requirement for the disability to last for at least one year. Conditions covered include cancer and HIV.

2.3 Gender reassignment

The process of transitioning from one gender to another. There is no longer a requirement for medical supervision.

2.4 Marriage and civil partnership

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

2.5 Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

2.6 Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

2.7 Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

2.8 Sex

A man or a woman.

2.9 Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

3. What the law protects against:

3.1 Direct discrimination: this includes treating a person worse than someone else because of a protected characteristic (known as direct discrimination). Although in the case of pregnancy and maternity direct discrimination, this can occur if they have a protected characteristic without needing to compare treatment to someone else.

3.2 Indirect discrimination: putting in place a rule or a way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified.

3.3 Discrimination arising from disability: Treating a disabled person unfavourably because of something connected with their disability when this cannot be justified. Failing to make reasonable adjustments.

3.4 Harassment: Unwanted conduct which has the purpose or effect of violating someone's dignity or which is hostile, degrading, humiliating or offensive to someone which a protected characteristic or in a way that is sexual in nature.

3.5 Victimisation: Treating someone unfavourably because they have taken (or might be taking) action under the Equality Act or supporting somebody who is doing so.

3.6 As well as these characteristics, the law also protects people from being discriminated against:

- By someone who wrongly *perceives* them to have one of the protected characteristics.

- Because they are ***associated*** with someone who has a protected characteristic. This includes the parent of a disabled child or adult or someone who is caring for a disabled person.

For further information on the law:

www.equalities.gov.uk/equities_act_2010

www.equalityhumanrights.com

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG015 - Equal Opportunities and Diversity Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated lead or to HR Administration Team, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed	
Equal Opportunities and Diversity Policy	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The Trust is committed to promoting measures that eliminate all forms of unlawful or unfair discrimination on the grounds of the legally protected characteristics of age, marital or civil partnership status, disability (this includes cancer and HIV), race, gender, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity. It will also not discriminate on the basis of domestic circumstances, social and employment status, having or not having dependants, political affiliation or trade union membership, or any other basis not justified by law or relevant to the requirements of the post.	
3. Who is likely to be affected? e.g. staff, patients, service users	
The policy applies to all employees of the Trust, and to all workers on Trust premises including volunteers, students, trainees and contractors. It also applies to patients and clients/service users.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics?	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified

<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

<p>Sign off</p>
<p>Name of person who carried out this analysis (Policy Lead): Joanne Evans, Senior HR Manager – Professional Development</p>
<p>Date analysis completed: September 2014</p>
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – September 2014</p>

ORG015

EQUAL OPPORTUNITIES & DIVERSITY POLICY & PROCEDURES

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	September 2015
Review Date:	September 2017
Version:	6

Policy Number:	ORG015
Title of Policy:	Equal Opportunities & Diversity
Category:	Organisational
Distribution Areas:	All Trust Departments
Index:	Page 4
Total number of pages:	20
Approved by:	Joint Staff Consultative Committee
Re-issued:	September 2015
Replaces Policy:	Version 5
Review Date:	September 2017
Policy Lead	Head of Operational HR
For policy information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG015 - EQUAL OPPORTUNITIES & DIVERSITY

- History:
- Version 6: Re-issued September 2015, minor amendments in line with Equality & Diversity Act
 - Version 5: Re-issued September 2012 to include recommendations following the Stonewall Review.
 - Version 4: Reviewed to reflect the integration with Community Health Services and current legislation.
 - Version 3: Re-issued January 2011. Policy reviewed to fully integrate the legislative changes required by the Equality Act 2010.
 - Version 3: Policy extensively reviewed to incorporate current legislation and Diversity.
 - Version 2: Re-issued January 2006.
 - Version 1: Issued December 2002.

Designated Lead: Head of Operational HR

Policy Consultants: Senior Managers

Distributed for comments: Joint Staff Consultative Committee

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1. POLICY STATEMENT

- 1.1 This document outlines the Equal Opportunities and Diversity Policy for Berkshire Healthcare NHS Foundation Trust (the Trust) and is consistent with the principles outlined in part 5 of Agenda for Change NHS terms and conditions of service handbook, the NHS constitution and best practice.
- 1.2 Berkshire Healthcare NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, Berkshire Healthcare Trust will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.
- 1.3 In carrying out its functions, Berkshire Healthcare Trust will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.
- 1.4 Where the term “partner” is referenced in this policy, this includes “same sex partner”. Where reference is made to “married partners or spouse”, this includes “civil partner”.
- 1.5 By committing to a policy of equality of opportunity and diversity, the Trust values all members of its workforce, and actively seeks to benefit from their differing skills, knowledge and experiences in order to provide an exemplary healthcare service to our communities.
- 1.6 The Trust will therefore take every possible step to ensure that individuals are treated equitably and fairly, with dignity and mutual respect, and that decisions in recruitment, selection, training, promotion, redeployment, career management and the decision to grant request flexible working are based solely on objective organisational factors and job related criteria.
- 1.7 In April 2012, the Trust published its Equality Objectives for 2012 -16. These set out the ways in which we will meet the public sector equality duties (Equality Act 2010) in relation to our staff, the populations served and other stakeholders. Through these objectives, we will meet our public sector duty requirements to eliminate discrimination, advance equality of opportunity and foster good relations. The monitoring data required by law will be published annually in January.
- 1.8 This is an over-arching policy embracing all aspects of equal opportunities and should be read in conjunction with other relevant policies and the Trust’s Equality Objectives and Equality Compliance Report 2012 which is available in pdf format on our website www.berkshirehealthcare.nhs.uk

2. SCOPE

- 2.1 This policy applies to all employees of the Trust, in all locations and to other people employed on Trust premises which includes volunteer workers, students or trainees, contractors, and to patients, clients/service users and any other people with whom Trust employees have a work relationship.

3. ROLES AND RESPONSIBILITIES

- 3.1 The Trust Board has overall responsibility for Equal Opportunities within the Trust. The Chief Executive has the ultimate responsibility for the effective implementation and monitoring of this policy.

- 3.2 It is the responsibility of all managers, from Directors and departmental heads, to supervisors and team leads, to:-

- Ensure that the standards established within the policy are adhered to within their own designated area of responsibility
- Familiarise themselves with the procedures in all equality policy and documentation
- Ensure that they are not instructing employees to act in a discriminatory manner
- Bring the details of the policy and procedures to the attention of all members of their staff teams
- Ensure that information on equal opportunity and diversity is incorporated in all induction processes for new or temporary staff and is supported by ongoing training
- Co-operate with any measures introduced to ensure equality of opportunity and diversity

- 3.3 All Trust employees are responsible for applying, upholding and promoting the principles of equal opportunities in all aspects of their work. Trust Managers have responsibility for ensuring that they and those who report to them are informed on how the policy applies to all aspects of their work, and should be aware in particular of the relevant legal framework and National Codes of Practice issued to support legislation. They should also be aware of and apply any relevant Trust policies and procedures. This includes requesting, organising, undertaking any necessary training and encouraging a culture which removes restrictions on individuals, so that all have access to the same opportunities.

- 3.4 The Chief Executive and Human Resources Director are responsible for ensuring that the provision of all services are consistent with the equality and diversity aims of the Trust.

4. THE LEGAL FRAMEWORK

- 4.1 Over and above the provisions set out in our own policy the Trust is bound by legal responsibilities outlined in the Equality Act 2010. Under the law, protection from discrimination in employment and service delivery is given on the basis of the following 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

5. UNLAWFUL DISCRIMINATION

5.1 Discrimination

Discrimination in employment happens as a result of prejudice, misconceptions and stereotyping which in turn hinders the proper consideration of an individual's talents, skills, abilities, potential and experience. Discrimination is treating a person less favourably than someone else because of a 'protected characteristic'. It can be direct or indirect, intentional or not intentional. The following forms of discrimination are not just unfair, but unlawful:

5.2 Direct Discrimination

Direct discrimination takes place when a person is treated less favourably than others (in the same circumstances) on the grounds of their race, sex, disability or any of the other factors outlined in 4.1 above.

Example - a job advertisement which states that "Only those who have English as their first language may apply".

5.3 Indirect Discrimination

Where an apparently neutral provision, criterion or practice would put a substantially higher proportion of the members of one sex, age, or persons having a racial or ethnic origin, or a particular religion or belief, or a particular disability or a particular sexual orientation at a disadvantage compared with other persons unless that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

Example - a policy on paternity leave that makes reference to a person's husband which may mean that gay staff assume that the policy is not for them.

5.4 Discrimination by Association

It is against the law to discriminate against someone who is associated with someone with a protected characteristic.

Example - refusing to employ someone whose daughter is a lesbian or refusing to employ someone who is caring for a disabled child.

5.5 Discrimination by Perception

It is against the law to discriminate against someone because others perceive they are from a protected group even if they are not

Example - refusing to recruit someone if you think they are gay (whether they are or not).

5.6 Victimisation

When an employee is treated badly because they have made a complaint or raised a grievance under the Equality Act or because they are suspected of doing so. Employees are not protected if they have maliciously made or supported an untrue complaint.

5.7 Harassment

This is defined by the law as 'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, humiliating or offensive environment for that individual'. Harassment may involve physical acts or

verbal and non-verbal communications and gestures. For further information of and a definition of bullying and harassment, please refer to the Trust's Dignity at Work Policy (ORG014) and intranet guidance.

5.8 Third Party Harassment

It is important for people to be able to work in a harassment-free environment. The Trust is liable for harassment of their employees and job applicants by third parties such as customers or suppliers if: the employee or job applicant is harassed on more than two occasions (not necessarily by the same person); and the employer knows that it has happened; and the employer fails to take steps that are reasonable in the circumstances to prevent such harassment happening to that person again.

Further information on the law and definitions is outlined in **Appendix 1**.

6. DISCRIMINATION BY EMPLOYEES

- 6.1 The Trust has a genuine commitment to equality and diversity, and any actions or behaviours which are perceived as violating or breaching this will not be tolerated whether these are connected to factors identified within statute, or any other characteristics not objectively related to the requirement of the post.
- 6.2 Any breach of this policy will constitute a disciplinary offence and will be dealt with through the Trust's Disciplinary policy and procedures. Any employee found to have unfairly discriminated, harassed or victimised a user of the service, third party, another member of staff, volunteer, trainee or a contractor may be dismissed.
- 6.3 Where action short of dismissal is appropriate, this may include a requirement for the individual to attend suitable training. The individual may be prevented from participating in employment processes including short-listing, assessment centres and interview, allocation of shifts or overtime, recommendation for appointment or training, competency assessment, mentoring, appraisal processes and disciplinary processes. Whilst the list is not exhaustive, this sanction may only be used to prevent unfair discrimination, harassment or victimisation. It may also be necessary to prevent the individual from carrying out investigations.

7. DISCRIMINATION AGAINST EMPLOYEES

The Trust will not tolerate unfair discrimination or harassment by members of the public against Trust employees, users of the services, or by users of the service towards each other or towards Trust employees. To ensure compliance, the Trust will use any appropriate means such as security management specialists to prevent such discrimination and for serious cases of assault the Trust will involve the Police and support staff to take criminal proceedings against the perpetrators.

8. COMPLAINTS BY THE PUBLIC

Any user of the service or relevant third party who believes that they have not been treated equitably in accordance with this policy or have a complaint of discrimination, harassment or victimisation may make their complaint using the Trust's complaints procedure or by contacting the Patient Advice and Liaison Service.

9. RECRUITMENT & PROMOTION

The Trust will strive to:

- ensure that all employees are recruited and promoted on the basis of ability and other objective and relevant criteria
- work towards ensuring that through recruitment its workforce better represents the communities it serves at all levels of the Trust and may use positive action where particular groups of employees have been under represented for a period of 12 months or more
- ensure that it communicates job opportunities to all sections of the communities it serves
- ensure that those who are involved in assessing candidates for recruitment or promotion will be trained in non discriminatory selection techniques and equality law
- use appropriate legislation as a framework for action to support the recruitment process in a positive way
- work with the Disability Advisor/Access to Work Schemes to support people with a disability or chronic ill health issues
- ensure that decisions in relation to promotion opportunities including temporary promotion are widely advertised and that extended use of temporary promotion is discouraged where it will give one individual unfair advantage over others

9.1 Anti-discriminatory recruitment requirements

- job descriptions should not contain duties that may be regarded as directly or indirectly discriminatory unless this can be justified
- qualifications should only be specified where they are a requirement of the post or justifiable
- job descriptions/person specifications and advertisements are drawn up without bias
- all posts will be eligible for job-share except when a manager can demonstrate this is not appropriate
- consideration will be given to flexibility in working patterns subject to staffing and service needs of that particular area at that time
- short-listing of candidates for interview is made by judging the application form against the job description and person specification
- at least one member of any recruitment panel must have undertaken recruitment and selection training
- recruitment panels are balanced insofar as operational requirements allow (e.g. gender, ethnicity, disability)
- interviews are undertaken fairly, with due regard to legal requirements and avoiding assumptions and stereotyping about ability, attitudes, motivation, ambition etc. based on age, gender, sexual orientation, marital or civil partnership status, race, nationality, ethnic origin, religious belief or

disability. Selection decisions must be based on objective non discriminatory, job related criteria, consistently applied to all candidates

- selection criteria and reasons for rejection of individual candidates are recorded
- monitor the results of recruitment processes with particular regard for decisions which appear to be inconsistent
- it is unlawful to ask job applicants questions about disability or health before making a job offer, except in specified circumstances outlined in 9.2 below.

9.2 Employing disabled people

The Trust fully supports the employment of disabled staff and will make every effort to ensure reasonable adjustments are made to the workplace to enable staff to work effectively. For staff who become disabled this will involve arranging an Access to Work assessment within a reasonable time frame in collaboration with the relevant Disability Employment Adviser who can be accessed at the local Job Centre.

Examples of reasonable adjustments are:-

- Providing voice recognition technology for blind or partially sighted staff
- Adapting premises for wheelchair users
- Non financial adaptations such as altering hours/locations of work
- Reallocating heavy lifting duties
- Strategies to control stress

It is unlawful for employers to ask job applicants questions about disability or health before making a job offer, except in specified circumstances listed below. Once the Trust has made a provisional job offer it will make any necessary enquiries about a person's health or disability.

During the selection process the Trust may make enquiries about health or disability in the following specific circumstances:

- to determine whether any reasonable adjustments are necessary to enable a disabled applicant to participate in the selection process;
- to decide whether the person can carry out a function that is an essential part of the work;
- to monitor diversity among people applying for Trust jobs;
- to enable the Trust to apply the guaranteed interview scheme for disabled candidates who meet the minimum selection criteria for the job.

The Trust will not use this information to discriminate against job applicants or appointees because of their disability.

Further guidance on recruiting and managing disabled staff can be obtained from Human Resources.

9.3 Positive action

Positive action is allowed by law to encourage employees who are members of disadvantaged groups that are under-represented to access special training and development programmes so as to enable them to compete equally for jobs. The Trust will therefore take steps to encourage under-

represented groups to apply implementing positive action measures where appropriate, as permitted under the Equality Act 2010. The Trust's HR Lead, in consultation with the Diversity Steering Group will be responsible for deciding where and when it is to be used, and for recommending appropriate action to meet the identified need.

9.4 Examples of positive action:

- Recruitment adverts could be designed specifically to reach members of under-represented groups, encouraging them to apply.
- Pre-employment training or work experience for school leavers
- Encourage employees from under-represented groups to apply for promotion and training
- Reasonable adjustments for disabled applicants
- Use of part-time and flexible working arrangements, e.g. job sharing
- Provision of child care facilities
- Special leave for domestic emergency and distress
- Guaranteed interviews for disabled applicants who meet the minimum criteria (Department of Work and Pension's Two Ticks Scheme).

10. EDUCATION, TRAINING AND CAREER DEVELOPMENT

10.1 The Trust values its workforce and will support staff to deliver the values and principles of equality and diversity. We will identify the knowledge and skills required to deliver culturally sensitive services across all front-line clinical roles and provide training to enhance capacity and confidence.

10.2 All employees will have equal access to and benefit from all forms of education, further education facilities, and training and development opportunities. The Trust requires all staff to undertake personal development reviews and have an up-to-date Personal Development Plan (PDP). This will be demonstrated by the following:

- All employees will be encouraged to utilise training, education and development facilities available to enable them to progress within the Trust and the wider NHS
- All those employees directly involved in recruitment and selection, and performance management must have received training in equal opportunities
- The Trust will ensure that unjustifiable barriers to staff receiving education, training and development are eliminated
- Provide flexibilities to accommodate the needs of staff on flexible working patterns, special needs and disabilities
- Monitor learning activities across departments to ensure staff are not excluded

11. TERMS & CONDITIONS

11.1 The Trust will apply the principles of Equal Opportunities in all its terms and conditions of service and in relating terms and conditions to employees' own circumstances.

12. EQUALITY IMPACT ASSESSMENTS

- 12.1 As a public sector body, the Trust must ensure that the equality implications of any significant policy or strategy decision are considered before being agreed. Equality impact assessments can assist the Trust in the delivery of its business objectives to achieve equal outcomes for our staff and local communities.
- 12.2 All new and revised policies, large capital projects and functions are subject to Equality Impact Assessment and policies will not be accepted by the Policy Working Group and Clinical Effectiveness Committee without an Equality Impact Assessment showing a clear review of evidence.
- 12.3 Equality Impact Assessment is a process which involves determining whether a policy, procedure or project impacts unfavourably on particular groups as a result of race, gender, disability, age, sexual orientation, religion or other belief, gender reassignment, pregnancy and maternity. If unfavourable impact is a possibility alternative options must be considered prior to the final decision being taken.

13. ORGANISATIONAL CHANGE AND DEVELOPMENT

All organisational development and change processes, such as changes to shift/rota patterns, review of service provision, change of work base or other negative effects on particular groups as a result of race, gender, disability, age, sexual orientation, religion or other belief will be subject to equality impact assessment by the manager delivering the change.

14. COMPLAINTS

Any individual who believes that they have suffered any form of discrimination, harassment or victimisation are entitled to raise the matter through the Trust's Grievance, Dignity at Work or complaints procedures which can be accessed via the Trust's Intranet, line manager or in the case of the public, via the internet and the Complaints Manager. All complaints of discrimination will be dealt with seriously, promptly and confidentially.

15. WHISTLE BLOWING

Third parties, service users and employees/workers are reminded that everyone has a right and a duty to report an issue of propriety. This is where it is felt that the law has been broken or that the usual communication channels have been exhausted. Employees can obtain direct access via the Trust's Whistle blowing policy and/or a named Non-Executive Director.

16. MONITORING AND EVALUATION

- 16.1 The Trust recognises that regular monitoring of equal opportunities is essential to the thorough review of the effectiveness of the implementation of this policy and ongoing good practice. The Trust will collect and analyse the following information:-

- The profile of its current workforce by grade banding, age, gender, contract type (full/part time) ethnic origin, disability, sexual orientation
 - The profile of its job applicants, short-listed candidates and appointments by gender, ethnic origin and disability, sexual orientation, age
 - Internal promotions by gender, contract type, ethnic origin, disability and sexual orientation
 - Leavers from the Trust by age, gender, contract type, ethnic origin, disability, sexual orientation reason for leaving and destination
 - Participation in training programmes and the proportion of staff with a personal development plan by age, gender, contract type, ethnic origin and disability, sexual orientation
 - The use of formal disciplinary, sickness, grievance and harassment procedures by ethnic origin, disability and gender, sexual orientation
 - Staff who benefit from performance appraisal and those who suffer detriment by ethnicity, disability and gender, sexual orientation
 - Flexible working by ethnicity, gender, age and sexual orientation
- 16.2 The above information will be collected and stored in line with the Data Protection Act. It will be used to monitor compliance with this policy and will be reviewed on a biannual basis by the Diversity Steering Group and annually by the Board. The Trust Board will receive an annual report through the Equality and Diversity Steering Group, reporting on employment and service delivery. A summary of this information will be included in the Annual Report.
- 16.3 Monitoring of the successful implementation of this policy will also be carried out through the annual staff attitude survey and through benchmarking our performance against national best value performance indicators in respect of all equalities issues.
- 16.5 The Trust will review its monitoring processes to comply with changes to legislation.

SUMMARY OF RELEVANT LEGISLATION AND DEFINITIONS

1. Equality Act 2010

The Equality Act 2010 contains all the UK legal requirements on equality. It affects equality law in the workplace and in delivering services. It replaces the existing equality law including the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, the Disability Discrimination Act 1995. Most of the new law is based on previous discrimination legislation which has been streamlined.

Whether at work as an employee or in using a service, the purpose of the Equality Act is to ensure that everyone has the right to be treated fairly at work or when using services. It protects people from discrimination on the basis of certain characteristics. There are known as 'protected characteristics' and they vary slightly according to whether the person is at work or using a service.

There are nine protected characteristics for employees: disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race religion or belief, sexual orientation, sex and age.

There are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex and age (over 18s only will be protected as of April 2012).

2. Definitions of 'protected characteristics' under the Equality Act 2010:

2.1 Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). In terms of service usage, protection will start from April 2012 but only for those over 18 years of age.

2.2 Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. There is no longer a requirement for the disability to last for at least one year. Conditions covered include cancer and HIV.

2.3 Gender reassignment

The process of transitioning from one gender to another. There is no longer a requirement for medical supervision.

2.4 Marriage and civil partnership

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

2.5 Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

2.6 Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

2.7 Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

2.8 Sex

A man or a woman.

2.9 Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

3. What the law protects against:

3.1 Direct discrimination: this includes treating a person worse than someone else because of a protected characteristic (known as direct discrimination). Although in the case of pregnancy and maternity direct discrimination, this can occur if they have a protected characteristic without needing to compare treatment to someone else.

3.2 Indirect discrimination: putting in place a rule or a way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified.

3.3 Discrimination arising from disability: Treating a disabled person unfavourably because of something connected with their disability when this cannot be justified. Failing to make reasonable adjustments.

- 3.4 Harassment:** Unwanted conduct which has the purpose or effect of violating someone's dignity or which is hostile, degrading, humiliating or offensive to someone which a protected characteristic or in a way that is sexual in nature.
- 3.5 Victimisation:** Treating someone unfavourably because they have taken (or might be taking) action under the Equality Act or supporting somebody who is doing so.
- 3.6** As well as these characteristics, the law also protects people from being discriminated against:
- By someone who wrongly *perceives* them to have one of the protected characteristics.
 - Because they are *associated* with someone who has a protected characteristic. This includes the parent of a disabled child or adult or someone who is caring for a disabled person.

For further information on the law:

www.equalities.gov.uk/equaities_act_2010

www.equalityhumanrights.com

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG015 - Equal Opportunities and Diversity Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated lead or to HR Administration Team, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template

'Helping you deliver person-centred care and fair employment'

<p>1. Title of policy/ programme/ service being analysed</p> <p>Equal Opportunities and Diversity Policy</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. (See Guidance Note)</p> <p>The Trust is committed to promoting measures that eliminate all forms of unlawful or unfair discrimination on the grounds of the legally protected characteristics of age, marital or civil partnership status, disability (this includes cancer and HIV), race, gender, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity. It will also not discriminate on the basis of domestic circumstances, social and employment status, having or not having dependants, political affiliation or trade union membership, or any other basis not justified by law or relevant to the requirements of the post.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>The policy applies to all employees of the Trust, and to all workers on Trust premises including volunteers, students, trainees and contractors. It also applies to patients and clients/service users.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics? (See Guidance Note)</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>No adverse impact identified</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>No adverse impact identified</p>

<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc</i></p> <p>No adverse impact identified</p>
<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i></p> <p>No adverse impact identified</p>
<p>4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i></p>	<p><i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i></p> <p>No adverse impact identified</p>
<p>4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i></p>	<p><i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i></p> <p>No adverse impact identified</p>
<p>4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i></p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified</p>
<p>4.8 Marriage and Civil Partnership <i>Refers to legally recognised partnerships (employment policies only)</i></p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified</p>
<p>4.9 Pregnancy and maternity <i>Refers to the pregnancy period and the first year after birth</i></p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified</p>
<p>4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i></p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified</p>
<p>4.11 Other disadvantaged groups <i>This relates to groups experiencing health</i></p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p>

<p>inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>No adverse impact identified</p>
<p>5 Action planning for improvement (See Guidance Note)</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity? (See Guidance Note for definition)</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

<p>Sign off</p>
<p>Name of person who carried out this analysis (Policy Lead): Joanne Evans</p>
<p>Date analysis completed: 28th July 2014</p>
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee</p>

ORG018

REDEPLOYMENT

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	June 2015
Review Date:	June 2017
Version:	5

Policy Number:	ORG018
Title of Policy:	Redeployment
Category:	Organisational
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	17
Approved by:	Non-Clinical Risk Group – 10 th June 2015 Joint Staff Consultative Committee – April 2015
Re-issued:	June 2015
Review Date:	June 2017
Replaces Policy:	Version 4
Designated Lead:	Head of Operational HR
Policy Manager:	Director of Human Resources
For policy information:	HR Administration 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG018 - REDEPLOYMENT

History:

Version 5: Bi-annual review. Re-issued June 2015.

Version 4: Reviewed and re-issued April 2013.

Version 3: Reviewed and updated to reflect the integration with Community Health Services.

Version 2: Process Flowchart shown as Appendix 3 updated.

Summary: This policy will provide comprehensive guidance to managers and staff when involved in organisational change projects, sickness absence management and other day-to-day operations requiring the possible redeployment of transfer of staff.

Designated Lead: Head of Operational HR

Distributed for comments: Joint Staff Consultative Committee
Non-Clinical Risk Group
Senior Managers at SLT, Locality Director and
Service Manager Level

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1. POLICY STATEMENT

The Trust fully expects to be able to redeploy any individual placed “at risk” of redundancy as a result of organisational change. Redeployment into suitable alternative posts will be based on an assessment of the affected individual’s related abilities and experience, terms and conditions and status.

The Trust is also committed to supporting those individuals with a disability or a long-term health condition and who may require redeployment to a suitable alternative post.

2. WHEN SHOULD THIS POLICY BE INVOKED?

This procedure should be implemented when it becomes necessary to seek permanent redeployment as a result of the following:

- Organisational change
- Medical condition and/or to aid recovery
- Recommendation from Occupational Health Services
- Risk assessment
- Conflict of interest

3. PRINCIPLES AND VALUES

- The Trust undertakes that throughout the redeployment process all individuals are treated fairly and consistently.
- Regular communications should take place between the line manager and individual throughout the process, to review progress, exchange information and provide support and feedback.
- The Redeployment Co-ordinator will communicate any information regarding appropriate redeployment opportunities identified to the individual, and the relevant HR Manager.
- Individuals will have the right to be accompanied at all discussions or meetings by a representative or work colleague (this excludes selection interviews).

4. SCOPE

This policy applies to all individuals directly employed by the Trust (including those on secondment and those on long term leave) who need to be supported by the Trust to secure redeployment.

5. DEFINITIONS

“Suitable alternative employment” - Employment that is “substantially equivalent” to the individual’s current post (see section 6.4 for guidelines on suitable alternative employment). This includes posts considered suitable where pay protection would apply

“Reasonable amount of training” - Training to allow an affected individual to fulfil a new role, in addition to the training that would be given to any new employee during an induction period. The definition of “a reasonable amount” may vary with each individual case but may include on the job training and short-term courses. It will not include training for a new professional qualification, unless this is available to non-affected applicants/post holders.

“Affected employee” - an individual who is unable to remain in or to return to his or her current post, due to long term sickness or disability, or whose post is considered to be at risk of redundancy in accordance with the Change Management policy.

6. PROCEDURE

- 6.1 When a redeployment situation is identified, the individual will be sent a Redeployment Registration Form for completion (Appendix 1). A redeployment meeting may be scheduled to facilitate the completion of the form and the individual may wish to be accompanied at this meeting by a trade union representative or workplace colleague.

This meeting should identify the individual’s qualifications, experience, location/mobility and advice from Occupational Health, where relevant. During this meeting the redeployment policy and procedure will be explained and next steps clarified.

- 6.2 Following completion of the Redeployment Registration Form, the individual’s details will be placed on the redeployment register usually for a period of 3 months.

- 6.3 On receipt of a request to advertise a post from a recruiting manager, the Redeployment Coordinator will check the vacancy against the redeployment register, to establish whether the post is potentially suitable for any affected individual. If the post is clearly unsuitable (e.g. it requires a professional qualification not held by the individual), the post will be advertised as normal. If the post is potentially suitable, or if the situation is unclear, the recruiting manager will be informed that the post will not be advertised immediately.

- 6.4 The Redeployment Co-ordinator will contact the individual and the HR Manager with the details of any potentially suitable vacancy.

The individual will have two working days to accept the opportunity to be considered for this vacancy. If no communication is received within 2 working days then the Redeployment Co-ordinator will release the vacancy to be advertised as normal.

When assessing the suitability of alternative employment, consideration should be given to the factors listed below:

- Terms and conditions, including the place of work, salary, grade, hours of work/shifts
- Additional travelling required and distances involved It cannot be assumed that a mobility clause or payment of excess travel allowance will mean that a post is automatically suitable
- Status of the post
- Skills and capabilities of the individual - consider whether training may be reasonably offered to bridge any gap
- Personal circumstances of the individual e.g. child care, mobility
- Reasonable adjustments to the workplace and training under the terms of the Equality Act 2010
- Advice from the Occupational Health Department where appropriate.

If it is identified that an individual on the redeployment register has a set of skills that would support the needs of the service, taking into account the above, the Trust reserves the right to enforce a period of temporary redeployment in support of delivery of services, for example to cover maternity leave or long-term absence.

The Trust would normally consider that a post one grade higher or lower than the individual’s current post may be suitable. Pay protection will be payable, in accordance with the Trust’s Protection of Pay and Conditions of Service Policy.

If the post is considered potentially suitable, an interview for the post will be arranged. Any refusal to attend an interview for a post that is considered by the Trust to be a suitable alternative employment opportunity will be considered and may affect a redundancy payment.

If the individual considers the post to be unsuitable, the reasons will be documented by the Redeployment Co-ordinator. The post will then be advertised as normal.

6.5 Redeployment Interview

An individual will be considered without competition, other than from other employees who are also affected under the terms of this procedure. Where more than one candidate is considered suitable for a redeployment post, fair and transparent recruitment procedures will be used to make the selection.

Following the interview, should the individual be considered suitable, and the post be considered suitable alternative employment, the individual will be offered a trial period. Any training needs should be identified and agreed at this stage by the recruiting manager. Confirmation will also be obtained of any protection or excess travel allowances payable.

If the individual is not considered suitable, or the individual refuses the offer of a trial period, the reasons will be clearly documented and the post will proceed to advert. The recruiting manager should provide clear and detailed feedback to the individual. Any refusal of an offer of a trial period in a post that is considered by the Trust to be suitable alternative employment will be considered and may affect a redundancy payment.

6.6 Trial Period

In a redundancy situation, the individual has a statutory right to a trial period of four weeks. A longer trial period may be agreed in exceptional circumstances.

A trial period should also be offered to individuals who are being redeployed by reason of ill health or disability.

A trial period gives an individual the opportunity to try out a new job before deciding whether or not it is suitable. It gives the recruiting manager the opportunity to assess the suitability of the job, and whether any difficulties may be overcome. It also allows for an initial period of retraining. During the trial, the individual should receive continuing support from the recruiting manager. Support may also be available from Human Resources and the line manager.

Where an individual has already been issued with notice of the termination of their employment, their agreement will be sought to extend the period of notice if required to enable them to undertake a four week trial period.

Before the end of the trial period, a review will be held. Following this review, a decision will be taken whether to confirm the redeployment of the individual into the post, or that the individual is not suitable for the post or, exceptionally, to extend the review period.

Where an individual has been issued with notice of the termination of their employment then their agreement will be sought for their notice to be rescinded in order to redeploy them into a suitable alternative post.

Should the manager and/or the individual consider the post unsuitable, the reasons will be fully documented.

If the individual unreasonably considers the post to be unsuitable, entitlement to redundancy payment may be affected.

Should the individual unreasonably refuse to undertake a trial period or agree for their notice to be extended or rescinded as outlined above, then their entitlement to a redundancy payment may also be affected.

6.7 Timescales

Unless otherwise stated, the Trust will endeavour to redeploy individuals within a period of three months. This may run concurrently with sick leave or a period of notice. If, by the end of this period, or by the end of a trial period, an individual has not been successfully redeployed into a suitable post, action will be taken in line with the appropriate Trust procedure.

6.8 Appeals

Any individual who feels that any part of the process has been unfairly applied in his/her case may raise a grievance through the Trust's Grievance Procedure.

REDEPLOYMENT REGISTRATION FORM

PART A:

Section 1 – Personal Details

Full name	
Home address	
Mobile contact number	
Home contact number	
Work contact number	
Work and personal e-mail address	
Preferred contact method for redeployment information?	
Car driver?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, car available for work? Yes / No</p> <p>Own car or lease car? Own / Lease (please circle)</p>
Transport to work by? Car? Bus? Walk?	
Current distance from home to work base?	

Section 2 – Current Employment Details

Assignment number	
Job title	
Band	
Work base & work address	
Contracted hours per week, including whether these hours are term time only, annualised, etc...	
Contract type, i.e. permanent, fixed term	
Current line manager, including job title	
Contact details for line manager	

Section 3 – Redeployment Details

Reason for Redeployment?	Organisational Change <input type="checkbox"/> Ill Health / advised by Occupational Health <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
Able to work in the locations indicated (please circle)	Slough Windsor Maidenhead Bracknell Ascot Reading Newbury Wokingham
Able to travel distance from home to work base as indicated (please circle)	Less than 5 miles 5-10 miles 10-15 miles 15 – 20 miles 20-25 miles over 30 miles

Types of work / posts that you would consider to be suitable	
Types of work / posts that you would not consider to be suitable and why	
If you are required to work in a service which will provide 24hr cover will this present any issues for you? If, so what are they?	
Are there any restrictions we need to be aware of when looking at redeployment options?	
Is there anything further information that you wish to add that will inform the redeployment process?	

Would you consider reducing or increasing your current contracted hours? (please specify below)	
------------------------------------------------------------------------------------------------------------	--

Current Working Pattern	Days	Would Consider
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

PART B:

[This part of the Redeployment Registration Form will be detached from the remainder of the form and copied to the recruiting manager when a potential redeployment opportunity is identified]

Section 1 – Qualifications, Professional Registration and Training

Please provide details of qualifications and formal training completed in reverse chronological order

Qualification/Training Course	Grade	Year

Professional Registration(s) (including registration number and expiry date)	
----------------------------------------------------------------------------------------	--

Section 2 – Employment History, Experience & Skills

Please outline your work history in reverse chronological order over the last 10 years (if applicable). Continue on additional paper if necessary.

Employer	Job Title	Dates of Employment

What are you most interested in achieving within your career? Please give details of the direction you would like your career to take and why.

Please detail the key skills that you feel you have developed over the last 5 years

Please add any further information that you think is relevant in relation to your work history and experience that you would wish to highlight at this stage

PART C:

If you have been provided with information regarding other employment opportunities, please specify your preferences below:

First:

Second:

Third:

Fourth:

Signed:
(Employee)

Date:

Signed:
(Manager)

Date:

Information for Redeployment Co-ordinator:

Date entered onto register:

Period of redeployment from: to: (3 months)

Review dates:..... (every month)

Notice issued date:

Potential redeployment post	Date details sent to individuals	Interview date (if applicable)	Outcome

Details of successful redeployment:

Job Title	Line manager	Start date

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG018 - REDEPLOYMENT

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated lead or to HR Administration, 57-59 Bath Road, Reading, Berkshire, RG30 2BA.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

Equality Statement

This policy reflects the organisation’s determination to ensure that all parts of our community have equality of access to the service and that everyone receives a high standard of service as a service user, carer or employee. This policy encompasses the Trust’s commitment to prevent discrimination in line with the Equality Act 2010 as well as recognise and respond to the needs of individuals based on good communication and best practice. Under the Act there are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, gender and age (over 18 years). We recognise that some groups of the population are more at risk of discrimination or less able to access services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The Trust is continually working to improve access and equality and all our policies require equality analysis to have been undertaken before approval.

1. Title of policy/ programme/ service being analysed	
REDEPLOYMENT POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The aim of this policy is to provide an appropriate framework for managing redeployment for reasons of Organisational change and where redeployment has been offered due to other circumstances.	
3. Who is likely to be affected? e.g. staff, patients, service users	
The Trust will benefit from this policy by having the flexibility to make operational decisions to redeploy individuals where it will safeguard a transparent and objective investigation, avoid conflict of interest, avoid health and safety risks i.e. due to medical condition, and where it will prevent redundancies during periods of organisational change. This policy will specify clear timescales that should be adhered to throughout the process to avoid operational delays in the filling of vacancies.	
For staff, this policy provides a clear procedure for managing redeployment situations and will support staff by clearly details the realistic expectations of the individual as well as that of the Trust.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified.	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.

<p>4.4 Age This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc</p> <p>No adverse impact identified.</p>
<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p>	
<p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR.</p>	
<p>Date analysis completed: April 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – April 2015 and the Non-Clinical Risk Group – 10th June 2015.</p>	

ORG020

SICKNESS ABSENCE

Policy & Procedure

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	December 2016
Review Date:	December 2018
Version:	9

Policy Number:	ORG020
Title of Policy:	Sickness Absence
Category:	Organisational
Distribution Areas:	All BHFT Staff and Managers
Index:	Page 4
Total number of pages:	10
Approved by:	Non Clinical Risk Committee – December 2016 Joint Staff Consultative Committee – November 2016
Re-issued:	December 2016
Review Date:	December 2018
Replaces Policies:	Version 8
Designated Lead:	Head of Operational HR
Policy Manager:	Director of Human Resources Berkshire Healthcare NHS Foundation Trust
For policy information:	HR Administration 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG020 - Sickness Absence

Version 9: Approved and re-issued December 2016.

Version 8: Bi-annual review. Approved and re-issued June 2015.

Version 7: Approved and re-issued April 2013.

Version 6: Approved and re-issued June 2011.

Version 5: The current policy adopted by the Trust has been reviewed with the aim of achieving a more comprehensive framework and formal guidance for managers and staff to provide a consistent and detailed approach in the management of sickness absence and attendance. It provides a mechanism for reporting and recording procedures which will be of assistance to performance monitoring by the Trust.

Guidelines include procedures for dealing with short term and long term absence as well as unauthorised absence, with step by step procedures to manage and reduce levels of sickness and encourage good attendance.

Designated Lead: Head of Operational HR

Policy Consultants: Non Clinical Risk Committee – December 2016
Joint Staff Consultative Committee – November 2016

Distributed for comments: Senior Management Teams
Human Resources

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1. INTRODUCTION

The purpose of this policy is to ensure sickness absence is managed in a timely, fair consistent and effective way.

2. SCOPE

This policy applies to all employees of Berkshire Healthcare Foundation Trust. It continues to apply whilst employees may be away from the workplace temporarily, for example, those on unpaid, annual or compassionate leave or secondment.

3. PRINCIPLES

Each member of staff should take personal responsibility for managing their own health and wellbeing, and has a responsibility to keep in touch with their manager during periods of absence.

4. DEFINITIONS

4.1 **Unauthorised absence** is where there is absence from work which:

- Is not supported by an appropriate medical certificate
- Is not authorised by the appropriate level of management; or
- Has not been communicated to the Trust using the correct procedure

4.3 **Breaches of policy, procedure or rules**

Employees who breach this policy or procedure or rules may be subject to the Trust's Performance Management and Disciplinary Procedure. This list of examples is not intended to be exhaustive and could include failure to:

- Comply with local notification procedures
- Make contact. This will be recorded as unauthorised absence (not sick) and will not be paid.
- Complete and submit a Self Certificate Form (available on the intranet)
- Submit medical certificates (Statement of Fitness for Work), at all or on time
- Attend Occupational Health referral appointments or to comply with their advice without acceptable reason

Payroll will be asked to withhold salary payment for any period of sickness absence not covered by a self or medical certificate (Statement of Fitness for Work) or where there is failure to make contact. Salary payment may be backdated on subsequent receipt of a valid self certificate or medical certificate.

5. ROLES AND RESPONSIBILITIES

5.1 **Human Resources Department**

The Human Resources Department is available to all levels of management and employees to give advice on the implementation of this policy, including:

- Providing professional advice on the application of the policy
- Working with managers and occupational health advisers to progress individual sickness absence case management

- Advising managers on how to maintain appropriate records during the implementation of the Sickness Absence Management policy and procedure
- Providing sickness absence reports for managers and directors to assist them in managing absence.

5.2 Employees

All employees have a responsibility to:

- Attend work and undertake their duties as contracted
- Take responsibility for their own health and wellbeing
- Fully participate in return to work interviews
- Bring to the attention of their line manager any health issue(s) that they feel is having an impact on their ability to perform their duties and/or attend work.
- Be aware of their responsibilities in relation to sickness absence and comply with local sickness absence reporting procedures. Only in exceptional circumstances should a family member or friend telephone the Trust.
- Advise their line manager of reasons for non attendance and if possible anticipated length of absence
- Ensure the requirements for the submission of self and medical certificates (Statement of Fitness for Work) are adhered to in a timely fashion.
- Behave in a manner that will assist their recovery and return to work whilst they are on sick leave. Employees should not engage in any activity (either paid or unpaid) which is inconsistent with the nature of their illness/injury. Where the Trust has reason to believe that an employee's conduct during sick leave has been prejudicial to their recovery, sick pay may be withheld, following due inquiry into the circumstances.
- Attend any medical examinations organised by the Trust (e.g. Occupational Health). Employees should be advised of the reasons for referral in advance. Failure to respond to Occupational Health's request to arrange an appointment, attend an appointment without reason, or to cooperate may be dealt with as a conduct issue.
- Arrange hospital, doctors and dental appointments with a view to creating the least disruption to the working day as possible
- Where required, participate in formal reviews of attendance
- Where applicable, check their Employee Online accounts on HealthRoster to review the sickness recorded for them by their managers, and escalate to their line managers if this is incorrect

5.3 Managers

Managers are responsible for ensuring the procedure is followed effectively. Managers should:

- Ensure local procedure is in place for staff to follow when they need to report that they are unfit to attend work
- Communicate the policy and the local procedure so that it is known and understood by all their staff and is applied equally, fairly and consistently
- Ensure all sickness is reported and recorded on ESR/HealthRoster, including the reasons for absence
- Monitor sickness absence within their area of responsibility and ensure their area does not exceed the Trust's performance target for reducing sickness absence
- Make staff aware when and why their sickness absence is a cause for concern
- Carry out a meaningful interview with staff on their return to work, irrespective of the reason for absence and length of time off and complete a Return to Work form
- Ensure appropriate certificates are obtained to cover all periods of absence

- Remain in contact with staff who are absent from work due to ill health for a prolonged period
- Keep appropriate records of meetings and communications in implementing this policy
- Ensure confidentiality is maintained at all times when implementing the policy
- Liaise with Occupational Health where appropriate
- Consider the need for and carry out appropriate risk assessments whether in connection with an individual case of sickness or the working environment in which their team works.

5.4 eRoster Team

- Training managers to record sickness on HealthRoster.

6. PROCESS FOR MANAGING SICKNESS ABSENCE AT A FORMAL STAGE

6.1 Where the level of individual sickness absence is a concern, managers may invoke formal proceedings to manage the individual's absence. At this stage the manager should meet with the individual and make them aware that their level of absence needs to improve, and what the expected standard is. A failure to improve may result in the matter being dealt with formally in accordance with the Trust's Performance Management and Disciplinary Policy.

6.2 At a formal sickness management meeting the manager should:

- Consider if there are any underlying health conditions and consequently any reasonable adjustments to be made
- Explore the reasons behind the absences that are of concern
- Consider whether an Occupational Health referral is required (if not already involved)
- Consider further reasonable support to improve attendance
- Set out the standards expected, including how and when they should be achieved, how standards will be monitored and the action that will be taken if standards are not met
- Where an employee is not able to fulfil their role because of their health or sickness absence, management will consider what reasonable adjustments can be made to the role that would allow the individual to return to it.

Individuals are entitled to be accompanied by their trade union representative or a workplace colleague during any formal sickness absence meetings.

6.3 It is recognised that some ill-health conditions will call for staff to have a phased return to work as a lead in to taking up their full responsibilities and hours of work. Wherever it is reasonable to do so, management should consider and discuss with the individual how the phased return can be managed in a reasonable and practical way. Once a phased return has been agreed, the detail of the individual's working hours, working pattern and their phased return status must be recorded on HealthRoster.

6.4 Where it is not reasonable for the individual to continue in their post, the Trust will take reasonable steps to redeploy them to a suitable alternative role within the Trust. This will be managed in accordance with the Redeployment Policy.

6.5 The Trust may consider terminating the employment of an individual because of their sickness absence, or redeploying them into a suitable alternative role, before their entitlement to sick pay is exhausted if medical evidence indicates that they will not be fit to continue in their current role.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG020 - Sickness Absence Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or HR Administration, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed SICKNESS ABSENCE	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. The purpose of this policy is to ensure sickness absence is managed in a timely, fair consistent and effective way.	
3. Who is likely to be affected? e.g. staff, patients, service users This policy applies to all employees of Berkshire Healthcare Foundation Trust. It continues to apply whilst employees may be away from the workplace temporarily, for example, those on unpaid, annual or compassionate leave or secondment.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified. Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.
4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i>	<i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i> No adverse impact identified.

<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR.</p>	
<p>Date analysis completed: November 2016</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – November 2016 and Non-Clinical Risk Committee – December 2016.</p>	

ORG021

FLEXIBLE WORKING

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	July 2014
Review Date:	July 2016
Version:	6

Policy Number:	ORG021
Title of Policy:	FLEXIBLE WORKING
Category:	Organisational
Distribution Areas:	All Trust Departments
Index:	Page 4
Total number of pages:	12
Approved by:	Joint Staff Consultative Committee – July 2014
Re-issued:	July 2014
Review Date:	July 2016
Replaces Policy:	Version 5
Designated Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	Director of Human Resources
For policy information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG021 - FLEXIBLE WORKING

History: Version 6: Reviewed and updated July 2014.

Version 5: Reviewed and updated in July 2013

Version 4:
Replaces ORG021 BHFT
Replaces HR014 BWPCT
Replaces HR012 BEPCT
An amalgamation of two Community Health policies and existing Trust policy post transfer.

Designated Lead: Tracey Slegg
Head of Operational HR

Policy Consultants: HR Leads
Senior Managers
JSCC

Distributed for comments: HR Leads
Senior Managers
JSCC

Assessed for compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009.	The policy supports compliance with the Care Quality Commission’s Essential Standards of Quality and Safety, Outcome 12 Regulation 21; Outcome 13 Regulation 22 and Outcome 14 Regulation 23.
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1. POLICY STATEMENT

The Trust is committed to promoting a range of positive flexible working practices, to support individual choice to balance work responsibilities with other aspects of their lives.

The Trust recognises the complexities of facilitating flexible working arrangements therefore any application should be considered on its merits taking into account the circumstances of the individual in conjunction with the needs of the service.

Any flexible working arrangement does not set a precedent for other individuals or parts of the Trust and should be agreed with advice from the Human Resources Department as required.

2. SCOPE

Berkshire Healthcare NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, Berkshire Healthcare Trust will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.

3. SAFE & APPROPRIATE WORKING ENVIRONMENT

When flexible working arrangements include working outside of normal working hours, lone working / working in a non-Trust site (*for example working from home*), it is of paramount importance that normal safety procedures and a practical working environment are in place where appropriate, with necessary risk assessments completed as required.

4. STATUTORY RIGHTS TO FLEXIBLE WORKING

4.1 Any employee has a right to make an application to work flexibly for any reason.

4.2 To qualify for the statutory right to apply for flexible working, an employee must:

- Have worked continuously for at least 26 weeks on the date they make their request
- Not have made another statutory request during the past 12 months

5. PROCEDURE FOR DEALING WITH REQUESTS

It is recognised that some requests for flexible working will commence on an informal basis. Irrespective of the outcome of these informal discussions, it is essential that if the

request is understood to be formal, the formal procedural steps of this policy must be followed and a written request submitted. This is to ensure that the effectiveness and fair and equitable application of the policy can be monitored.

5.1 Step 1

In order to make an application for flexible working certain information must be provided in writing, from the employee making the request:

- That they are making a statutory application
- What change they are requesting and when they wish the change to start
- What effect they think the request will have on their service/team and how this might be dealt with

The Flexible Working Request Form can be found in appendix 1.

5.2 Step 2

The line manager will arrange to discuss the request with the employee as soon as possible. The discussion, which may be a meeting, will consider the request by assessing whether the change can be accommodated within the service needs. All requests must be dealt with in a reasonable manner.

The line manager will take account of the circumstances of the request in conjunction with the following:

- Planned structural changes
- The burden of additional costs
- Any detrimental impact on quality, performance, or on the ability to meet service demands / business needs
- The ability to recruit additional staff
- The ability to reorganise work amongst existing staff
- Whether there is sufficient work at the times that the employee is proposing to work

The discussion should provide both parties with the opportunity to determine if the flexible working arrangement requested might be accommodated. Other flexible working arrangements may be explored if it is likely that the line manager cannot accommodate the initial request, for example considering a temporary arrangement.

Employees may wish to be accompanied at any meeting by a trade union representative or workplace colleague.

5.3 Step 3

The line manager will reach a decision and notify the employee as soon as possible in writing of the outcome of their request.

If the flexible working request is accepted or a compromise arrangement is agreed between the line manager and the employee, the letter will detail the following:-

- The new working pattern
- The date on which it will start
- Whether the arrangement is a permanent or temporary change to your working pattern. If it is a temporary change, the letter should specify a review date.

A separate letter will confirm any changes to the terms and conditions of employment of the employee if applicable.

If the request is refused, the letter will detail the reasons why the request has been refused.

All requests must be considered and decisions communicated to the employee within three months of the request being made.

If an employee fails to attend a meeting arranged to discuss their application for flexible working, after this meeting has been rearranged on one occasion, then their request will be considered to have been withdrawn.

5.4 Step 4

An employee who feels that their request has not been properly considered should discuss this with their line manager in the first instance, as this may provide an opportunity to address any outstanding concerns or queries. The employee may consider that they have new information which was not available at the time of the original decision.

Having spoken to their line manager, if the employee remains dissatisfied with the way that the procedure has been applied, they should raise their concerns with a more senior manager who should consider the request and provide a written response to the employee.

Any subsequent discussions, or review of the original decision, should be concluded within three months of the original request.

FLEXIBLE WORKING REQUEST FORM

Name				
Date of Request				
Department				
Length of Service				
Date of Any Previous Requests (Please Note: Only one application can usually be made in any 12 month period)				
Is this a statutory request for flexible working? (please tick)	Yes		No	

What type of change are you requesting? (Please tick all that apply)	
Number of Hours Worked	
Times of Hours Worked	
Days Worked	
Place of Work	
Please describe below the change(s) you would like to make.	

Date you would like the change to commence	
Would this change be permanent or temporary	
If temporary, please specify expected end date	

Please outline the reason for your request

Who else will be affected by this change?	How will they be affected?	How should this be dealt with?

What impact will the changes have on the following?		
	Nature of Impact	How should this be resolved?
Cost		
Patients / Customers		
Quality		
Performance		

What benefit do you think the organisation will gain from this change?

Please provide any further information you believe is relevant to your request.

Please forward your completed request form to your Line Manager

Signed _____ Date _____
 Name (capitals)

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG021 - FLEXIBLE WORKING

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the HR Coordinator, HR Administration Team, 57-59 Bath Road, Reading, Berkshire RG30 2BA.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed	
Flexible Working Policy	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
<p>The Trust is committed to promoting a range of positive flexible working practices, to support individual choice to balance work responsibilities with other aspects of their lives.</p> <p>The Trust recognises the complexities of facilitating flexible working arrangements therefore any application should be considered on its merits taking into account the circumstances of the individual in conjunction with the needs of the service.</p>	
3. Who is likely to be affected? e.g. staff, patients, service users	
This policy applies to all employees of the Trust, at all levels and in all areas of work. It applies to men, women, full-time staff, part-time staff, managers and directors.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics?	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified
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4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified

<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bisexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified</p>
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<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact</p> <p>5.2 If no mitigating action can be taken, please give reason</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

Sign off
Name of person who carried out this analysis (Policy Lead): Head of Operational HR
Date analysis completed: July 2014
Date analysis was approved by responsible Director: Ratified by JSCC, July 2014

ORG022

GRIEVANCE

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	June 2015
Review Date:	June 2017
Version:	5

Policy Number:	ORG022
Title of Policy:	Grievance
Category:	Organisation
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	11
Approved by:	Non-Clinical Risk Group – 10 th June 2015 Joint Staff Consultative Committee – April 2015
Re-issued:	June 2015
Review Date:	June 2017
Replaces Policy:	Version 4
Policy Lead:	Head of Operational HR
Policy Manager:	Director Human Resources Berkshire Healthcare NHS Foundation Trust
For policy information:	HR Administration 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG022 – GRIEVANCE POLICY

History:	Version 5: Bi-annual review. Re-issued June 2015.
	Version 4: Approved and re-issued April 2013. Re-issued June 2013. Minor typo's corrected.
	Version 3: Approved and re-issued June 2011.
	Version 2: July 2010 - Policy reviewed. No amendments made.
	Version 1: Approved by the Trust Board February 2003.
Designated Lead:	Head of Operational HR
Policy Consultants:	Joint Staff Consultative Committee – May 2015 Non-Clinical Risk Group – 10 th June 2015
Distributed for comments:	Human Resources

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1. INTRODUCTION

- 1.1 Berkshire Healthcare Foundation Trust (BHFT) is committed to ensuring that all employees have the opportunity to raise and have heard any issues or concerns about their employment and treatment as an employee of the Trust.

2. SCOPE

- 2.1 This policy applies to all employees of the Trust and will be applied sensitively and equitably to ensure that an aggrieved employee (the complainant) has an opportunity to raise their grievance without prejudice and receive a fair, speedy and consistent response.
- 2.2 The grievance policy is not a platform for staff to express their discontent about something without justifiable reason. A grievance without clear reasons or facts will not be treated as such.
- 2.3 An individual cannot raise a grievance regarding a decision made through collective agreements, policy or procedure that has been collectively agreed within the recognition agreement, unless the grievance is in relation to the application of such.
- 2.4 Complaints about bullying and harassment will be investigated under the Dignity at Work policy and if appropriate, addressed under the Performance Management and Disciplinary Policy.
- 2.5 Grievances, which following an investigation, are considered to be malicious, may be subject to further investigation under the remit of the Trust's Performance Management and Disciplinary Policy, as appropriate.

3. DEFINITIONS

- 3.1 A grievance, under the terms of this policy can be defined as a complaint by an employee regarding a decision, action or omission which has been undertaken or is proposed to be undertaken in relation to them.
- 3.2 The procedure is intended to embrace grievances about each or all of the following:-
- terms and conditions of employment
 - responsiveness/actions of other employees within the organisation
 - failure to follow policies and procedures
 - organisational change
- 3.3 The Complainant is the person raising the grievance
- 3.4 The Respondent is the person against whom the grievance is made.
- 3.5 A working day is defined as days falling on or between Monday to Friday, even if they are not days the member of staff works

4. VALUES AND PRINCIPLES UNDERPINNING THE POLICY

The following principles underpin how the policy promotes fairness and equity in the process:

- Employees can raise grievances without prejudice or fear of reprisal.
- Grievances should be dealt with at the lowest level appropriate for each case and resolved as early in the process as possible.
- Issues should be dealt with promptly, consistently and in confidence.

- At any stage in the procedure, the Trust may progress the resolution of a grievance in the absence of the complainant, the respondent, their representatives or witnesses, if it is fair and reasonable to do so.
- Where a formal grievance has been lodged, status quo should be maintained until the grievance procedure is completed.

5. INFORMAL PROCEDURE

- 5.1 The informal procedure should be managed as a matter of priority and managers should meet with the employee to discuss the area of concern and nature of the grievance, usually within 10 working days.
- 5.2 The meeting could involve a form of facilitation if the employee and manager agree it is an appropriate form of action to resolve matters.
- 5.3 Mediation may be considered as an option for the informal resolution of a grievance. It should be noted that not all cases will be suitable for mediation and both parties must be in agreement for this option to proceed. Advice should be sought from the HR department regarding the suitability of mediation for the resolution of a grievance.
- 5.4 When resolved, the manager should write to the complainant, usually within 7 working days, and confirm the outcome. The manager should monitor agreed action.
- 5.5 If it has not been possible to resolve the matter informally, it can be addressed through the formal procedure.

6. FORMAL PROCEDURE (STAGE 1)

- 6.1 If an individual does not feel their grievance has been resolved through the informal procedure or the matter is sufficiently serious it may be addressed through the formal procedure.
 1. An employee should confirm in writing that they wish to make a formal grievance. The grievance should be sent to the immediate line manager unless there is conflict of interest. In such cases the grievance should be made to the immediate line manager's manager or the HR department.
 2. A written grievance should outline the employee's concerns, identify what actions have been taken to resolve the complaint informally if relevant, explain why the complaint is being raised formally, and what outcomes the complainant is seeking.
 3. If the use of the formal procedure is appropriate, the line manager should acknowledge the grievance in writing and take appropriate steps to establish the facts. This will usually involve appointing an Investigating Officer.
 4. The Respondent should be made fully aware of the nature of the grievance raised against them and the supporting evidence in order that they can respond in full.
 5. The complainant and the respondent should be kept informed during the process.
 6. The complainant and the respondent may be accompanied at any formal grievance meeting by a recognised trade union representative or another Trust employee (work colleague).
 7. A report detailing the findings of the investigation should be submitted to the line manager who will consider whether a written response to the grievance is possible, or whether a hearing is required. In making this decision, the line manager should seek advice from the HR department.

8. The line manager should aim to reach a decision regarding the grievance at the earliest opportunity and usually within one calendar month of receipt of the grievance. In reaching their decision they should have established the facts and fully considered the complainant's and respondent's cases.

6.2 Where the line manager makes the decision to proceed with a grievance hearing, appropriate arrangements should be made to convene a hearing as soon as possible. Both the complainant and respondent may be in attendance at the hearing.

1. Prior to the hearing, the investigation report and associated documentation should be distributed to the members of the hearing panel, the complainant and the respondent. The complainant and respondent must ensure that any further documentation they wish to be considered are submitted to the Chair of the Panel not less than 5 working days before the meeting.

2. Should it be the case that the hearing is postponed, it will be arranged for one further occasion within 7 working days of the date originally set.

3. The line manager should communicate the decision in writing to the complainant and respondent at the earliest opportunity and within 5 working days of concluding hearing the case. The decision should give sufficient information to understand the rationale for the decision.

6.3 The written notification detailing the outcome of stage 1 will outline the process by which the complainant can appeal against the decision made at stage 1, including who to direct the appeal to and what the timescales are for appeal.

7. APPEALS (STAGE 2)

7.1. Where the complainant is dissatisfied with the outcome reached at Stage 1, an appeal may be made in writing, detailing the reasons for appeal and the individuals expected outcome. This written notification should be received within 7 working days of the date of the letter advising the outcome reached at Stage 1. The appeal should clearly state the reasons and facts for appealing. An appeal may not be accepted if the reasons for doing so are not clear.

7.2. The appeal should be made as indicated in the letter detailing the outcome of Stage 1.

7.3. The manager handling the appeal should make arrangements for an appeal hearing with advice from the HR department. The hearing should be held within 15 working days of receiving notification of the appeal.

7.4. The complainant and the manager who made the decision at Stage 1 will attend the appeal hearing. Should it be the case that the hearing is postponed by the person appealing, it will be arranged for one further occasion within 7 working days of the date originally set.

7.5. The Appeals Panel will include the Chair of the Appeal who will have sufficient seniority to manage and chair the appeal panel and make any decisions required. They will be joined on the panel by at least one other manager from outside the area in which the complainant works. HR will attend to provide procedural advice.

- 7.6. Prior to the appeal hearing, details of the appeal and associated documentation should be distributed to the members of the appeal panel, the complainant and the manager who made the decision at Stage 1. The complainant must ensure that all documents they wish to be considered are submitted to the Chair of the Panel not less than 5 working days before the meeting.
- 7.7. The appeal will consider the grounds that have been put forward for appeal and whether or not the conclusions reached in Stage 1 were appropriate. The appeal is not a re-hearing of the original grievance, but rather a consideration of those areas where dissatisfaction remains in relation to the original grievance.
- 7.8. Where procedural failings have been identified with the grievance process, it may be necessary for the case to be reheard. In such cases where a grievance has to be reheard, the right to appeal will remain.
- 7.9. The appeal panel's decision will be confirmed in writing to the complainant within 5 working days of the appeal meeting. The decision of the appeal panel is final and binding upon both parties within the scope of the procedure. It also ends the Trust's internal procedures.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG022 - Grievance Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or HR Administration, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template

‘Helping you deliver person-centred care and fair employment’

Equality Statement

This policy reflects the organisation’s determination to ensure that all parts of our community have equality of access to the service and that everyone receives a high standard of service as a service user, carer or employee. This policy encompasses the Trust’s commitment to prevent discrimination in line with the Equality Act 2010 as well as recognise and respond to the needs of individuals based on good communication and best practice. Under the Act there are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, gender and age (over 18 years). We recognise that some groups of the population are more at risk of discrimination or less able to access services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The Trust is continually working to improve access and equality and all our policies require equality analysis to have been undertaken before approval.

1. Title of policy/ programme/ service being analysed	
GRIEVANCE POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The Trust is committed to ensuring that all employees have the opportunity to raise and have heard any issues or concerns about their employment and treatment as an employee of the Trust.	
3. Who is likely to be affected? e.g. staff, patients, service users	
This policy applies to all employees (staff) of the Trust and is intended to be applied sensitively and equitably to ensure that an aggrieved employee (the complainant) has an opportunity to raise their grievance without prejudice and receive a fair, speedy and consistent response.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified. Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.

<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR</p>	
<p>Date analysis completed: April 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – April 2015 and Non-Clinical Risk Group – 10th June 2015</p>	

ORG023

MATERNITY, PATERNITY AND ADOPTION

Policy & Procedures

Berkshire Healthcare



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	December 2016
Review Date:	December 2018
Version:	11

Policy Number:	ORG023
Title of Policy:	MATERNITY, PATERNITY AND ADOPTION
Category:	Organisational
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	18
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Re-issued:	December 2016
Review Date:	December 2018
Replaces Policy:	Version 10
Designated Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	HR Director
For policy information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG023 – MATERNITY, PATERNITY AND ADOPTION POLICY

History:	<p>Version 11: Re-issued December 2016.</p> <p>Version 10: Re-issued September 2015, minor amendments in line with Equality & Diversity Act</p> <p>Version 9: Reviewed and updated April 2015.</p> <p>Version 8: Reviewed and updated July 2014.</p> <p>Version 7: Updated to include information with regard to the HMRC form that employees need to complete when applying for Additional Paternity/Partner Leave. The full review of the policy to remain as April 2015.</p> <p>Version 6: Approved and re-issued April 2013.</p> <p>Version 5: Re-issued to include recommendations following the Stonewall Review. The full review of date of December 2012 remains.</p> <p>Version 5: Updated to include Paternity Leave.</p> <p>Version 4: Re-issued 20th December 2010 to incorporate recommendations from the Stonewall Audit in line with the Equality Act 2010.</p> <p>Version 4: Re-issued January 2010. Updated to clarify certain areas relating to dates and annual leave.</p> <p>Version 3: Re-issued April 2007.</p> <p>Version 2: Re-issued December 2003.</p> <p>Version 1: Issued February 2003.</p>
Designated Lead:	Tracey Slegg Head of Operational HR
Policy Consultants:	HR Leads Senior Managers JSCC
Distributed for comments:	HR Leads Senior Managers JSCC

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1. INTRODUCTION

- 1.1 The Trust encourages employees to have a balance between their work and family commitments, believing that it ensures a more effective and efficient workforce.
- 1.2 The purpose of this policy is to provide guidance on the process for applying for and managing maternity, paternity, adoption and shared parental leave for staff and the associated entitlements. The policy encompasses both the NHS contractual and statutory rights.
- 1.3 Where the term “partner” is referenced in this policy, this includes “same sex partner”. Where reference is made to “married partners or spouse”, this includes “civil partner”.

2. PRINCIPLES

- 2.1 During maternity/paternity/adoption/shared parental leave, staff retain continuity of service, and will continue to benefit from all the terms and conditions (except for pay) that they would have had were they not on leave. This is the same whether they work full or part time. No employee will be treated less favourably, suffer detriment, or be dismissed because he or she requests, or takes, leave under this policy.

3. EMPLOYERS/EMPLOYEES RESPONSIBILITIES

Employers must:

- not treat a pregnant employee less favorably than a non-pregnant employee.
- carry out a risk assessment once they have been informed of an employee’s pregnancy.
- seriously consider any flexible working requests.
- organise adequate cover for the employee until they return from leave.
- Provide employees with information about their rights and responsibilities and communicate with them during their leave
- where the employee’s job becomes affected by organisational change during maternity paternity, adoption or shared parental leave, seek advice from the Human Resources department as soon as possible.

Employees must:

- communicate with their line manager about their situation at all stages and provide formal notifications within the required timescales
- comply with any health and safety restrictions.
- abide by any relevant notice periods relating to informing the employer of leave dates, particularly where there are changes to such dates.

4. SCOPE

Berkshire Healthcare aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation.

In carrying out its functions, Berkshire Healthcare will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.

5. MATERNITY LEAVE

1. A pregnant employee is entitled to up to 52 weeks' maternity leave, regardless of length of service provided that she complies with the notification requirements set out below. She may also be entitled to statutory maternity pay and/or NHS occupational maternity pay if she meets qualifying conditions (see intranet guidance)
2. To qualify for Statutory Maternity Leave and Statutory Maternity Pay (SMP) the employee must notify her line manager in writing of her pregnancy and intention to take maternity leave no later than the end of the 15th week before her baby is due (the expected week of childbirth (EWC)). This notification must include confirmation of the pregnancy, the week the baby is expected to be born and when she intends to commence maternity leave. If the employee changes her mind at a later date, she is entitled to do so, but must inform her manager at least 28 days before that date.
3. In order to comply with point 2 above the employee must complete the Application Form for Maternity Leave (Appendix 1) and forward this, with the MATB1 form (maternity certificate from the midwife or doctor) to her line manager. The line manager should sign the form and send it to the Human Resources Department who will send the employee written confirmation of her maternity leave dates and forward the paperwork to payroll. Once a start date for the period of leave is agreed, this must be recorded on HealthRoster, and the end date should be set for exactly one year after the start date to ensure that the staff member is not rostered for shifts whilst they remain on leave. This can be adjusted if an earlier return date is subsequently agreed.
4. When a line manager is informed that an employee is pregnant they need to carry out a risk assessment to assess any possible risks to the expectant mother.
5. Maternity leave cannot commence earlier than the 11th week before the expected week of childbirth. A pregnant employee may continue working as close to her EWC as she wishes provided she continues to be capable of doing her job. An employee may not return to work in the compulsory maternity leave period (i.e. within two weeks of having given birth, or 4 weeks for manual workers).
6. During maternity leave, the employer should maintain contact with the employee in order to keep her informed of developments in the workplace, arrange any Keeping in Touch Days and to discuss (at an appropriate time) her plans to return to work.

5.1 Returning to Work after Maternity Leave

1. An employee returning to work within 26 weeks of commencing her maternity leave has the right to return to the same job as the one she had prior to the commencement of her leave.
2. An employee returning to work having taken more than 26 weeks of maternity leave has the right to return to an equivalent role, which is no less favourable than the role she had prior to her maternity leave
3. If an employee wishes to return to work before the end of her full 52 week maternity leave entitlement she will need to give eight weeks' advance notice of the date on which she intends to return. The employee may wish to convert the balance of their leave into Shared Parental Leave (see section 8)
4. If an employee wishes to return to work immediately after the end of her full maternity leave entitlement she is not required by law to give advance notice. However, in order to enable the organisation to plan effectively for her return, it would be helpful if she could let the organisation know that this is her intention.
5. If the employee is ill and therefore unable to return to work as planned, she must notify her line manager who will seek advice from the HR department if required.

6. Where the employee does not wish to return after her maternity leave she must give notice of termination, as provided for in her contract of employment, to her line manager (see intranet guidance for employees taking Type C maternity pay)

6. ADOPTION LEAVE

- 6.1 Adoption leave is the right to take paid leave when a child up to 18 years of age is newly placed with an employee for adoption. The primary rationale for adoption leave is to ensure that the new parent can take time off work to bond with the child once he or she starts living with the adoptive parent.
- 6.2 To qualify for adoption pay, an employee must:
- be newly matched with a child below the age of 18 for adoption by an approved adoption agency and
 - Have worked continuously for their employer for 26 weeks leading into the week in which they are notified of being matched with a child for adoption.
 - Adoption leave and pay is not available in circumstances where a child is not newly matched for adoption, e.g. when a step parent is adopting a partner's children.
- 6.3 An employee is entitled to up to 52 weeks' adoption leave, regardless of length of service provided that they comply with the notification requirements set out below. They may also be entitled to statutory adoption pay and/or NHS occupational adoption pay if they meet qualifying conditions (see intranet guidance)
- 6.4 Adoption leave and pay is available to individuals who adopt OR one member of a couple where a couple adopt jointly. Where the child is below the age of 18, adoption leave and pay will be in line with the maternity leave and pay provisions detailed in this policy.
- 6.5 One parent should be identified as the primary carer and be entitled to the majority of the leave. The partner of the primary carer may be entitled to occupational paternity/partner leave and pay if they meet the criteria (see section 7 on basic paternity/partner leave,).
- 6.6 If both parents are employed by the Trust, the contractual entitlement to adoption leave and pay may be divided.
- 6.7 Employees are required to notify their manager in writing of their intention to take adoption leave within 7 days of being notified by the adoption agency that they have been matched with a child for adoption, unless this is not reasonably practicable. They must tell their manager when the child is expected to be placed with them and when they want adoption leave/pay to start.
- 6.8 The employee should complete the Application Form (Appendix 1) before forwarding it to the Manager along with the original copy of the Matching Certificate (provided by the Adoption Agency), for onward transmission to the Human Resources Department and to the Payroll Department. Once a start date for the period of leave is agreed, this must be recorded on HealthRoster, and the end date should be set for exactly one year after the start date to ensure that the staff member is not rostered for shifts whilst they remain on leave. This can be adjusted if an earlier return date is subsequently agreed.

Returning to work (as for maternity leave above)

7. BASIC PATERNITY/PARTNER LEAVE

7.1 Basic paid paternity/partner leave of 2 weeks is available to employees who:

- have or expect to have responsibility for the child's upbringing
- are the biological father of the child or the mother's husband or partner

and:

have worked continuously for their employer for 26 weeks ending with the 15th week before the baby is due

or

the end of the week in which the child's adopter is notified of being matched with the child.

The application form for basic paternity/partner leave can be found in Appendix 2.

8. SHARED PARENTAL LEAVE (SPL)

Shared Parental Leave (SPL) enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how best to care for, and bond with, their child.

Mothers are able to bring their maternity leave and pay to an end early and convert the balance of their leave into SPL. This leave can be taken by either of the baby's parents (or, in some cases, the mother's husband or partner) in periods of a week or multiples of a week, up to the baby's first birthday.

8.1 Principles

- Employed mothers will still be entitled to a total of 52 weeks of maternity leave. However, they can choose to convert part of their statutory maternity leave and pay into SPL and shared parental pay. SPL and shared parental pay will be available provided the parents satisfy the eligibility requirements (see section 8.2 below).
- The mother can share her leave with only one other person, who she must nominate.
- In the 52 week period there will be two weeks' compulsory maternity leave (four weeks if they are manual workers) which the mother must take, and the remainder can be converted into SPL, i.e. up to 48/50 weeks.
- Unlike maternity/adoption leave, eligible employees can stop and start their SPL and return to work between periods of leave with each eligible parent able to submit up to three notices of their intention to book SPL
- It will be up to the parents how they share the parental leave – they could take it in turns or take time off together, provided they take no more than a combined total of 52 weeks leave.
- SPL can be taken by the partner whilst the mother is still on maternity/adoption leave as long as the mother has given notice to bring their maternity/adoption entitlement to an end
- Employees who have taken SPL will have the right to return to the same job if the total leave taken is 26 weeks or less in aggregate, even if the leave is taken in discontinuous blocks.

- Any subsequent leave will attract the right to return to the same job, or if that is not reasonably practicable, a similar job.
- During SPL an employee's normal terms and conditions of employment should be maintained, except those relating to pay.

8.2 Eligibility

In order to qualify for SPL, the mother must:

- Have a partner
- Be entitled to maternity/adoption leave; or to statutory maternity/adoption pay or maternity allowance (if not eligible for maternity/adoption leave)
- Have curtailed, or given notice to reduce, their maternity/adoption leave, or their pay/allowance (if not eligible for maternity/adoption leave)

The employee who wishes to take SPL must:

- Have worked for the Trust for at least 26 weeks at the end of the 15th week before the child's expected due date/matching date and remain employed at the start of the leave period
- Share the primary responsibility for the child with the other parent at the time of the birth or placement for adoption
- Have properly notified the Trust of their entitlement to SPL and provided the necessary declaration and evidence, as outlined below and in Appendix 3.
- Be able to evidence that their partner meets the 'employment and earnings' test (see intranet guidance for further details)

SPL must end no later than one year after the birth/placement of the child. Any SPL not taken by the first birthday or first anniversary of placement for adoption will be lost.

8.3 Notification

Employees who qualify for SPL must notify their employer of their entitlement and intention to take leave at least eight weeks before their first period of leave by completing a Notification of Entitlement to Shared Parental Leave/Notice to Book a Period of Shared Parental Leave Form (Appendix 3).

This notification must include:

- details of how much SPL is available
- the amount of leave each person intends to take
- a non-binding indication of when the employee is intending to take leave

The notification must be accompanied by declarations from both parties about their entitlement to take SPL and that they agree to the amount of leave the other person wishes to take.

On receipt of a request for SPL, the Trust may request a copy of the child's birth certificate and the name and address of the other person's employer within 14 days. The employee then has 14 days to respond to the request.

An employee can give up to three notices of their intention to take leave. Each notice may be for one continuous block of leave or multiple blocks of discontinuous leave.

Each person can subsequently vary the amount of leave that each will take by notifying their employers of the change and providing 8 weeks' notice of the change. A notice to vary booked leave will count as a further notification towards their maximum of three notices.

8.4 Periods of Shared Parental Leave

SPL can start on any day of the week but can only be taken in complete weeks.

If an employee gives notice of a single continuous period of leave, they have a statutory right to take it and the leave cannot be refused.

If an employee requests separate periods of discontinuous leave, the Trust can:

- agree to the requested pattern of leave
- refuse the request
- refuse the request but propose alternative dates.

If agreement cannot be reached within two weeks, the employee may withdraw their request, or take the leave requested as a single continuous block.

An employee must give a separate written notice at least eight weeks before the start of each period of SPL (up to a maximum of 3 notices). In the case of discontinuous leave notifications, the notice must state when each period of SPL covered by that notification will start and end.

If a notice is withdrawn because a leave pattern cannot be agreed, then that particular notice will not count towards the limit of three notices.

8.5 Shared Parental Pay (ShPP)

If the mother gives notice to reduce her entitlement to statutory maternity pay before she will have received it for 39 weeks, then any remaining weeks may become available as ShPP, up to a maximum of 37 weeks.

ShPP may be payable during some or all of the SPL, depending on the length and timing of the leave. If both parents qualify for ShPP they must decide who will receive it, or how it will be divided, and they must each inform their employer of their entitlement.

ShPP will be paid at the current statutory rate, which is available from:

<https://www.gov.uk/shared-parental-leave-and-pay/what-youll-get>

8.6 Shared Parental Leave In Touch (SPLIT) Days

Before an employee begins their SPL, their manager should discuss and agree any arrangements for them to keep in touch during their leave.

Employees can agree to work for up to 20 SPLIT days during their SPL without bringing the leave to an end. Any work carried out on a day or part of a day shall constitute a day's work for these purposes and the employee will receive full pay for any day worked.

Appendix 1

**APPLICATION FOR LEAVE OR NOTIFICATION OF VOLUNTARY TERMINATION OF
EMPLOYMENT FOR REASONS OF PREGNANCY/ADOPTION LEAVE**

All applicants to complete:

Surname Ms/Mrs/Miss/Dr* First Names.....
Home Address.....
.....
Assignment No (from payslip)
Name of Employer Hours worked per Week.....
Job Title
Department..... Base.....
Date of commencement of continuous service in NHS
Date of commencement of continuous service with Trust
Type of leave being taken Maternity Adoption
Expected date of confinement **Or** Expected matching date

PART A Complete/Delete as appropriate:

I wish to apply for UNPAID Maternity Leave under Type A YES NO

I intend to stop work on
My unpaid leave will commence on
My leave will end on
I will return to work on

PART B Complete/Delete as appropriate:

**I wish to apply for Maternity/Adoption leave under Type B
YES NO**

I intend to stop work on
My 39 weeks paid leave will commence on
I wish to apply for unpaid leave from to
I anticipate that I will return to work on
Or I wish to terminate my employment with the Trust on

PART C Complete/Delete as appropriate:

C I wish to apply for Maternity/Adoption Leave under Type C YES NO

I intend to stop work on

My 39 weeks paid leave will commence on.....

In addition I wish to apply for unpaid leave fromto

I anticipate that I will return to work on

I confirm my intention to continue in the service of _____ Trust or another employing authority as specified under the NHS contractual maternity and adoption scheme for a minimum of 3 months following maternity/adoption leave.

**All applicants to complete:
Accrued Annual Leave**

Accrued annual leave to be carried forward
and taken following the end of the maternity leave period

All applicants to complete:

I wish to apply for MATERNITY LEAVE/ADOPTION LEAVE/TERMINATE MY
EMPLOYMENT * as set out in (A), (B), (C) above. (*delete as appropriate)

Signature Date

Signature of Line Manager Date

Line Manager Name:..... Contact Number.....

Signature of HR Administrator.....Date

Please retain a copy and forward the original to your line manager for signature and attach the original of your MAT B1 form. In the case of adoption a copy of the original matching certificate is required.

The original paperwork (Application Form and MatB1) should then be forwarded to the Human Resources Department, Bath Road, Reading for onward submission to payroll.

Please note that should you wish to return to work before the anticipated return date, you are required to give the Trust at least 8 weeks notice in writing.

Appendix 2

APPLICATION FOR BASIC PATERNITY/PARTNER LEAVE

All applicants to complete:

SurnameMr/Ms/Mrs/Miss/Dr* First Names.....
Home Address.....
.....
Assignment No (from payslip)
Name of Employer Hours worked per Week.....
Job Title
Department..... Base.....
Date of commencement of continuous service in NHS
Date of commencement of continuous service with Trust
Type of leave being taken Paternity Adoption
Expected date of confinement **Or** Expected matching date
Actual date of birth/matching date (where known).....

PART A Complete/Delete as appropriate:

I wish to apply for up to two weeks ordinary Paternity/Partner Leave YES NO

I intend to stop work on
My leave will commence on
My leave will end on
I will return to work on

Employee Declaration - all applicants to complete:

I wish to apply for BASIC PATERNITY/PARTNER LEAVE as set out above

Signature Date

Signature of Line Manager Date

Line Manager Name:..... Contact Number.....

Signature of HR Administrator..... Date

Please retain a copy and forward the original to your line manager for signature and attach a completed SC3 Ordinary Statutory Paternity Pay/Ordinary Paternity Leave – Becoming a Parent Form, available from:
www.hmrc.gov.uk/forms/sc3.pdf

The original paperwork (Application Form and SC3) should then be forwarded to the Human Resources Department, Bath Road, Reading for onward submission to payroll.

Appendix 3

NOTIFICATION OF ENTITLEMENT TO SHARED PARENTAL LEAVE AND/OR NOTICE TO BOOK A PERIOD OF SHARED PARENTAL LEAVE

All applicants to complete:

Surname Mr/Ms/Mrs/Miss/Dr* First Names.....
Home Address.....
.....
Assignment No (from payslip)
Name of Employer Hours worked per Week.....
Job Title
Department..... Base.....
Date of commencement of continuous service in NHS
Date of commencement of continuous service with Trust
Type of leave being taken Paternity Adoption
Expected date of confinement Or Expected matching date
Actual date of birth/matching date (where known).....

I confirm that my partner and I have weeks Shared Parental Leave available

I confirm that my partner will return to work on
having taken weeks maternity leave from to

I confirm that my partner received weeks maternity pay
from to

I wish to apply for Shared Parental Leave YES NO

I wish to apply for weeks Shared Parental Leave

I intend to stop work on

My leave will commence on

I intend to takeweeks Shared Parental Leave

My leave will end on

I intend to return to work on

I wish to apply for Shared Parental Pay YES NO

I wish to apply for weeks statutory Shared Parental Pay
from to

Please note that a separate application will be required for any subsequent notifications for Shared Parental Leave, up to a maximum of three notifications

**All applicants to complete:
Accrued Annual Leave**

Accrued annual leave to be carried forward
and taken following the end of the Shared Parental Leave period

Employee Declaration - all applicants to complete:

I wish to apply for SHARED PARENTAL LEAVE AND/OR SHARED PARENTAL PAY as set out above and confirm that the information provided is accurate.

I confirm that the purpose of the Shared Parental Leave is to care for the child, that I am either the child's father or am married to or am the partner or civil partner of the child's mother or adopter and that, beside the mother or adopter, I will have the main responsibility for bringing up the child.

I confirm that the child's mother has given notice to end their maternity entitlement and I am satisfied that I meet the eligibility criteria for Shared Parental Leave

Signature Date

Signature of Line Manager Date

Line Manager Name:..... Contact Number.....

Signature of HR Administrator..... Date

To be completed by the child's mother or adopter:

I confirm that the applicant for Shared Parental Leave has the status set out in the Employee Declaration above and is the only person exercising the right to Shared Parental Leave in respect of the child. I agree to the amount of Shared Parental Leave being requested.

Name:..... National Insurance Number:

Address:
.....

I confirm that I meet the 'employment and earnings test' and have given notice to end my maternity leave on..... having taken weeks maternity leave

Signature: Date:

Please retain a copy and forward the original to your line manager for signature.

The original paperwork should then be forwarded to the Human Resources Department, Bath Road, Reading for onward submission to payroll.

You will then be asked to forward a copy of the child's birth certificate and the name and address of your partner's employer within 14 days.

Please note that a separate application will be required for any subsequent notifications for Shared Parental Leave, up to a maximum of three notifications

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG023 - MATERNITY & ADOPTION POLICY

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated policy lead or HR Administration Team, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed	
MATERNITY, PATERNITY AND ADOPTION POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
To provide advice to staff and managers on statutory and NHS maternity and adoption rights, entitlements and processes and to ensure legal compliance within the Trust.	
3. Who is likely to be affected? e.g. staff, patients, service users	
Trust employees and managers via the provision of advice regarding maternity and adoption rights and entitlements. The Trust in terms of legal compliance.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified. Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.
4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i>	<i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i> No adverse impact identified.

<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg – Head of Operational HR</p>	
<p>Date analysis completed: March 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee and Non Clinical Risk Group – December 2016</p>	

ORG024

SPECIAL LEAVE

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	April 2013
Review Date:	April 2015
Version:	6

Policy Number:	ORG024
Title of Policy:	SPECIAL LEAVE
Category:	Organisational
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	12
Approved by:	Joint Staff Consultative Committee
Re-issued:	April 2013
Review Date:	April 2015
Replaces Policy:	Version 5
Designated Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	Director of Human Resources
For policy information:	Human Resources Beech House Upton Hospital Albert Street Slough Berks SL1 2BJ

POLICY DEVELOPMENT

ORG024 – SPECIAL LEAVE

History:	<p>Version 6: Approved and re-issued April 2013.</p> <p>Version 5: Re-issued to include recommendations following the Stonewall Review. The full review of date of December 2012 remains.</p> <p>Version 5: Replaces ORG24 V4, BHFT Replaces HR019 V2 BWPCT Replaces HR016 V2 BEPCT Amalgamation of Community Health Trust policies post transfer and existing BHFT policies.</p>
Designated Lead:	<p>Tracey Slegg Head of Operational HR</p>
Policy Consultants:	<p>HR Leads Senior Managers JSCC</p>
Distributed for comments:	<p>HR Leads Senior Managers JSCC</p>

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1. INTRODUCTION

1.1 The purpose of this policy is to set out for employees the arrangements under which special leave may be granted for domestic, personal and family reasons.

1.2 Where the term “partner” is referred in this policy, this includes “same sex partner”. Where reference is made to “married partner or spouse”, this includes “civil partner”.

1.3 The policy covers specific types of leave as follows:-

- Dependants Leave
- Parental Leave
- Unpaid Leave
- Employment breaks
- Other Authorised leave

1.4 Berkshire Healthcare NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation.

In carrying out its functions, Berkshire Healthcare Trust will have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

2. MANAGEMENT RESPONSIBILITY

2.1 It is the Line Managers responsibility to consider applications for special leave and ensure that such leave is accurately recorded.

2.2 As managers assess the impact of the special leave request against the service / business needs and other previous request of special leave (for consistency and equality purposes, where possible), managers should also be sympathetic and flexible in their response to requests for special leave and discuss with the employee how much time off should be agreed and whether this leave will be paid or unpaid.

2.3 A consistent approach is important to ensure equity and fairness and each case should be looked at individually to take account of individual circumstances and evidence provided.

2.4 Managers should also give positive consideration for a temporary change in working arrangements where this would be beneficial in managing short term difficulties.

3. DEPENDANTS LEAVE

3.1 In most situations where dependants leave is requested, it should only be for 1 or 2 days to be able to deal with the emergency. A maximum of 5 days paid dependants leave can be granted to staff (per annum), pro-rated for part time staff,). Time off for dependants cannot be used to provide long-term care. Reference should be made to the Trust’s Flexible Working Policy.

- 3.2 Employees who need to take time off for dependants should make a request to their manager as soon as is reasonably practicable stating their needs and how much dependants leave they are requesting.
- 3.3 A dependant is a spouse, civil partner, partner, parent, child or any other person who lives in the same household as the employee but is not a lodger, employee or boarder, or may be any other person who relies on the employee for care, e.g. an elderly neighbour.
- 3.4 Examples of when an employee may take time off in an emergency include a dependant being taken suddenly ill, the death of a dependant or existing arrangements for the care of a dependant being unexpectedly disrupted.
- 3.5 Employees should note that in order to take time off work to care for a dependant, the situation must have been unforeseen.
- 3.6 If additional time is required to support an employee's circumstance, other types of leave (*annual leave, unpaid leave or parental leave*) could be considered. Longer term requests should be considered in accordance with the Flexible Working Policy.

4. COMPASSIONATE LEAVE

- 4.1 Employees will be entitled to up to 5 days paid leave where a member of their immediate family dies, is seriously ill or in severe distress. 'Immediate family means spouse, civil partner or partner, parent, parent-in-law, brother, sister, grandparent, child, grandchild and step relations or half-blood relations in these categories.
- 4.2 In exceptional circumstances further unpaid leave may be granted at the discretion of the Line Manager after taking all circumstances into consideration.
- 4.3 Should bereavement occur during a period of annual leave, compassionate leave may be granted and the annual leave taken at a later date. You should discuss with your line manager as soon as possible in the event.

Time off for funerals

- 4.4 Employees may have up to 1 day's paid leave to attend the funeral of a relative or close friend.
- 4.5 In the event of the death of a colleague, employees may be granted paid time off to attend the funeral subject to the needs of the service/department, and in discussion with the line manager.

5. PARENTAL LEAVE

- 5.1 Parental leave is the statutory right to take unpaid time off work to look after a child or make arrangements for the child's welfare.
- 5.2 The entitlement provides for up to 18 weeks' unpaid parental leave for each child, in a minimum of one week blocks, subject to a maximum of four weeks in any one year.
- 5.3 Parental leave will be unpaid and is available to any employee with 12 months continuous NHS service for parents with nominated caring responsibilities for:-
- A child under 14 years, or
Adopted or disabled children under 18 years of age
- 5.4 Parental leave can only be taken in blocks of a week, unless the employee has a disabled child, in which case they can take blocks of one day. If a full time employee only takes two

days of parental leave in any one week, they will still have to deduct one week's leave from their entitlement.

- 5.5 Employees must give 21 days' notice of their intention to take parental leave and specify when they intend the leave to start and end.
- 5.6 The Trust may postpone an employee's period of parental leave for up to six months if the employee's absence from work would cause substantial disruption or harm to the provision of the service.
- 5.7 Employees have no automatic right to take more than four weeks' leave in respect of any individual child during a year.

6. UNPAID LEAVE

- 6.1 In other circumstances unpaid leave may be granted at the discretion of the relevant Locality Manager.

7. EMPLOYMENT BREAKS

- 7.1 To qualify to request an Employment Break you must have at least 12 months continuous service with the Trust.
- 7.2 Requests for Employment Breaks must be made in writing to your Line Manager giving 3 months' notice and are subject to agreement.
- 7.3 The Employment Break scheme provides employees with the option of taking a longer period away from work than that provided for by the parental leave or other leave arrangements.
- 7.4 The scheme specifically covers time off for childcare, eldercare, care for another dependant, training, study leave or work abroad. Other reasons may be considered on their merits.
- 7.5 Employees on Employment Breaks will not be permitted to take up paid employment with another employer; exceptions to this are if the employee is taking up work overseas or charitable work. Written permission must be obtained prior to taking up other paid work whilst on Employment Break.
- 7.6 The minimum length of an Employment Break will be no less than 3 months and a maximum of 3 years.
- 7.7 Any period of Employment Break is unpaid.
- 7.8 Employment Breaks may be extended or reduced with appropriate notice.

8. LEAVE FOR PUBLIC DUTIES

- 8.1 In line with the Employment Rights Act 1996 (ERA 1996, Pt IV, Sec. 50), reasonable time off during working hours, in order to attend meetings or carry out the functions of the relevant body, shall be granted by the Trust to an employee who is covered by the provision justice of the peace; or is a member of:
 - i. a local authority
 - ii. any statutory tribunal

- iii. a police authority
- iv. prison independent monitoring board
- v. a board of prison visitors or a prison visiting committee
- vi. a relevant health body
- vii. the managing or governing body of an educational establishment
- viii. the governing body of a further or higher education corporation
- ix. the Environment Agency
- x. the General Teaching Councils

8.2 An employee granted time off for public duties or magisterial duties shall be entitled to the equivalent of up to 12 day's special leave with pay in any calendar year. This may be taken in days or half days.

9. LEAVE FOR JURY SERVICE

9.1 An employee who is called for jury service shall be granted time off upon submitting a copy of the court's request for their attendance. They shall be paid for the hours they would have worked during the period they are required to attend court.

9.2 The employee is required to remain in regular contact with their manager regarding the length of their absence. If the employee is not required to attend on any particular day, having checked in with the Courts first, then they must contact their Manager to see if they should return to work.

10. LEAVE FOR ATTENDANCE AT COURT AS A WITNESS

10.1 An employee who is called to attend Court as a witness, either with the consent of the Trust, or on a subpoena or witness summons or otherwise as a legal obligation, shall be granted leave. In all cases, other than when an employee is attending court as a representative of the Trust, no travelling expenses or subsistence allowance shall be claimed from the Trust.

10.2 An employee who is required to attend court as an expert professional witness, shall be considered being on Trust business and will be entitled to be paid and claim expenses from the Trust in the usual manner (see separate provision set out in the Terms and Conditions for Medical and Dental Professions).

11. LEAVE FOR PARLIAMENTARY CANDIDATURE

11.1 An employee who is adopted as a candidate at a parliamentary election shall be granted 4 weeks unpaid time off by the Trust to enable them to pursue their candidature.

12. LEAVE FOR MEMBERS OF THE RESERVE FORCES

12.1 An employee serving as a member of the Reserve Forces, defined within the Reserve Forces Act 1996, shall be granted up to 18 days time off 5 of which will be paid, for the purposes of fulfilling their obligations under the act. This may be extended at the Trust's discretion. The period of leave may be taken in a block to cover a period of camp or military exercise.

12.2 The 5 days paid leave is in addition to pay received from HM Forces. The remaining period can be taken as unpaid leave or against holiday entitlement.

- 12.2 If a member of the Reserve Forces is required under the act to commit to significant additional duties, they shall automatically be considered for a career break under the Trust's Employment Break Scheme.

13. TIME OFF FOR RELIGIOUS AND CULTURAL OBSERVANCE

- 13.1 Time off for religious observance should be considered sympathetically and accommodated where possible. Requests for extended periods of absence will need to be balanced with the needs of the service. Time off should be taken as annual leave, time off in lieu or unpaid leave and should be authorised by the Line Manager in advance.

14. PAY AND EXPENSES

- 14.1 In all cases other than for reserve forces, where an employee is in receipt of pay from the Trust, any fees paid to the employee by a third party, other than travelling and subsistence costs, shall be repayable to the Trust, up to the equivalent of the earnings for that period of leave.

15. PROCEDURE

- 15.1 Authorisation or refusal of leave should be provided in writing by the Manager at the earliest opportunity. The Manager should also bear in mind that documentation may have to be completed retrospectively.
- 15.2 Any leave taken without following the stated procedure and not authorised by the Manager will be considered as unauthorised absence and therefore unpaid. Under such circumstances, formal action including the instigation of the Disciplinary Procedure may be taken.
- 15.3 Any grievance or dispute arising over the leave allowed should be resolved through the Trust's Grievance Procedure.
- 15.4 Applications for any of the above leave must be submitted to the Line Manager using the form provided with the exception of an Employment Break where the employee should apply in writing.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG024 - SPECIAL LEAVE

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated Policy lead or Human Resources Department, Upton Hospital, Albert Street, Slough, Berkshire, SL1 2BJ.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	



Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed SPECIAL LEAVE POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. The purpose of this policy is to set out for employees the arrangements under which special leave may be granted in relation to domestic, personal and family reasons.	
3. Who is likely to be affected? e.g. staff, patients, service users This policy applies to all employees of the Trust and is intended to be used when employees need to request Special Leave.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified.	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
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4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
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<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership <i>Refers to legally recognised partnerships (employment policies only)</i></p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified.</p>
<p>4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i></p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR</p>	
<p>Date analysis completed: April 2013</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee</p>	

ORG028

ANNUAL LEAVE

Policy & Procedures

Berkshire Healthcare



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	February 2017
Review Date:	February 2019
Version:	7

Policy Number:	ORG028
Title of Policy:	ANNUAL LEAVE
Category:	Organisational
Distribution Areas:	All Trust Departments
Index:	Page 4
Total number of pages:	17
Approved by:	Non Clinical Risk Group – February 2017 Joint Staff Consultative Committee – January 2017
Re-issued:	
Review Date:	February 2019
Replaces Policy:	Version 6
Designated Lead:	Head of Operational HR
Policy Manager:	HR Director
For policy information:	HR Coordinator 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG028 – Annual Leave Policy

History: Version 7 – reviewed and reissued February 2017.

Version 6 – reviewed and reissued December 2016.

Version 5 – reviewed and reissued September 2015.

Version 4 – reviewed and re-issued July 2013.

Version 3 – re-issued January 2013. Appendix 1 Annual Leave Calculator updated. The policy remains under review.

Version 3 – updated to amalgamate with Berkshire East and Berkshire West CHS policies .

Version 2 – Updated as a result of Agenda for Change.

Version 1: This policy was reviewed by the Policies & Procedures Joint Working Group and was agreed in principle by the Staff Partnership Forum on 3rd November 2003 by the members of the Berkshire Health Economy as listed on the front cover. Approved by Berkshire Healthcare NHS Foundation Trust November 2003, issued in September 2004.

Designated Lead: Head of Operational HR

Policy Consultants: HR Leads
Senior Managers
JSCC

Distributed for comments: HR Leads
Senior Managers
JSCC

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1. INTRODUCTION

- 1.1 The aim of this policy is to provide a consistent and equitable approach to the calculation of annual leave and bank holiday entitlements and is based on the Agenda for Change Handbook.
- 1.2 It is important for employees to take regular periods of leave away from work and this should be distributed evenly throughout the year as far as practicably possible.

2. SCOPE

- 2.1 This policy applies to all employees who are directly employed by the Trust.

3. LEAVE ENTITLEMENTS

Leave entitlements are detailed in Appendix 1.

Employees should take annual leave during the normal leave year from 1 April to 31 March.

The Trust policy is to determine annual leave entitlement in hours not days for all employees regardless of whether the employee is full-time or part time.

An annual leave calculator is available on the intranet to support the calculation of annual leave in hours based on length of service.

Where applicable, annual leave entitlements must be recorded on HealthRoster (inclusive of Bank Holidays).

3.1 Calculation of Reckonable Service

Aggregated NHS service, i.e. any period of time that has been worked in the NHS, regardless of whether or not there has been a break in service, will count as reckonable service for annual leave.

In order to have previous service, as detailed above, regarded as reckonable service, employees must complete the appropriate form and may need to provide formal documentary evidence of any relevant, reckonable service.

3.2 Entitlement on joining the Trust

Employees who commence employment with the Trust during the leave year will be entitled to leave calculated on a pro-rata basis according to the date they commence employment with the Trust. The annual leave calculator, available on the intranet, should be used to determine the pro rata entitlement to both annual leave and Bank Holidays.

3.3 Entitlement on leaving the Trust

Those employees who terminate employment with the Trust during the leave year will be entitled to leave calculated on a pro-rata basis as follows:

pro rata annual leave based on the number of days worked in the leave year

plus

Bank Holiday hours owed for Bank Holidays that have occurred in the leave year prior to the date of leaving

less

any leave/Bank Holiday hours already taken.

Where total leave taken exceeds the accrued total leave entitlement an appropriate deduction will be made from the final salary.

3.4 Entitlement on changing contracted hours

Where employees change their contracted hours, this will result in a re-calculation of their annual leave entitlement based on the date that the contracted hours change.

The recalculated leave entitlement must be amended on HealthRoster.

3.5 Annual Leave for Term Time Only Employees

The pro rata annual leave and Bank Holiday entitlement for term-time only employees is calculated and paid to employees as part of their salary in 12 equal monthly instalments. Employees should be aware of any overpayment implications should they leave employment during the leave year and consequently more time may have been taken as leave than had been accrued during the period of their employment. Further advice should be sought from the line manager or the Human Resources department.

4. ENTITLEMENT TO GENERAL PUBLIC HOLIDAYS (BANK HOLIDAYS)

In addition to annual leave entitlement, employees are entitled to 8 paid General Public Holidays (Bank Holidays) pro rata based on contracted hours. There will be some years when more (or less) than 8 Bank Holidays fall within the leave year simply because Bank Holidays follow the calendar year and the Easter Bank Holidays can be in March or April. In such years, the Bank Holiday entitlement will need to be recalculated accordingly. Clarification of the number of Bank Holidays in any given year is available on annual leave calculator on the intranet.

5. REQUESTS FOR ANNUAL LEAVE

The Trust expects the full leave entitlement to be taken during the year and managers should endeavour to allow leave to be taken at the time requested while ensuring adequate cover for services.

Requests for annual leave should be made to the employee's line manager who should respond promptly to requests and advise reasons why any requests are not supported.

In normal circumstances leave will only be granted for periods of up to two weeks. However requests for extended periods of leave will be granted at the discretion of the manager, ensuring equity for all employees and considering the needs of the service.

It is essential that management authorisation is received prior to any booking or financial commitment being made by the member of staff.

To simplify applications for leave a sample Annual Leave Request Form can be found in Appendix 2. Where applicable, requests for annual leave must be made on HealthRoster via Employee Online, and managers should promptly either approve or reject the request via HealthRoster.

6. PAY DURING PERIODS OF ANNUAL LEAVE

Pay during annual leave will include regularly paid supplements including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work.

7. SICKNESS ABSENCE DURING PERIODS OF ANNUAL LEAVE OR BANK HOLIDAYS

Where an employee is sick during a period of annual leave, the annual leave entitlement for the period of sickness may be reinstated provided that the normal reporting procedure is followed and a medical certificate is produced. For further details please refer to the Sickness Absence Policy.

In accordance with Agenda for Change Terms and Conditions, employees will **not** be entitled to an additional day off if sick on a bank holiday.

Where the employee is sick during a period of annual leave, or prior to going on annual leave, they must report to the line manager when the sick leave ends and annual leave begins to ensure that the absence is correctly recorded. The annual leave card and HealthRoster, should be amended accordingly.

8. ANNUAL LEAVE ENTITLEMENTS DURING PERIODS OF ABSENCE

During periods of absence the entitlement to accrue contractual annual leave will continue.

9. CARRY OVER OF LEAVE

The Trust expects that within the annual leave year employees should be provided with the opportunity to take all their annual leave. In **exceptional** circumstances up to one week of basic contracted hours (pro rata for part-time staff) may be carried over to the following year, with the agreement of the Manager.

Should any leave entitlement include carry over from the previous year, the total sum of hours for that leave year on HealthRoster should be amended to include the hours that have been carried over.

Appendix 1

The basic annual leave provisions under Agenda for Change are contained in the table below:

Length of service	Contractual annual leave + General Public Holidays	Contractual annual leave + General Public Holidays (in hours)
On appointment	27 days + 8 days	202.5 + 60
After 5 years service	29 days + 8 days	217.5 + 60
After 10 years service	33 days + 8 days	247.5 + 60

DOCTORS LEAVE ENTITLEMENTS	Plus 8 public and bank holidays or 9 for this particular leave year	
Substantive Consultant (new contract)	1 – 7 years 33 days (264 hours)	7 years + = 34 days (272 hours)
Locum Consultant	33 days (264 hours)	
Associate Specialist	32 days (old Contract 38.5 hr week) (246 hours)	
Associate Specialist	32 days (new Contract) (256 hours)	
Staff Grade	1-2 years 27 days (216 hours)	3 years + = 32 days (256 hours)
Specialty Doctor	32 days (256 hours)	
CT1-3 (old SHO)	27 days (216 hours)	
ST4-6 (old SpR)	32 days (256 hours)	

APPENDIX 2

ANNUAL LEAVE & BANK HOLIDAY REQUEST FORM

Leave Year	Employment Date if Starting during Leave Year	Immediate Manager	
Employee Name		Leave Entitlement hours	
		Bank Holiday entitlement to be added to leave in hours	
		TOTAL HOURS	

Date of Request	Leave Dates (inclusive)	Number of hours Taken	Number of hours Left	Signature of Employee	Agreed Manager Signature
TOTAL LEAVE ENTITLEMENT (HOURS)					

Employee Name (cont.)

Date of Request	Leave Dates (inclusive)	Number of hours Taken	Number of hours Left	Signature of Employee	Agreed Manager Signature

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG028 - ANNUAL LEAVE

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or HR Coordinator, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed	
Annual Leave Policy	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The Trust believes that it is important for employees to take regular periods of leave away from work providing annual leave for this purpose and believes that this should be distributed evenly throughout the year as far as practicably possible.	
3. Who is likely to be affected? e.g. staff, patients, service users	
The aim of this policy is to provide a consistent and equitable approach to the calculation of annual leave and bank holiday entitlements and is based on the Agenda for Change National Agreement.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified.	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.

<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Head of HR</p>	
<p>Date analysis completed: February 2017</p>	
<p>Date analysis was approved by responsible Director: Ratified by the JSCC, November 2016 and Non Clinical Risk Group, January 2017</p>	

ORG029

CHANGE MANAGEMENT POLICY & PROCEDURES

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	June 2015
Review Date:	June 2017
Version:	6

Policy Number:	ORG029
Title of Policy:	CHANGE MANAGEMENT
Category:	Organisational
Distribution Areas:	All Trust Departments and Wards
Index:	Page 4
Total number of pages:	12
Approved by:	Joint Staff Consultative Committee – April 2015 Non-Clinical Risk Group – 10 th June 2015
Re-issued:	June 2015
Review Date:	June 2017
Replaces Policies:	Version 5
Designated Lead:	Head of HR
Policy Manager:	Director of Human Resources Berkshire Healthcare NHS Foundation Trust
For policy information:	HR Administration 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG029 - Change Management Policy and Procedures

History:	<p>Version 6: Bi-annual review. Re-issued June 2015.</p> <p>Version 5: Approved and issued April 2013.</p> <p>Version 4: Approved and issued June 2011.</p> <p>Version 3: Issued June 2009. Following the introduction of Agenda for Change, the Department of Health have approved changes to the redundancy pay arrangements for the NHS and therefore Section 6 has been reviewed and amended for compliance in accordance with Section 16 of the Agenda for Change Handbook.</p> <p>This policy has also been reviewed to provide comprehensive guidance to managers and staff when involved in organisational change projects and has been amended to reflect the updated Redeployment Policy and Procedure.</p>
Designated Lead:	Head of Human Resources
Distributed for comments:	Senior Management Teams Human Resources Joint Staff Consultative Committee Non-Clinical Risk Group

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1. INTRODUCTION

- 1.1 The Trust recognises that implementing change can be a difficult and complex process to manage and that the impact of change on employees may be considerable. The Trust aims to minimise redundancies, and retain the skills, knowledge and experience necessary to meet BHFT's needs by redeploying existing staff where it is practical and cost effective to do so.
- 1.2 The policy aims to provide an agreed framework, to ensure a co-ordinated and planned approach and common understanding for Trust managers, members of staff and staff-side representatives.

2. SCOPE

- 2.1 This policy applies to all employees of BHFT who are affected by change and / or who are at risk of redundancy. It includes those on:
- A fixed-term contract, (provided that they have demonstrable continuous employment and their fixed term contract remains in operation during the proposed period of change)
 - Long-term leave i.e. maternity leave or long term sickness absence
 - Secondment (any individual on secondment whose substantive post is affected)
 - Career break
- 2.2 Any individual affected who is on a temporary movement to a higher banded post will be treated on the basis of their substantive post.

3. PRINCIPLES AND AIMS

- 3.1 The aims of the Trust are to:
- Ensure that its organisational structure is fit for purpose and in line with what it has to achieve
 - Implement change in an efficient and effective way that enables the business benefits of change to be achieved
 - Ensure change is implemented fairly and reasonably
- 3.2 In operating the policy a degree of flexibility is required by both the Trust and its employees which may mean:
- taking on a different role and/or developing new skills
 - using new technology
 - changing the team in which they work
 - changing work base
 - changing hours of work or working patterns
 - undertaking a period of retraining
 - applying for and accepting a post that may be on a lower band than their previous job with the view to applying for a new job in the protected pay period
- 3.3 The Trust recognises the benefits of partnership working with staff-side and involvement of staff in the change process. Consultation with staff and their representatives will be timely,

meaningful and ongoing, and will be undertaken with a view to reaching agreement on the way forward. However, following a period of consultation there may be times when organisational change will need to proceed without agreement being reached.

- 3.4 Selection for redundancy will be made on the basis of fair and reasonable criteria. There will be no selection on the grounds of:
- membership or non-membership of a union
 - discrimination
- 3.5 The Trust will work with all staff who are deemed to be at risk of redundancy to seek suitable alternative employment for them. This will include a trial period (as defined in section 4.10 below)
- 3.6 Any employee served with a notice of dismissal by reason of redundancy will be allowed reasonable time off with pay to look for alternative employment or to seek training and support.

4. DEFINITIONS

- 4.1 **'Change'** refers to organisational change and includes (but is not limited to) changes to organisation structures, roles, and ways of working. Change covered by this policy would generally be permanent. Additionally, temporary change which would have the same adverse impact on staff as permanent change would be included within the scope of this policy.
- 4.2 **'Staff affected by change'** – includes those who, if the proposed organisational change were implemented:
- their job would be redundant
 - their role or ways of working would be different
 - their job would be organised in a different way (e.g. different reporting lines)
- 4.3 **Staff at Risk of Redundancy** – following a period of consultation, when an individual's post no longer exists in the revised organisational structure, then they will be described as being "at risk" of redundancy.
- 4.4 **Redeployment Register** – a register of "at risk" staff will be maintained by the HR Department and staff will be advised of suitable posts within the Trust. For further guidance on redeployment, please refer to the Trust's Redeployment policy.
- 4.5 **Slotting In** – the process by which displaced staff are transferred into new posts in a new staffing or management structure when the new posts are substantially the same as their current posts (defined as 70% the same) with regards to the job content, responsibility, grade, status and requirements for skills, knowledge and experience. Where there are more people who can be slotted in than posts, there will be a competitive selection process.
- 4.6 **Competitive Selection** – the process, by which new posts within a structure, which have not been filled through slotting in are filled through an objective selection process.

- 4.7 **Pooling** – the process by which an individual or group of displaced staff will be considered for posts in a new structure which are similar to their current posts and where there is more than one eligible individual for that post.
- 4.8 **Ring fencing** - holding of vacancies outside of a pooled area for which staff who are displaced can subsequently be considered.
- 4.9 **Redeployment** – transferring of staff at risk of redundancy into suitable alternative posts.
- 4.10 **Trial period** - will only apply to staff who are at risk of redundancy, and where a suitable alternative role has been identified. A trial period gives an employee the opportunity to try out the new job before deciding whether or not it is suitable. A trial period will usually be for a period of 4 weeks.

5. STAFF ENGAGEMENT

- 5.1 Prior to a period of formal consultation regarding organisational change, managers should engage with potentially affected staff. The purpose of this engagement will be to explain fully the proposed changes and to seek the views of staff prior to a formal consultation process.

6. FORMAL CONSULTATION PROCESS

- 6.1 All staff who are potentially affected by change will receive a formal consultation document/letter which will include:
- The rationale for the change and what services and staff groups will be affected
 - Which posts will be affected and how this impacts on the individual postholders, including those posts which may be “at risk” of redundancy if applicable
 - The consultation process and how employees can provide feedback and be kept informed
 - Ways that redundancy will be avoided or reduced if applicable
 - The planned timetable for the change and method for managing any staff at risk of redundancy
 - How the changes will be managed including the proposed method(s) of selecting staff for new positions and support that will be provided
 - The roles and responsibilities of those involved in managing and making the change happen
- 6.2 Staff-side representatives will be sent a copy of all formal consultation documents in advance of the potentially affected staff. This enables them to be best placed to advise and represent staff members once the formal consultation begins. It also gives the opportunity for staff-side representatives to comment on the document.
- 6.3 The consultation paper should provide enough information to enable the individual postholder to determine the impact of the proposed change on their own position

- 6.4 Managers must ensure that they get advice, guidance and support from their locality HR Manager prior to commencing any formal consultation, when scoping the proposals for change
- 6.5 The duration and method of formal consultation depends on the size and scale of the change. The locality HR Manager will advise managers on the best approach to take ensuring compliance with both Trust policy and statutory/legal requirements.
- 6.6 All potentially affected staff should be consulted with, including those who may be absent from their substantive position, e.g. as a result of sickness, maternity leave, secondment.
- 6.7 The outcomes of the consultation process, including any changes made to the initial proposals, will be communicated to affected staff as part of implementing the changes.

7. RIGHTS OF APPEAL

- 7.1 Any individual who feels that the change management process has not been applied fairly may raise a grievance. If an individual is unhappy with the outcome of the change management process, they can appeal against the decision made, using the appeals process outlined below.
- 7.2 In the case of redundancy, the redundancy notice shall not be suspended during the appeal process, but shall be revoked if the appeal is successful. Further, in circumstances where the Trust is unable to schedule an appeal hearing during the redundancy notice period, the redundancy notice period will be extended to accommodate the appeal hearing.
- 7.3 Any appeal against the outcome of the change management process should be made in writing to the Director of Human Resources, detailing the reasons for the appeal. This written notification should be received within 7 working days of the date of the letter confirming the outcome of the change management process. The appeal should clearly state the reasons and facts for appealing.
- 7.4 The manager handling the appeal should make arrangements for an appeal hearing with advice from the HR Manager. The hearing should usually be held within 15 working days of receiving notification of the appeal.
- 7.5 If the hearing is postponed by the person appealing, it will be arranged for one further occasion within 7 working days of the date originally set. No further requests for postponement will be accommodated and the hearing may proceed in their absence.
- 7.6 The appeal panel will include a chair and at least one other manager from outside the area in which the complainant works. HR will attend to provide procedural advice.
- 7.7 Prior to the appeal hearing, details of the appeal and associated documentation should be distributed to the members of the appeal panel. The complainant must ensure that all documents they wish to be considered are submitted to the Chair of the panel not less than 5 working days before the hearing.
- 7.8 The appeal will consider the grounds that have been put forward for appeal and whether or not the decisions made following the change management process were appropriate.

7.9 The appeal panel's decision will be confirmed in writing to the complainant within 5 working days of the appeal hearing. The decision of the appeal panel is final and binding upon both parties within the scope of the procedure. It also ends the Trust's internal procedures.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG029 - CHANGE MANAGEMENT - Policy & Procedures

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or HR Administration, 57-59 Bath Road, Reading, Berkshire, RG30 2BA.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

Equality Statement

This policy reflects the organisation’s determination to ensure that all parts of our community have equality of access to the service and that everyone receives a high standard of service as a service user, carer or employee. This policy encompasses the Trust’s commitment to prevent discrimination in line with the Equality Act 2010 as well as recognise and respond to the needs of individuals based on good communication and best practice. Under the Act there are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, gender and age (over 18 years). We recognise that some groups of the population are more at risk of discrimination or less able to access services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The Trust is continually working to improve access and equality and all our policies require equality analysis to have been undertaken before approval.

1. Title of policy/ programme/ service being analysed	
Change Management.	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The Trust recognises that implementing change can be a difficult and complex process to manage and that the impact of change on employees may be considerable. The Trust’s aim is to minimise redundancies, and retain the skills, knowledge and experience necessary to meet BHFT’s needs by redeploying existing staff where it is practical and cost effective to do so.	
3. Who is likely to be affected? e.g. staff, patients, service users	
This policy aims to provide an agreed framework, to ensure a co-ordinated and planned approach and common understanding for Trust managers, members of staff and Staff Side representatives.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified. Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> <i>No adverse impact identified.</i>
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> <i>No adverse impact identified.</i>
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> <i>No adverse impact identified.</i>

<p>4.4 Age This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc</p> <p>No adverse impact identified.</p>
<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Tracey Slegg, Head of Operational HR.</p>	
<p>Date analysis completed: April 2015</p>	
<p>Name of responsible Director: Director of Human Resources.</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee – April 2015 and Non-Clinical Risk Group – 10th June 2015.</p>	

ORG031

STANDARDS OF BUSINESS CONDUCT
(incorporating declaration of hospitality, gifts,
business interests and commercial
sponsorship received, and conflict of interest)

Berkshire Healthcare NHS Foundation Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued: April 2015
Review Date: April 2017
Version: 5

Policy Number:	ORG031
Title of Policy:	Standards of Business Conduct - Declaration of Hospitality, Gifts, Business Interests and Commercial Sponsorship Received and Conflict of Interest
Category:	Organisational
Distribution Areas:	All Trust Departments
Total number of pages:	16
Approved by:	Non Clinical Risk Group – 15 th April 2015 Joint Staff Consultative Committee
Re-issued:	April 2015
Review Date:	April 2017
Replaces Policy:	Version 4
Designated Lead:	Head of Operational Human Resources
Policy Manager:	Director of Finance, Performance and Information
For policy information:	HR Administration Team 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG031 - Standards of Business Conduct - Declaration of Hospitality, Gifts, Business Interests and Commercial Sponsorship Received and Conflict of Interests

History: Version 5: Reviewed and updated to reflect current practice.

Version 4: Updated to bring in line with the implementation of the new Bribery Act.

Version 3 – Value of gifts changed from £25 to £30 as per the SFI's.

Version 2 - new policy which incorporates the previous policy ORG031 relating to Standards of Business Conduct – Declaration of Hospitality, Gifts, Business Interests and Commercial Sponsorship Received. This new policy now includes more detailed guidance and has included a section on a range of conflicts of interest which may put an employee or worker at risk. There is a requirement for all staff to complete an initial declaration and places the obligation on them to make a declaration when circumstances change.

Designated Leads: Head of Operational HR

Policy Consultants: Director of Finance, Performance and Information

Distributed for comments: Non Clinical Risk Group
Joint Staff Consultative Committee

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1. KEY PRINCIPLES

The Trust has a responsibility to uphold standards of business conduct and requires all employees and workers to demonstrate probity in the management of funds ensuring they are not placed in a position whereby their integrity can be challenged. All employees or workers with the authority to commit expenditure or to raise income must be aware of the guidance regarding acceptance of gifts and must declare any hospitality accepted, any other business interests held either personally or by close relatives or commercial sponsorship received.

It will be the responsibility of each Service Manager to report any findings of conflict of interest or ethical misconduct in business dealings through the appropriate internal procedures, and Whistle-Blowing/Raising Issues of Concern Policy. Any employee or worker, who has concerns relating to potential illegal acts, including fraud or corruption, should also use the Whistle Blowing/Raising Issues of Concern Policy (ORG013).

Where an employee or worker has doubts as to whether a professional or personal conflict of interest exists, he/she should seek advice from a supervisor, service manager or from the Human Resources department.

2. SCOPE

This policy applies to all employees of the Trust and other workers. It also applies to staff on maternity leave or career/education breaks, secondments, sickness absence and other absences.

3. EXPECTATIONS OF CONDUCT

Employees and workers of the Trust are expected to:

- ensure that the interests of the service users are of paramount consideration
- be impartial and honest in the conduct of official business
- use public funds entrusted to them to the best advantage of the service, always ensuring value for money
- to work in accordance with Trust Policy and procedures maintaining professionalism and integrity
- take personal responsibility to ensure that they do not abuse their official position for their individual personal gain, or for the benefit of family, friends or associates or to seek to advantage or further private business or other interests in the course of their official duties

The Overriding Consideration

A gift, hospitality or commercial sponsorship should not be accepted in any case where it is offered in return for that person doing something, or showing preference in an official capacity. Where there is any doubt, the safest course is to decline the hospitality or gift.

Practical Guidelines for Acceptability

“Consumables” – meals and/or drinks, visits, entertainment or lecture courses organised by potential suppliers may be accepted where they are moderate and in keeping with what is normal in business relationships and where as far as it can be reasonably assessed by the potential receiver, will not be deemed by others to influence a business decision.

Offers of journeys to suppliers' premises perhaps with substantial hospitality should be viewed with great care and in case of doubt, declined or the permission of management obtained before acceptance. Established “custom and practice” may not necessarily afford

protection in individual future cases. The ability of the recipient to provide a similar level of hospitality in return may be relevant to any assessment.

“Non-consumables/tangibles-gifts” – seasonal calendars, diaries, pens etc., with the proviso of deemed influence still kept in mind. Items totaling more than £30.00 should be declined.

Management Approval and Further Advice

It must be the judgement of the individual, whether a hospitality event (such as lunch or an evening meal) should be declared as a potential inducement.

All staff or workers involved or potentially involved are advised to discuss cases of individual doubt or difficulty with their manager.

A schedule of examples of hospitality that may be offered and whether or not they are acceptable can be found in Appendix 1.

4. DECLARATION OF INTERESTS

Board Directors are required to declare interests which are relevant and material to the Trust. All board Directors should declare such interests in accordance with the Trust’s Standing Orders, and Standing Financial Instructions. In accordance with Standing Orders and Standing Financial Instructions the Trust will maintain a Register of Interests which will be available to the public. This will not be available for routine inspection by the public, but will be available to the external auditors if requested.

For Board members only – In all cases of the above a declaration should be made at the next Board meeting, if an associated decision will be made at Board level.

The Trust needs to be aware of all cases where an employee or worker or his or her close relative or associate has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation) or in any other activity or pursuit which may compete for a contract to supply either services or goods to the Trust and over which the employee has influence.

All employees and workers must therefore declare such interests to the Trust, either on the date of commencement of employment or on acquisition of the interest.

5. GIFTS

Monetary Gifts: Monetary gifts to individuals must not be accepted and instead must be politely but firmly declined.

However where a monetary gift is offered for the Trust Funds, which then go toward developing the service, advice must be sought from the service manager and Director of Finance, Performance and Information before accepting.

Gifts from Contractors: Casual gifts offered by contractors or others, e.g. at Christmas time, can be accepted as long as they do not total more than £30. .

Gifts from Service Users: Articles of low intrinsic value, such as chocolates, flowers or small tokens of gratitude from service users who are able to advocate for themselves or through others, can be accepted. In cases of doubt, staff members should either seek advice from their service manager or decline acceptance politely.

6. LEGAL DOCUMENTS

If employees or workers are asked by a service user or their relative to witness a Will or deal with any other legal documents including Power of Attorney they should decline. Employees or workers should suggest that individuals refer to an independent solicitor, advocate or appropriate service.

7. EXTERNAL EMPLOYMENT AND/OR PRIVATE PRACTICE

Employees must not engage in outside employment, which may conflict with their Trust employment or be detrimental to it. The line manager, with HR advice, will be responsible for judging whether a conflict of interest exists and the individual will be responsible for ensuring that the employer is aware of any activity which may present a potential conflict. This includes the Trust's duty of care under the Working Time Regulations. Employees and workers must declare outside employment which may conflict with their Trust employment.

8. EMPLOYMENT OF RELATIVES AND PARTNERS

The Trust permits the employment of relatives and partners. Relatives and related people, as used here, include husband, wife, child, parent, brother, sister, cousins, aunts/uncles and in-laws. Also included are those individuals in a personal relationship in their professional area or people who live together as common-law partners, civil partnerships, irrespective of gender or sexual preference. This list is not exhaustive.

Potential members of staff must declare any current or previous related employees/workers of the Trust as the employment of relatives, or those individuals in a personal relationship within their professional working area may constitute a conflict of interest. Failure to declare, leading to a conflict of interest may result in disciplinary action.

It is discouraged for staff members or workers in blood or common law relationships/civil partnerships to work within the same department on the same shift rota. Where cases arise, they will be considered on a case-by-case basis.

It is not acceptable for members of staff and workers who are related, to act as supervisor or manager, whether in a direct or indirect sense to one another.

An employee/worker may not interview, appoint, promote, undertake supervision, review performance of or terminate employment of a related person or an employee or worker with which a personal relationship has been formed.

An employee or worker entering into a personal relationship in their professional area, which may affect working relationship and team dynamics, or team structure and which could be considered a conflict of interest must make the Trust aware of this as soon as possible. The Service Manager will be required to act in the best interests of the service users and the department.

Where a transfer to an alternative post or area of work is required, discussion and negotiation by both parties and the Service Manager must take place before a transfer is confirmed. The person transferring must accept the duties/and or terms and conditions of the suitable alternative post. The final decision on the outcome of discussions and negotiation will be with the Service Manager.

9. PERSONAL RELATIONSHIPS WITH SERVICE USERS

Whilst the Trust does not encourage employees or workers to enter into personal relationships with service users, it is acknowledged that relationships will be formed throughout the course of duty in providing support and care to vulnerable people.

Where an employee or worker believes that the professional relationship with the service user moves beyond professional and therapeutic practice, then the staff member must report this immediately to the Service Manager, and the support and care of the service user must be transferred to another member of Trust staff.

Where it is found that an employee or worker enters into a relationship with a service user, which is considered to be beyond professional practice, and unacceptable, the Safeguarding Vulnerable Adults from Abuse Policy will be invoked and disciplinary action will be taken.

It is not appropriate for employees or workers to nurse/ treat/support any of their immediate family, partner, friends or close neighbours either in the hospital setting or in the community. Where such a circumstance does arise, employees or workers must inform their Service Manager, who will make arrangements for treatment, nursing care or support to be provided by another member of staff or worker.

10. COMMERCIAL SPONSORSHIP

Commercial sponsorship will be subject to scrutiny by the Chief Executive and Director of Finance, Performance and Information and will be acceptable only where it does not put in jeopardy the integrity of subsequent purchasing or contracting decisions. Any NHS funding from an external source, must be declared at an early stage. Any consideration to commercial sponsorship must be undertaken in accordance with the Trust's Standing Orders, Standing Financial Instructions, and Reservation and Delegation of Powers to the Board, and Commercial Sponsorship – Ethical Standards for the NHS procedures.

11. CONFIDENTIALITY

It will be the responsibility of all employees and workers to protect the rights to privacy and confidentiality of the Trust, its employees and service users, and to be aware of the confidential aspects of their employment.

This does not affect either the Trust's official complaints procedure and is not intended to restrict employees or workers' rights to raise concerns.

The unauthorised passing of information by any employee or worker in contract with the NHS is a serious matter, and therefore the Trust's Confidentiality Policy must be adhered to all at times.

12. REFERENCE TO MEMBERS OF PARLIAMENT AND THE MEDIA

It would be expected that employees and workers work within the Trust's policies, in order to resolve issues, without making reference to Members of Parliament or the media. However there may be circumstances where an employee or worker wishes to consult his or her MP in confidence. He or she might also, as a last resort, contemplate the possibility of disclosing his or her concern to the media. Such action, if entered into unjustifiably, might unreasonably undermine public confidence in the Trust and could result in disciplinary action.

13. RESPONDING TO APPROACHES FROM THE MEDIA

The Trust will ensure that its corporate image is promoted in the media, and that the media is handled in a professional way. This will ensure that the priorities, developments and the values of the Trust are communicated via the media to the public in a consistent and accessible way.

All approaches from the media must be directed to the Communications Manager in accordance with Trust Policy (ORG050) Media Handling Policy.

Appendix 1 - Schedule of Examples of Hospitality

Example	Acceptable?	Comments
Meal off site	Yes	No more than once per year
Travel and accommodation	Maybe	Only by approval of Locality Director or Corporate Director
A holiday or weekend in any holiday centre	No	
Offers of hotel accommodation, or tickets for the theatre, shows, concerts, sporting events etc.	No	
Corporate hospitality "events" or other similar types of activities	No	
Use of an external company's flat or hotel suite	No	
Any form of hospitality which is extended to immediate members of the family	No	
Any offer of a gift or hospitality from any individual or organisation who is an applicant or user of the services, awaiting a decision from the Trust or who is seeking to do business or to continue to do business with the Trust.	No	
Repeated hospitality from the same source	No	
Tangibles Pens, diaries, calendars, bottles of wines, chocolates, flowers, etc..	Yes	Totaling no more than £30
Research Grants Research Grants from drug companies are acceptable if the funds are not excessive (this will also include receipts paid into endowment funds)	Yes	All such grants must be declared at an early stage by completing the Declaration Form (Appendix x)
Business Interests Examples – shares or interests in drugs companies, local builders, private hospital, nursing or care homes. Interests in health related external agencies, community and voluntary bodies	Yes	Interests must be declared Also include if applicable relevant interests of close relatives, partners friends or associates

Appendix 2

Short Guide for Staff

1. Do

- Make sure you understand the guideline on standards of business conduct and consult your line managers if you are not sure
- Make sure you are not in position where your private interests and duties to the Trust may conflict
- Declare to your employer any interests which may be relevant
- Inform your employer if you enter into a personal relationship which may cause a conflict of interest at work

2. If in doubt ask yourself

- Am I, or might I be in a position where I (or my family, partner, friends or associates) could gain from the connection between my private interests and my employment?
- Do I have access to information, which could influence purchasing or contracting decisions?
- Could my outside interest be in any way detrimental to the Trust or to the interests of the service user(s)?
- Is the relationship I am forming or entering into, professional or personal?
- Do I have any other reason to think I may be risking a conflict of interest?

3. If still unsure, declare it

4. Do not

- Accept any gifts, inducements or hospitality unless you are sure that acceptance will not constitute a conflict of interest
- Abuse your past or present official position to obtain preferential rates for private deals or to affect the employment conditions of a relative
- Unfairly advantage one competitor over another or show favouritism in awarding contracts or making business decisions
- Misuse or make available official "commercial in confidence" information
- Enter into personal/sexual relationships with service users

Appendix 3

DECLARATION

I have read the NHS Trust Policy on Standards of Business Conduct (incorporating declaration of hospitality, gifts, business interests and commercial sponsorship received and conflict of interest).

I confirm that I am familiar with, and accept its contents.

I have been appointed to the Trust in the post of /I am appointed to the post of:-

.....

I am not aware of any circumstances of a personal nature, which would conflict with the interests of the Trust or the service users, except as indicated below.

I undertake to report promptly any change of circumstances in the future, as required by the appropriate rules.

Present conflict of interest known to me (if none, state 'NONE')

Declaration of Hospitality, Business Interests and Commercial Sponsorships Received
Details of Person Making Declaration: Name: Position: Department: Conflict of Interest Being Declared:

Declaration: Having read and understood the guidance provided, I declare below all hospitality and commercial sponsorship received and other Business Interests held.

Attendance at courses/conferences sponsored by commercial organisations, will not affect the integrity of any future purchasing or other financial decisions made by me.

- Hospitality Received

- Business Interests Held

By Self:

By Family, Partner Friend or Associate:

- Commercial Sponsorship Received:

Signed:

Dated:

Please return this declaration to the Executive Officer, Trust Headquarters, 2nd and 3rd Floor Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ. If you have any queries regarding this policy, please contact the Director of Finance, Performance and Information on 01344 415616 or your locality HR Manager.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG031 - Standards of Business Conduct (incorporating declaration of hospitality, gifts, business interests and commercial sponsorship received and conflict of interest)

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or HR Administration Team, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Statement

This policy reflects the organisation's determination to ensure that all parts of our community have equality of access to the service and that everyone receives a high standard of service as a service user, carer or employee. This policy encompasses the Trust's commitment to prevent discrimination in line with the Equality Act 2010 as well as recognise and respond to the needs of individuals based on good communication and best practice. Under the Act there are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, gender and age (over 18 years). We recognise that some groups of the population are more at risk of discrimination or less able to access services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The Trust is continually working to improve access and equality and all our policies require equality analysis to have been undertaken before approval.

Equality Analysis – Template *'Helping you deliver person-centred care and fair employment'*

<p>1. Title of policy / programme / service being analysed ORG031 Standards of Business Conduct (incorporating declaration of hospitality, gifts, business interests and commercial sponsorship received and conflict of interests).</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</p> <p>The Trust has a responsibility to uphold standards of business conduct and requires all employees to demonstrate probity in the management of funds ensuring they are not placed in a position whereby their integrity can be challenged.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>All BHFT Employees.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics? Include any supporting evidence e.g. research, data or feedback from engagement activities.</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</i></p> <p><i>No potential adverse impact.</i></p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc.</i></p> <p><i>No potential adverse impact.</i></p>
<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travellers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc.</i></p> <p><i>No potential adverse impact.</i></p>
<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</i></p> <p><i>No potential adverse impact.</i></p>

<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</p> <p>No potential adverse impact.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p> <p>No potential adverse impact.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</p> <p>No potential adverse impact.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p> <p>No potential adverse impact.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p> <p>No potential adverse impact.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p> <p>No potential adverse impact.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p> <p>No potential adverse impact.</p>
<p>5 Action planning for improvement</p>	
<p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p>	
<p>The policy has been agreed with senior managers and staff side representatives, and is available to all staff on the intranet.</p>	
<p>5.2 If no mitigating action can be taken, please give reasons. N/A</p>	
<p>5.3 Please state if there are any opportunities to advance equality of opportunity? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

<p>Sign off</p>
<p>Name of person who carried out this analysis: Tracey Slegg</p>
<p>Date analysis completed: February 2015</p>
<p>Date analysis was approved by responsible Director: Ratified by the Joint Staff Consultative Committee and Non Clinical Risk Group</p>

ORG044

WORKING TIME REGULATIONS

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-Issued:	July 2014
Review Date:	July 2016
Version:	4

Policy Number:	ORG044
Title of Policy:	Working Time Regulations Policy
Category:	Organisational
Distribution Areas:	All Trust Departments / Wards and Berkshire Shared Services
Index:	Page 4
Total number of pages:	11
Approved by:	Joint Staff Consultative Committee – July 2014
Re-issued:	July 2014
Next Review:	July 2016
Replaces Policy:	Version 3
Designated Lead:	Tracey Slegg Head of Operational HR
Policy Manager:	Director of Human Resources
For policy information:	HR Administration Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG044 – Working Time Regulations Policy

History: Version 4: Reviewed and re-issued July 2014
Version 3: Reviewed to reflect the integration with Community Health Services
Version 2: BHFT Policy issued July 2010

Designated Lead: Tracey Slegg
Head of Operational HR

Policy Consultants: Joint Staff Consultative Committee – July 2014

Assessed for compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009.	The policy supports compliance with the Care Quality Commission’s Essential Standards of Quality and Safety, Outcome 12 Regulation 21; Outcome 13 Regulation 22 and Outcome 14 Regulation 23.
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1. POLICY STATEMENT

- 1.1 The Trust is committed to providing a safe place of work and a healthy environment for all employees, workers, service users, visitors, volunteers and students. Limitations on working hours should be regarded as an integral element of managing health and safety at work and promoting health at work. The Trust recognises that excessive working time is not healthy and may affect the quality of service delivered. It will therefore aim to ensure, so far as is reasonably practicable that all employees and workers, adhere to the Working Time Regulations.
- 1.2 The Working Time Regulations were introduced in October 1998 and govern the hours that most workers can work.
- 1.3 This policy applies to all employees, and includes doctors in training.
- 1.4 Employees will suffer no detriment for exercising any of their entitlements under the Regulations. Neither will the Trust seek to change conditions already in place, which are more favourable to staff than those contained in the Regulations.

2. DEFINITIONS

2.1 What are Working Time Regulations?

The basic rights and protections that the Regulations provide are:

- a limit of an average of 48 hours a week which a worker can be required to work (though workers can choose to work more if they want to)
- a limit of an average of 8 hours work in 24 hours which a night worker can be required to work
- a right for night workers to receive free health assessments.
- a right to 11 consecutive hours rest in a 24 hour period
- a right to one day off each week or 48 hours per fortnight (this to be at the discretion of the manager)
- a right to an uninterrupted unpaid 20 minute rest break if the working day is longer than six hours
- a right to 5.6 weeks paid leave per year

The Regulations also provide different and enhanced rights for young workers:

- a limit of 8 hours work per day and 40 hour work per week
- a right to 12 hours rest per day
- a right to two days (48 hours) off in each seven day period (this cannot be aggregated over 14 days)
- a right to an uninterrupted unpaid rest break of 30 minutes if the working day is longer than four and a half hours.
- young workers are not permitted to work night shifts.

2.2 Who is a worker?

- **Adult worker** - a worker who has attained the age of 18.
- **Young worker** - a worker who is under the age of 18.

- **Night time** - the duration of which is not less than seven hours, and which includes the period between midnight and 5 am.
- **Night worker** - a worker who during the course of their normal working week works at least three hours of his/her daily working time during the night time, or who is likely, during the night time, to work at least such proportion of his/her annual working time as may be specified for the purposes of these Regulations in a collective agreement.
- **Bank Staff** - The regulations apply to 'workers'. Bank staff are considered to be workers and therefore able to benefit from the entitlements provided in these Regulations.
- **Agency Staff** - Agency staff will be covered under the scope of the Regulations and have a right to all the health and safety entitlements provided for. The responsibility under the Regulations for these staff is with the Agency but it remains the responsibility of the Trust to comply with the requirement for in-work rest breaks.

3. ROLES AND RESPONSIBILITIES

3.1 Employees

Each member of staff has a responsibility to understand this procedure, adhere to its principles and values, and communicate clearly with their manager at each stage of the procedure. They will:

- agree with their manager in writing if they choose to exceed the weekly working hours limit and sign the appropriate Opt Out Form (Appendix 1).
- undergo health care assessments as required (night workers).
- to declare employment outside of the Trust and sign the Trust's Conflict of Interest Form. In such cases the manager should discuss with their member of staff whether this pattern of work is likely to continue. If so they should come to an agreement of whether to adjust working arrangements accordingly or to sign an Opt Out Form (appendix 1)

3.2 Managers

The managers are responsible for ensuring the procedure is followed effectively. They will:

- Make staff aware of the policy
- take all reasonable steps to ensure that their staff do not work more than an average of 48 hours a week over a 17 week period including where required, discussing with an individual staff member how they might reduce their working time. Where an individual wishes to continue working more than an average of 48 hours a week, to ensure that the employee signs an Opt Out Form (appendix 1).
- monitor their employees' working hours and in particular if additional hours are worked via a Trust Flexible Worker Contract of Engagement (Bank Contract)
- seek advice from the Human Resources Department if a situation becomes unclear or there is disagreement as to the application of the procedure
- ensure that when employing young people, volunteers and people seeking work experience who are designated 'young people' that the hours of duty do not exceed 40 hours per week, and be aware that there is no 'opt-out agreement for young workers

3.3 Human Resources Department

The Human Resources Department will provide information and guidance through the intranet and advice to managers on the interpretation and implementation of this policy and procedure, and how to maintain appropriate records as part of implementing the policy.

4. ANNUAL LEAVE

The Working Time Regulations specify that all full-time workers are entitled to 5.6 weeks (28 days) paid annual leave, which includes bank/public holidays. Individuals employed on part-time contracts will receive annual leave pro rata to the hours worked.

Agenda for Change Terms and Conditions of Service provide annual leave entitlements over and above these statutory minimums. Further details can be found in the Annual Leave Policy (ORG028).

5. RECORD KEEPING

Employers have a responsibility to ensure that records are kept to show they have complied with the weekly working time limit, and these records should be retained for two years.

The areas for record keeping are listed below:

- hours worked under Trust employment
- hours worked for another employer
- a written agreement to work in excess of the average 48 hour limit (if applicable). See Appendix 1 for Opt Out Form
- health assessment details in cases of night workers
- compensatory rest accrued (if applicable)

Managers are not required to keep a running calculation of workers average weekly working time, although they may wish to monitor an individual's hours more closely.

6. APPEALS

Workers whose entitlements are denied or suffer detriment as a result of asserting their rights should refer to the Grievance policy and procedure.

Working Time Regulations Opt Out Form

The Working Time Regulations state that an employee cannot be required by their employer to work more than an average of 48 hours each week, over a seventeen-week period. However, some employees, from time to time, choose to work more than an average of 48 hours each week. In order to meet the regulations, employees should sign an individual 'opt-out' agreement, agreeing that this limit will not apply to him/her.

Employees who would like to continue to have the option to work more than an average of 48 hours a week, which includes hours worked on a Flexible Worker Contract of Engagement (Bank Contract), need to sign and return this agreement to their manager. The sole purpose of this agreement is to ensure that the Trust's current working practices comply with the law. There will be no change to terms and conditions of employment.

Employees who have concerns about this agreement should discuss them with their manager or seek further advice from a member of the Human Resources Department.

Individual Agreement

1. This signed document is confirmation that I have agreed with Berkshire Healthcare NHS Foundation Trust that the limit of working time set out in Regulation 4(1) of the Working Time Regulations 1998 shall not apply to me.
2. This Agreement shall apply from the date of signature given below.
3. I agree that I will comply with any and all policies of the employer, from time to time in force, which relate to its maintenance of records of my hours of work.
4. I acknowledge that I must give my employer 7 days notice to terminate this agreement in writing.
5. This agreement will be reviewed annually.

Signed..... Name (please print)

Place of Work.....

Assignment No.....Date.....

Manager's Signature..... Date.....

On behalf of Berkshire Healthcare NHS Foundation Trust

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG044 – Working Time Regulations Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated lead or to HR Co-ordinator, Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

<p>1. Title of policy/ programme/ service being analysed</p> <p>Working Time Regulations</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.</p> <p>The Trust is committed to providing a safe place of work and a healthy environment for all employees, workers, service users, visitors, volunteers and students. Limitations on working hours should be regarded as an integral element of managing health and safety at work and promoting health at work. The Trust recognises that excessive working time is not healthy and may affect the quality of service delivered. It will therefore aim to ensure, so far as is reasonably practicable that all employees and workers, adhere to the Working Time Regulations.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>This policy applies to all employees and includes doctors in training.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics? Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>No adverse impact identified</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>No adverse impact identified</p>
<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc</i></p> <p>No adverse impact identified</p>
<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i></p> <p>No adverse impact identified</p>
<p>4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i></p>	<p><i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i></p> <p>No adverse impact identified</p>

<p>4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i></p>	<p><i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i></p> <p>No adverse impact identified</p>
<p>4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i></p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified</p>
<p>4.8 Marriage and Civil Partnership <i>Refers to legally recognised partnerships (employment policies only)</i></p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>No adverse impact identified</p>
<p>4.9 Pregnancy and maternity <i>Refers to the pregnancy period and the first year after birth</i></p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>No adverse impact identified</p>
<p>4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i></p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified</p>
<p>4.11 Other disadvantaged groups <i>This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</i></p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	

Sign off
Name of person who carried out this analysis (Policy Lead): Head of Operational HR
Date analysis completed: July 2014
Date analysis was approved by responsible Director: Ratified by JSCC, July 2014

ORG047

ANNUAL REVIEW PROCESS

Policy & Procedures

**(including performance appraisal,
objective setting and personal
development planning)**

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	March 2016
Review Date:	March 2018
Version:	7

Policy Number:	ORG047
Title of Policy:	ANNUAL REVIEW PROCESS POLICY & PROCEDURES (including performance appraisal, objective setting and personal development planning)
Category:	Organisational
Distribution Areas:	All Trust Departments
Index:	Page 4
Total number of pages:	15
Approved by:	Joint Staff Consultative Committee – Nov 2015
Re-issued:	March 2016
Next Review:	March 2018
Replaces Policy:	Version 6
Designated Lead:	Head of Training and Organisational Development
For policy information:	Policy Administration 2 nd Floor Fitzwilliam House Skimped Hill Lane Bracknell Berkshire RG12 1BQ Tel: 01344 415623

POLICY DEVELOPMENT

History: Version 7: Introduction of values based behaviours and objectives aligned with the annual plan. Paragraph on new starters. Removal of paragraphs relating to Pay Progression gateways.

Version 6: Removal of paragraph relating to incremental pay progression after six months for newly qualified preceptees following changes to Agenda for Change T&Cs.

Version 5: Change of Policy title to Annual Review Process, Policy & Procedures. Addition of CQC Statement. Updated appendices and removal of structure chart. Changes to gateway progression.

Version 4: KSF Appraisal Form and KSF Evidence form updated.

Version 3: Current KSF Appraisal Form, Appraisal and PDP Form, KSF Evidence form replaced. Workforce Structure chart amended.

Version 2: Updated 20th August 2007 - Section 10 - Monitoring; Section 11 - Pay Gateways; Section 12 - Progression at Pay Gateways.

Version 1: A new policy developed in line with the implementation of Agenda for Change (AfC) and the Knowledge and Skills Framework (KSF).

Relationship with other Policies: ORG003 Disciplinary Policy, Procedures and Guidelines (Conduct, Performance & Attendance)
ORG067 Workforce Development Policy
ORG083 Preceptorship Policy
ORG084 Appraisal Policy for Medical Staff

Policy Consultants: Joint Staff Consultative Committee

Distributed for comments: Policy Review Group

This policy has been assessed for compliance with CQC Fundamental Standards

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1. STATEMENT

- 1.1 It is the policy of Berkshire Healthcare NHS Foundation Trust that every member of staff has an annual review, incorporating a review of performance against objectives, a review of behaviours against Trust values, setting of new objectives for the coming year and a personal development review, leading to a personal development plan (PDP).
- 1.2 The annual review process includes all these elements. The process the Trust operates is in accordance with a set of key principles (see section 3). In order for the process to be a success there needs to be a formal element with dedicated and protected time for reviewers and individuals being reviewed.
- 1.3 It is also expected that regular performance and development conversations will take place throughout the year, including a mid-term review of the Annual Review.

2. PURPOSE

- 2.1 The purpose of the policy is to ensure that all staff have an individual appraisal record (documenting performance against objectives and the behaviours that are relevant to their role) together with a personal development plan.
- 2.2 The purpose of the annual review is to ensure that each member of staff has the necessary skills to perform their role. It includes:
 - how the duties and responsibilities of the job are being undertaken based on current agreed objectives;
 - the evidence for and demonstration of effective behaviours in the workplace aligned to Trust values;
 - the setting of objectives for the year ahead
 - the development needs of the individual member of staff.
- 2.3 The annual review will help the Trust and its staff to achieve their goals.
- 2.4 Medical staff should refer to ORG084 Appraisal Policy for Medical Staff.

3. GENERAL PRINCIPLES

- 3.1 All staff will have objectives, a behavioural review and a personal development plan (PDP) that has been agreed with their line manager/reviewer that will be reviewed annually. The annual review is a joint process owned by the individual and supported by their line manager/reviewer. It should be reviewed and supported through regular meetings throughout the year, including a specific mid-term appraisal review.
- 3.2 Each employee has a responsibility to understand the annual review process, undergo any necessary training and to fully participate in the process.
- 3.3 All posts will have objectives which align with the team and Trust objectives as described in the annual plan. The employee should have an understanding of how their objectives fit in with Trust direction. The skills or learning required to fulfil these objectives will become the primary focus of the PDP.

- 3.4 The review of performance against objectives and the rating of an individual's behaviours will g be treated as confidential.
- 3.5 General or team objectives may be shared as part of a coherent, team approach to achieving the annual plan. Personal objectives which are specific to an particular individual will remain confidential
- 3.6 Similarly, learning and development needs from the PDPs should be summarised by the team leader and be used to inform the annual Training Needs Analysis.
- 3.7 Newly appointed staff, or those returning from extended absence, will have some initial objectives and a PDP agreed within six weeks of starting, or returning to, their role. This should be sufficiently structured so as to carry them as far as the next annual round of reviews at which point they would have a full annual review.

4. DEFINITION OF TERMS

4.1 Effective Behaviours

These are defined by and aligned to the Trust values. Whilst similar in intent, they are described in slightly different ways according to role and level in the organisation.

4.2 The Individual

The member of staff undergoing the annual review process.

4.3 The Reviewer

Normally this is the individual's line manager, immediate supervisor, team leader or appropriate senior colleague. The role of the reviewer is to ensure that the annual review occurs. Delegated appraisers may be used where someone other than the line manager is in a better position to carry out the review. The individual should be made aware when this is the case.

4.4 The Evaluator

Normally the evaluator is the reviewer's line manager and acts in a 'grandparent' role in the process. In circumstances when it is not appropriate for the senior line manager to act in this role an alternative person will be identified in advance of the appraisal and development review. The role of the evaluator is to support the annual review by giving an independent view in circumstances when the reviewer and individual cannot agree.

4.5 Annual Review Process

The annual review is the process of reviewing and agreeing objectives, reviewing the use of effective behaviours and personal development planning. The focus in the annual review includes behaviours and attitude in addition to managing performance. It is intended to provide:

- Objectives to deliver work/tasks
- Feedback on performance and behaviours
- Guidance on improving performance
- Monitoring individual's performance
- Discussion around career planning

4.6 Personal Development Review

As part of the annual review, the line manager and individual should review the personal development needs of the individual ie. their current and required level of competence in terms of the skills, knowledge and experience needed to meet their objectives and fulfil their role. It is intended to:

- Identify current skills, knowledge and experience
- Match these to the requirements of the post and the objectives
- Identify any gaps and agree how these could be addressed
- Agree a personal development plan (PDP) addressing the identified gaps

4.7 **Personal Development Plan (PDP)**

The PDP is a summary of the development needs, agreed between the individual and the reviewer, as identified in the Personal Development Review.

4.8 **Links between Appraisal and the Personal Development Plan**

Appraisal focuses on the individual's performance in the job, including their behaviour and specific objectives. The personal development plan focuses on the individual's required development.

4.9 **Objectives**

Objectives can be defined as the goals that the individual is tasked with achieving. They should be agreed rather than set. Individual objectives should be aligned with those of the team, the department, the locality or directorate and the Trust annual plan. SMART is an acronym which defines a good objective:

S – stretching/specific
M – measurable
A – achievable
R – relevant
T – timeframe

4.10 **Job description**

Every post should have a job description with a personal specification setting out the actual requirements in terms of the knowledge and skills that need to be applied when that post is being undertaken effectively.

5. RESPONSIBILITIES

5.1 **General Responsibilities**

- Both the reviewer and the individual will prepare for the appraisal and development plan meeting and agree a mutually convenient time.
- Meetings will not be cancelled unless there are extenuating circumstances. On these occasions an alternative date should be agreed.
- Meetings should take place in a setting where confidentiality can be maintained.
- Adequate time should be allowed.
- The emphasis should be on two-way discussion and constructive feedback.

5.2 **Each Individual will:**

- Gather, maintain and provide appropriate evidence of individual behaviours, learning and training to illustrate how the duties and responsibilities of the job are being undertaken, based on the personal development plan, job description and agreed objectives.

- Make adequate preparation for the appraisal and development review.
- Work with their reviewer and agree a set of objectives and a personal development plan within two weeks of the review.
- Maintain regular contact with their reviewer as part of the continuous assessment programme throughout the year.
- Take personal responsibility to attend and contribute to development opportunities.
- Use the Trust's systems for recording information related to the annual review in the required format.
- The forms must be completed and signed off by the individual and a copy retained.

5.3 **The Reviewer will:**

- Know when staff members are due to have their appraisal and development review.
- Have an understanding of how the duties and responsibilities of the job are being undertaken and how they are being applied in the context of corporate and service objectives.
- Know the job description for the post they are reviewing.
- Review the evidence gathered by the individual and assess the level of competence in relation to the job description and achievement of personal objectives.
- Review the evidence gathered by the individual and assess their behaviour against the Trust behavioural framework, based on observed examples.
- Assist the individual in developing the knowledge and skills required for the post making them aware of the range of learning opportunities available to them.
- Maintain regular contact with the individual throughout the year and play their part in ensuring the PDP is met.
- Ensure the date of the appraisal is recorded on the Electronic Staff Record (ESR).
- Ensure that the documentation is completed and a copy retained.

5.4 **The Evaluator will:**

- Monitor the whole process.
- Intervene if the reviewer and individual cannot reach an agreement about the appraisal and development review.

6. **DOCUMENTATION**

- 6.1 There are a number of versions of the annual review forms according to job role. Where individuals are unclear as to which version they should use, they should agree with their

reviewer which is the most appropriate for their role. The documentation is accessed via TeamNet. Whilst they can be printed, they are designed to be used electronically and functionality is reduced as a hardcopy.

6.2 Where the reviewer/line manager changes during the year, the Annual Review documentation should be made available to the new incumbent.

7. GATHERING EVIDENCE FOR REVIEWS

7.1 All staff will be required to gather evidence of behaviours and competence throughout the year. As examples, this might come from:

- 1:1 meetings throughout the year
- the annual or mid-term review meeting based on current objectives
- normal everyday duties
- reflective accounts, certificates, observations of work, supervision notes, letters of appreciation.

8. TIMESCALES

8.1 Each team should have an annual review timetable, created by the team manager/leader which specifies when the appraisal and personal development meetings will take place.

8.2 The reviewer and the individual will confirm the time and place of the review at least two weeks prior to the date of the review.

8.3 The record of the review should be completed within two weeks of the discussion.

8.4 All records should be held securely in compliance with Trust policy.

8.5 If either the individual or the reviewer disagrees with the review record, they will have a period of two weeks to try and resolve any anomalies/disagreements. If these are not resolved within this time period, the evaluator will mediate between the two parties.

8.6 In the event of intractable differences of opinion between the individual, reviewer or evaluator, advice may be sought from human resource managers or trade union representatives.

9. INFORMATION, GUIDANCE AND TRAINING

9.1 All managers new to the Trust or new to their role should attend the appropriate training course on how to conduct the annual review process.

9.2 All staff are able to access information on the annual review page on the Trust's intranet site. This includes all of the forms that are required and comprehensive guides on the process and its application.

9.3 Team managers will ensure that sufficient time is available for reviewers and individuals to meet for their reviews, and to allow them to attend training sessions when required. Training sessions refer to both mandatory training and training and development identified within the PDP.

10. MONITORING

- 10.1 The line manager will enter annual review information directly onto ESR as required by Trust guidance on the intranet.
- 10.2 The ESR Administration Team will run a monthly report on staff that are in date with the appraisal/PDP process. This will form part of the Performance Assurance Framework report (PAF).

11. MANAGING PERFORMANCE

- 11.1 The annual review forms part of the ongoing review and support relationship between line manager and individual. If there are any issues of concern relating to an individual's performance these should be addressed immediately. It is not good practice to delay dealing with such issues until the next annual or mid-year review meeting. For further guidance see ORG003 Performance Management and Disciplinary Policy.
- 11.2 Disciplinary issues should be dealt with separately from the Annual Review but the relevance of one to the other should be acknowledged and addressed as appropriate.

12. CAREER PLANNING CONVERSATION

The annual review provides an opportunity to discuss career planning for the longer term. The Career Planning Conversation Guidance notes can be found on the Appraisal pages of Teamnet and further guidance is given in ORG067 Workforce Development Policy.

13. NEW STARTERS

- 13.1 Individuals who are new to role can expect to have an objective setting discussion within the first six weeks as part of their local induction. As all annual reviews take place within a specified period during the year, the objectives should not only be appropriate to the role and experience of the postholder but also take into account the length of time until the next round of annual reviews. At that point, the new starter would be expected to join the annual cycle of performance/behavioural review and objective setting.

14. TEMPORARY STAFF OR THOSE ON FIXED TERM CONTRACTS

- 14.1 This policy and procedure may also apply to those staff that are temporary or have fixed term contracts (e.g. bank, agency, honorary or seconded staff). Where the individual is likely to be in post for less than 12 months, there should be a discussion between the individual and the line manager at the outset of the contract as to how this policy will be applied in practice.

15. STAFF ON SECONDMENT

- 15.1 If a member of staff is seconded externally to the Trust then they are required to maintain their knowledge and skills required for their substantive post. The Trust is required to support staff to this end as far as is practicable.
- 15.2 Upon returning to their substantive role, a review may be required to ensure previously agreed objectives and development needs are still relevant and to realign them with the next round of annual reviews.

16. STAFF ON MATERNITY/ADOPTION LEAVE


As with new starters and staff on secondment, those returning from maternity or adoption leave should be offered a review within six weeks of returning to identify their learning and development needs in line with the job description and current objectives. These should be appropriate to their role and experience and take into account the length of time until the next round of Annual Reviews. At that point, the returning staff member would be expected to re-join the annual cycle of performance/behavioural review and objective setting.

17. STAFF ON EMPLOYMENT BREAKS

As above, those returning from employment breaks should be offered a review within six weeks of returning to identify their learning and development needs in line with the job description and current objectives. These should be appropriate to their role and experience and take into account the length of time until the next round of annual reviews. At that point, the returning staff member would be expected to re-join the annual cycle of performance/behavioural review and objective setting.


Appendix 1 – Appraisal and Personal Development Plan for Frontline Clinical Staff

Double click on the image below to access the full document. Please note, there are a number of versions of this documentation according to role within the organisation. To access all versions, go to TeamNet - Knowledge - Learning & Development - Appraisal and PDP. Alternatively, click/paste this link into your intranet browser http://teamnet.berkshire.nhs.uk/knowledge/ld/annual_review/Pages/home.aspx

Berkshire Healthcare 
NHS Foundation Trust

Appraisal and Personal Development Plan

For: Front-Line Clinical Staff



making a difference community
understanding together specialist local

ORG047
Version 7

Page 12 of 15

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG047 Appraisal & Personal Development Review Policy & Procedure

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated policy lead or the Governance Administration Manager, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ: 01344 415623

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

<p>1. Title of policy/ programme/ service being analysed</p> <p>ANNUAL REVIEW PROCESS (including performance appraisal, objective setting and personal development planning)</p>	
<p>2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.</p> <p>The policy describes the appraisal and personal development review process within the Trust and includes an embedded version of the documentation for Frontline clinical staff as an example. Managers and staff are directed to the full range of documentation on the Trust intranet site both by hyperlinked URL and description of the pathway.</p> <p>All the documentation can be ‘zoomed in’ or printed if required and managers are able to work with staff in completing the forms where necessary. There is a specific version for Bands 1 & 2 staff which are shorter and more accessible in content.</p>	
<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>All staff working within the Trust should have agreed objectives and an annual review. Staff employed under Agenda for Change Terms & Conditions should also have a personal development plan.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>No adverse impact identified.</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>No adverse impact identified.</p>
<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travellers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc</i></p> <p>No adverse impact identified.</p>
<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i></p> <p>No adverse impact identified.</p>

<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity? <i>HR project underway to assess equal opportunity to training and development for all protected characteristic groups. This will aim to capture conversations and requests that occur prior to and irrespective of any subsequent formal applications for training.</i></p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Nicola Howells, Head of Training and Organisational Development</p>	
<p>Date analysis completed: October 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by Joint Staff Consultative Committee November 2015</p>	

TIME OFF IN LIEU (TOIL)

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	September 2015
Review Date:	September 2017
Version:	4

Policy Number:	ORG057
Title of Policy:	Time Off In Lieu (TOIL) Policy
Category:	Organisational
Distribution Areas:	All Trust Departments/Wards and Berkshire Shared Services
Index:	Page 4
Total number of pages:	9
Approved by:	Joint Staff Consultative Committee
Re-issued:	September 2015
Review Date:	September 2017
Replaces Policy:	Version 3
Designated Lead:	Head of Operational HR
Policy Manager:	Director of Human Resources
For policy information:	HR Coordinator 57-59 Bath Road Reading Berkshire RG30 2BA

POLICY DEVELOPMENT

ORG057 – Time Off In Lieu Policy

History:	Version 4: Reviewed and reissued September 2015
	Version 3: Reviewed and re-issued in July 2013.
	Version 2: Reviewed to reflect the integration of BHFT and Community Services and updated guidelines.
	Version 1: 'Guidelines for time paid back', issued April 2007, BHFT policy.
	Version 1: Time off in lieu policy' issued January 2010, BWPCT policy Review of above policies post transfer
Designated Lead:	Head of Operational HR
Policy Consultants:	Senior Managers JSCC
Distributed for comments:	HR Senior Managers JSCC

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3	Taking back time off in lieu	6
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1. INTRODUCTION

The purpose of this policy is to provide guidance on the process for managing unpaid periods of time that staff have worked which are in addition to their normal contracted hours. It applies to all employees of Berkshire Healthcare Foundation Trust. The policy has been designed to support good practice with regard to hours worked, health and safety and service provision.

The Trust recognises that from time to time and with the express advanced authority of the line manager time off in lieu may be accrued. It should be noted that time off in lieu is not a flexi-time scheme and is focused entirely around the needs of the service.

The Trust has a duty of care to protect the health and safety of its employees by ensuring that they do not work too many hours and that they are recompensed appropriately in the event that it is necessary to work additional hours.

Local guidance can be sought from line managers or the Human Resources department in the event of any queries and concerns.

2. ACCRUAL OF TIME OFF IN LIEU

It should be noted that the following guidance does not impact on the normal arrangements for paid overtime as detailed in the Agenda for Change Terms and Conditions Handbook (section 3).

- 2.1 Time off in lieu is normally accrued with prior management authorisation and is generally accrued for specifically working outside of normal contracted hours. However, if service delivery would be adversely affected, in certain extraordinary circumstances it may be necessary to gain authorisation retrospectively.
- 2.2 Staff who work extra time out of personal choice when there is not a pre-identified and agreed service need to do so are not entitled to accrue time off in lieu. In this instance 'an identified service need' must be considered on a case by case basis and can be identified as a set of circumstances in which failure to conclude the work at that particular time will have a detrimental impact on service delivery/work quality/patient care etc. It does not normally apply, for example, to an individual choosing to start early or finish late in order to complete work which forms part of their normal job responsibilities.
- 2.3 Staff are not permitted to avoid taking lunch breaks in order to accrue time off in lieu or so that they can leave work earlier. Rest breaks are a legal requirement and form part of the Working Time Regulations (1998) and staff are responsible for ensuring that they take these breaks appropriately during the working day.
- 2.4 Management authorisation needs to be obtained prior to the extra time being worked as the line manager will need to balance the needs of the service against the need to provide the subsequent time off in lieu.

- 2.5 Time off in lieu is accrued equal to the time actually worked - i.e if an employee works two extra hours then they accrue two hours time off in lieu - regardless of whether the work is done on a weekday, weekend or a bank holiday
- 2.6 Under no circumstances may time off in lieu be taken prior to earning it.

3. TAKING BACK TIME OFF IN LIEU

- 3.1 Employee's requests to take time off in lieu will be authorised at the discretion of the line manager, taking into account the operational needs of the service and workload of other employees. Line managers may not always be able to grant the specific time off in lieu requested.
- 3.2 The extra hours worked must be recorded by the employee's line manager and it is generally expected that the time off in lieu will be taken within one calendar month of the time being accrued. There may be exceptions to this according to service needs, e.g. it may be better for services that deliver services in schools to take time in lieu during school holiday periods, rather than within one calendar month. The records must be signed by the line manager stating a reason for the extra hours being worked.
- 3.3 Employees who, for operational reasons, are unable to take time off in lieu within three calendar months of it being accrued, must be paid at the appropriate overtime rate, as stated in section 3, paragraph 3.5 of the Agenda for Change Handbook.
- 3.4 In the event that an employee transfers to a different role and there is outstanding accrued lieu time, this should be taken before the individual transfers to their new role.
- 3.5 In the event that it is agreed by the new department to permit the accrued time off in lieu to be carried over to the new role - then the associated costs will be absorbed by the new department.
- 3.6 Employees leaving the Trust will be offered the opportunity to take accrued time off in lieu and, in the event that this is not practicable, then an additional hours/overtime payment will be made equivalent to the number of hours outstanding at the time of the termination of the employment.

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG057 - TIME OFF IN LIEU (TOIL)

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated lead or Human Resources Co-ordinator, 57-59 Bath Road, Reading, Berkshire, RG30 2BA

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	



Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed	
TIME OFF IN LIEU (TOIL)	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
The purpose of this Policy is to provide guidance on the process for managing unpaid periods of time that staff have worked which are in addition to their normal contracted hours.	
3. Who is likely to be affected? e.g. staff, patients, service users	
This policy applies to all employees of Berkshire Healthcare Foundation Trust. The policy has been designed to support good practice with regard to hours worked, health and safety and service provision.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? No adverse impact identified.	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.

<p>4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i></p>	<p><i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i></p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i></p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>No adverse impact identified.</p>
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<p>4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i></p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups <i>This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</i></p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Head of HR</p>	
<p>Date analysis completed: June 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the JSCC</p>	

ORG059

TRAVEL EXPENSES AND CLAIMS

(with effect from 1st July 2014)

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued:	1st July 2014
Review Date:	July 2016
Version:	8

Policy Number:	ORG059
Title of Policy:	Travel Expenses and Claims
Category:	Organisational
Distribution Areas:	All Trust Wards and Departments
Index:	Page 4
Total number of pages:	23
Approved by:	Relevant BHFT Finance Committees
Re-issued:	1 st July 2014
Review Date:	July 2016
Replaces Policy:	Version 7 http://teamnet.berkshire.nhs.uk/clinical/datapro/Old%20Versions/ORG059TravelExpensesandClaimsVERSION7.pdf
Designated Lead:	Head of Financial Services Deputy Director of Finance
Policy Manager:	Director of Finance, Information & Performance
For policy information:	Policy Administration 2 nd Floor Fitzwilliam House Skimped Hill Lane Bracknell RG12 1BQ 01344 415623

POLICY DEVELOPMENT

ORG059 - Travel Expenses and Claims

History:	<p>Version 8: Changes to AfC Handbook (Amendment No 31) Pay Circular (AforC) 02/2014 affecting staff under AfC Terms and Conditions.</p> <p>Version 7: Changes to AfC Handbook (Amendment No 29) Pay Circular (AforC) 03/2013 affecting staff under AfC Terms and Conditions.</p> <p>Version 6: Policy updated to add in matrix at Appendix 2 to provide clarity on which user allowance employee is entitled to. Full review date to remain as May 2014.</p> <p>Version 5: Policy updated to reflect the implementation of the Online Expenses System, the new Salary Sacrifice Scheme and Corporate Manslaughter Legislation.</p> <p>Version 4: Updated formatting, numbering errors.</p> <p>Version 3: Policy updated to reflect the increase in reimbursement rates for travel expenses; additional sections on Corporate Manslaughter and Corporate Homicide Act 2007 and Bribery Act 2010; minor amendments to claim form.</p> <p>Version 2: Approved November 2006.</p> <p>Version 1: Approved April 2000.</p>
Designated Lead:	Head of Financial Services Deputy Director of Finance
Policy Consultants:	RBH Payroll Manager Derwent Fleet Manager Head of Operational HR

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1. INTRODUCTION

- 1.1 The purpose of this policy is to outline the procedures in place for reimbursing employees for incidental expenses incurred for travel and allowance available whilst conducting Berkshire Healthcare NHS Foundation Trust business.

2. SCOPE OF POLICY

- 2.1 This policy applies to all employees of Berkshire Healthcare NHS Foundation Trust regardless of status.

3. RELATIONSHIP WITH OTHER POLICIES/DOCUMENTS

- Standing Financial Instructions
- Employment Contract

4. GENERAL PRINCIPLES

- 4.1 It is inevitable, particularly for community-based organisations that members of staff have to travel during the course of their duties. This may be to visit patients or to attend business activities on alternative sites. This policy aims to cover the principles which staff and managers should apply in making and authorising claims. These principles are set to ensure protection for both the organisation and the individual and to ensure that staff are recompensed fairly and economically.
- 4.2 As per Trust policy, home to base mileage (that is the miles between a staff member's registered home address and their registered base of work) will be deducted from any leg of any journey in which home is visited. See section 8.10 for examples.
- 4.3 Staff making a claim must use the Trust's administrative processes and systems current from time to time. The Online Expenses System is programmed to calculate the shortest route between the start and end points of each journey in accordance with the above method.
- 4.4 If longer routes are taken due to road closures or traffic jams the reason must be noted on the electronic claim form and managers have discretion to agree higher claims on an exceptional basis.
- 4.5 Knowingly making false or inflated claims is fraud and will result in disciplinary, civil or criminal action being taken by the Trust.
- 4.6 Staff who use their own vehicle for Trust business (i.e. reclaim mileage for business travel) must ensure that their personal vehicle Insurance Policy includes cover for such use. This may require cover for business use. Staff are advised to confirm to their insurance company that cover is for employer business mileage and the likely annual business mileage.
- 4.7 Staff are responsible for submitting the electronic claim to their manager for authorisation within 3 months of incurring the expenditure. The Online Expenses System will not allow for claims older than 3 months to be entered.
- 4.8 Managers authorising claims are not authorising the absolute value of the claim but that journeys are what might reasonably be expected of the post holder, that the mileage is accurate and that all other expenses are supported by original receipts.

- 4.9 All payments are made via the Payroll to ensure that any income tax and National Insurance Contributions are correctly dealt with.
- 4.10 All claims must be submitted to Payroll on a regular basis and no later than 3 months from incurring the cost or expense. For example, payroll expenses incurred in April must be submitted to Payroll by the payroll cut-off date for July.
- 4.11 Managers are responsible for ensuring that claims older than 3 months are not authorised. Any claims for items older than three months should be rejected by the manager.

5. CORPORATE MANSLAUGHTER AND CORPORATE HOMICIDE ACT 2007

- 5.1 The Corporate Manslaughter and Corporate Homicide Act affects all vehicles used for work - under Health and Safety Law employers must make sure that work equipment is suitable for its intended use, so far as health and safety is concerned, and that it is properly maintained and used (Provision and Use of Work Equipment Regulations 1998). This means that organisations are negligent if they don't ensure that both employees and vehicles (including privately owned and insured) are fit to be on the road.

5.2 Employers Responsibility

Managers and supervisors are not expected to physically inspect a driver's documents, or those relating to the vehicle, every time an expenses claim is submitted, but should allow, as part of their routine duties, a periodic review not exceeding every twelve months, to satisfy themselves that:

- The individual holds a full UK or international driving license which is valid for driving the vehicle intended to be driven. Note that an international driving license is only valid for one year following entry into the UK, after which the individual must obtain a full UK driving license. An international driving licence cannot be renewed;
- That both the individual and the vehicle have both the appropriate insurance policy that covers business use;
- The vehicle intended to be driven has where applicable, a valid MOT certificate;
- The vehicle has a current valid road fund license (tax disc);
- The drivers shift or working pattern provide for adequate breaks from driving;
- Individuals are aware of policies around use of equipment such as mobile telephones whilst under the control of a vehicle.

5.3 Employees Responsibility

- The individual has not received any vehicle rectification notices;
- The individual has not been convicted of any driving offences that prevents them from being able to drive a motor vehicle, nor has any cases pending which might result in suspension or disqualification from driving;

- The individual has no medical conditions, either temporary or permanent, that might impair their driving ability and is not under the influence of alcohol or drugs, including prescribed and over-the-counter medication;
- The employee must ensure that they are suitably qualified and competent to drive the vehicle that they intend to use for business mileage;
- Have a valid license that permits them to drive the vehicle that they are using for business mileage (see 5.5 Driving Licenses);
- The vehicle is regularly visually inspected for any defects or faults that might create Health & Safety concerns for the driver, any passengers or other road users;
- Individuals should ensure that routine maintenance checks are performed on oil and water levels, including screen wash, and tyre wear and tear; and that tyre treads comply with the UK minimum legal requirement;
- That the individual does not drive in a way that is without due care and attention to other road users, is within the speed limit for the road taking into account the prevailing driving conditions, is not dangerous and which does not increase the risk of harm to themselves, passengers or other road users;
- Individuals must park their vehicle in designated car parks or authorised permit area and must not park their vehicles which can create restricted access to emergency service vehicles, or in areas that contravene local parking restrictions. Individuals disobeying or disregarding parking restrictions which subsequently results in a ticket or fine will be liable for payment regardless of the reason;
- Individuals must report all incidents involving their vehicle to their supervisor or manager as soon as possible. This can include, but not limited to, an accident involving the vehicle regardless of liability; the individual's fitness or ability to drive due to short-term or permanent medical condition; any pending criminal or civil action taken in respect of the vehicle, vehicle insurance, road fund license, or the individual's driving license. Failure to report an incident could result in the individual being subject to disciplinary action.

5.4 Driving Licenses

- 5.5 Individuals driving vehicles on business mileage must hold a valid full license that entitles them to drive in Great Britain.
- 5.6 A full license can include those issued by the Driver and Vehicle Licensing Agency (DVLA) within Great Britain (GB); a European license issued from a country within the European Economic Community (EEC) or European Economic Area (EA); or an international driving license issued by a country outside of the EEC or EA.
- 5.7 Licenses issued within the EEC/EA (including those issued in GB) can be used as long as they remain valid. Individuals driving under an EEC/EA license are not required to obtain a GB license unless they are aged over 70, or they have resided in Great Britain for more than three years, whichever is the longer.
- 5.8 Licenses issued by a non EEC/EEA country are only valid for twelve months from the date of issue, and must be replaced with a GB license after they expire. Individuals must not continue to drive on an international license twelve months after issue.

6. BRIBERY ACT 2010

6.1 The Bribery Act 2010 makes it a criminal offence for an individual to gain advantage by offering or accepting of a reward to persuade somebody to act dishonestly and/or in breach of the law.

6.2 There are four bribery offences. These are:

- Bribing – the offering, promising or giving of an advantage;
- Being bribed – requesting, agreeing to receive or accepting an advantage;
- Bribing a foreign public official;
- The "corporate offence", where a commercial organisation fails to prevent persons performing services on its behalf from committing bribery.

6.3 In the context of this policy, this can mean to be, but not limited to, making a false, overstated or fraudulent claim for expenses and seeking or persuading an authorising supervisor or manager to approve the claim with the aim of sharing the proceeds from an overstated claim.

6.4 Conversely, a supervisor or manager may seek to persuade or coerce a member of staff to submit false, overstated or fraudulent claims with the aim of sharing the proceeds of the claim with the employee.

6.5 Under both the above examples, the offers made by the individuals could be classed as bribes, and therefore subject to a criminal investigation under the Bribery Act 2010.

6.6 Individuals submitting claims, and supervisors or managers who authorise claims must never accept any offer of an inducement to make false, overstated or fraudulent claims and must refer all requests to their immediate supervisor or manager, Director of Finance or local counter fraud officer for investigation.

7. MILEAGE CLAIM RATES IN USE FOR STAFF UNDER AGENDA FOR CHANGES TERMS AND CONDITIONS ONLY

7.1 Rates will be updated periodically and are attached as **Appendix 1**. All these rates are programmed in to the Online Expenses System.

7.2 Standard User Rate

- to all people using their own car for business mileage and who do not have a lease car or vehicle provided under the Salary Sacrifice scheme.
- The mileage break at 3,500 miles per annum flags up the fact that the people concerned should be assessed as being financially viable for a lease car. Where the user has been assessed as being financially viable for a lease car, but unreasonably declines to accept the Trust's offer, the user will be paid a Reserve Rate.
- To all people attending courses, conferences or events required of the Trust will be reimbursed at standard rate.

7.3 Reserve Rate:

- To all people who have had a compulsory change of base, either permanent or temporary, resulting in extra daily travelling expenses. The reserve rate for

this excess mileage is payable for 4 years from the date of transfer and under HM Revenue and Customs rules, is fully taxable.

- To all people who use their own vehicle where suitable public transport is available, and is appropriate in the circumstances, subject to a maximum of the public transport cost which would have been incurred subject to the Home to Work Base Mileage.
- To all people who are required to return to work or work overtime and who incur additional travel to work to perform those duties.
- To all people attending courses, conferences or events not required of the Trust will be reimbursed at reserve rate.
- To all people who are financially viable for a lease car but unreasonably declines the Trust's offer.
 - In determining reasonableness the Trust and the employee will seek to reach a joint agreement as to whether a lease vehicle is appropriate and the timeframe by which the new arrangements will apply. All the relevant circumstances of the employee and Trust will be considered including an employees' personal need for a particular type of car and the employers' need to provide a cost effective option for business travel.

7.4 Motorcycles: See **Appendix 1**

7.5 Passenger Allowance: See **Appendix 1**

7.6 Pedal Cycles: See **Appendix 1**

7.7 Lease and Salary Sacrifice Car Rate:

- This rate is based on the Government supplied Urban Cycle for each individual car. This figure is then divided into the average Berkshire price for a litre of unleaded petrol or diesel. The price per litre figure will be updated quarterly;
- All lease and salary sacrifice car users will be paid at the appropriate lease and salary sacrifice car rate for any duty journeys carried out using the lease car provided. This includes training trips;
- Lease and Salary Sacrifice car users are expected to use these vehicles for all Trust business trips, including training trips;
- Lease and salary sacrifice car drivers will be given an Online Expenses profile that will automatically link them to the correct mileage rates for lease car mileage;
- It is a requirement of the Online Expenses System that Lease and Salary Sacrifice drivers enter an up to date mileage reading each time they submit an expense claim.

8. MILEAGE CLAIM RATES IN USE FOR ALL MEDICAL STAFF, STAFF WITH PERSONAL CONTRACTS, STAFF UNDER LOCALLY AGREED PAY ARRANGEMENTS AND ALL OTHER NON AGENDA FOR CHANGE TERMS AND CONDITIONS OF EMPLOYMENT

8.1 Rates will be updated periodically and are attached as **Appendix 2**. All these rates are programmed in to the Online Expenses System.

8.2 Public Transport Rate is payable as follows:

- to all people using their own car and who are attending a **training course, seminar or conference**;
- to all people who are claiming excess mileage allowance whilst using their own car;
- to all people who are assessed as financially viable for a Lease Car but who choose not to take up the option, subject to any exceptional circumstance that materially disadvantages an employee in being able to accept a Lease Car.

8.3 Regular User Rate is payable as follows:

- To all people who are anticipated or actually do over 3,500 miles per annum in the course of their regular duties and who having been assessed for financial viability and qualify as Regular Users;
- The Financial Viability Assessment is carried out to ensure that the foundation trust is not paying out more than it requires in terms of travel allowances. If it should show that it would be financially viable to supply a person with a Lease Car and the person rejected the offer then the employee should be paid at the Public Transport Rate for any Duty Mileage carried out for the foundation trust. Should the assessment show that it was not financially viable to provide the person with a Lease Car they would be paid for the use of their own car for duty purposes at the rate they qualify for;
- To all people who do at least 1,250 duty miles per annum, or who use their car at least three days per week or spend 50% of duty time travelling;
- To all people who do at least 1,000 miles per year and who use their car at least four days per week for duty purposes;

8.4 Standard User Rate is payable as follows:

To all people who do not qualify as regular users. The mileage break at 3,500 miles per annum flags up the fact that the people concerned should now be assessed as either a Lease Car user or a Regular user. Should people not wish to be assessed for regular user allowance or Lease Car, then all miles travelled over the initial 3,500 miles for that financial year will be paid at a reduced rate, depending on the CC of your engine (detailed below):

- Up to 1000 CC: 17.8p per mile
- 1001 to 1500 CC: 20.1p per mile
- Over 1500 CC: 22.6p per mile

8.5 A matrix is provided at Appendix 3 to assist in determining which user an employee is depending on their business mileage and regularity of day's travelling.

8.6 Motorcycles: See Appendix 2

8.7 Passenger Allowance: See Appendix 2

8.8 Pedal Cycles: See Appendix 2

8.9 Lease and Salary Sacrifice Car Rate:

- This rate is based on the Government supplied Urban Cycle for each individual car. This figure is then divided into the average Berkshire price for a litre of unleaded petrol or Diesel. The price per litre figure will be updated quarterly;
- All lease and salary sacrifice car users will be paid at the appropriate lease and salary sacrifice car rate for any duty journeys carried out using the lease car provided. This includes training trips;
- Lease and Salary Sacrifice car users are expected to use these vehicles for all Trust business trips, including training trips;
- Lease and salary sacrifice car drivers will be given an Online Expenses profile that will automatically link them to the correct mileage rates for lease car mileage;
- It is a requirement of the Online Expenses System that Lease and Salary Sacrifice drivers enter an up to date mileage reading each time they submit an expense claim.

9. INLAND REVENUE DEFINITION OF BUSINESS MILES

9.1 There are separate criteria for claiming travelling expenses:

- Whether you can claim the mileage under your contract of employment;
- Whether you can claim tax relief on the expenses claimed.

9.2 For example in certain cases, home to base expenses can be claimed but tax relief cannot be claimed.

9.3 The following definitions are only to define whether tax relief can be claimed on these expenses. Even where tax relief is allowed there are certain limits when relief can be claimed.

9.4 Lease Car users and salary sacrifice users will be paid their expenses tax free and will be dealt with directly by the tax office and their tax code will be adjusted to recoup any tax owed.

9.5 Users for claims for less than 3,500 miles in a financial year are currently allowed tax relief when due at 45p per mile. Any amount above 45p per mile is taxable. From financial year 2003/04 this has been done at source through the payroll and there is no need to involve HM Revenue and Customs.

9.6 Home to Work Base Mileage

Home to Base mileage is deducted as standard from the total journey travelled which starts and/or finishes at home. The examples in section 8.10 below provide an illustration of this policy.

9.7 Emergency/Out of Hours Mileage

In the event of an employee having to travel to their work base out of hours, the full home to base mileage can be claimed at manager’s discretion. The reimbursement is paid at Reserve Rate.

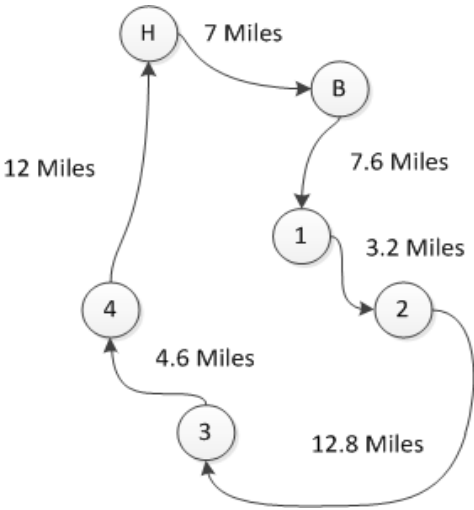
9.8 Inland Revenue Regulations state:

“Employees are entitled to tax relief for the full cost of any travel incurred in the performance of their duties and for travel to or from a place they have to attend in the performance of their duties – as long as the journey is not ordinary commuting or private mileage (i.e. normal journey from home to base and return).”

9.9 The new tax rule determines the amount on which relief is due. They do not determine the level of payment or provision that the foundation trust can or should make the foundation trust will only pay for foundation trust official business miles only.

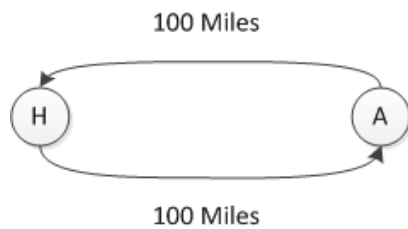
9.10 Examples:

1. Sarah is a health visitor. Her duties are defined by reference to an area but she has an office that she regularly attends. Although much of her time is spent visiting clients within her area, her office is a permanent workplace. So her travel between home and the office is ordinary commuting for which she is not entitled to relief. Her travel to and from the clients is business travel.



Example 1.
 Home (H) to Base (B) = 7 Miles. System will reimburse nothing for this leg of the journey.
 Base to visits 1,2,3 and 4 = 28.2 Miles. System will reimburse full mileage.
 Visit 4 to Home = 12 Miles. System will deduct Home to Base Mileage of 7 Miles, reimbursing 5 Miles for this leg.
 User will enter start and end postcode for all legs of the journey. The system will show 47.2 Miles travelled, but reimburse 33.2 Miles.

2. Peter lives in Slough and each day drives to his permanent workplace in Windsor where he is a trainee accountant. He gets no relief for the cost of this journey because it is ordinary commuting.
3. Jane lives in Slough and travels 100 miles for a business meeting, before making the 100 mile return journey home. Her work base is 5 miles from home. She gets relief on 190 miles, as the system automatically deducts home to base mileage of 5 miles on each leg of the journey.



Example 3.

Home (H) to Meeting Point (A) = 100 Miles. System automatically deducts home to base mileage of 5 miles.

Meeting Point (A) to Home (H) = 100 Miles. System automatically deducts home to base mileage of 5 miles.

User will enter start and end postcode for both legs of the journey. The system will show 200 Miles travelled, but reimburse 190 Miles.

9.11 Accurately Logging your Mileage

The Online Expenses system will calculate your journey distances for you. In order to accurately enter your mileage, it is recommended that you keep a diary of each postcode you visit throughout the day.

9.12 Shortest vs. Quickest Route

- The Online Expenses system will by default calculate the shortest route between two postcodes. For the majority of journeys taken by staff, it is expected that this will be actual route taken;
- The Online Expenses system provides the ability to override the shortest route, to take into account local traffic conditions at the time or day of travel, or where using a longer route may actually reduce journey times, for example, using a motorway rather than town or urban route particularly during busy times of the working day, for example morning and evening rush or commute hours;
- Staff who wish to override the shortest route are required to state the reason for not following the default route, which will then be reviewed by their authorising supervisor or manager;
- Authorisation of claims for non-default journeys will be authorised at a manager's or supervisor's discretion, however, it is the expectation that all staff should be paid for the mileage incurred on Trust's business;
- Claims that are claimed above the shortest route will be captured at both the time the claim is authorised by the approving supervisor or manager, and by the Trust Senior Manager who will monitor the reasons provided;
- Staff are reminded that all mileage claims are subject to independent review and scrutiny by foundation trust auditors and where there is any suspicion of an over or fraudulent claim, this will be subject to investigation under the Gross Misconduct Policy, which may result in disciplinary action against either or both the member of staff and the approving manager.

9.13 Lease and Salary Sacrifice Car drivers

- There is provision within the Trust protection policy ORG004 for employee's to receive an excess mileage payment, for additional mileage travelled from home to base should the Foundation Trust initial a change of base. HMRC regulations require that these payments would be subject to PAYE 'fuel benefit' tax (including

the rules relating to company car taxation) and National Insurance (NI) contributions current from time to time;

- It is generally recommended that Lease and Salary Sacrifice Drivers do not invoke this payment as the associated 'fuel benefit tax' is based on a fixed rate, not dependant on mileage and is likely to exceed £600/annum. Anyone considering the option to claim under this provision is strongly advised to contact Payroll before doing so;
- Should a Lease or Salary Sacrifice driver exceed the contracted private mileage as a result of a Trust invoked change to the drivers 'home base', The Trust will offset the cost of any excess mileage costs charged by the leasing company equivalent to the total of additional 'home to base' mileage, since the change, at the rate/mile charged by the lease company. This provision would not apply if a change of home base was as a result of formally applying for another role/promotion through the Trusts recruitment scheme;
- This provision applies only for the lease of salary sacrifice car agreement in place at the time of the change in home base. Incremental home to base mileage should be taken into account in the contracted mileage calculation for any subsequent lease car agreements as further payments will not be approved.

10. SUBSISTENCE RATES*

* The AfC Handbook stipulates some allowances where the amount payable is below those provided by the Trust

10.1 Overnight Subsistence: Hotels

Reimbursed as follows:

- The actual receipted cost of bed and breakfast up to normal maximum of £100 outside of London and £120 in London;

Plus

- A meals allowance of £22.50 to cover main evening and one other daytime meal.

10.2 In exceptional cases, where the maximum limit is exceeded for genuine business reasons e.g. choice of hotel was not within the claimant's control or cheaper hotels were fully booked, additional assistance may be granted at the discretion of the Trust. This must be clearly indicated when the claim is signed by the Manager.

10.3 Overnight Subsistence: Non-Commercial Accommodation

- With friends, relatives or in a caravan, a flat rate of £27.50. This includes meal allowance;
- Accommodation provided by the employing authority or host organisation, an allowance up to £20.00 per day for meals which are not provided free of charge;
- Where accommodation and meals are provided without charge a taxable incidental expenses allowance of £4.20 per day.

10.4 Meals Subsistence

10.5 An allowance may also be paid to officers when absent from home on necessary NHS business for more than 5 hours when appropriate refreshments have not otherwise been provided.

10.6 Period of Absence Rate:

5 – 10 hours	(1 meal)	£5.00
10 – 12 hours	(2 meals)	£10.00
Over 12 hours	(3 meals)	£15.00

10.7 Any exceptions to the above are at the discretion of the Trust and must be clearly indicated when the claim is signed by the Manager.

10.8 An employee required to work late at night *in addition* to a day duty may be paid a taxable evening meal allowance of £3.25. Entitlement to this is at the discretion of the Trust.

11. MAKING AN EXPENSE CLAIM

11.1 All travel expense claims should be submitted using the Online Expenses System. For access and detailed instructions as to how to create an expenses claim click on the following intranet link for [Online Expenses](#) or contact the [BHT Expenses helpdesk](#).

11.2 For further detailed instructions on creating or submitting an Online Expense claim please refer to the Online Expenses User Guide which is published on the [intranet](#).

**Appendix 1: MILEAGE EXPENSES FOR STAFF UNDER AGENDA FOR CHANGE
TERMS AND CONDITIONS ONLY**

**MILEAGE ALLOWANCES (from AfC Handbook (Amendment 31) Circular
(AforC) 2/2014) (with effect from 1st July 2014)**

1 Reserve Rate

27p per mile

2 Standard Rates:

Motor Cars with Three or Four Wheels

Engine Capacity	(cc)	All classes
Up to 3,500 miles	(p)	54
Thereafter	(p)	20

4 Motorcycle Rates:*

Engine Capacity	(cc)	All classes
All eligible miles	(p)	27

5 Passenger Allowance:

Each passenger: 5p per mile

6 Pedal Cycles:

20.0p per mile

7 Lease and Salary Sacrifice Car Rate:

Petrol: 15p per mile

Diesel: 13p per mile

* includes motor cycles and combinations, motor scooters, mopeds and motor-assisted bicycles.

8 Subsistence – Please refer to policy for further details:

Overnight Subsistence – Hotels	Bed & Breakfast (Outside London) (In London)	Maximum £100.00 £120.00
	Meal Allowance – to cover main evening and one other day time meal	£22.50
Overnight Subsistence – Non-Commercial Accommodation	Friends, Relatives, Caravan – includes meal allowance	Flat Rate £27.50
	Accommodation by employing authority or host organization	£20.00 for meals not provided free
	Where accommodation and meals are provided without charge	Taxable £5.00 a day
Meals Subsistence	Meal Allowance	
	5 miles from base for more than 5 hours covering lunch time period 12.00 to 14.00	Maximum £5.00
	Meal Allowance	
	5 miles from base for 10 to 12 hours	Maximum £10.00
	Meal Allowance	
5 miles from base for more than 12 hours and unable to return home before 19.00 and require an evening meal	Maximum £15.00	
	Evening Meal Allowance (in addition to day duty)	Taxable evening meal £3.25

Appendix 2: MILEAGE EXPENSES FOR ALL MEDICAL STAFF, STAFF WITH PERSONAL CONTRACTS, STAFF UNDER LOCALLY AGREED PAY ARRANGEMENTS AND ALL OTHER STAFF NOT ON AGENDA FOR CHANGE TERMS AND CONDITIONS OF EMPLOYMENT

1 Public Transport Rate (including Training Courses, Seminars and Conferences):

24p per mile

2 Regular User Rates:

Motor Cars with Three or Four Wheels

Engine Capacity	(cc)	501 to 1,000	1,001 to 1,500	Over 1,500
Lump Sum	(£)	508.00	626.00	760.00
Up to 9,000 miles	(p)	29.7	36.9	44.0
Thereafter	(p)	17.8	20.1	22.6

3 Standard Rates:

Motor Cars with Three or Four Wheels

Engine Capacity	(cc)	501 to 1,000	1,001 to 1,500	Over 1,500
Up to 3,500 miles	(p)	37.4	47.3	58.3
Thereafter	(p)	17.8	20.1	22.6

4 Motorcycle Rates:*

Engine Capacity	(cc)	125 or Less	Over 125
Up to 5,000 miles	(p)	17.8	27.8
Thereafter	(p)	6.7	9.9

5 Passenger Allowance:

Each passenger: 5p per mile

6 Pedal Cycles:

10.0p per mile

7 Lease and Salary Sacrifice Car Rate:

Petrol: 15p per mile

Diesel: 13p per mile

* includes motor cycles and combinations, motor scooters, mopeds and motor-assisted bicycles.

8 Subsistence – Please refer to policy for further details:

Overnight Subsistence – Hotels	Bed & Breakfast (Outside London) (In London)	Maximum £100.00 £120.00
	Meal Allowance – to cover main evening and one other day time meal	£22.50
Overnight Subsistence – Non-Commercial Accommodation	Friends, Relatives, Caravan – includes meal allowance	Flat Rate £27.50
	Accommodation by employing authority or host organization	£20.00 for meals not provided free
	Where accommodation and meals are provided without charge	Taxable £5.00 a day
Meals Subsistence	Meal Allowance	
	5 miles from base for more than 5 hours covering lunch time period 12.00 to 14.00	Maximum £5.00
	Meal Allowance	
	5 miles from base for 10 to 12 hours	Maximum £10.00
	Meal Allowance	
5 miles from base for more than 12 hours and unable to return home before 19.00 and require an evening meal	Maximum £15.00	
	Evening Meal Allowance (in addition to day duty)	Taxable evening meal £3.25

Appendix 3: Matrix for Determining User Allowance

This is only valid for those staff not on AfC Terms and Conditions.

	Number of days per week travelling on business on a regular (ie, weekly) basis*			OR	Spends 50% of duty time travelling (ie, 3.75 hours per day or 18.75 hours per week for 1.00 WTE)
	Up to 2 days per week	Up to 3 days per week	Up to 4 days per week		
Does up to 1,000 business mile per annum	Standard User	Standard User	Standard User		Standard User
Does over 1,000 business miles per annum but not more than 1,249 miles per annum	Standard User	Standard User	Regular or Lease Car User		Standard User
Does over 1,250 business miles per annum, but not more than 3,499 miles per annum	Standard User	Regular or Lease Car User	Regular or Lease Car User		Regular or Lease Car User
Does over 3,500 business miles per annum	Lease Car User	Lease Car User	Lease Car User		Lease Car User
<p>* the number of days may be averaged across the month, so for example, if in a typical month an employee uses their vehicle 2 days per week, and another two weeks 4 days a week, then the average for the month is 3 days per week.</p>					

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG059 - Travel Expenses and Claims

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated policy lead or to the Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed TRAVEL EXPENSES AND CLAIMS	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. The purpose of this policy is to outline the procedures in place for reimbursing employees for incidental expenses incurred for travel and allowance available whilst conducting Foundation Trust business.	
3. Who is likely to be affected? e.g. staff, patients, service users All Trust Staff.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> <i>No adverse impact identified.</i>
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> <i>No adverse impact identified.</i>
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> <i>No adverse impact identified.</i>
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> <i>No adverse impact identified.</i>
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> <i>No adverse impact identified.</i>
4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> <i>No adverse impact identified.</i>

<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Head of Financial Control</p>	
<p>Date analysis completed: June 2014</p>	
<p>Date analysis was approved by responsible Director: Director of Finance and Performance</p>	

ORG067

WORKFORCE DEVELOPMENT POLICY

Berkshire Healthcare NHS Foundation Trust



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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

Re-issued: February 2013
Review Date: February 2015 - Under Review due to complete by
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Designated Lead:	Julie Bennetts Head of Learning & Development
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POLICY DEVELOPMENT

History: Version 4: Reviewed to reflect the current 2012/13 NHSLA Standards.

Version 3: Significant changes made to determine the process of policy development in line with NHSLA requirements.

Version 2: Policy Index amended and page numbering corrected.

Version 1: Developed November 2008

Designated Lead: Julie Bennetts
Head of Learning & Development

Policy Consultants: Mette Laszkiewicz, Learning & Development Manager (West)
Anthony Shipley, Learning & Development Manager (East)

Distributed for comments: Joint Staff Consultative Committee - July 2012

<p>Assessed for compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission Registration) Regulations 2009</p>	<p>The policy supports compliance with the Care Quality Commission’s Essential Standards of Quality and Safety: CQC Outcome 12, Regulation 21 CQC Outcome 13, Regulation 22 CQC Outcome 14, Regulation 23</p>
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1. PURPOSE

The purpose of this policy is to provide information and guidance to staff on the workforce development requirements and opportunities for staff within Berkshire Healthcare NHS Foundation Trust (hereafter referred to as the Trust).

2. INTRODUCTION

The policy aims to set out the Trust rules and procedures relating to workforce development and all staff's responsibilities with regard to workforce development.

The policy covers the workforce requirements of statutory, mandatory and required training including the minimum standards required by the Care Quality Commission (CQC) and NHSLA. It also covers the requirements for continuing professional development for non-medical staff and registered healthcare professions including how these activities are supported and funded.

3. POLICY STATEMENT

3.1 Ensure all staff feel supported and valued for their contribution

To demonstrate to staff of all groups and at all levels that they are valued and have a critical contribution to make to the quality of care provided to service users, both directly and indirectly. This will contribute to establishing the Trust as an 'employer of choice' within Berkshire, aiming to improve the recruitment and retention of staff.

3.2 Provide appropriate access for development opportunities

To ensure that staff of all groups, levels and backgrounds have access to an appropriate range of education, learning and developmental opportunities to enable them to make the most effective contribution to their work and team, and to achieving the Trust's strategic aims and those of the NHS.

3.3 Ensure continuing personal and professional development (CPD) is practised

To create an environment in which continued learning becomes habitual, by encouraging individuals to reflect on their practice, share knowledge with others and plan to meet their future personal and career needs. This in turn will contribute to current service needs, to supporting clinical governance and generate creativity, innovation and flexibility for the future.

3.4 Support the requirements of governance through becoming a 'learning organisation'

To place the needs of service users in the forefront of planning, to ensure that staff are aware of current research-based methods and are able to maintain their fitness to practise. To review suggestions, comments, complaints and critical incidents, implement and evaluate changes made, and share the outcomes throughout the organisation.

To be effective in this aim, governance must apply to all staff who may have an impact on the care and treatment of service users, either directly or indirectly, not just 'healthcare professionals'.

4. STRATEGIC AIMS

4.1 Attract and maintain a quality workforce

That sufficient appropriate staff are recruited and that all staff maintain their awareness of and competence in current practice, standards and issues in their work and profession, committed to contributing to a service user-centred approach and supporting the delivery of high quality care.

4.2 Effective performance management to ensure a quality service

That all staff are recognised for their individual, team and Trust-wide contribution, particularly through participation in regular appraisal and feedback, agreeing a Personal Development Plan (PDP), and receiving appropriate continuing support through both work and learning opportunities. (See ORG 047 Annual Review Process Policy & Procedures)

4.3 Secure resources through Trust-wide training plans

That local information is provided by managers via the annual Training Needs Analysis which in turn contributes to an annual Trust Training Plan, through which the Trust Executive Team agree the resources that will be made available. The Plan also serves as a vehicle to obtain funding for learning from the Strategic Health Authority to meet local and national strategic aims.

4.4 Ensure safety in the workplace through effective learning and development

That the minimum standards for education and training set by the Care Quality Commission and the NHSLA are fully complied with including all those topics on the NHSLA Minimum Data Set. The Trust will be able to demonstrate compliance with these requirements through effective recording and reporting arrangements using the electronic staff record (ESR).

4.5 Ensure management effectiveness

That the development of appropriate and effective management and leadership skills at all levels is encouraged, to supervise, coach and lead staff in the provision of a high quality service which meets the needs of service users, local and national performance targets and is value for money.

5. RESPONSIBILITIES

5.1 CHIEF EXECUTIVE AND EXECUTIVE DIRECTORS

5.1.1 The Trust will clearly demonstrate its commitment to support appropriate staff learning activities through the investment made and through awareness of both plans and outcomes at Board level. The Chief Executive and Executive Directors will be responsible for ensuring that these principles are applied through Locality Directors and Senior Managers to all staff in their areas of responsibility.

5.1.2 Learning & Development Strategy

The strategy is made operational through the Trust's annual training plan and updated regularly by the Head of Learning & Development in the light of national, strategic, and local needs.

5.1.3 Learning & Development Information

The Learning & Development Team provide information on compliance with statutory and mandatory training to the Trust Board via the monthly Performance Assurance Framework.

Managers can access information on compliance with statutory and mandatory training using the on-line Training Portal.

ESR Self-service enables managers to access training records for their staff team or for individuals to have access to their own records.

The Trust provides information to the South Central Strategic Health Authority (SHA) on a regular basis either via the electronic staff record (ESR) or by submitting returns on an annual and quarterly basis. These include the following plans for allocation of the Multi-Professional Education and Training (MPET) funding:

- Salary support for professional healthcare training (pre and post-registration)
- Learning and development for staff in Bands 1 to 4, including the Apprenticeship Scheme.
- 'Core' funding with contracted universities
- 'Flexible' funding
- Leadership Development

In addition the Trust is required to submit an annual self-evaluation document on compliance with the 'Learning and Development Agreement' (LDA).

5.1.4 The Trust Learning & Development Plan is expected to reflect:

- Learning and resource needs identified internally through team and locality learning plans and Trust-wide needs based on the annual training needs analysis.
- Minimum requirements stipulated by the CQC, NHSLA and other relevant guidelines.
- Feedback from the annual staff survey, from any service user surveys and other public involvement
- Agreement with staff and staff-side organisations about the obligations of both management and staff in contributing to learning, including arrangements for 'protected time' to progress agreed PDP activities.
- Widening access to learning resources and opportunities, to be available on an equitable and flexible basis across all staff groups and all working hours, including e-learning.
- Local, regional and national strategic initiatives, e.g. widening participation (including apprenticeships), return to practice and CPD.

5.2 LOCALITY DIRECTORS AND SENIOR MANAGERS

5.2.1 Locality Directors and Senior Managers are responsible for:

- Ensuring that all staff within their management responsibility (both permanent and temporary) are competent to undertake the roles and responsibilities of their post.
- Ensuring that all staff are up to date with their statutory, mandatory and essential training requirements.
- Following up staff who are persistent non-attendees at training.

- Ensuring specific arrangements are made for those staff who are not normally working during the hours when most training, awareness and updating inputs occur.
- Ensuring that all their areas actively contribute to the learning and development information needs of the Trust.
- Contributing to the annual Training Needs Analysis.

5.2.2 Processes

This will be achieved by seeking evidence from Locality Directors and Heads of Service that appropriate processes are in place to ensure each staff member has:

- An effective documented workplace induction for staff new to a role and/or location, this includes both permanent and temporary staff (see ORG040 Induction Policy).
- An annual review to include an appraisal at least annually to review performance, agree future needs and objectives and update their Personal Development Plan (see ORG047 Annual Review Process Policy & procedures).
- Access to statutory and mandatory training required to the job role within paid time

Each team should develop an annual local training plan to contribute to the locality or service plan.

5.3 LINE MANAGERS

Line Managers are responsible for:

- Ensuring that all new staff attend the corporate induction programme within the first six weeks of joining the Trust. Exceptions to this must be agreed by the relevant Locality Director.
- Providing a structured and documented local workplace induction process for all new staff and for those staff new to a job role, both permanent and temporary
- Ensuring the operational competence of their staff through assessment of knowledge, skills and abilities on appointment and at least annually through appraisal and the KSF to address these as necessary for the post and future developments.
- Ensuring staff attendance at learning activities is planned within work time as 'protected time' to actively enable and encourage attendance and participation.
- Ensuring that staff remain compliant with their statutory, mandatory and essential training requirements by completing updates in a timely manner.
- Following up staff who do not attend required training events taking appropriate management action if necessary.
- Arranging access for staff who may not normally be at work when learning opportunities are normally provided (e.g. negotiate for evening and weekend

training events, computer-based learning from home, distance learning and/or roster those staff to work occasional weekday day-time shifts for updates).

- Arranging pay, travel costs, resources, course fees etc. as applicable to each learning activity agreed within the PDP. This will require co-ordination with and approval of the appropriate Learning & Development Manager.
- Ensuring that the process for applying for funding education and training events are followed in a timely manner.
- Appropriate local records to monitor progress against PDP activities; mandatory, statutory or other required training; other CPD learning opportunities.
- Ensuring mid-year reviews take place, to monitor progress and adjust plans and targets as necessary.
- Personal support arrangements, e.g. mentor, clinical supervision (see CCR097 Clinical & Management Supervision for all BHFT Staff Policy).
- Ensuring the outcome of the annual review process contributes to progression through the incremental pay system and gateways (see ORG047 Annual Review Process Policy & Procedures).

5.3.1 Competence Issues

Where expected competence levels are not achieved, staff should be supervised on, or excluded from activities that may otherwise pose a risk to service users, staff or the public. Manager's will be expected to take action if staff remain consistently out of date with their statutory and mandatory training requirements despite regular email alerts informing them that this is the case.

Where action through the personal development review process does not appear to improve competence levels, the line manager will be expected to take action as appropriate to the circumstances.

However, there is a normal expectation of progression for every individual and the Trust has a real commitment to support and develop staff to reach agreed objectives and personal development goals. The Trust expects that individuals will progress through KSF gateways and between gateways on an annual basis.

5.4 INDIVIDUALS

It is the responsibility of individual staff to be aware of the specific requirements of their post of statutory, mandatory and essential training and to be compliant at all times.

Each member of staff should actively contribute to their own development, and to that of others. This will be within the context of regular appraisal and agreed learning and development needs (PDP), and their involvement in and evaluation of learning activities to ensure that they maintain their fitness to practise, whatever their job role.

Individual staff will ensure they are aware of the knowledge, competencies and skills required for their current KSF post outline, recognising that these change over time. Also to consider their learning needs related to promotion and alternative career aspirations.

Staff should maintain a record of attendance at training events and keep a portfolio of evidence to support their PDRP reviews.

6. STATUTORY, MANDATORY & ESSENTIAL TRAINING

6.1 Training Needs Analysis

The Trust undertakes an annual training needs analysis to determine the statutory, mandatory and essential training required by staff. This is based on a number of sources including as a minimum the requirements of the NHSLA risk management standards, the CQC and the SHA Framework for Statutory and Mandatory Training.

The information from the training needs analysis is used to update the Trust's Statutory, Mandatory and Essential Training Framework. This document can be accessed by staff via the Trust's intranet. It provides a list of topics that staff must complete depending on their role within the organisation.

The Statutory, Mandatory and Essential Training Framework also describes the frequency of updates required by staff group and the options of training delivery for each course. In most cases this includes an eLearning option or where available an eAssessment.

The information from the TNA informs the number of instructor led events that are offered during the year.

Compliance with courses defined as statutory and mandatory are reported on a monthly basis to the Trust Board. Courses defined as essential requirements for the post are those that are specific to some of the clinical roles within the organisation.

6.2 Training Action Plans

Training action plans are completed at locality and service level in September or October each year. Each Locality Director is provided with a spread sheet detailing courses available from the local universities and they are required to indicate the number of places they require together with the names of staff if known. Further detail is required of other training such as leadership development, conferences, and clinical skills and 'other training'. The majority of this information comes from the individual personal development planning process within local teams.

This information informs the annual Training Plan completed by the Head of Learning & Development as well as the requirements of staff to complete training identified in the Statutory, Mandatory and Essential Training Framework.

6.3 Training Prospectus

The Trust has an on-line Prospectus known as 'The Slate' which is accessible via the intranet. The Slate provides details of all training detailed in the Statutory, Mandatory and Essential Training Framework.

The Slate Training Prospectus is arranged alphabetically in order to make searching for courses simple. Each course is described using the following headings:

- Course name
- Description

- Target group
- Course Aim
- Learning Outcomes
- Date/Days/Time/Venue

6.4 Recording Attendance and Completion of Training

The Trust uses the Electronic Staff Record (ESR) to record attendance and completion of training events. This information is entered onto ESR by the Learning & Development Administration Team following successful completion of a course. Alternatively the ESR system is updated automatically if staff complete training using eLearning.

The Trust has developed a Training Portal that links to the individual training record on ESR. The Portal produces information on compliance with statutory and mandatory training. Managers have access to the Portal via the intranet. Information produced from the Portal is used to produce the Trust's Performance Assurance Framework.

The Training Portal issues monthly email alerts to staff when they are going out of date with required training or when their training has expired. Staff are asked in the email to inform their managers that they have received an alert and to book themselves onto training immediately or to complete eLearning/eAssessment if appropriate.

6.5 Non-attendance at Training (including Persistent Non-attendance)

It is the Trust's expectation that line managers access the information on the Training Portal each month in order to ensure that their staff remain compliant with statutory and mandatory training. This is a topic that should be reviewed at every one to one meeting between managers and their staff.

The Training Portal produces email alerts to line managers at the point when staff receive three consecutive email alerts informing them that they are out of date. Managers are asked to undertake a risk assessment and to take management action if necessary at this point.

Persistent non-attendance at training is reported to the relevant Locality Director.

Staff are unable to attend funded training events without their statutory and mandatory training being up to date. This question is asked on the application form for funding training which is authorised by line managers and senior managers. A random number of applications are checked on a routine basis to validate this information.

7. LEARNING & DEVELOPMENT PROCESSES

7.1 Effective Induction

It is the right of each member of staff to receive, and the responsibility of each manager to provide, an effective induction process. The Trust's Policy ORG040 describes in full the process and procedures for corporate and local induction.

The aim is to ensure the individual becomes rapidly familiar with work areas, equipment, procedures, etc. as quickly as possible to minimise stress and ensure

both quality and safety standards are maintained. Effective induction must apply when staff are first employed at the Trust and for each subsequent change of job and is a clear requirement for NHS LA and CQC Standards. It has also been identified as a means of reducing workplace stress. This must also include consideration of longer term needs, such as clinical or management skills, which should be incorporated in a PDP.

All statutory and the majority of core mandatory training is delivered at the Corporate Induction Programme.

An effective induction applies to all permanent and temporary staff (agency, bank, and locum). (Refer to ORG040 Induction Policy).

7.2 Annual Review (including Objective Setting and Performance Appraisal)

It is the right of each member of staff to participate in, and the responsibility of each manager to arrange, regular and effective reviews of performance against the objectives of the post.

A full review or appraisal would normally occur annually, or at the end of each placement or rotation stage if shorter. Objectives agreed should be subject to interim progress reviews, as appropriate during the year, and adjusted as necessary to account for changing circumstances and priorities. (ORG047 Annual Review Process Policy & Procedures)

7.3 Personal Development Plan (PDP)

One outcome of appraisal must always be a Personal Development Plan, an agreed range of experience, knowledge and skills development opportunities with agreed timescales. The aim is to enable the staff member to attain and maintain the necessary competence to meet their objectives in their job role and career progression, and contribute towards necessary CPD requirements.

A collation of the PDPs for staff in each work area clearly related and prioritised to ensure the intended operational objectives are achieved. This should be reviewed and updated annually to inform the Locality and Trust planning process for staff development, including the annual training needs analysis.

7.4 Continuing Personal/Professional Development (CPD)

This is defined as a process by which individuals ensure that they maintain an appropriate level of awareness of current practice and knowledge in their field of work. In some instances, this is a requirement of maintaining their professional registration. The aim is to ensure that all staff have appropriate competences for their job role and are fit to practice.

It is recommended that all staff maintain a portfolio of evidence to show how they have done this. While this may include attendance certificates from structured learning activities it should also contain personal reflections on the outcomes of these and the impact of the learning on their day-to-day activities, e.g. a visit to another work area, audit presentations, a media article or programme, the outcome of a critical incident.

7.5 Competence Requirements for Each Post

7.5.1 Knowledge and Skills Framework (KSF)

The KSF is a national competency framework that aims to clarify skills, understanding and level of competency relating to a range of tasks carried out by staff across the NHS in areas, for example, such as health and well-being, management and customer care. Many of the competences overlap national occupational standards for staff groups.

The KSF post outline (as part of the personal development review process) will form the basis for individual personal development planning. Training needs identified at both individual and service level will provide the information for a gap analysis and subsequent training and education plans.

Managers and staff must regularly review the necessary skills and competences required to meet the objectives of their area of work and KSF post outline, including expected changes in practice and technology. This should be reflected in updated job descriptions and person specifications.

8. ORGANISATIONAL, FINANCIAL AND OTHER ARRANGEMENTS

8.1 Provision of Learning Opportunities

8.1.1 Protected Learning Time for Attendance

Attendance will be subject to approval by the line manager in advance and subject to the needs of the service. Once a learning need has been agreed, every effort must be made by the line manager to ensure in advance that the necessary time for attendance is protected as far as possible.

Protected time for learning should be available to all members of staff on average for a period of one hour per week.

8.1.2 Personal Benefit

Staff development activities supported by the Trust should clearly contribute to the organisational objectives. Where a training or development activity is sought that enhances an individual's portfolio but is a low priority or outside the local or Trust training plans, it may receive limited or no support in paid study time and/or funding for fees. The actual level of funding for courses will be subject to the consideration and discretion of the Learning & Development Team and funding panel. Priority will be given to activities that contribute to Trust objectives and needs.

8.1.3 In-service Learning & Development Programmes

In most cases, core in-service training events such as appraisal and personal development planning, risk management, health & safety, data protection, record keeping, basic life support and personal safety training are provided by the learning and development team. By a reciprocal agreement, fee-free places may also be available to many similar events provided by other NHS organisations and Local Authority organisations within Berkshire. Costs of attendance at external alternatives will not normally be funded by the Trust.

Core training events are identified via national and local policy and are often mandatory to staff groups. The Statutory & Mandatory Training Framework found on the intranet describes the appropriate required training for staff.

8.1.4 Training a Requirement of the Post

Where a specific training activity is a requirement of the post or becomes required as a competency for an existing post-holder, it should be provided at no or minimal cost to the post-holder. The source of funds for this should be discussed with the Head of Learning & Development. In most instances a Learning & Development Contract will apply to ensure the skills learnt are retained by the Trust for a reasonable period.

8.1.5 Long College-Based Courses

Where it is identified that attendance at a long college or university course is appropriate, every effort should be made to use those within SHA contracts. For example, courses up to Masters Level and other events within the Healthcare Colleges of Oxford Brookes University and the University of West London are usually fee-free to health staff. A Learning & Development Contract to indicate Trust support for attendance will apply.

8.1.6 Other External Learning Events

Where appropriate for their PDP and/or workplace needs, arrangements will be made for staff to attend external learning events, within the available financial resources and subject to the needs of the service. Again, once arrangements have been made, such attendance should be regarded as 'protected time'.

Applications for external events will only be considered if all statutory and mandatory training is up to date and can be evidenced. Applications will not be considered retrospectively.

8.1.7 Evaluation and Assessment

Evaluation of all development activities by both the individual and by their manager and/or colleagues is recognised as essential to ensure that the objectives sought were actually achieved. It is important to assess the degree to which the investment of time and/or money in this activity was 'value for money' and has contributed to maintaining and improving individual and team performance.

8.2 Records of Learning Activities and Outcomes

8.2.1 Staff Training Records

All Trust supported learning activities, irrespective of source of funds, should be recorded by line managers in staff files together with appraisal information and personal development plans. Staff should keep their own copies of training attended along with certificates of attendance and be encouraged to develop a personal portfolio of evidence which can be used in one to one meetings with reviewers as part of the personal development review process.

Attendance at learning events administered by the Learning & Development Team will be recorded on the Electronic Staff Record (ESR). Reports are provided to line managers via the Learning & Development Training Portal accessed via the intranet for the monitoring of compliance with statutory and mandatory training.

Staff with access to ESR Self Service are able to book courses on-line and review their personal training record. Line managers are able to view their staff training records and can run reports from the system.

8.2.2 Trainers' Records

All Trust staff arranging training events must maintain adequate records of attendance, training content/intended learning outcomes and evaluation of all their events to facilitate Trust records. Copies of this information must be sent to the Learning & Development Administration Team for recording and monitoring purposes.

8.2.3 Mentoring and Supervision

Staff new to a role should be offered a mentor and/or supervisor to provide them with an opportunity to review their professional development on a 1:1 basis. Mentors are often arranged outside the direct line management structure to allow for some confidentiality and should also be considered for those undertaking a new project or development opportunity, e.g. 1-2 year course, secondment or promotion.

All newly qualified healthcare professionals will undergo a twelve-month period of Preceptorship (ORG083 Preceptorship Policy).

Clinical supervision should be available on a continuing basis for appropriate staff. Such support is recognised as good practice as it is of benefit to both parties involved and can considerably reduce the stress of those circumstances (CCR097 Clinical & Management Supervision for all BHFT Staff Policy).

8.3 Funding Arrangements

8.3.1 Revenue and Other Funding

Funds for statutory and mandatory training and additional identified corporate learning needs will be sought for Trust-wide provision as part of annual budget setting. Efforts will also be made to continue to attract funds from external sources, e.g. SHA, Learning & Skills Council (LSC) and Skills for Health.

Where a contribution to provide replacement cover costs is agreed by the Trust or external sources, finance staff will arrange transfer of funds into appropriate budgets for the period of the attendance, against evidence of that attendance.

8.3.2 Priorities

Where requirements for funds to meet training plans are not fully met, the Head of Learning & Development will consider the priorities identified in the department and directorate plans and the Trust as a whole. In discussion with appropriate managers, they will allocate the available resources accordingly.

8.3.3 Financial Policy for Learning Activities

Trust guidelines will be agreed by the Head of Learning & Development to identify which costs related to learning activities are likely to be funded and from which sources, e.g. course fees, travel and subsistence costs, any personal contribution expected, books and reference materials. This may vary across financial years,

depending on both the availability and the source of funds, e.g. SHA define different rules for the use of their funds for different purposes.

Financial support may be up to 100% of course fees, depending on demand, relevance to the post and PDPs and on available funds in each budget year. Generally an individual member of staff will be expected to contribute 20% towards course fees. Unless otherwise agreed, travel and subsistence costs will be the responsibility of the department manager or individual.

8.3.4 Staff Withdraw, Change Post or Leave

It is recommended that, where significant funds and/or time are to be invested by the Trust for an individual's development, a Learning & Development Contract be agreed. Guidelines for the use of such a contract are provided later, e.g. should staff withdraw, fail to achieve the required standard, change requirement or leave the Trust before, within or soon after a period of training. This includes the reclaiming of course fees, salaries and other costs, where appropriate. Also where agreed attendance is not made possible or is withdrawn by their manager or due to organisational change.

8.3.5 Equity

The Trust intends that these principles apply as equitably as possible to all members of staff to offer equal access for equal need. It is acknowledged that this may also be subject to an individual's terms and conditions of service, the availability of staff and other resources to their workplace and to the stipulations of regional and national initiatives.

It is the responsibility of managers at all levels to ensure that appropriate access is provided to meet the needs of individuals, teams and the Trust as a whole and that there is no discrimination on grounds of gender, race, colour, religion, ethnic or national origins, marital status, disability, age or sexual orientation.

9. STUDY LEAVE AND EXPENSES

The requesting and approval of time off for a development opportunity will follow any related Trust policies for each staff group. At all times the amount of study leave and financial support given to employees undertaking learning activities should be consistent with the degree of relevance and value of the activity to their current or future duties within the Trust. The actual amounts of pay and allowances will be subject to the available resources, and the goals and priorities of work areas and the Trust as a whole.

Medical staff should refer to ORG079 Professional Study Leave for Medical Staff policy.

9.1 Study Leave

9.1.1 Paid Study Leave (or Time in Lieu)

Staff should be paid or have time in lieu for all hours related to:

- Attendance that is a required part of the job role, e.g. new staff induction, statutory and mandatory training

- Attendance that has been identified through a review process as a *requirement* for fulfilment of the job role and agreed in a Personal Development Plan (PDP)

9.1.2 Part time Staff

Where staff are contracted for less than the normal full time hours for that staff group, they should still be paid or allowed time in lieu in full for all the hours necessary for attendance.

9.1.3 Distance Learning and E-Learning

Where study is by distance learning or e-learning, study leave should still be approved in relation to the work and time required to complete the learning activity.

9.1.4 Unpaid Study Leave (or flexibility in time worked)

Where attendance is not an agreed requirement for the job but to support an individual's desire for career development and/or personal learning. Unpaid study leave will not normally be authorised where the staff member still has annual leave available.

Managers should not expect staff to take unpaid leave or annual leave for any learning activities identified as mandatory or otherwise necessary for the effective delivery of their role.

9.1.5 Examination Leave

Approval of paid study leave for examinations is at the discretion of line managers but will be authorised where the learning activity being examined is defined as mandatory and a requirement of the post. For qualification-based programmes staff will normally be granted one half-day paid study leave per examination (or 4 hours of a shift).

Where required, the Trust will grant paid study leave as above for a first re-sit, however the staff member will pay any other associated costs.

9.1.6 Timescales for Attendance

Employees must only attend development events in work time when they have the clear approval of their manager, in line with policies on requesting leave and other absences. Where employees wish to attend an appropriate event sooner than work priorities permit, managers may approve attendance as Unpaid Study Leave.

9.1.7 Learning Events through National/Regional Contracts (e.g. SHA)

Usually attendance is as paid study leave.

9.1.8 Training Posts

Where undertaking a specific qualification is a clear requirement of accepting a post, the salary, all of the course fees and any excess travelling expenses are usually paid by the Trust. This may be from the Trust Learning & Development Budget, department budget or another source e.g. SHA. A Training Contract will be issued, requiring the staff member to commit to undertake the course and meet the

attendance, academic and skill requirements, also to repay costs should they withdraw or leave the Trust without mitigating circumstances.

9.1.9 Seconded Students

Where there are secondments, e.g. existing staff as salaried students training to become healthcare professionals, the Trust has an obligation to offer a similar post to the one they were seconded from, should they withdraw or not successfully complete the course. The Trust expects each member of staff who successfully completes their healthcare training to gain a 'qualified' post at the end of their training period.

9.1.10 Expenses Related to Learning Activities

Trust policies on travel and other expenses will apply except where they are specified by the criteria of the source of those funds, e.g. SHA.

10. LEARNING & DEVELOPMENT CONTRACT

10.1 General Principles

10.1.1 Trust Investment

The Trust makes a large investment each year in order to provide learning opportunities, to pay course fees and in paid study leave for staff to attend events. In most instances this is at minimal or no cost to the staff member, provided that there is likely to be a benefit on return to the workplace. A large proportion of this budget is derived from external sources.

10.1.2 Return on Investment

This investment is aimed to value and develop staff in their job role, to contribute to the quality of services provided, to raise the availability of necessary skills and to minimise risk. Where staff fail to complete a course or leave soon after completion, much of that benefit is lost to the Trust, although sometimes retained within the NHS.

10.1.3 Where Contracts apply

A Learning & Development Contract will apply where significant time and resources are being invested by the Trust through the training or other agreed budgets. In particular, where a nationally recognised qualification is the outcome and/or the skills obtained are seen as critical to future service delivery.

It is recommended that Learning & Development Contracts also apply where significant training costs and time are funded by other sources. The Learning & Development Team will assist line managers in this process, where required.

10.1.4 Where it is held

10.1.5 The signed Learning & Development Contract will be held in the Learning & Development Team's file, with copies for the staff member and the line manager.

10.2 Aims of the Training Contract

10.2.1 Staff Member's Commitment

To ensure that the staff member understands that:

- Study leave, course fees, etc. are being paid to provide them with the necessary skills, knowledge and experience to add value to their job role in their workplace within the Trust.
- They are expected to participate fully in course activities and complete the requirements of the event
- They agree to the Trust contacting the training organisation as appropriate to confirm attendance and progress, to comply with the Data Protection Act on the release of such information.
- Any difficulties with attendance or completion should be brought to their manager's attention as soon as possible
- The benefits of the events will be required in their place of work to contribute to quality and other service benefits for patients and service users, both directly and indirectly
- That the financial and other support is conditional on their completion and contributing at an improved level within the workplace for a period of time following award of the qualification.

10.2.2 Manager's Commitment

To ensure the manager understands that:

- They must agree appropriate study leave and cover arrangements (protected time for learning) to enable the staff member to attend course events as necessary for completion.
- They must provide appropriate support and workplace opportunities, as appropriate to the progress of the course
- They must monitor progress on an on-going basis on behalf of the Trust
- Funding is conditional on attendance, completion and use of those skills

10.2.3 Financial Arrangements

The amount and method of payment will vary depending on the nature of the event and the financial resources and policies in place at that time.

On receipt of a completed application form, supported by appropriate managers, the Learning & Development Manager (or other relevant budget holder) will offer a specific level of financial support to the staff member through a Training Contract.

10.3 Monitoring of Course Progress

10.3.1 Positive Reporting

Attendance on a course during approved paid study leave must be recorded on the appropriate weekly or monthly time sheet and authorised for payment by the budget manager in the usual way.

10.3.2 Attendance

For audit purposes the line manager and the Head of Learning & Development may contact the university, college or other training provider to confirm attendance. Where study leave has been approved, unauthorised absence from course activities will be dealt with by the line manager within the existing HR Policies.

10.3.3 On Completion

The staff member will provide the Learning & Development Team or their line manager with evidence of completion of the course e.g. a letter from the college, university or examining body or the award certificate. A copy will be held on the staff member's personal file and should be retained by the staff member within their portfolio.

10.4 Failure to meet the Conditions of the Learning & Development Contract

10.4.1 Review of Circumstances

The line manager and Head of Learning & Development will review the circumstances, preferably with the staff member, to identify whether there were any mitigating circumstances that applied. The intention of the Learning & Development Contract is to focus on the intended benefits for the Trust through the staff member's attendance, not to penalise staff.

10.4.2 Withdrawal

Where a staff member decides to withdraw from the course without achieving the aims of the event it is essential to consider:

- Whether in hindsight the course content was appropriate for this staff member
- The level of support provided by the manager and department was as agreed
- Organisational change influencing the staff member
- Personal circumstances beyond their control

10.4.3 Failure to Pass

Where the standard of work submitted, assessments etc. are not to the standard required it is essential to consider:

- Whether in hindsight, the course content was appropriate for this staff member
- The level of support from the manager and department was as agreed
- Whether the college or university feel that re-submission would be likely to achieve the necessary standard
- Personal circumstances

10.4.4 Leaving the Trust before or soon after completion

Where the staff member terminates their employment with the Trust before completion or within 12 months of completion it is essential to consider:

- Time since completion, if applicable
- Benefit to date through the staff member's contribution with the additional skills and knowledge
- Skills remaining within the NHS, benefiting their new organisation

- Personal circumstances, e.g. partner's job move

10.5 Decision to Levy a Withdrawal Fee

10.5.1 Where due to Unforeseen Personal Factors

Effort would be made to identify and recognise the increased contribution made to date through course participation. The staff member would be encouraged to concentrate on the personal issues and offered support as appropriate. They would be encouraged to return to the course, if appropriate and practical, at a future date.

10.5.2 Where due to Organisational Factors

Effort would be made to identify and recognise the increased contribution made to date through course participation. The staff member, with their manager, would be encouraged to address the issues that have affected completion. They would be encouraged to return to the course, if appropriate and practical, at a future date. Where outside their control, no fee would be sought from the individual but may be levied on the manager (see below).

10.5.3 Lack of Management Support

Where the problem is primarily due to lack of management support, a withdrawal fee of up to 50% of costs incurred may be levied on to the identified line manager's cost centre budget for failing to meet the needs identified in the application form and Learning & Development Contract. This would similarly apply where termination is due to organisational change.

10.5.4 Where by Conscious Decision of the Individual

Where the staff member seeks alternative employment in the clear knowledge that to do so will breach the Learning & Development Contract they agreed to, a withdrawal fee of up to 50% of costs incurred will be invoiced to their home address and regarded as a debt to the Trust. The actual amount will be influenced by the length of time since completion, where applicable, and by the identified benefit to date to the department or service from their attendance. Also whether the benefit will be retained within or lost from the NHS as a whole as previously outlined.

10.5.5 Appeal against Levy of Withdrawal Fees

Where the decision is made to levy a withdrawal fee on a manager's budget or staff member, they may ask for a review by writing within one week to the Head of Learning & Development. The withdrawal fee must be paid within 4 weeks but may be reimbursed in whole or part, subject to the outcome of the review.

11. GUIDELINES FOR LONG HEI - BASED COURSES

This applies to those courses that are an identified development need and a desirable qualification for the post. In most cases there should be a strategic need for this qualification within the department supporting application. As these are often also to the individual's career benefit, a contribution by them towards course fees may be requested, unless fully externally funded.

11.1 Applications

This should be made through using the application form available on the Learning and Development site on the Trust intranet. The form requests information on the following:

- The costs, timescale, location, full/part-time attendance
- The staff member's objectives
- The Manager's support that this is appropriate and that they will facilitate attendance
- The countersignature of the Locality Director or Head of Service to indicate the strategic need for this qualification
- Agreement by the individual to repay all or part of the costs invested if they leave the Trust during or soon after gaining the qualification.

12. GUIDELINES FOR INTERNAL COURSES

12.1 Access

Most internally run short courses are provided free of charge to Trust staff, provided that their application is supported by their line manager, indicating that attendance is appropriate.

Staff must be compliant with the statutory and mandatory requirements of their post before any other learning & development course will be supported.

Statutory and mandatory courses can often be updated using eLearning. Details are available on the Trust's Training Framework on the intranet.

12.2 Application Process (Appendix 1)

Application Process

Applications for internal courses can be made to the Learning and Development Administration Team based at Prospect Park Hospital via the on-line Training Prospectus known as 'The Slate'. The application will be logged on the Electronic Staff Record (ESR) system and if a space is available, the booking will be confirmed and joining instructions will be emailed to the candidate and the manager. Alternatively course bookings can be done on-line or via ESR Self Service.

On attending the course, candidates are required to sign an attendance form, which will be used to log the course attendance on to the ESR system.

Non-attendance will trigger a non-attendance letter, which is sent by the Learning & Development Team to the staff member and copied to their line manager.

12.3 Objectives

Managers and staff must agree clear objectives for attendance before the event and must review effectiveness on completion. These should contribute to agreed objectives and be reviewed during mid-year and annual appraisal discussions.

12.4 Evaluation

The effectiveness of attending an event is primarily to be assessed in the workplace by the staff member and manager. Trainers/facilitators of learning events must clearly identify the intended learning outcomes to participants beforehand and structure their programme to include review of these (and assessment where appropriate).

Trainers/facilitators should include some longer-term evaluation of effectiveness by following up a proportion of participants and their line managers in their workplace.

12.5 Confirmed Bookings

When a booking has been confirmed, it is the responsibility of the manager and staff member to ensure this information is recorded in diaries, off-duty, etc. to facilitate attendance. Although it is good practice and recommended, not all trainers will send a confirmation or invitation to attend.

12.6 Course Numbers

Some events have maximum numbers for practical reasons, e.g. 6 computers in the IT Training Room. Any staff unable to attend a booked event should contact the organiser of the training as soon as possible to prevent a place being wasted.

Equally, should reasonable minimum numbers not be available, it may be necessary for an event to be cancelled. Participants will be given as much notice as possible and priority access to alternative events.

12.7 Late Withdrawal

Late withdrawal and failure by staff to attend booked courses means that there are unfilled places which could have been utilised by other members of staff. It also results in additional administrative work for the learning and development team who have to follow-up staff and their manager's.

It is up to the staff member and their manager to ensure that the appropriate notice is provided as soon as withdrawal becomes necessary.

13. LIBRARY AND KNOWLEDGE SERVICES

Library and knowledge services have a vital role to play in continuing professional development and lifelong learning for both clinical and non-clinical staff at all levels. This is in addition to supporting clinical governance; the practice of evidence based healthcare and research.

13.1 Library as Place

The Library should provide a quiet place to work for both individuals and facilities for groups; computers, printers and a photocopier should also be available. This provides a place where staff can study away from the distractions of the office, ward or home.

13.2 Library Resources

Easy access to nationally, regionally and locally purchased electronic resources (databases, books and journals) is provided via the Library website and the National Library for Health website is clearly signposted. Guides are provided on how to access and search the resources.

The book stock should be relevant and up-to-date with every effort being made to ensure books on course reading lists are available. Both general and specialist journals should be subscribed to and Library holdings clearly listed on the website.

The Library catalogue should be available via the internet and allow readers to search, reserve and renew books.

13.3 Library Services

The following services should be provided:

- Mediated copying service for those staff not based at PPH
- Mediated literature search service for clinical need
- Document supply service via internal post
- Inter library loans service
- Current awareness service

13.4 Library Training

Training is provided in how to access and search the electronic resources (databases, books and journals) and on how to use the various alerting tools. This is available via taught courses, e-learning and one-to-one sessions. General library inductions are also available.

13.5 Library Staff

The staff are the Library's most valuable asset, the service should be managed by a suitably qualified chartered librarian and the Trust should have a dedicated chartered librarian with specialist knowledge of mental health, there should also be adequate administrative support. At all times there should be sufficient staff to ensure that enquiries and requests can be dealt with in a timely manner.

14. MONITORING

14.1 The Learning and Development team, undertake an annual training needs analysis (TNA) to determine the statutory, mandatory and essential training required by staff. This is done by reviewing the minimum requirements of the NHSLA risk management standards and its minimum data sets as well as CQC requirements; in conjunction with the Trust Governance team.

The Learning and Development team also reviews the current SHA Framework for Statutory and Mandatory Training as part of this process.

The essential training list is also reviewed in conjunction with specific subject leads on an annual basis to ensure that the training required by specific staff groups, which includes annual requirements as part of the contract with commissioners, is current.

This process is monitored and approved by the Head of Learning & Development.

Once approved, the information from the TNA is used to update the Trust's Statutory, Mandatory and Essential Training Framework. This framework shows requirements for particular staff groups as well as giving full details of staff requirements, delivery methodologies and frequency of training. It also provides appropriate links within it to e-Learning, e- Assessment and the on-line training prospectus known as 'The Slate'.

The information from the TNA also informs the number of instructor led events that are offered during the year. With that, action plans are developed to deliver the training identified within the TNA. The allocation of training resources is monitored directly by the Learning & Development Manager responsible, through direct liaison with the Learning and Development Administration team and partner training organisations.

On completion of this action planning and resource allocation, the training prospectus is developed reflecting TNA requirements. This process is also monitored directly by the Learning & Development Manager responsible, through direct liaison with the Learning and Development Administration team. This is then approved by the Head of Learning and Development prior to publication on the Learning and Development area on the Trust intranet site. ..

The framework and the training prospectus located within 'The Slate' application can be accessed by all staff via the Learning and Development site on the Trust's intranet.

Whilst this is an annual process, the framework is monitored and updated as required during the year, incorporating any changes as they occur. Where necessary, changes to the training prospectus are also made as required. This is also monitored by the dedicated Learning and Development Manager given the lead for this area.

- 14.2 The Learning & Development Administration Team are responsible for ensuring that all statutory, mandatory and essential training attendance registers are inputted into ESR.

The Learning and Development Administration Team monitor compliance with statutory and mandatory training and report on a monthly basis to the Trust Board. This includes risk management training identified on the Trust's Statutory, Mandatory and Essential Training Framework.

Responsibility for this monitoring process lies with the dedicated Learning & Development Manager.

Managers also have access to the Training portal which shows them where staff have completed training in line with the TNA.

- 14.3 Staff that do not complete relevant training programmes are deemed as non-compliant with non-compliance being monitored via the Training Portal.

The Training Portal produces email alerts to line managers at the point when staff receive three consecutive email alerts informing them that they are out of date with their statutory/mandatory training. Managers are asked to undertake a risk assessment on staff safety to practice and to take the appropriate management action where needed.

These emails are then subsequently sent to managers on a monthly basis if the staff member persistently fails to attend training. At this point, managers must notify their Senior Manager or Head of Service.

Senior Managers or Heads of Service will monitor persistent non-attendees and will take the appropriate management or development action as deemed appropriate taking into consideration specific circumstances.

14.4 The Learning & Development Team monitor all funded education and training and report on a quarterly basis to the Strategic Health Authority.

14.5 The Head of Learning & Development is a member of the Trust's Executive Governance Committee and will report on Learning & Development activity through this group.

15. ASSOCIATED TRUST DOCUMENTATION

ORG040 Induction Policy

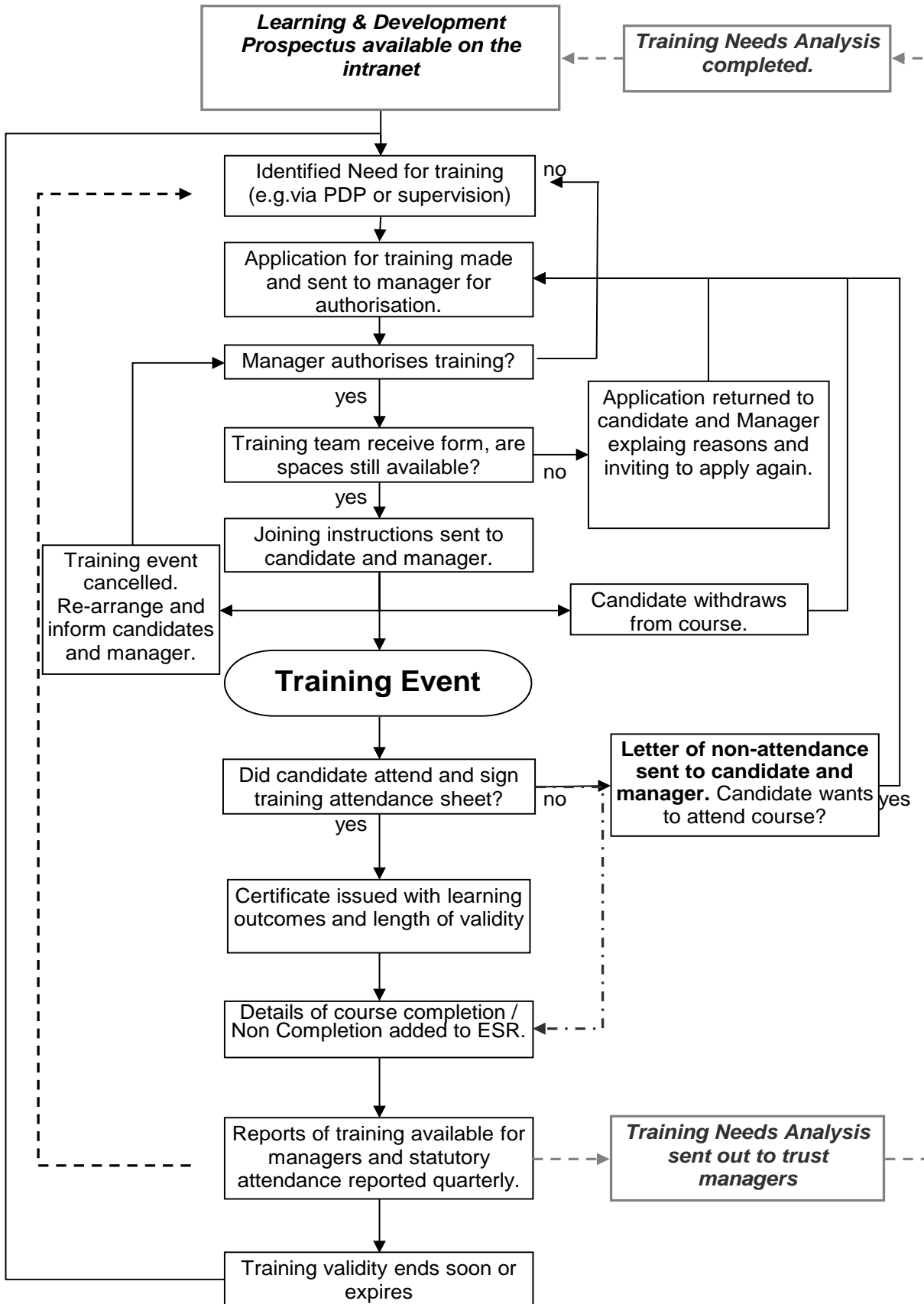
ORG047 Annual Review Process Policy & Procedures

ORG083 Preceptorship Policy

ORG079 Professional Study Leave for Medical Staff

CCR097 Clinical & Management Supervision for all BHFT Staff

Appendix 1



COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG067 – Workforce Development Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated policy lead or Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ. Tel: 01344 415623

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

EQUALITY IMPACT ASSESSMENT

SECTION 1: INITIAL ASSESSMENT													
Policy Author: Julie Bennetts, Head of Learning & Development	Date of Assessment: February 2013												
Title of Policy: Workforce Development	Is this a new or existing Policy? Existing												
1. Briefly describe the aims, objectives and purpose of the Policy: To ensure that staff of all groups, levels and backgrounds have access to an appropriate range of education, training and developmental opportunities to enable them to make the most effective contribution to their work and team, and to achieving the Trust's strategic aims and those of the NHS.													
2. Who is intended to benefit from the Policy and in what way? All Trust staff.													
3. Who are the main stakeholders in relation to this Policy? All Trust Staff.													
4. Are there concerns that the Policy does, or could have, a differential impact due to any of the equality areas? <div style="text-align: right; margin-right: 100px;"><i>(Y/N - delete as appropriate)</i></div> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Race</td> <td style="text-align: right;">No</td> </tr> <tr> <td style="padding-left: 40px;">Gender</td> <td style="text-align: right;">No</td> </tr> <tr> <td style="padding-left: 40px;">Disability</td> <td style="text-align: right;">No</td> </tr> <tr> <td style="padding-left: 40px;">Sexual orientation</td> <td style="text-align: right;">No</td> </tr> <tr> <td style="padding-left: 40px;">Age</td> <td style="text-align: right;">No</td> </tr> <tr> <td style="padding-left: 40px;">Religious belief or non belief</td> <td style="text-align: right;">No</td> </tr> </table>		Race	No	Gender	No	Disability	No	Sexual orientation	No	Age	No	Religious belief or non belief	No
Race	No												
Gender	No												
Disability	No												
Sexual orientation	No												
Age	No												
Religious belief or non belief	No												
5. What existing evidence (either presumed or otherwise) do you have for this?													
6. Based on the answers given in questions 4 & 5 is there potential for adverse impact in this policy? <div style="margin-left: 40px;"><i>(Y/N - delete as appropriate)</i></div> <div style="margin-left: 40px;">No</div> Please explain:													
7. Can this adverse impact be justified? <div style="margin-left: 40px;"><i>(Y/N - delete as appropriate)</i></div> <div style="margin-left: 40px;">n/a</div> Please explain:													
If you have not identified adverse impact or you can justify the adverse impact, please do not complete this form further. If you have identified adverse impact that cannot be justified, please continue to Section 2.													

Section 2: FULL IMPACT ASSESSMENT

8. What experts/relevant groups have you approached to explore their views on the issues? Please list the relevant groups/experts, how they were consulted and when. (A list of experts/relevant groups is available on the Diversity pages of the Trust Intranet:- <http://www.berkshirehct.nhs.uk/page.asp?fldArea=1&fldMenu=6&fldSubMenu=0&fldKey=216>)

Relevant groups/experts:

How were the views of these groups obtained?

Date when contacted:

9. Please explain in detail the views of these groups/experts on the issues involved:

10. Taking into account the views of the groups/experts and the available evidence, what are the risks associated with the policy, weighed against the benefits of the policy if it were to stay as it is:

Risks:

Benefits:

If you have found that the risks outweigh the benefits you need to review the policy further and put together an implementation plan which clearly sets out any actions you have identified as a result of undertaking the EIA. These may include actions that need to be carried out before the EIA can be completed or longer-term actions that will be carried out as part of the policy or development.

11. Monitoring arrangements and scheduled date to review the policy and Equality Impact Assessment:

Review Date: February 2015

CCR084

SMOKE FREE AND TOBACCO REDUCTION FOR PEOPLE WHO USE OUR SERVICES

Policy & Procedures

Berkshire Healthcare NHS Foundation Trust



Did you print this document yourself?

Please be advised that Berkshire Healthcare discourages the retention of hard copies of policies and can only guarantee that the policy on the website is the most up-to-date version.

Re-issued:	June 2015
Review Date:	June 2017
Version:	8

Policy Number:	CCR084
Title of Policy:	Smoke Free and Tobacco Reduction for People who use our Services
Category:	Organisational and Clinical
Distribution Areas:	All Berkshire Healthcare Wards and Departments
Index:	Page 4
Total number of pages:	20
Approved by:	Safety, Experience & Clinical Effectiveness Group – 2 nd June 2015
Re-issued:	June 2015
Review Date:	June 2017
Replaces Policy:	Version 7
Designated Lead:	Director of Nursing & Governance
For policy information:	Policy Administration Berkshire Healthcare NHS Foundation Trust 2 nd Floor Fitzwilliam House Skimped Hill Lane Bracknell RG12 1BQ 01344 415623

POLICY DEVELOPMENT

CCR084 - Smoke Free and Tobacco Reduction for People who use our Services

History:	Version 8:	Policy rewritten incorporating NICE guidelines.
	Version 7:	Interim Policy until NICE Guidance is implemented.
	Version 6:	Reviewed following the integration with Community Health Services.
	Version 5:	Policy reviewed, minor changes to reflect CQC and legislation.
	Version 4:	Policy reviewed. Minor amendments.
	Version 3:	Significant changes to incorporate smoke free legislation, Smoking Cessation Service and NRT provision. Cross reference to Clinical Care & Risk category.
	Version 2:	No changes to the policy.
Summary:		Produced in accordance with the Public Health White Paper "Choosing Health", and NICE Guidelines updated 2014
Designated Lead:		Director of Nursing and Governance
Policy Consultants:		Smoke Free Policy Sub Group Smoke Free steering Group
Distributed for comments:		Policy Scrutiny Group - 14 th May 2015

Assessed for compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the Care Quality Commission (Registration) Regulations 2009.	The policy supports compliance with the Care Quality Fundamental Standards
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1. INTRODUCTION

Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) is committed to support our staff and all people who use our services to reduce tobacco harm by either quitting or temporarily abstaining from smoking during contact with our services.

This policy supports the implementation of NICE Guidance (PH48) throughout Berkshire Healthcare NHS Foundation Trust <https://www.nice.org.uk/guidance/ph48>

Smoking is a major cause of illness and early death and the government is taking active measures to decrease smoking behaviour by reducing the number of public areas in which smoking is permitted.

As one of Berkshires main providers of health services, Berkshire Healthcare is committed to eliminating smoking on our premises, and to assisting staff, people who use our services and visitors to achieve greater health through smoking cessation. The aim is to ultimately improve patient recovery, through improved healing or the need for lower amounts of medication.

Smoking cessation is about disease prevention and clinical institutions, such as Berkshire Healthcare, have a duty of care to their staff and people who use our services for both physical and mental health. Allowing people who use our services to smoke while in hospital puts them at increased risk of complications and delays in recovery.

This policy is concerned with the removal of the risks of harm from carcinogenic substances found in tobacco smoke on our premises and other environments where our staff care for people e.g. the persons own home. Evidence shows that second hand smoke and breathing other people's tobacco smoke (side stream smoke) has now been shown to cause the same types of illnesses/diseases in non-smokers as in non-smokers. The purpose of this policy is: to proactively facilitate harm reduction by discouraging smoking not the use of nicotine. This policy aims to offer all people who use our services an opportunity to be referred to and engage in smoking cessation services in order to reduce tobacco consumption or to quit smoking.

The policy seeks to comply with the Health and Safety at Work etc. Act 1974 and the Smoke Free Regulations (Premises and Enforcement) 2007

1.1 Aims of Policy

The aim of this policy is to:

- Ensure that non-smokers can work in or visit Berkshire Healthcare in a smoke free environment.
- Comply with the smoking legislation which makes it an offence to smoke inside public buildings
- Promote a healthy working environment and protect the health of people who use our services, visitors, staff and contractors
- Support smokers to help them cope with increased restrictions or to stop smoking.
- Support people who use our services and visitors in complying with the policy and/or using their stay in hospital as an opportunity to stop smoking.
- Promote the culture of a Smoke-free NHS.
- Reduce opportunity to smoke
- Remove smoking paraphernalia

- Offer health promotion and opportunities for smoking cessation
- Replace the nicotine from sources of tobacco smoke.
- Reduce risk of fire
- Promote the right of everyone to breathe in air free from tobacco smoke.
- Comply with Health and Safety Legislation and Employment Law.
- Raise awareness of the dangers associated with exposure to tobacco smoke
- Take account of the needs of those who choose to smoke and to support those who wish to stop.

2. SCOPE

This policy applies to all persons who use any Berkshire Healthcare services.

The policy is applicable to Berkshire Healthcare property and premises, including inside and outside of our buildings and hospital grounds and car parking areas, plus associated sites and Berkshire Healthcare vehicles.

This policy also co-exists with the NHS Property Services smoking policy which prohibits smoking on all of their sites.

3. RESPONSIBILITIES

3.1 All Managers:

- Ensure that their staff are aware of the policy and supported in enforcing it with people who use our services.
- Comply fully with the policy and provide a suitable role model for staff and people who use our services.
- Responsible for ensuring that their staff have received appropriate training in smoking cessation to meet the needs of people who use our services.
- Support the implementation of smoke free policies throughout our organisation.
- Ensure that local risk assessments take account of people smoking on the site in contravention to this policy and the potential risk for people who may leave a site to smoke.

3.3 Medical staff:

- Medical staff are responsible for the prescription of Nicotine Replacement Therapy (NRT) for in people who use our in-patient services. This includes the adjustment and monitoring of other medication which may be affected by NRT. See appropriate guidance [HYPERLINK](#)
- Support the implementation of the smoke free policies throughout the organisation.

3.4 Pharmacy:

- Provide expert advice to clinical staff on interactions between medications and stopping smoking interventions.
- The supply of Nicotine Replacement Therapy to in-patient wards.

3.5 All other Clinical staff:

- Promoting healthier choices and providing opportunistic interventions on quitting smoking with people who use our services.
- Referring people who use our services who wish to quit smoking to the Smoke free life Berkshire service via 0800 622 6360 or text QUIT to 66777. More information can be found on their website www.smokefreelifeberkshire.com.
- Being aware of the policy and understand that non-conformity to the policy may impact on the safe delivery of care

4. TRAINING

All frontline staff should as a minimum requirement, be trained in brief intervention therapy. Individual managers will assess the need for supplementary training.

5. IMPLEMENTATION OF THE SMOKE FREE POLICY

On first contact, people who use our services should have their smoking status assessed (see 5.2) by undertaking a brief intervention therapy (BIT) which focuses on the Ask, Advise, Act principles.

The Trust will endeavour to communicate with all people who use our services prior to inpatient stay informing them that smoking will not be permitted on site.

The choice of NRT should ideally be discussed at the earliest opportunity.

5.1 People who use our services being looked after in their own home

This section relates to staff who are required to visit premises away from the organisational workplace, whilst undertaking their duties and responsibilities, including working within people's homes.

A risk assessment undertaken by all staff before or on entering a home should consider to the effect of second hand smoke on the staff member.

When entering a home or any other premises exempt from smoke free legislation and where they are exposed to second hand smoke, staff must make reasonable attempts to reduce their risk to exposure while they undertake duties by adoption of one or more of the following strategies:

- In advance of the visit, staff should request that people in the household refrain from smoking indoors (or the room that is to be used for the appointment) for at least one hour before staff are due to arrive.
- Request that the premises be ventilated before/during the visit; usually as part of the standard appointment letter.
- Consider whether or not the work could be undertaken in an alternative location away from where second-hand smoke may be present.
- If practical, to arrange any visit to a home/premise known to smell of smoke at the end of their working day to minimise the impact of their uniform/clothes smelling of smoke.

If staff are concerned that the environment they are working in poses a risk to their health, they should discuss it with their manager, as with any other risk situation.

Where there is a continued risk to staff of second hand smoke, alternative methods/ venues for providing care and treatment away from that environment can be sought supported by risk assessment and advice from relevant professionals

5.2 Support for people who use our services

Where possible, people who require inpatient admission must be advised in advance that smoking is not permitted on our sites. The purpose of informing people is to ensure they can give informed consent to admission (where possible).

People who wish to stop smoking whilst they are inpatients on our wards will be supported by in-reach smoking cessation specialists, or staff who are trained smoking cessation advisors.

People who smoke who are admitted into inpatient services should be offered NRT within 15 minutes of arrival to the ward.

People who use our services in the community and outpatient settings should be offered advice and information with regards to smoking cessation and the contact details of the smoking cessation service.

There is an expectation that all healthcare professionals who have face to face contact with people who use our services discuss smoking cessation as part of our health promotion strategy.

The details that should be assessed and documented are:

- Does the person smoke? If so:
- How much do they smoke per day?
- How many years have they smoked?
- Have they patient previously tried to give up?
- Any triggers to smoking?
- Do they want to give up? If so refer to the smoking cessation service.

For staff using RiO, this can be recorded on the physical health core assessment module in RiO (see appendix 1).

Smoking cessation support is available through the local stop smoking service:

0800 622 6360 or text QUIT to 66777. More information can be found on the website www.smokefreelifeberkshire.com.

5.3 Care Plans

When a person who uses our services agrees to participate in a smoking cessation programme a care plan must be developed with them.

People who are admitted to our inpatient services who do not wish to engage with a smoking cessation programme must have a care plan in place regarding support in abstaining from smoking.

During the admission process, people who use our services should be asked to surrender any smoking related materials (including: Tobacco products, cigarette papers and lighters or matches, as well as ecigarettes). Any items should be looked after as directed in the safe keeping policy (CCR034).

5.4 Availability and provision of Nicotine Replacement Therapy (NRT)

Within 15 minutes of arrival to inpatient services, NRT will be offered under the NRT Guidance Document (lozenges and patches) an process diagram is displayed in appendix 2.

Prescription for NRT is indicated in all inpatient services and NRT should be prescribed at admission clerking by a doctor.

The choice of NRT should be made with the service user and a range of NRT should be made available.

Service user's own NRT will be written up on a prescription chart.

5.5 People who are prescribed high risk medication which is likely to be affected by abstinence of cessation of smoking.

There is a risk of toxicity for a person who takes a high risk medication if they suddenly stopped smoking.

People who use our services who are taking high risk medication will be closely monitored as per NRT Guidelines (see Appendix 3) when admitted into inpatient services.

5.6 People who use our services who are restricted in relation to their movement.

People who use our services who are restricted in relation to their movement (e.g. detained under a section of the Mental Health Act or a Deprivation of Liberty safeguard), do not have any dispensation under this policy and there are no exemptions of exceptions to this policy.

5.7 Facilitation of smoking breaks

Smoking breaks will not be facilitated for people who use our services in inpatient units.

5.8 People who use our services with limited mobility

People who use our services who are unable to take themselves off site to smoke and do not wish to stop smoking will be offered NRT.

5.9 Palliative Care

This policy applies to people who use palliative care services.

5.10 E-cigarettes

Due to the risks below, the use of e-cigarettes and their chargers will not be permitted within Berkshire Healthcare NHS Foundation Trust.

<http://teamnet.berkshire.nhs.uk/staff/news/Pages/E-Cigarettes-banned-within-Berkshire-Healthcare.aspx>

The risks are highlighted from two sources:

- The Estates and Facilities Alert – Fire risks with rechargeable batteries and chargers EFA2014/002.
- The risk of accidental or deliberate poisoning

5.11 Sale of Tobacco Products

No tobacco products will be sold on Berkshire Healthcare premises.

Staff should not under any circumstances sell or give tobacco products to people who use our services or visitors.

5.12 Smoking areas

No Berkshire Healthcare site will have a designated smoking area.

No ashtrays, smoking shelters or wall mounted lighters are permitted within any Berkshire Healthcare site. Ashtrays may be located at the entrances to reduce littering and draw attention to this policy.

6. ENFORCING THE POLICY

6.1 A zero tolerance approach will be applied to anyone who becomes abusive when reminded of the policy.

Where conflict develops in relation to the policy, people who use our services should be informed of the reasons behind the policy:

- Health promotion and harm reduction.
- Interactions with medication and impact on healing processes.
- Risk of fire.

All violations should be reported through a Datix form.

6.2 Where people who use our services refuse to comply with this policy, the provision of care should be reviewed and proactive action be taken in addressing the areas where refusal is being made. For example: increased use of protective therapeutic interactions, searching and removing smoking materials or discharging people from our services.

6.3 Appendix 4 displays a flow chart that can be used as a reference for enforcing the smoke free policy.

7. COMMUNICATION STRATEGY

7.1 'No Smoking' signs are displayed throughout the Berkshire Healthcare premises and grounds.

7.2 Health promotion literature is available to all people who use our services.

7.3 Information about how people can access smoking cessation services is prominently displayed across the Trust sites.

7.4 Key stakeholders, staff, people who use our services and their carers, and visitors are advised of the policy well in advance of its implementation.

8. COMPLAINTS

Any complaint relating to this policy from or on behalf of people who use our services should be dealt with under Berkshire Healthcare complaint procedure.

Appendix 1

Physical Health Check - Smoking		
	Steps	
1	<ul style="list-style-type: none"> Find your patient on Rio Client Case record 	
2	<ul style="list-style-type: none"> Click on Core Assessment 'expand folder'. Core Assessment 	
3	<ul style="list-style-type: none"> Physical Health Assessment 	

- The Date and Time of assessment is mandatory.
- Consent to physical assessment. (Yes/No/Conditional)
- If needed, you can add further information into the below table
- Does the Client smoke? – Drop down box

If you select Yes, further questions are displayed

- Has the client been referred to a smoking cessation advisor? (Yes/No – drop down box)

For the CQUIN we need to be able to show that a referral has been OFFERED (regardless of whether the referral was completed). We therefore need this workaround on RIO:

to denote 'referral has been offered but patient does not wish to be referred', please record as follows:

Has client been referred to smoking cessation: select YES

Smoking cessation referral outcome: select DECLINED

If referral offered and patient agrees to be referred:

Has client been referred to smoking cessation – select YES

No referral outcome to be selected

- Save

Client* HATTON, Edgar (Mr) - T11000386

Date of assessment* [Calendar icon]

Consent to physical assessment Please Select

Physical Health Assessment (sensory and sexual health issues) Please Select

Does the Client smoke? Yes

How many per day?

Number of years smoking

Previous attempts to give up

Triggers to smoking

Has the client been referred to a smoking cessation advisor? Please Select

Further details Yes


Buttons: Save, Clear, Cancel

4

5

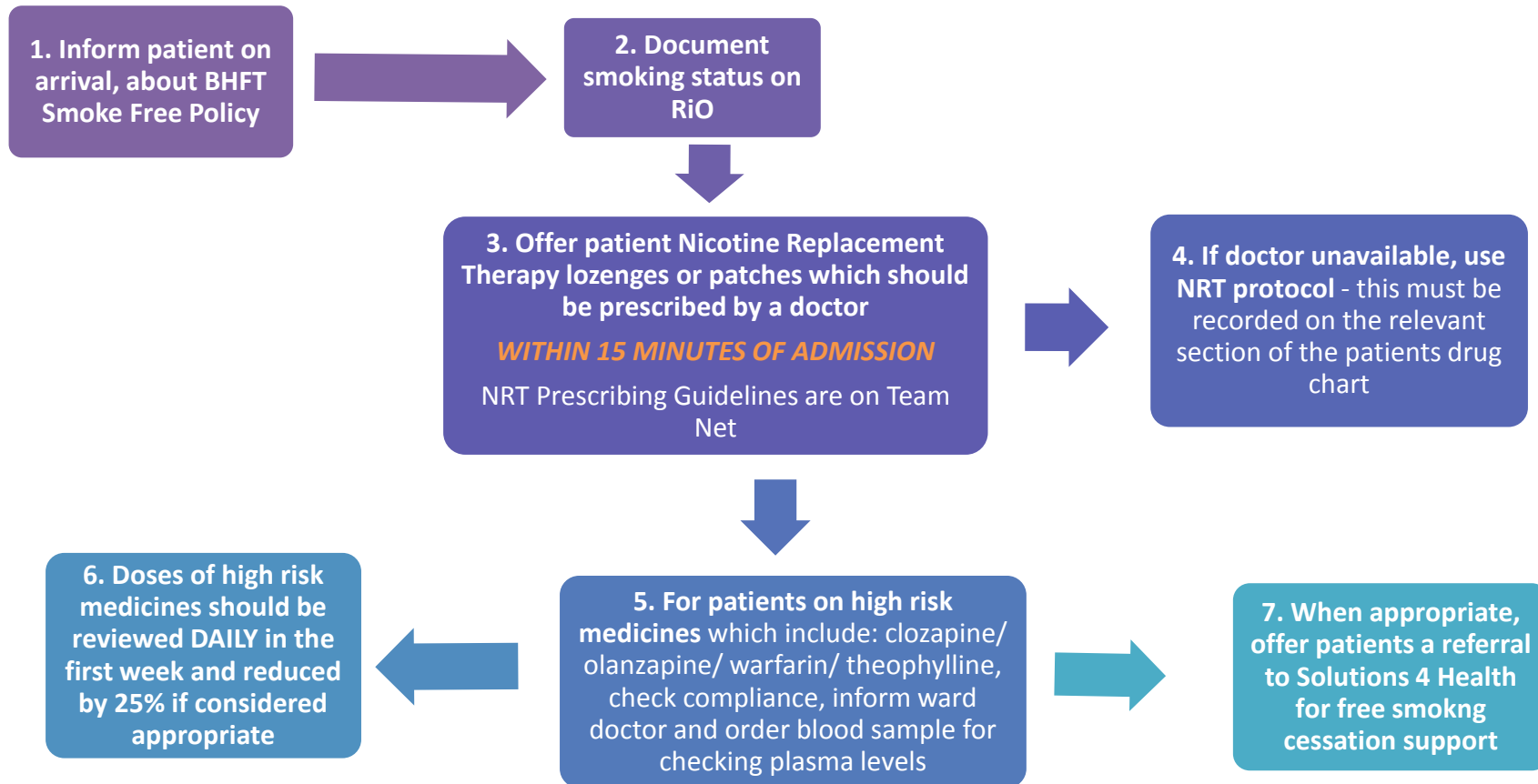
- You can now view your physical health assessment information through the Core assessment.

Physical Health Assessment	
Date of assessment*	Created by
26 June 2014 16:00	Eric Hilton



Appendix 2

NRT Process for Admission of Patients Who Smoke



Appendix 3

Monitoring of high risk medication (including clozapine)

(Taken from the Trust NRT Prescribing Guidelines, embedded Below)

9.1 On admission:

- ✓ Check that the Patient has been taking their medication regularly prior to admission and *document in notes*
- ✓ For patients prescribed high risk drugs, take a blood sample as soon as possible after admission to check plasma levels of medicine (or INR in the case of warfarin) and REPEAT EVERY WEEK (or more frequently if indicated)
- ✓ Patient should be reviewed by the ward doctor daily for the first week for signs and symptoms of toxicity (refer to table, section 5.5) with a view to reducing dose in the first 5-7 days following admission

Ensure that patients prescribed high risk drugs (as indicated on table above) are identified and monitored accordingly.

Clozapine: Monitor patient regularly for increased adverse effects (e.g. excess sedation etc.), where a dose reduction would be recommended. Doses can be reduced by approx.25% if symptoms of toxicity emerge. Liaise with Ward/Medicines Information Pharmacist for advice if necessary.

NB: The Clozapine Clinic Team supply blood testing kits for plasma levels as these are NOT SENT TO Pathology at Royal Berkshire Hospital or Frimley Health. They are sent to Kings Path at King's College Hospital, London and results are returned within five working days.

Please contact the Clozapine Clinic or Phlebotomist to arrange a blood test on the next working day.

Theophylline/aminophylline: Monitor patient for increased adverse effects (e.g. palpitations, nausea) and reduce dose by one third to one half as considered clinically appropriate. Plasma levels should be monitored after 5-7 days and repeated as required.

Warfarin: Monitor INR closely (twice weekly) until it stabilises.

9.2 At Discharge

Patients who return to smoking, will require post discharge follow up in the Community and repeat blood test monitoring. This must be documented in the discharge letter with adequate instruction to GP or appropriate Outpatient Clinician to continue monitoring.



NRT_GUIDELINES

Appendix 4

Enforcing the Smoke Free Policy

STEP 1 - ON ARRIVAL PATIENTS SHOULD BE MADE AWARE OF THE TRUST NO SMOKING POLICY. ASSESSMENT OF SMOKING STATUS DOCUMENTED. NICOTINE REPLACEMENT IS AVAILABLE ON WARDS BUT NRT MUST BE PRESCRIBED BY A DOCTOR. LIGHTERS AND TOBACCO PRODUCTS TO BE REMOVED FROM PATIENT

STEP 2 - PATIENTS SHOULD BE ENCOURAGED TO STOP SMOKING, OFFERED REFERRAL FOR ADVICE FROM THE SMOKE FREE LIFE BERKSHIRE- BY FAX FORM OR CONTACTING 0800 622 6360

STEP 3 - IF PATIENTS ARE KNOWN TO BE SMOKING ON THE WARD OR TRUST SITE THEY SHOULD BE AGAIN MADE AWARE OF THE TRUST NO SMOKING POLICY, FIRE RISK AND THAT IT IS ILLEGAL TO SMOKE INSIDE THE BUILDING. A DATIX SHOULD BE COMPLETED AND SMOKING PARAPHENALIA REMOVED FROM PATIENT.

STEP 4 - FURTHER BREACHES OF NO SMOKING POLICY OR LEGISLATION BY PATIENT - THE SENIOR NURSE MUST BE INFORMED PLUS SECURITY MANAGER/FIRE SAFETY ADVISOR.

STEP 5 - IF PATIENT PERSISTS IN SMOKING, CONSULTANT/SENIOR NURSE MANAGEMENT SHOULD CONSIDER DISCHARGE. HIGHER LEVELS OF SUPERVISION IMPLEMENTED AND ACCESS TO SMOKING PARAPHENAILA RESTRICTED

SMOKING OUTSIDE OF BUILDINGS:
PATIENTS SHOULD BE DISCOURAGED FROM LEAVING WARDS/DEPARTMENTS TO SMOKE OFF BHFT SITES. IF THEY CHOOSE TO LEAVE THE WARD PATIENTS DO SO AT THEIR OWN RISK.

Trust Security Manager – 07920 503352 Trust Fire Officer - 07768 916103

COMMENTS / FEEDBACK (This form can be photocopied as needed)

ORG041 - Smoke Free and Tobacco Reduction for people who use our services

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date to the designated policy lead or Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ. Tel: 01344 415623

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

Equality Statement

This policy reflects the organisation’s determination to ensure that all parts of our community have equality of access to the service and that everyone receives a high standard of service as a service user, carer or employee. This policy encompasses the Trust’s commitment to prevent discrimination in line with the Equality Act 2010 as well as recognise and respond to the needs of individuals based on good communication and best practice. Under the Act there are eight protected characteristics for people who use services: disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, gender and age (over 18 years). We recognise that some groups of the population are more at risk of discrimination or less able to access services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The Trust is continually working to improve access and equality and all our policies require equality analysis to have been undertaken before approval.

1. Title of policy/ programme/ service being analysed	
SMOKE FREE AND TOBACCO REDUCTION FOR PEOPLE WHO USE OUR SERVICES POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics.	
To ensure legal compliance to smoke free legislation, reducing health inequalities by offering smoking cessation services and to provide direction on the use of Nicotine Replacement Therapy.	
3. Who is likely to be affected? e.g. staff, patients, service users	
People who use our services by offering point of contact brief intervention in relation to smoking habits. Staff as to clarity in how to use NRT and direction of how to refer to Smoking Cessation Services.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics?	
Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.

<p>4.5 Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</p> <p>No adverse impact identified.</p>
<p>4.6 Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</p> <p>No adverse impact identified.</p>
<p>4.7 Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</p> <p>No adverse impact identified.</p>
<p>4.8 Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc</p> <p>No adverse impact identified.</p>
<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</p> <p>No adverse impact identified.</p>
<p>4.10 Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc</p> <p>No adverse impact identified.</p>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p> <p>No adverse impact identified.</p>
<p>5 Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>5.2 If no mitigating action can be taken, please give reasons.</p> <p>5.3 Please state if there are any opportunities to advance equality of opportunity?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>	
<p>Sign off</p>	
<p>Name of person who carried out this analysis: Cris Spring, Clinical Governance Lead Nurse</p>	
<p>Date analysis completed: April 2015</p>	
<p>Date analysis was approved by responsible Director: Ratified by the Safety, Experience and Clinical Effectiveness Group on 2nd June 2015</p>	

Statement of Confidentiality

(INSTRUCTIONS: This statement is to be read and signed IN DUPLICATE by all personnel including agency staff and volunteers immediately they first start work for the Trust with the exception of those employed by third parties where the employer has signed a contract with the Trust in which is included an appropriate confidentiality clause. One copy to be retained by the signatory and one copy to be held by the relevant departmental manager.)

In the course of your duties you may acquire or have access to confidential information which should not be disclosed to any other person unless in the pursuit of your duties or with specific permission given on behalf of the Trust.

This applies particularly to information relating to patients, clients, individual staff records and details of contract prices and terms. This includes information held on computers and computer printouts. Trust employees are required to ensure that information about patients is safeguarded to maintain confidentiality and is kept securely in accordance with the NHS requirements of 1999, (the Caldicott Committee's report on the review of patient identifiable information 1997 and HSC/1992/012). This means that patient information can only be passed to someone else if it contributes to the provision of care or the effective management of health care services within the Trust. If you are in any doubt as to which disclosures are unauthorised, check with your departmental manager.

You must not remove or copy any documents or tangible items including software which belong to the employer or which contains any confidential information from the employer's premises at any time without proper advanced authorisation. You must return to the employer upon request and in any event upon the termination of your employment, all documents and tangible items which belong to the employer or which contain or refer to any confidential information and which are in your possession or under your control.

A breach of confidentiality may lead to disciplinary action and could result in dismissal. You should also be aware that regardless of any disciplinary action taken, a breach of confidence could also result in a civil action for damages.

The Data Protection Act 1998 regulates the use of all information relating to any living identifiable individual that the Trust may hold, regardless of the media in which it is held. This information may be as basic as name and address. Unauthorised disclosure of any of this information may be deemed a criminal offence. If you are found to have permitted the unauthorised disclosure of any such information, you and the Trust may face legal action.

You must not, whether during or after your employment with the Trust, unless expressly authorised by the Chief Executive, make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Trust. This includes any detail about the Trust's clients and employees, actual, potential or past and all details relating to information on any of the Trust's databases ensuring that printouts are treated carefully.

I confirm that I am aware that I have a legal duty of confidentiality to all patients of the Trust, past, present and prospective. I further confirm that I will not disclose any

unauthorised information relating to patients or the Trust's staff or the Trust's affairs and those of other associated organisations to any other party.

I am aware that any breach of this undertaking is a serious matter that may lead to disciplinary action. The Trust may also instigate legal proceedings against an individual who does not comply with its confidentiality requirements.

[There may be occasions when staff have a duty to raise concerns over health service issues and the legal duty of confidence to patients may be overridden, i.e. a statutory requirement or in the public interest. In all cases reference must be made to your line manager or senior manager who will, if necessary take further advice, before any disclosure is made (with reference to the Trust's Whistle Blowing/Raising Issues of Concern Policy).]

Further details on confidentiality, security and staff procedures are available in the **Information Security Policy, Disciplinary Policy and Whistle Blowing/Raising Issues of Concern Policy.**

SOME IMPORTANT POINTS TO REMEMBER:

Confidentiality:

- Only those with a **need to know** can have access to patient details and health records. It is against the law to look up confidential information for which you do not have a justified need.
- Keep your PC screen out of sight of others if personal information is showing.
- Do not leave confidential information lying around unattended or place paper containing confidential information in the bin. It must be shredded or put in 'confidential waste'.
- Do not put confidential information in E-mails and faxes - they are not necessarily safe. Refer to your line manager if personal and confidential information has to be sent.
- Log out of your PC or terminal after use and never tell anybody your password. Don't share passwords.

Data:

- Ensure you back up all your important data. If possible back up to the network.
- Always check you have the correct patient - check name, address, GP, etc.

I confirm that I have read, fully understood and have retained a copy of the above statement.

Signed _____

Name _____

Date _____

You are also asked to familiarise yourself with the following guidance:

DO...

- Protect your data
- Make sure your data is correct
- Always wear your badge when on Trust premises
- Arrange for a name badge for Trust visitors
- Challenge unknown persons on Trust premises
- Lock the room that contains your fax machine or private papers when unattended in case it receives confidential information
- Use a screen saver password or turn off your PC when leaving it unattended and always lock the room if nobody else is there
- Be especially careful with the security of portable computers, i.e. hand holds and laptops
- Change your password regularly
- Always virus check disks and attachments received from outside sources
- Report any security risks/incidents
- Take care when giving personal information over the telephone
 - Have you identified the person?
 - Do they have a need to know?
 - Can anybody else hear the conversations?
- Take care when leaving a telephone call on hold – What information might they hear?
- Read the Trust's Information Security Policy and all related policies and guidance on confidentiality

DO NOT...

- Speak about patients to friends outside the Trust or in public places
- Keep data longer than is necessary
- Record patient data other than the name on white boards
- Set up any databases or new information flows for personal data without advising the Head of Corporate Affairs
- Remove health records from Trust sites without the express permission of the Director of Clinical Services
- Keep Trust personal data on your home PC
- Put software on a Trust PC without the permission of the Head of IM & T
- Leave personal data on messages on answer machines

TERMS AND CONDITIONS OF EMPLOYMENT

1. Location and Mobility

Your base will be as previously stated in your offer letter. You may be required to work at or from any additional location as may be determined by the Trust from time to time. The Trust also reserves the right from time to time to change your base on a permanent basis to a location determined by it at the time that the change is made.

You may also be required to travel between Trust premises as may be required for the performance of your duties.

2. Flexibility

The Trust reserves the right to amend your job description and/or your duties from time to time. You also agree that you will work with the Trust to deliver the Trust's services, including without limitation, by complying with lawful and reasonable instructions from the Trust by adapting to new ways of working and attending training courses determined by the Trust from time to time.

3. Continuous Employment

For the purposes of the Employment Rights Act 1996, only employment within the Trust and previous eligible NHS employment may count as continuous employment. Your period of continuous employment has been previously stated in your offer letter. For further clarification please refer to the 'Agenda for Change Contractual Continuity of Service Guidelines'.

In addition employment with a recognised NHS employer will be recognised in relation to entitlements for annual leave and sick pay (entitlement to sick pay is based on continuous NHS service).

4. Period of Notice

You are required to give notice, as previously stated in your offer letter, in writing to your manager if you wish to terminate your employment.

You are entitled to receive notice of termination of your employment as previously stated in your offer letter. This will increase by one week for each year of continuous service after your stated notice entitlement, up to a maximum of 12 weeks.

These rights do not affect the Trust's right to terminate your employment without pay in cases of gross misconduct.

5. Remuneration and Conditions of Service

Your salary and Terms and Conditions of Service will be in accordance with those determined by the Department of Health in the Agenda for Change Agreement and subsequently varied from time to time by the NHS Staff Council.

The Trust reserves the right to alter or amend your terms and conditions from time to time within the framework of Agenda for Change Terms and Conditions and will provide you with notification of such changes in writing.

You will be appointed as previously stated in your offer letter. This salary is subject to incremental progression through the pay band which has two gateway incremental points. Progression through the gateways is subject to satisfactory performance against the Knowledge and Skills Framework.

Your hourly rate is calculated by dividing your gross pay by 52.143 weeks and then by the number of whole time equivalent hours or sessions, whichever is applicable.

The new revised NHS terms and conditions defines a full time working week as 37.5 hours. If you agree with your manager to work in excess of 37.5 hours and are placed between bands 1 and 7, you will be paid at a rate of time and a half for those hours. Any overtime worked on public holidays will be paid at double time. Part time staff will not accrue overtime payments at this rate until they work in excess of 37.5 hours.

Full details of your terms and conditions may be seen on request in the Recruitment Department.

6. Salary Payments

Salaries are paid monthly via your bank account on the **last Thursday of each month**, with the exception of December which is usually earlier. You are responsible for checking that you have received the correct pay and for notifying the Payroll Department if your pay is incorrect.

Where there has been any overpayment of remuneration, expenses, or other emoluments, you will receive notification of any overpayment and, following consultation, the employer will seek to agree with you a reasonable repayment plan prior to deductions being made.

The right to make deductions from your salary is without prejudice to any deductions that may have been made from your pay in accordance with a statutory requirement or court order.

On termination of employment, any outstanding overpayment will be deducted in full from your final salary.

7. Hours of Work

The standard working week for all full time NHS staff is 37.5 hours per week exclusive of meal breaks. Your contracted hours will be as previously stated in your offer letter. Staff are required to work a variety of working patterns, including weekends, throughout the 24 hour period if appropriate to the post.

8. Unsocial Hours Payments

Please refer to the Agenda for Change handbook, paragraph 46, for further information on unsocial hour's payments.

9. Annual Leave

The annual leave year runs from 1st April to 31st March and leave may be taken at such times as your manager may reasonably approve.

Entitlement to annual leave is calculated according to complete NHS service which may not necessarily be continuous.

Part time staff will be eligible for a pro rata amount of bank holidays based on basic weekly contracted hours.

Annual leave is calculated on an accrued basis during the leave year and when a post is terminated any excess leave taken will be recovered by the Trust, and any accrued leave will be added on and paid to extend service. This will also apply in the case of retirement.

Annual leave entitlements are based upon the following lengths of NHS service:

Length of Service	Annual Leave and General Public Holidays
On appointment	27 days + Bank Holidays
After 5 years service	29 days + Bank Holidays
After 10 years service	33 days + Bank Holidays

Annual leave for part time staff is calculated on a pro rata basis in hours as is leave for full time staff whose rotas do not follow a standard 5 day cycle. Part-time workers' bank holiday entitlement shall be added to their annual leave entitlement and they shall take the bank holidays they would normally work as annual leave.

Your annual leave entitlement for the current year has been previously stated in your offer letter.

For further information relating to annual leave please refer to the Annual Leave Policy.

10. Sick Leave & Sick Pay

If you are absent from work on account of sickness or injury, you or someone on your behalf, should inform your manager of the reason for your absence as soon as possible, and in accordance with locally agreed procedures. Your entitlement to sickness and other benefits is set out in the Sickness Absence Management Policy and in the table below:-

Length of continuous NHS service	Full pay entitlement	Half pay entitlement
Up to 12 months	1 month	2 months
1 - 2 years	2 months	2 months
2 - 3 years	4 months	4 months
4 - 5 years	5 months	5 months
Over 5 years	6 months	6 months

Full sick pay will include regularly paid supplements including long term recruitment and retention premia, payments for work outside normal hours and high cost supplements if applicable.

For absence through sickness of more than three days, you must submit a self-certificate within the first seven calendar days of absence. From the eighth day onwards medical certificates from a medical doctor are required at appropriate intervals for the duration of your sickness. Certificates must be sent promptly to your manager.

The employer reserves the right to suspend sickness benefits or pay for non attendance for medical examination, failure to comply with the requirements on the notification of sickness absence, or failure to submit the appropriate medical certification.

You must, in your own interest, report any personal accidents or injury, however trivial, arising out of the course of your employment, to your head of department, or the appropriate authority.

If your absence results from an accident, you will not be entitled to sickness payments if damages are recovered from a third party. You must notify your line manager of any such accident.

11. NHS Pension Scheme

This post is pensionable under the NHS Pension Scheme and contributions range from 5% - 14.5% depending on rate of pensionable pay.

You will be automatically enrolled from your start date into the NHS Pension Scheme which is a qualifying pension scheme that meets or exceeds the government standards for work place pensions. An information booklet is enclosed

If possible when joining the scheme, please complete the joiner questionnaire contained in the information booklet and forward to the pension department.

Should you not wish to join the Scheme you can find information regarding opting out on the NHS Business Services Authority Pensions website :-www.nhsbsa.nhs.uk/pensions. If you then wish to opt out of the pension scheme you will need to complete the form SD502 and forward it to Payroll immediately

Also if you have a private pension plan or wish to discuss the transfer of existing pension rights you should contact the Pension Department on 0118 322 6651.

If you have already taken your NHS Pension; under new pension legislation, if you are under state pension age and earn over the pension auto enrolment earnings threshold, you will have to be automatically enrolled into the Trusts alternative pension scheme called NEST.

You will receive a separate letter from the Trust advising you if this happens and you will also receive a pack with the full information direct from NEST about this scheme.

12. NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The principles and values of the NHS Constitution, as varied from time to time, are explicit and are incorporated into your contract of employment with Berkshire Healthcare NHS Foundation Trust:

You have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.

You have a duty to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements

You have a duty to act in accordance with the express and implied terms of your contract of employment.

You have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

You have a duty to protect the confidentiality of personal information that you hold.

You have a duty to be honest and truthful in applying for a job and in carrying out that job.

13. Policies and Procedures

During your employment you are required to adhere to the policies and procedures of the Trust as implemented and in force from time to time. However these policies and procedures do not form part of your contract of employment. All policies relevant to your employment are available on the Trust's intranet.

14. Staff Smoke Free Policy

The Trust has a 'Staff Smoke Free Policy, which does not allow smoking on any of the premises of the Trust. The policy also applies to persons travelling in vehicles (including owned and lease cars) whilst on official business, and privately owned vehicles parked on Trust grounds or when transporting services users or visitors on official Trust business. Staff will not be supported by taking additional breaks away from the workplace to smoke off site. Contravention of this policy will normally be regarded as a disciplinary matter.

15. The Working Time Regulations 1998

You are required to comply with the Trust policy on implementation of the Working Time Regulations, including declaration of hours worked and breaks taken both for the Trust and any other employer, completing written records if required and reporting any instances where your pattern of working hours may constitute a health and safety risk to yourself, patients, the public and other Trust employees. You have the right not to be subjected to any unlawful detriment by reporting any concerns under the Regulations.

16. Criminal Records and Notification of Actual or Intended Criminal Proceedings

If your post is one that requires a disclosure at whatever level from the Criminal Records Bureau, the Trust retains the right to request that a further disclosure is sought at any time or at least on a 3 yearly basis.

You must notify your Manager **immediately** if you are charged with or convicted of a criminal offence.

17. Uniform

Uniform and protective clothing, where provided, must be worn on duty in accordance with the Uniform Policy.

18. Driving

If your post requires you to drive you must possess a valid, current, full driving licence and any penalty points on your licence must be declared.

Your certificate of motor insurance must show that you are covered for any official business mileage. Failure to comply with these requirements may result in termination of your employment.

19. Professional Registration

Where your role requires you to maintain a statutory professional registration, it is your responsibility to ensure that this is maintained. The continuation of your employment is conditional upon you continuing to be registered with the appropriate professional body. The Trust will require evidence of current registration. Failure to comply may result in your suspension from duty and could result in disciplinary action.

20. Rights in relation to Pregnancy, Adoption, Paternity and Flexible Working Regulations

Details of rights in relation to the above are detailed within specific Trust policies which are obtainable from your manager or Human Resources Department.

21. Retirement

The normal retirement age for NHS employment is 65. Provisions for your retirement and any right to request to stay on past normal retirement age will be in accordance with local arrangements and will comply with the Employment Equality (Age) Regulations 2006 as amended from time to time.

22. Collective Agreements

Several collective agreements have been made between the Trust and its' recognised Trade Unions. The agreements directly affect your terms and conditions of service and can be seen on request from your manager or the Human Resources Department.

23. Disciplinary and Grievance

The 3 step process in relation to grievance and disciplinary is as follows:

Step 1 – Put it in writing

In the case of dismissal or disciplinary action being considered the Trust will put in writing why that action is being considered similarly if you have a grievance you must put your reasons for the grievance in writing to the Trust.

Step 2 – Investigation and Decision

In either case after allowing time to consider the issue raised, you will be notified of the Trust's decision and of your right of appeal.

Step 3 (if required)

Both parties must meet to discuss the issues. Following that meeting the Trust will inform you of its decision.

Further details relating to the Disciplinary and Grievance Policies of the Trust are available via the Trust's intranet site, your line manager or the HR department.

24. Allegations of Ill-treatment of Patients

If you become aware of any incident involving ill-treatment or neglect of patients, you are required to report this immediately to the person in charge of the ward, department or Community Home. You will receive an acknowledgement of your report from the appropriate Manager within three working days. Should you not receive an acknowledgement, you must make a report directly to the appropriate Director or the person acting in their absence.

25. Health & Safety

You are reminded that, in accordance with the Health & Safety at Work Act 1974, and subsequent legislation, you have a duty to take reasonable care to avoid injury to yourself and to others by your work activities, and required to co-operate with the Trust in meeting statutory requirements. As an employee of the Trust you are obliged to attend and participate in Trust health and safety training identified as relevant to your work. All accidents sustained at work must be reported in accordance with the Accident Policy.

26. Loss or Damage to Personal Belongings

The employer accepts no responsibility for the damage to or loss of personal property with the exception of loss caused by the negligence of the employer.

27. Information Security and Confidentiality

Reference should be made to the Trust's Statement of Confidentiality attached to this contract.

28. Conflict of Interest and Other Employment

The hours for which you are contracted are to be devoted wholly to the work and interests of the employer. Any other employment must not be allowed to interfere with or have a detrimental effect on your work for the Trust. You are also required to declare any other employment that may represent a conflict of interest with your employment, for example:

- Commercially marketing products and services in competition with the employer's current or potential services. Such activities are commercial if you receive direct or indirect remuneration of any kind, in addition to your contracted salary.
- Perform private work, or solicit such business on the employer's premises, or while working in the employer's time, including time you are given with pay for personal matters. Also, you are not permitted to use your employer's equipment, telephones, materials, resources, or proprietary information for any private work, without first entering into a specific commercial agreement with the Trust.
- Generally be a supplier or, represent a supplier, work for a supplier, or be a member of its Board of Directors, while employed by the Trust.
- Any attempt to use your official position to influence for your benefit choices about facilities or services will render you liable to disciplinary action.

In addition the NHS Codes of Conduct and Standards of Business Conduct for NHS Staff (HSG(93)5) require you to declare all situations where you (or a close relative or associate) have a controlling interest in a business (such as a private company, public organisation, other NHS organisation or voluntary organisation) or in any other activity which may compete for an NHS contract to supply goods or service to the Trust.

You must therefore register such interests either on appointment or subsequently whenever such interests are gained. You must not engage in such interests without the written approval of which will not be unreasonably withheld.

It is your responsibility to ensure that you are not placed in a position which appears to risk conflict between your private interests and NHS duties.

29. Hospitality and Gifts

You must not accept from any organisation or representative of any organisation any personal gifts of value, including cash, merchandise, gift vouchers or hospitality such as invitations to weekend or vacation trips.

For further guidance please refer to the Code of Conduct, Ethical Standards and Conflict of Interest Policy.

30. Intellectual Property

From time to time during the normal course of your employment, you may generate intellectual property, which may have value in the delivery of better patient/client care. Intellectual property such as patents, copyright, design rights, inventions, trade marks, know how, research and development projects and results, internal reports, business plans, personnel information, which arises in, or could reasonably be expected to arise from, the course of your duties, are the sole and exclusive property of the Trust. Further details may be seen within the NHS guidance HSC 1998/106 Policy Framework for the Management of Intellectual Property.

31. Research Governance

The Trust manages all research in accordance with the requirements of the Research Governance Framework. As an employee of the Trust you must comply with all reporting requirements, systems and duties of action put in place by the Trust to deliver research governance.

32. Variations to contract

Any variations to conditions of service will only be implemented following consultation and agreement. Any changes will be confirmed in writing within 28 days of the change.

I can confirm my understanding and acceptance of this statement of terms and conditions of employment and have kept a copy for my records.

Signed: Date: