



Central London

Community Healthcare

Trust

Policies H-Z

TITLE: HOMEWORKING POLICY
VALID FROM: 01 FEBRUARY 2021
EXPIRES: 31 JANUARY 2024
REFERENCE: WFC 58

This is a new procedural document

Version:	1.0
Policy reference and description of where held.	WFC 58
Title, name and contact details for author:	Head of Employee Relations and Policy Barbara Macanas b.macanas1@nhs.net
Title, name and contact details for responsible director:	Director of People Louella Johnson, 02077981354 louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group	HR Policy Group 15 December 2020
Ratified by Policy Ratification Group:	11 January 2021
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	July 2023 Review sooner if necessary to comply with national guidance
Target audience	All staff, substantive and fixed term, where a homeworking arrangement is established or where a pandemic or extenuating circumstances occurs.

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	6 Jan 2021	Susan Nwanze	Final	New procedural document

CONTENTS:

Section	Page
1 Introduction	4
2 Aims and Objectives	4
3 Definitions	6
4 Duties	7
5 Policy.....	9
5.1 Principles.....	9
5.2 During a Pandemic Lockdown	10
5.3 Homeworking Environment	11
5.4 DSE Risk Assessment	11
5.5 Property and Equipment.....	13
5.6 Expenses and Protection.....	13
5.7 Security, Confidentiality and Data Protection	14
5.8 Reviewing/Ending the Homeworking Arrangement.....	14
6 Consultation Process.....	15
7 Approval and Ratification Process.....	15
8 Dissemination and Implementation	15
9 Archiving	15
10 Training Requirements	15
11 Monitoring and Auditing Compliance.....	16
12 Expiry and Review Dates	16
13 Associated Documentation	16
14 References	16
Appendix 1: Top Tips for Healthy Remote Working	17
Appendix 2: Homeworking Self-Assessment Checklist.....	18
Appendix 3: Homeworking Arrangement Form.....	19
Appendix 4: Monitoring and Auditing Compliance Table	20
Appendix 5: Equalities Impact Assessment	21

1 Introduction

- 1.1 This policy describes the commitment by the Trust to support home working arrangements in order to deliver value for both staff and the organisation. It is primarily for where a homeworking arrangement is established as a result of a pandemic or similar circumstances. For more general home-based working requests, please refer to the Trust's Flexible Working Policy (search under "Policies" on the Trust's intranet hub).
- 1.2 The policy sets out the steps to be taken to support staff working from home, including agreeing the homeworking arrangement, making an assessment of potential risks and setting out a structure for effective communication with and from homeworkers.
- 1.3 The policy applies to all staff, substantive and fixed term, where a homeworking arrangement is established.
- 1.4 This policy covers accessibility and equipment.
- 1.5 Risk, hazards and risk assessments are covered by this policy. Many of the hazards that might compromise health and safety while working at home will be the same as in the workplace, but there may be additional hazards to consider when staff members are working at home or from different locations.
- 1.6 This policy covers the different ways of maintaining contact and the continuing participation of all members of the team using the available technology.

2 Aims and Objectives

- 2.1 The COVID-19 Pandemic has significantly changed the way that we work and has caused the Trust to re-think its agile, flexible and homeworking arrangements for staff members in the medium to longer term. As we move into a recovery phase and consider which operations to continue and restart both during and post the pandemic, the Trust is implementing government guidance to support staff to be able to safely return to work in a safe workplace environment.
- 2.2 Digital technology has played a huge role in changing how we safely meet the needs of our patients. Social distancing rules mean that there will be a significant reduction in the number of staff members that can be accommodated within the workplace at any one time. The changes in the way that we deliver services have led the Trust to embrace new and safer ways of working which will continue on a longer term basis even beyond the pandemic.
- 2.3 COVID-19 has meant that homeworking has become an essential way of working for Trust staff over a prolonged period. To support staff members to deliver services in a safe and secure working environment the Trust is

committed to promoting its homeworking, agile and flexible arrangements for members of staff in the medium and longer term.

- 2.4 Also as an Equal Opportunities employer committed to offering homeworking to support work-life balance, the Trust may consider post Covid-19 to offer staff the opportunity to continue to work from home on a longer term or permanent basis, where appropriate.
- 2.5 To work effectively, any homeworking arrangement must meet the business needs of the service, as well as a staff member's individual needs, to ultimately ensure the continued delivery of safe and high quality care to our service users.
- 2.6 Within this context the Trust acknowledges its duty of care to staff and will continue to ensure that it takes every reasonable measure to support the health, safety and well-being of all staff members. Under the Health and Safety at Work Act 1974 the Trust is required to ensure that staff have an acceptable standard of safety whilst "at work" - regardless of location.
- 2.7 The objectives of the policy are to ensure that:
- the Trust acts responsibly by fulfilling its legal obligations to support staff to work safely from home
 - managers and staff understand the process for establishing the homeworking arrangement
 - the responsibilities of managers and staff in the homeworking arrangement are clear
 - our staff members can work safely and securely at home with preventative measures for hazards or risks
- 2.8 The Trust will ensure that the application of any part of this policy does not have the effect of discriminating, directly or indirectly, against staff on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.
- 2.9 This policy focuses in the first instance on homeworking arrangements that change your "place of work" in response to circumstances such as a pandemic.
- 2.10 A staff member could choose at a later stage to request a formal permanent or on-going homeworking arrangement in which contractually the staff member's home becomes their formal work base. Where a permanent arrangement is agreed in line with the Trust's Flexible Working Policy (search under "Policies" on the Trust's intranet hub) it may have an impact on the London Weighting allowance. Costs of additional heating, decent internet access and minor household alterations may be incurred by the staff member.

3 Definitions

Hardware	Hardware is the physical computer equipment and its attachments.
Homeworking	Those staff members working from home on an occasional, temporary, prolonged period or on a permanent basis. Homeworking in the context of the COVID-19 pandemic means working from home for a fixed period on a full or part-time basis as directed by the government, and as agreed between the staff member and their line manager.
Home-based working that formally changes your 'place of work'	This applies when a staff member has requested and formally agreed to a new working arrangement with the Trust in which their home becomes their main work base on an on-going part or full time basis.
Internet / web	The internet is a global computer network providing a variety of information and communication facilities, consisting of interconnected networks using standardised communication protocols.
Network	A network is defined as a group of two or more computer systems linked together.
Remote access	The ability to access shared or personal folders and documents held on the Trust servers and networks.
Remote workers	Members of staff who usually, sometimes or unusually (e.g. during the Covid-19 pandemic) work from other appropriate locations other than their usual site.
Risk assessment	A risk assessment is the analysis of the potential hazards in any specific circumstance or environment, and the identifying of mitigating actions to reduce or eliminate the likelihood of risks arising and the impact they have if they do.
Server	A server is a computer that provides data to other computers. It may serve data to systems on a local area network (LAN, in which computers are close by) or a wide area network (WAN, in which computers are geographically some distance apart) over the Internet. Many types of servers exist, including web servers, mail servers, and file servers. Each type runs software specific to the purpose of the server, and enables staff to access email, documents and files, the intranet and the internet.

Software	Software are the systems that enable work to be done and includes the operating system which enables other systems such as Microsoft Office, Health Roster, electronic staff record (ESR) etc.
Virtual meetings	Virtual meetings are held on computers using, where enabled, cameras and microphones to enable the participants to see and hear each other, and hold discussions (as they would normally in a room) in the variety of different locations in which the participants are working. This can only happen where they are connected to the internet for the duration of the meeting.

4 Duties

4.1 Employer

Under the Health and Safety at Work Act 1974, employers have a duty to ensure the health, safety and welfare of staff. Under the Management of Health and Safety at Work Regulations 1999, employers are required to assess all significant risks, which include risks to home workers. Employers must also make adequate arrangements for managing their control measures.

In addition, under the Health and Safety (Display Screen Equipment) Regulations 1992, employers are required to assess display screen equipment risks; ensure that workstations meet the minimum requirements; inform users; plan work for changes of activity and breaks; provide eye tests and provide health and safety training. The employer must also arrange a workstation assessment of all display screen equipment users and is required to ensure that all equipment used by people for work, is suitable and safe and, importantly, that adequate training has been given.

4.2 The People Directorate is responsible for providing advice and guidance to homeworking staff and managers of homeworking staff.

4.3 The Information Management and Technology Team are responsible for supporting the appropriate use of Trust hardware and software used on the equipment through the usual approaches for logging calls.

4.4 Senior Managers (Corporate) and CBU Managers are responsible for collating records of Trust equipment being used within each area and making requests for remote access for members of their staff.

4.5 Line Managers are expected to:

- consider homeworking requests from staff on an individual basis, taking into consideration the needs of the service and whether the job is such

that it can be done effectively from home; and in a manner that ensures the safety, dignity and health and well-being of their staff

- ensure that their staff undertake a Display Screen Equipment (DSE) assessment in accordance with new DSE guidelines and that they have the right tools and equipment to enable them to work safely and effectively from home
- familiarise themselves with the content of this document and other related guidance on homeworking and apply these fairly and consistently
- keep accurate and up to date records of attendance and store this information safely and securely, ensuring that payroll are notified of all absence in line with the agreed system in operation at the time
- attend training as appropriate to support management of staff working remotely
- set objectives for staff that are Specific Measurable Achievable Realistic and Time bound (SMART), ensuring the staff member is clear about the type of output required and the quality of work that to be produced
- where appropriate, to have a visible presence on-site. From a leadership perspective it is acknowledged that visible on-site leadership remains a fundamental and essential aspect of leading others. Where needed, appropriate on-site, available and supportive leadership should remain in place.

4.6 Members of staff have a duty to:

- familiarise themselves with the content of this document, carry out the appropriate actions outlined and comply with related guidance to implement safe homeworking
- take reasonable care of their own health and safety; and that of other people who may be affected by their activities at work
- co-operate with their employer to enable the employer to comply with health and safety duties
- use all work items provided by their employer in accordance with the training and instructions they receive to enable them to use the items safely
- manage personal or sensitive information at home in accordance with the Trust's Information Governance (IG) Policy (search under "Policies" on the Trust's intranet hub)

- familiarise themselves with the local processes and guidance for notifying absence and follow such processes at all times
- maintain contact with their manager, team, colleagues and clients/service users as appropriate
- keep their outlook calendars up to date with current and pre-planned meetings and activities
- report any major changes to their health that may have an impact on their ability to carry out the full requirements of their role to their line manager. This is to enable the Trust to make reasonable adjustments where appropriate or where required due to the provisions of the Health and Safety at Work Act 1974 and the Equality Act 2010
- inform their employer of any work situation that could present a serious danger to health and safety or of any shortcomings in the employer's health and safety arrangements

5 Policy

5.1 Principles

- 5.1.1 Homeworking does not entitle a staff member to choose when and how they work, it simply means that they do their job from home. The member of staff's contractual obligations, including their core working hours, continue to apply. Any changes will need to be agreed between the staff member and their line manager and will take into account the requirements of the department or service.
- 5.1.2 If your role permits, discuss the feasibility of working from home with your line manager. Each case will be reviewed on an individual needs basis and will include a consideration of organisational need. An agreed homeworking arrangement will be subject to regular review and may need to be reconsidered based on performance, conduct, behaviour or organisational need.
- 5.1.3 Where a change is needed and the staff member needs to return to work on site, options should be explored to ensure that the staff member can get to work safely and is able to work safely on-site in a manner that promotes their health and wellbeing in accordance with the Trust's Infection Prevention and Control guidance (search for "Infection Prevention Guidance" on the Trust intranet hub).
- 5.1.4 In the event that the agreed temporary homeworking arrangement comes to an end or is changed the line manager will give the staff member time based on the requirements of the service, to make appropriate arrangements to return to the designated Trust work location.

- 5.1.5 Members of staff who work from home are subject to the same rules, procedures and expected standard of conduct and performance as all other staff. Contractual obligations, duties and responsibilities remain in place, as do the Trust's workplace policies.
- 5.1.6 Staff should remain as engaged as possible in the work of the Trust and its activities while they are working from home. This includes having access to Trust news, staff briefings, team meetings, social events and benefits, as well as opportunities for professional development, training and promotion.
- 5.1.7 Managers must keep in regular contact with staff during homeworking via phone, email, video conferencing and face to face meetings.
- 5.1.8 If a member of staff feels isolated, left out, are lacking guidance or support, they should discuss this with their line manager.
- 5.1.9 Where an IT problem prevents staff from working effectively, they should contact the IT helpdesk straightaway.
- 5.1.10 If a member of staff cannot work on a homeworking day because of illness or injury, they must follow the procedure set out in the Trust's Sickness and Absence Management Policy (search under "Policies" on the Trust's intranet hub).
- 5.1.11 If a staff member is experiencing difficulties working from home due to a domestic crisis or relationship difficulties, they should get in touch immediately with their line manager and Employee Health to identify and advise on appropriate support available.

5.2 During a Pandemic Lockdown

- 5.2.1 Where there is a pandemic and the government implements 'lock-down', measures or guidance requiring offices to close resulting in people having to stay at home, the Trust will follow government guidance and homeworking will apply.
- 5.2.2 It is important to ensure the support of a work-life balance and provide appropriate equipment and access for staff to work from home wherever possible and a risk assessment. Whilst protecting staff from excessive travel or disease, the aim is not to expose them to other kinds of risks.
- 5.2.3 Therefore it is important as part of the provision of access to work systems and networks, that the manager and staff members discuss the available work space and environment at home so that the difficulties or challenges of working from home are discussed, and where possible, appropriate support is given.
- 5.2.4 The Trust supports homeworking for staff who wish to remain at home to reduce exposure to external dangers caused by a pandemic, particularly if the person is in a vulnerable group (such as being pregnant; older; Black;

Asian or Minority Ethnicity (BAME) or with an underlying health condition). Managers may not always be aware that some staff may have underlying health conditions or other conditions such as pregnancy. Different combinations of these may place people in different levels of risk (for example, having being born with a heart condition or being pregnant may put you in the 'high' risk group, whilst having both will put you in the 'very high risk' group).

- 5.2.5 It is therefore essential, particularly in a pandemic, that a risk assessment is undertaken. In such circumstances where a manager might not be aware of a member of staff's individual circumstances that could place them in a higher risk category, it is also incumbent on staff to share this information through completing a risk assessment. Where it is obvious to managers that some members of staff may be in a higher risk area, it is the responsibility of the manager to have a discussion with the member of staff about the risks of remaining at work or in a specific work area, discuss the potential to work from home and undertake a risk assessment (search under "Covid-19 Guidance" and "Advanced Risk Assessment" on the Trust's intranet hub).

5.3 Homeworking Environment

- 5.3.1 The staff member's home environment must be suitable for homeworking. This includes having a decent working area and a reasonably strong internet connection.
- 5.3.2 When members of staff are working from home they must act in a professional way at all times during working hours. This includes satisfying all organisational policies and reasonable management instructions. The focus of their attention should be on working matters and they should be available to respond to work requests including emails and phone calls.
- 5.3.3 Except in exceptional circumstances (such as in a pandemic in which the usual childcare arrangements may have broken down) staff should not have the role of principal carer while working from home. Where this is the case, a flexible working arrangement or where this is not possible, an appropriate leave arrangement will need to be agreed.
- 5.3.4 Managers of staff who will be working from home should discuss the health and safety aspects of homeworking (including the available space and potential hazards and the psychological impact of working away from the usual environment and colleagues) in a joint risk assessment (see below).

5.4 DSE Risk Assessment

- 5.4.1 The Trust's duty of care for staff health, safety and wellbeing extends to homeworking. Reasonable provisions must be made to check that a member of staff's home environment is suitable for homeworking and is not placed under any undue risk. To assess this, the following should be completed:

- The member of staff should carry out a Health and Safety Risk Assessment of their workspace/DSE workstation assessment (search “Display Screen Equipment Policy” under “Policies” on the Trust’s intranet hub) and share this with their manager. Managers are required to share homeworking guidance with staff members.
- Managers must assess each member of staff’s personal safety and mental/physical health and wellbeing as part of assessment of suitability to work from home, e.g. whether staff may be a vulnerable risk whilst at home compared to the workplace (potential domestic abuse/isolation risks).
- Managers should discuss, actively promote and share with staff, details of the Employee Assistance Programme, Mental Health First Aiders/ Champions should staff require support at any time and take reasonable steps/responsibility to review staff mental health/wellbeing while they are working from home.
- Online Health and Safety training must be completed.
- Managers may complete a homeworking self-assessment checklist with members of staff – see Appendix 2

5.4.2 Each member of staff will be required to complete a DSE risk assessment of their workstation (search “DSE Risk Assessment” on the Trust’s intranet hub) to assess its suitability, and a health and safety risk assessment. Each member of staff is required to arrange any necessary modifications. Homeworking requests may be refused if those modifications are not made within a reasonable timeframe, or if they do not rectify any health and safety risk(s) identified.

5.4.3 Each member of staff is required to carry out a data protection risk assessment as part of the homeworking assessment process. They are required to be compliant in information governance. Managers are required to ensure the member of staff’s mandatory training for information governance (GDPR/data protection) is up to date. Managers will need to ensure that confidential information is safe at home as part of assessment of suitability to work from home.

5.4.4 Reasonable adjustments for long term health conditions or disabilities previously implemented in the workplace (e.g. assistive technology) must be applied to the home environment. This may result in a further Employee Health assessment to ensure provisions are still fit for purpose at home. Sensitive issues should be managed on a case by case basis, for consideration as part of the risk assessment process.

5.5 Property and Equipment

- 5.5.1 The Trust will provide a member of staff with the equipment they need to do their job properly and safely from home in accordance with the Digital First principles.
- 5.5.2 Members of staff must take good care of any property belonging to the Trust and return it to the Trust when requested.
- 5.5.3 A member of staff may, within reason and considering the values, data security and confidentiality regulations of the Trust, use the equipment or other property provided for reasonable and lawful personal use. (Search “IT - Acceptable Use” and “IT Security” on the Trust’s intranet hub.)
- 5.5.4 If a member of staff intends to use any personal equipment such as a computer for homeworking, they must check with their line manager first. Their line manager will need to make sure that it is suitable and satisfies IG requirements. Any personal equipment that is agreed for use remains the member of staff’s responsibility. Please refer to the Trust’s “Bring Your Own Device Policy (search under “Policies” on the Trust’s intranet hub).

5.6 Expenses and Protection

- 5.6.1 Household bills: members of staff will be expected to cover the cost of utilities including heating and electricity necessary for homeworking.
- 5.6.2 Members of staff are responsible for making sure that their mortgage or lease and home insurance does not restrict or prevent their home being used for work.
- 5.6.3 Members of staff should discuss with their home insurer any changes that may need to be made to their policy to ensure that they are fully protected while working from home. Members of staff are responsible for any additional premiums if any necessary changes mean an increase in their premium.
- 5.6.4 There may be tax implications to homeworking. Members of staff can get specific advice on this through HMRC:
<https://www.gov.uk/tax-relief-for-employees/working-at-home>
- 5.6.5 The Trust will reimburse staff members for reasonable costs of travel in respect of meetings with the Trust, its partners, clients or patients. (Search “Travel and Expenses Policy” in “Policies” on the Trust’s intranet hub.)
- 5.6.6 Staff should record their expenses using the electronic expense system for authorisation by their line manager at the end of each month. (Search “Expenses Guide – for Approvers” or “Expenses Guide – for Claimants” on the Trust’s intranet hub.)

5.7 Security, Confidentiality and Data Protection

- 5.7.1 Data protection risk assessments will be carried out periodically. Members of staff should familiarise themselves with the Trust's Information Governance Framework requirements (search "Information Governance Framework" under "Policies" on the Trust's intranet hub).
- 5.7.2 The Trust provides all staff with the necessary IT equipment to enable them to perform their role for the organisation effectively; this includes laptops for all staff. Any additional equipment that is purchased by the member of staff to enhance their remote working environment must be compatible and complement the corporate IT equipment that has been provisioned by the Trust.
- 5.7.3 Members of staff must report any actual or potential breach of security, confidentiality or data protection to the Trust's Information Governance lead immediately and report on Datix if appropriate.
- 5.7.4 If members of staff are unsure about any aspect of security as a whole, confidentiality or data protection, they must speak to their manager, the Trust's Information Governance team, or the IT Manager.
- 5.7.5 In rare instances the Trust may need to access a member of staff's home to carry out risk assessments, checks and repairs to Trust equipment.
- 5.7.6 The Trust will give a member of staff as much notice as possible regarding the need for access, whilst it is expected that the member of staff will co-operate with such reasonable requests.
- 5.7.7 It may also be necessary to gain access to a member of staff's home in order to retrieve Trust property, whether during the homeworking, at the end of the homeworking arrangement or when employment ends.

5.8 Reviewing/Ending the Homeworking Arrangement

- 5.8.1 If a member of staff moves home, the Trust will re-assess the homeworking arrangement.
- 5.8.2 If a member of staff moves roles within the Trust, they will be required to agree a new arrangement with their new manager. The request will be considered in the context of their new role.
- 5.8.3 If the Trust considers that a home move would make, or has made, homeworking unsuitable, this will be discussed with the member of staff and a decision may be made to bring the homeworking to an end. If that happens, the member of staff will usually be able to return to the previous contractual place of work, although that cannot always be guaranteed.

- 5.8.4 If a member of staff wants to bring homeworking to an end, they should do this in line with the Trust's Flexible Working Policy. Any current government restrictions may need to be taken into consideration if appropriate.
- 5.8.5 The Trust may decide to end a member of staff's homeworking arrangement if it considers that the arrangement is not working as it should, or that it has become, or will become, unsuitable.
- 5.8.6 If homeworking has been unsuitable because of a member of staff's conduct or performance, the Trust may terminate the homeworking arrangement immediately and require the member of staff to return to the normal or traditional offices of the Trust that has been allocated to the member of staff.
- 5.8.7 In these circumstances, the Trust may decide to implement the Disciplinary Policy or the Capability Policy (search under "Policies" on the Trust's intranet hub) which could lead to a member of staff being suspended and/or their employment being brought to an end.

6 Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate: Staff Side representatives, IT Programme Manager, Chief Clinical Information Officer, and Head of Employee Relations and Policy.

7 Approval and Ratification Process

This version of the procedural document was approved by the HR Policy Group on 15 December 2010. It was ratified by the Policy Ratification Group on 11 January 2021.

8 Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy. It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9 Archiving

The QLD team will undertake the archiving arrangements.

10 Training Requirements

Line managers can attend training on Managing Remote Teams. Please refer to the Organisational Development and Culture Business Partner.

11 Monitoring and Auditing Compliance

Please see compliance table at Appendix 4.

12 Expiry and Review Dates

The policy will expire in December 2023 but will be subject to annual review to assess the state of the pandemic and any changes needed, or sooner if national guidance changes. It will be reviewed by the HR Policy Group.

13 Associated Documentation

This policy cross references to the following Trust policies which are available on the Trust's intranet hub:

- Bring Your Own Devices
- Capability
- Disciplinary
- Display Screen Equipment
- Equality and Diversity
- Disability
- Flexible Working
- Health and Safety
- Infection Prevention Guidance
- Information Governance (IG) Framework
- IT - Acceptable Use
- IT Security
- Remote Working and Portable Devices
- Serious Incident
- Sickness and Absence Management
- Travel and Expenses

14 References

- Equality Act 2010
- Health & Safety at Work Act 1974
- Health & Safety (Display Screen Equipment) Regulations 1992
- Management of Health & Safety at Work Regulations 1999

Appendix 1: Top Tips for Healthy Remote Working

- **Be kind:** Remote conversations can easily be misinterpreted as it's harder to read body language, tone of voice and other visual and audio cues. Stay mindful of this when delivering difficult messages or feedback. Challenging times call for greater sensitivity and kindness.
- **Discourage presenteeism:** If you're unwell, take leave and do your best to give an update or handover on urgent work. As a manager or team leader, encourage people to take time off if unwell and model the behaviour yourself.
- **Foster relationships:** Make time for non-work chats as you would in the workplace and use video calling to maintain face-to-face contact.
- **Have a weekly virtual huddle:** This is essential for keeping connected and a means for managers to check in on their team's physical and mental well-being and discuss any additional support they need to fulfil their roles from home.
- **Know when to step away from your desk:** Be clear about when your working day begins and ends and take breaks to refresh. When work is over, be sure you switch off to avoid burnout. Cultivate healthy habits such as taking exercise and fresh air every day.
- **Minimise stress:** Managers should set clear expectations about the way members of staff should deliver and receive communications throughout the working day. This will help alleviate pressure and anxiety.
- **Offer support on well-being:** Trust managers should remind staff of their existing health and well-being benefits (such as employee assistance programmes or employee health) and how to access them when working remotely.
- **Put safety first:** Encourage managers to conduct risk assessments with their teams, to ensure the home workplace is suitable. Make sure all workers know about health and safety policies. If supplying equipment, it must pass relevant safety tests.
- **Set expectations and trust your colleagues:** Be clear about mutual expectations and trust your colleagues to get on without micromanaging. Focus on results rather than activity. Working relationships can deteriorate quickly and well-being can suffer without trust.
- **Show the big picture but prepare to flex:** Managers should remind teams of the big picture and how their work fits into it. Review short-term goals regularly and adjust as needed. If some members can't carry out all their usual work, consider other skills they can lend to others to meet team goals.

Appendix 2: Homeworking Self-Assessment Checklist

This form should be completed initially by the home worker and returned to the line manager. Any matters of concern should be resolved before home working commences, if at all possible.

Name:

Department:

Address of homeworking/ remote working site:

Please tick the boxes to confirm you will carry out or have carried out the necessary actions	
I am able to work from home and confirm that I have read and understood these guidelines.	
I agree to complete a Display Screen Equipment self-assessment online, return it to the Safer Ways of Working team, discuss the recommendations with my manager, and agree with them the suitability of working from home for my individual circumstances.	
I will inform my manager of changes to my home or personal circumstances, which could affect the suitability of homeworking for me such as a change in caring responsibilities, becoming sick etc.	
If required, I will inform my landlord/mortgage provider of my intention to work at home.	
If required, I will notify my insurance company of my intention to work at home and inform them of any additional equipment which has been provided by the Trust.	
I agree to take reasonable steps to ensure the safety and security of Trust equipment and data.	
I am aware of and understand my responsibility to notify my manager when I am absent from work due to sickness or for any other reason.	
I understand that if I have an accident while working remotely I must inform my manager as soon as is practicable, seek appropriate medical help, and record the incident through completing an appropriate Datix report.	

Employee signature:

Date:

Appendix 3: Homeworking Arrangement Form

This form should be completed by the home worker and returned to the line manager. Any matters of concern should be resolved before home working commences, if at all possible.

Organisation:	
Employee Name:	
Job Title / Department:	
Homeworking Address:	
Expected duration of homeworking: (if applicable; or date of review)	Start date: Review date:
Hours of work: (Staff should not work longer than their usual hours). Please refer to Working Time Regulations 1998 if unsure.	Full Time / Part Time (delete as applicable) Hours: Is there a flexible working agreement in place in line with the flexible working Policy? Yes / No

This agreement will be reviewed regularly with your Line Manager and may cease based on any of the terms outline in the Homeworking Policy. Please note, all other terms and conditions of your employment remain unchanged.

I confirm I have completed, signed and returned the Homeworking checklist at Appendix 2.

Employee Signature:	Line Managers Name:
	Signature:
	Job Title:
Date:	Date:

Appendix 4: Monitoring and Auditing Compliance Table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Director of People	The whole Policy	Annual staff survey. Ongoing sickness absence monitoring. Monitoring risk assessments Annual audit of take up	Annually	People Committee	Up to date information on use and effectiveness of homeworking

Appendix 5: Equalities Impact Assessment

PROCEDURAL DOCUMENT TITLE: HOMEWORKING POLICY				
Who will be affected by implementation of the procedural document?				
All Trust staff but especially those affected by the COVID-19 pandemic. Those staff defined by the government as clinically vulnerable and clinically extremely vulnerable. Beyond COVID-19, long-term / permanent homeworking to work offsite /from home for part of the working week.				
Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			During COVID-19 and beyond, homeworking will offer enhanced protection to men and women who have been identified as vulnerable to the infection.
People of different religions / beliefs		X		There is nothing to suggest that this policy would cause an adverse impact in relation to religion or belief.
People with disabilities (physical, sensory or learning)	X			There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office. During COVID-19 and beyond, homeworking will offer enhanced protection for staff within this group. However, members of staff may not be able to work offsite if a specific disability compromises their ability to do this. Please see section 5.5: DSE risk assessment.
People from different ethnic groups (including Travellers and Gypsies, Refugees and Asylum seekers and other migrant communities).	X			There is nothing to suggest that this policy would cause an adverse impact in relation to race. There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office. During COVID-19 and beyond, homeworking will offer enhanced protection for those within this group.
Men or women	X			There is nothing to suggest that this policy would cause an adverse impact in

				relation to gender. There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office. During COVID-19 and beyond, homeworking will offer enhanced protection to men and women who have been identified as vulnerable to the infection.
Transgender people	X			There is nothing to suggest that this policy would cause an adverse impact in relation to transgender people. There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office.
People who are gay, lesbian, and bi-sexual	X			There is nothing to suggest that this policy would cause an adverse impact in relation to sexual orientation. There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office.
People's marital status (including civil partnership)	X			There may be some disadvantage for staff who have partners at home during the day if this will interfere with their ability to work. However, there may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office.
Pregnancy and maternity (how will the policy affect women who are pregnant or related maternity needs)	X			There is nothing to suggest that this policy would cause an adverse impact in relation to pregnancy or maternity. There may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office. During COVID-19 and beyond, homeworking will offer enhanced protection to pregnant women who have been identified as vulnerable to the infection.

Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)	X			During COVID-19 those with home-schooling responsibilities will benefit from homeworking as it offers greater work/life balance. Outside of COVID-19 we do not carry comprehensive information about staff members' caring responsibilities. There may be some disadvantage for staff members who have relatives at home during the day for whom they have caring responsibilities if this will interfere with their ability to work. However, there may be some advantage in relation to improving work / life balance due to a reduction in the need for commuting to and from the office. Managers can complete a self-assessment checklist with members of staff (see Appendix 2).
Any other group likely to be affected by this policy (e.g. people on low income, homeless etc.)				N/A
2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions or user groups.</p> <p>The HR Policy Group reviewed the policy and authorised wider engagement in development. Input for this policy was received from Staff Side representatives, IT Programme Manager, Chief Clinical Information Officer, and Head of Employee Relations and Policy. This assessment is part of the policy approval process.</p>			

Signed for team / working group:

Name: Susan Nwanze

Date: 4 January 2021

Quality Checked by the Equality Diversity and Inclusion Lead:

Name: Yasmin Mahmood

Date: 4 January 2021



TITLE: Lone Worker Policy

VALID FROM: August 2021

EXPIRES: July 2024

This document supersedes the previous Lone Worker Policy



Version:	4.0
Policy reference and description of where held.	FHS 08 Hub/Libraries and Resources/Policies Library
Title, name and contact details for author:	Regulatory Compliance Managers James Allison & Nick Le Resche 020 7798 1497 clcht.security@nhs.net
Title, name and contact details for responsible director:	Chief Operating Officer James Benson james.benson1@nhs.net
Approved by originating committee, executive or departmental management group	Health and Safety Group – 5 July 2021 (formally minuted 15 July 2021)
Ratified by Policy Ratification Group:	12 July 2021
Review date:	April 2024
Target audience	All CLCH staff, including bank, interim, agency and contractors.

Version Control Sheet

Version	Date	Author	Status	Comments
0.1	04/03/2015	Terry Leonard	Draft	New Policy drafted
1.0	30/03/2015	Kate Wilkins	Final	Policy finalised to ensure compliance with the policy template
2.0	06/01/2016	Terry Leonard	Final	Addition made to App 4. GPS Monitoring concerns.
2.1	01/06/2016	Ron Faulds	Final	Updated Skyguard Personal Safety Device – SOP
3.0	01/07/2018	Ron Faulds	Final	Reviewed and updated Policy, including new contact email addresses, and addition of GDPR statement
4.0	22/06/2021	James Allison Nick Le Resche	Final	Full review and revision of content throughout

Contents

1. Introduction	4
2. Aims and objectives	4
3. Definitions	5
4. Duties and Responsibilities	5
5. Lone Worker policy.....	6
5.1 Lone Worker Risk Assessment.....	6
5.2 Buddy systems	7
5.3 Duty contacts and messaging groups.....	8
5.4 Electronic diaries and clinical systems.....	8
5.5 Home Visits.....	8
5.6 Skyguard Personal Safety Devices.....	9
5.7 Lone working in office/clinic locations.....	10
5.8 Reporting of Incidents.....	10
6. Consultation	11
7. Approval and Ratification Process.....	11
8. Dissemination and Implementation	11
9. Archiving	11
10. Training and Support	12
11. Monitoring and Auditing Compliance	12
12. Review Arrangements.....	12
13. Associated Documentation	12
14. References.....	12
15. Appendices	12
Appendix A: Compliance monitoring table	13
Appendix B: Equalities Impact Assessment Pro Forma.....	14
Appendix C: Checklist for Managers.....	16
Appendix D: Lone worker risk assessment (working alone in buildings).....	17
Appendix E: Lone worker risk assessment (domiciliary/home visits).....	18
Appendix F: Skyguard Personal Safety Devices: Standard Operating Procedure	19

1. Introduction

Central London Community Healthcare NHS Trust's staff work across a large geographical area and from many different sites, providing care to many service users in the community, both at healthcare sites as well as in their home setting. In order to provide domiciliary care, staff are often required to work alone.

The Trust has a duty to ensure, so far as is reasonably practicable, the safety of its staff in these situations (Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999). This policy, procedural document and appendices provide a framework to ensure that:

- a lone worker risk assessment is undertaken and appropriate support and equipment provided
- systems are in place to meet all legal requirements, which may change over time
- systems are in place to be able to locate and communicate with lone working staff working in the community, particularly when staff may require urgent assistance from one or more of the emergency services
- systems are also in place to maintain the safety of office-based staff who need to work extended/amended hours

This policy will apply to any member of staff who is required to do any work alone or with limited back-up whether within Trust premises or other premises. This will include, for example, any consulting rooms, surgeries, clients' homes etc. or the grounds of any of these premises, where they may be subjected to hazards to their health and safety which may be exacerbated by their isolation from immediate assistance.

2. Aims and objectives

This policy aims to:

- ensure safe lone working practices are in operation and duly observed by all staff across the Trust
- provide assurance that mechanisms to safely manage staff lone working throughout the Trust are operational and practical
- provide a clear corporate and standardised approach as to how staff lone work and how managers are responsible for these systems of working
- through frequent monitoring by the Regulatory Compliance Manager, reviewing Datix incident reporting and investigations, attending Team meetings, Lone Worker Awareness training, etc., to ensure this policy is adhered to by all Trust staff for the purpose of safe management of lone working

It must be read in conjunction with the following policy and procedures:

- Security and Lockdown policy
- Violence and Aggression at Work policy
- Health and Safety policy
- Violence prevention and reduction strategy

3. Definitions

Lone working - is defined as staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. This could be inside a designated health centre, hospital or similar environment, or in a community setting; there is no single definition that encompasses those who may face lone working situations and, therefore, increased risks to their security and safety.

Buddy - is defined as a person who is a member of staff's nominated contact for the period in which they will be working alone.

Skyguard – is the commonly used moniker for the personal safety device solution employed by the Trust. CLCH utilises the *MySOS* model. In 2020, Skyguard merged with two other providers and was rebranded *PeopleSafe*.

4. Duties and Responsibilities

4.1 Security Management Director - the Director of Operational Resilience & Support Services fulfils the Security Management Director role (SMD). The SMD should lead and communicate at board level on Trust and national strategies to tackle violence against staff. The SMD works with a non-executive director (NED) to promote and champion strategies at board level which will tackle violence and aggression.

4.2 The Chief Nurse, the Chief Operating Officer, Directors of Operations, Deputy Directors of Operations and Divisional Directors of Nursing & Therapies - will ensure that Team Managers are implementing the Policy.

4.3 CBU Managers and Team Leaders/Managers - will ensure that their staff have access to this policy, and that systems and processes are in place to monitor the safety and whereabouts of lone workers. They will:

- ensure all incidents are reported
- carry out initial investigation of those incidents and ensure staff are safe
- monitor the level of security incidents locally and liaise with the Regulatory Compliance Manager accordingly
- ensure adequate lone worker risk assessments are carried out and reviewed
- ensure all lone working staff are up to date with mandatory training, including conflict resolution
- communicate known issues in particular areas, with particular patients, etc.
- ensure that a safe system of work is in operation for the whole team and that all staff are aware of it
- ensure that all staff are issued with a mobile telephone and a Skyguard Personal Safety Device, and that they have them both at all times when working in the community
- ensure that all staff are compliant with the Standard Operating Procedures for the devices they are issued with

A checklist for managers can be found at Appendix C.

4.4 Regulatory Compliance Manager - will monitor adherence to this policy using security audits, analysis of incident data and through liaison with individual staff, teams, and team managers. The Regulatory Compliance Manager will also provide guidance and advice to staff concerning lone working and personal safety.

4.5 Staff/Lone Workers - will ensure that they:

- understand the contents of this policy before working alone and follow the guidance provided
- report incidents of violence and abuse, and breaches of security, on Datix
- are up to date with mandatory training, including conflict resolution
- communicate known issues in particular areas, with particular patients, etc.
- are aware of the safe system of work in operation for the whole team
- ensure they have a Trust issued mobile telephone and Skyguard Personal Safety Device, and that they have them both at all times when working in the community
- ensure that they are compliant with the Standard Operating Procedures for the devices they are issued with
- speak with their managers and/or the Regulatory Compliance Manager if they are unclear about any of this policy's content

4.6 Trust Health & Safety Group - this group comprises a group of Managers, Specialists and Staff Side Representatives that under the Safety Representatives and Safety Committees Regulations 1977 (SRSCR), Regulation 9 and the Consultation with Employees Regulations 1996, shall convene regularly to make decisions on the overall health, safety, well-being, efficiency and efficacy of the Trust. The Health and Safety Group, has responsibility for reporting Health and Safety matters (including violence and aggression against staff) to the Trust Board and Executive Leadership Team.

5. Lone Worker policy

The policy makes considerations for staff i) based/working in the community, and ii) working alone in office/clinic locations.

5.1 Lone Worker Risk Assessment

Risk assessments inform the '*safe system of work*' required under Health and Safety legislation. Whenever community healthcare staff are required to visit a patient's home environment, a risk assessment must be undertaken and documented so as to identify any readily identifiable risks to staff safety. Lone worker risk assessment templates can be found at Appendix D (for staff working alone in buildings) and Appendix E (for staff undertaking domiciliary/home visits).

The risk assessment must take account of any historical issues which may have previously been reported, including violence, aggression or other abuse of staff, age of the patient, religious concerns, disability, learning disability, sexual orientation, cultural or other gender issues, previous issues involving family members/other people living at the property/pets, etc. It should give due consideration as to whether it is appropriate for a male or female worker to visit alone. If there is insufficient information to inform a risk assessment then a joint visit must be made.

Any assessment should also inform future visits and needs to be reviewed in all circumstances where a Community Treatment Order has been made.

As a minimum, risk assessments should be reviewed every 12 months as part of the regular review process. A review may be appropriate in the event of an incident occurring where the root cause of which could not have been foreseen.

Where the initial risk assessment indicates that the risks may be significant, appropriate control measures should be implemented. This may include:

- a simple set of precautions
- undertaking the visit with another member of staff
- agreeing relevant input through a team review of the situation
- seeing the person on Trust premises only

Where these would not significantly reduce the level of risk to an acceptable level, arrangements should be made to be accompanied by the police. However this action should be a last resort as part of a Mental Health Act assessment, or a recall under a Community Treatment Order after all other options have been considered. Additionally, where the initial risk assessment indicates that further information may be necessary, this can be sought from relevant agencies e.g. GP, Police, Local Authority, Probation services, etc.

Risk assessments should be a dynamic process and as such the perceived level of risk can change at any time and records updated. As part of their ongoing engagement with the Trust, service users can expect collaborative care planning processes to be undertaken where risk will be considered and risk management strategies derived appropriate to their needs.

5.2 Buddy systems

It is essential that lone working personnel are able to keep in contact with other colleagues in the field as well as being contactable by management and other colleagues at base. This can be done by implementing various management procedures, such as a 'Buddy System' (see Definitions). The Team Lead is responsible for ensuring that there are procedures and systems in place for the reasonable safety of their staff within their team.

To support this process a member of staff can be nominated to ensure that the contact details and whereabouts of all lone workers are known and readily available at all times. This staff member is known as a 'Buddy'; in the absence of a 'Buddy' the contact details of each lone worker must be accessible to local managers.

The nominated 'buddy' will:

- be fully aware of the planned movements of the lone worker
- have all necessary contact details i.e. mobile phone number
- access to personal contact details, such as next of kin (not appropriate for infrequent lone workers)
- have details of the lone worker's known breaks or rest periods
- attempt to contact the lone worker, and if he/she fails to contact the 'buddy' as agreed :
- follow the agreed local escalation procedure for alerting their senior manager or the police if he/she cannot be contacted or if they fail to contact their 'buddy' within agreed and reasonable timescales

Essential to the effective operation of the 'Buddy System' are the following factors:

- The 'buddy' must be made aware that they have been nominated and what the procedures and requirement for this role
- contingency arrangements should be in place for someone else to take over the role of the 'buddy' in case the nominated person is called away unexpectedly
- procedures must be in place to allow someone else to take over the role of the 'buddy', should the lone working situation extend past the end of the nominated person's normal working day or shift.

A buddy system can be implemented as a control measure according to the risks presented. Whether the control is required will be determined by undertaking a risk assessment.

5.3 Duty contacts and messaging groups

Some teams may employ a 'duty' system where staff are required to call to confirm the end of their duties for the shift, in or return to their team base. These systems are acceptable if all staff are aware of the process.

Virtual 'duty' systems, such as group messaging applications (e.g. WhatsApp) are acceptable, if they are suitable and appropriate for all members of the team, and if all staff are aware of the process.

5.4 Electronic diaries and clinical systems

Completion and accuracy of lone worker's diaries is an essential element of managing lone working. It is essential therefore that:

- diaries and clinical systems are kept up to date
- all electronic work diaries have the necessary permissions to allow the team manager or nominated deputy to access
- all personal contact details are updated and changes made known to their line manager.
- prior to any member of staff working at home with service users, they must record the location, approximate time-scales of visits and an agreed time to report back with a nominated individual at a Trust base.

It is the responsibility of the manager to ensure that each team has an up-to-date record of all team members' mobile phone numbers, personal phone numbers, and an up-to-date record of the make, model, colour and registration number of any vehicle used by individual members of staff. This must be available to relevant staff at all times.

5.5 Home Visits

Prior to undertaking work at home with service users, staff should ensure that mobile phones are switched on and charged. Staff using Skyguard personal safety devices or other alarm systems should ensure they are charged and follow the agreed terms of use to ensure their safe and effective use.

Staff have the right to decline to enter a property or to end a visit at any time if they feel unsafe or at risk. Reasons for this action must be documented and the risk assessment revised accordingly, and the appropriate clinical staff informed. In the event that this course of action resulted from an incident of violence, physical aggression or verbal abuse

the event must be reported to management and on Datix as soon as practicable under the category 'Violence and Aggression'.

Following completion of visits, including those completed out of hours or any change in arrangements, staff must contact the nominated individual at a Trust base. Local arrangements must be made to ensure compliance.

If a member of staff does not report back as agreed the team manager should attempt to make contact on all known contact numbers. If contact cannot be established with the member of staff, the manager should consider contacting the last service user to confirm the visit and then if necessary track back to the last known whereabouts of the staff member.

If the member of staff can still not be contacted, the nominated manager should be informed and take appropriate action, including contacting the Security team (in hours, if the member of staff has a Skyguard device); contacting the senior manager on-call Manager (out of hours); contacting the police if appropriate.

5.6 Skyguard Personal Safety Devices

It is a mandatory requirement that all staff visiting patients in their home environment are in possession of a fully functioning Skyguard personal safety device. Devices are issued once the staff member has i) completed the online application form, which includes agreeing to follow the standard operating procedure; ii) their line manager has approved their application; iii) they have completed the lone worker awareness and Skyguard device training module and informed the Security team.

A safe system of work must be in place at all times, particularly when deploying staff to lone working duties in the community. For staff who have not completed their application for a Skyguard personal safety device, their managers must ensure that all other provisions and considerations for staff safety are in place, e.g. a risk assessment, a buddy system, a mobile telephone, etc. Skyguard personal safety devices do not replace any safe systems of work in place and should be considered an additional safety precaution.

It is essential that any changes to the member of staff's contact details, including their role, team, and line manager are immediately reported to the Security team by email to clcht.security@nhs.net.

Skyguard devices remain the property of the supplier, from whom the Trust pays an annual rental fee. Staff who leave the Trust or cease to be a lone worker must inform the Security team of their final day of service so that the device can be deactivated. They must return their devices to the Security team direct or via their line manager along with their other work issued equipment. Devices should not be retained by teams for future issue to other members of staff as brand new devices are issued as part of the application process.

The Skyguard Personal Safety Devices: Standard Operating Procedure is attached at Appendix F.

5.7 Lone working in office/clinic locations.

This section of the policy will consider staff working alone in office/clinic locations.

Team managers/locality leads must be aware when their staff are working alone, including out of normal hours within a building or part of a building. It is advisable although not always practicable to agree a time when the building will be vacated by all staff; however, in the event that work must take place outside of normal hours, processes are required to ensure staff safety and security so far as is practicable.

Staff should only work alone in office accommodation with the agreement of their manager and taking into account the following actions:

- in occupied office accommodation, staff working outside of normal working hours or at the weekend or on public holidays should identify if there are other people working in the building and how they can be contacted.
- staff should ensure that they are aware of how to contact support in an emergency, including notifying on site security (where available) that they are on site, their location and contact number. Setting up a 'code word' with security could also assist in the event of an emergency.
- a joint risk assessment should be undertaken with their line manager that will include the following:
 - consideration of the general security of the building;
 - level of crime within the local community;
 - access to telephone communication and security alarms;
 - ability to access support from security services or other teams/colleagues;
 - potential for service users/the public entering premises and gaining access to normally restricted areas;
 - the day(s) and time(s) of day the individual will be working;
 - previous reported security breaches within the building.
- dependent on the outcomes of the risk assessment the following should options could be pursued:
 - an alternative office base (which is either occupied or is more secure) should be identified where the individual can work;
 - consideration will be given to the staff member working from home;
 - consideration should be given to allowing staff to work in their present office base if specific communication systems are adhered to.

5.8 Reporting of Incidents

All staff must report all adverse incidents (and be encouraged to do so), particularly those involving verbal and/or physical abuse, or threats to cause physical violence. Managers will use these reports to monitor the safety of staff and to inform whether a review of current risk assessments is required.

All incidents reported under the '*Violence and Aggression*' category on Datix will automatically alert to the Regulatory Compliance Manager. Incident reporters are able to sub-categorise incidents as '*disruptive or aggressive behaviour*'; '*physical assault*'; '*racial*

abuse'; *sexual abuse*'; and *verbal abuse*', including the perpetrator (e.g. a patient; a patient's relative; a member of the public etc).

The Regulatory Compliance Manager will contact the incident handler for each incident reported as *'Violence and Aggression'* to provide advice and support as necessary. Immediate advice may also be sought from the Regulatory Compliance Manager in case of emergency.

The Regulatory Compliance Manager undertakes analysis of all incidents reported and the outcome of the investigations undertaken. This analysis is reported to the Health & Safety Group and Patient Safety & Risk Group on a monthly basis, and on a quarterly and annual basis to the Quality Committee. Local trends are used to inform whether a review of risk assessments is necessary.

6. Consultation

The following staff groups and stakeholders were consulted in the creation and review of this policy. Their comments are incorporated as appropriate:

- Security Management Director
- Non-Executive Director
- Divisional Directors of Operations
- Health & Safety Group
- Estates and Facilities Leads
- Trade Union Staff Side Representative(s)
- CBU Managers, Local Managers and Team Leads
- Safeguarding team

7. Approval and Ratification Process

The initial draft of this procedural document was circulated to the Health and Safety Group members on 29 June 2021. Approved 5 July 2021 (formally minuted 15 July 2021).

The policy was ratified by Policy Ratification Group on 12 July 2021.

8. Dissemination and Implementation

This document will be published on the Trust intranet (Policies Library) by the Quality division and be available to all staff. The publishing of the policy will appear in Trustwide communications. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The Quality division will ensure previous versions of this policy are archived appropriately.

10. Training and Support

Lone worker awareness and Skyguard Personal Safety Device training is provided by the Security team as part of the Skyguard device application process. Full details can be found on the Hub at: https://hub.clch.nhs.uk/article/skyguard-lone-worker-device-application-training-and-issue-process/_gtax4.

The Regulatory Compliance Manager can be approached to assist managers in the compilation and/or review of lone worker risk assessments via clcht.security@nhs.net

11. Monitoring and Auditing Compliance

The Regulatory Compliance Manager, will be responsible for carrying out the monitoring of this policy and will report regularly to the Health and Safety Group at least annually. Any actions arising from the review will be recorded and reported accordingly. Please see the Compliance monitoring table (Appendix A).

12. Review Arrangements

This policy will be reviewed every 3 years by the Regulatory Compliance Manager.

13. Associated Documentation

- Risk Management strategy and policy
- Security and Lockdown policy
- Health and Safety policy
- Violence Prevention & Reduction Strategy
- Tackling Unacceptable Behaviour - staff guide
- Tackling Unacceptable Behaviour - patient guide
- Violence and Aggression at Work policy
- Personal Safety Assured – staff quality guide
- Incident Reporting and Serious Incident Policy

14. References

- NHS England Violence prevention and reduction standard 2020
- Improving the personal safety for lone workers - a guide for staff who work alone
- NHS England Violence prevention and reduction standard 2020

15. Appendices

Appendix A: Compliance monitoring table

Appendix B: Equalities Impact Assessment Pro Forma

Appendix C: Checklist for Managers

Appendix D: Lone worker risk assessment (working alone in buildings)

Appendix E: Lone worker risk assessment (domiciliary/home visits)

Appendix F: Skyguard Personal Safety Devices: Standard Operating Procedure

Appendix A: Compliance monitoring table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
RCM	Incidents of violence and aggression	Internal audit of Datix records	Monthly	Health and Safety Group (HSG) & Patient Safety Reference Group (PSRG)	
RCM	Safe systems of work	Team meetings; spot check audits; Skyguard personal safety device usage reports	Ongoing	Health and Safety Group (HSG)	

Explanatory notes

- 1. Policy lead** Who is the overarching lead for monitoring the policy's implementation?
- 2. Element to be monitored** which bits of the policy will you be monitoring to ensure they are implemented or is it the entire thing?
- 3. How will you ensure that the policy is being implemented?** For example will you audit that it is being implemented, will you question staff or service users, use KPIs or if there any other method you will use to ensure it is being implemented.
- 4. How often will you monitor that the policy is being implemented?** How often will you check to see if the policy is being implemented e.g. annually, six monthly, quarterly?
- 5. Reporting arrangements** Where will you report the results of **3**. Which committee or working group or whatever will you be informing as to progress of the policy being implemented.
- 6. Results of Monitoring:** Please summarize any results of the policy monitoring.

Appendix B: Equalities Impact Assessment Pro Forma

LONE WORKER POLICY				
Who will be affected by implementation of the procedural document Staff and patients				
Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).		x		
People of different religions / beliefs		x		
People with disabilities (physical, sensory or learning).		x		
People from different ethnic groups (including Travellers and Gypsies, Refugees and Asylum seekers and other migrant communities).		x		
Men or women		x		
Transgender people		x		
People who are gay, lesbian, and bi-sexual		x		
People's marital status (including civil partnership)		x		
Pregnancy and maternity (how will the policy affect women who are pregnant or related maternity needs)		x		
Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)		x		

Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
Any other group likely to affected by this policy (e.g. people on low income, homeless etc.)		x		
2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions or user groups. Trust consultation process including staff side, etc.			
3	If negative impacts have been identified, please complete a full Equality Analysis, which will set out actions that need to be taken to mitigate those impacts. None			

Signed for team / working group:

S. Allison

Name: JAMES ALLISON

Date: 05/07/2021

Appendix C: Checklist for Managers

Are your staff...

- issued with all relevant policies and procedures relating to lone working staff?
- trained in appropriate strategies for the prevention and management of violence (in particular, have they received conflict resolution training)?
- given all information about the potential risks for aggression and violence in relation to patients/service users and the appropriate measures needed to control these risks?
- issued with appropriate safety equipment and the procedures for maintaining such equipment and know who to contact to discuss any issues with equipment provided?
- trained to be able to confidently use the Skyguard Personal Safety device and familiar with the support service systems in place before being issued with it?
- aware of how to report incidents and the need to report all incidents when they occur?
- issued with the necessary contacts for post-incident support?

Are they...

- aware of the importance of doing proper planning before a visit, being aware of the risks and doing all they can to ensure their own safety in advance of a visit?
- aware of the importance of leaving an itinerary of movements with their line manager and/or appropriate colleagues?
- aware of the need to keep in regular contact with appropriate colleagues and, where relevant, their nominated 'buddy'?
- aware of the need to carry out continual dynamic risk assessments during a visit and take an appropriate course of action?
- aware of how to obtain support and advice from management in and outside of normal working hours?
- aware that they should never put themselves or colleagues in any danger and if they feel threatened should withdraw immediately?
- aware that they must have their Skyguard Personal Safety device with them and switched on whenever they are on duty in the community setting, e.g., patients' homes, etc., and know how and when to use it?

Do they...

- appreciate the organisation's commitment to and support for the protection of lone workers and the measures that have been put in place to protect them?
- appreciate that they have their own responsibilities for their own safety?
- appreciate the circumstances under which visits should be terminated?
- appreciate the requirements for reporting incidents of aggression and violence?
- understand the support made available to lone workers by the Trust, especially post-incident support and the mechanism to access such support?

Appendix D: Lone worker risk assessment (working alone in buildings)

WORKING ALONE IN BUILDINGS			
Staff exposed to the risk:			
Service/Team & Location:			
Assessment completed by:		Date:	
Main Issues of Concern	Yes	No	
Do staff work alone?			
Do staff work outside normal office hours?			
Do staff meet with clients or patients in isolated locations?			
Does a member of staff have a health condition – either temporary or long-term – that could impact their safety in lone working situations? (Employee Health advice should be sought?)			
Is the area secured by either access control or door locks?			
Is there poor access to the department?			
Do staff activities involve working in confined spaces (i.e. places which are substantially enclosed where serious injury can occur from hazardous substances or conditions within)?			
Do staff activities involve handling dangerous substances?			
Have staff reached the required competencies to work alone?			
Are staff made aware of the possible risks of working alone and the control measures to be implemented to reduce those?			
Control Measures for Consideration	Yes	No	
Do you provide joint working for high-risk activities (i.e. in confined spaces)?			
Do managers or supervisors carry out regular checks on staff?			
Are there entrance security systems (i.e. digital locks or swipe)?			
Is there security lighting around access points and parking areas?			
Are panic buttons linked to staffed locations?			
Do you use reporting checking-in systems?			
Have you determined a maximum time between contacts with the staff?			
Do you use two-way radios or other communication systems?			
Do staff have information and training on basic personal safety?			
Are staff trained in strategies for preventing and managing violence?			
Are staff fully conversant and encouraged to submit incidents via Datix?			
Are there regular checks on control measures used to protect lone workers?			
If you have answered 'No' to any of these questions, what modifications or additional actions are necessary?			
Level of risk determined (using Trust Risk Matrix):			

Please send all risk assessments and associated action plans to: clcht.security@nhs.net.

Appendix E: Lone worker risk assessment (domiciliary/home visits)

DOMICILIARY (HOME) VISITS			
Description of work activity or danger:			
Staff exposed to the risk:			
Service/Team & Location:			
Assessment completed by:		Date:	
Main Issues of Concern		Yes	No
Are all members of staff made aware of the possible risks of working alone and the control measures to be implemented to reduce those?			
Do staff carry out visits in high-risk locations? (e.g. high crime areas)			
Do staff carry out visits in multi-tenanted blocks/estates?			
Do staff visit unfamiliar clients or relatives?			
Do staff visit a high-risk, unstable or unpredictable client group?			
Do staff carry out visits during unsocial hours?			
Do staff carry valuables or drugs?			
Control Measures for Consideration		Yes	No
Do you provide accompanied visits when there are concerns about safety?			
Do you inc. potential/known risk factors in referral documents and care plans?			
Do you share risk information with other professionals and agencies?			
Are there systems for monitoring staff whereabouts and movements for regularly reporting to base?			
Do team arrangements require staff to report in at the start and end of visits?			
Do team arrangements ensure staff confirm their safe return to work or home?			
Are there systems for regular communication with staff (routine and emergency)?			
Do managers keep a list of vehicles used by lone workers making home visits or working in isolation, including vehicle registration, make, model and colour?			
Have you issued staff with mobile phones?			
Have you issued staff with Skyguard personal safety devices?			
Do staff have information and training on personal safety/conflict resolution?			
Do local arrangements inc. appropriate plans to be activated if a lone worker fails to make a scheduled communication contact/keep a scheduled appointment?			
Are staff trained in preventing and managing violence/conflict resolution?			
Are staff fully conversant and encouraged to submit incidents via Datix?			
Are there regular checks on control measures used to protect lone workers?			
If you have answered 'No' to any of these questions, what modifications or additional actions are necessary?			
Level of risk determined (using Trust Risk Matrix):			

Please send all risk assessments and associated action plans to: clcht.security@nhs.net.

Appendix F: Skyguard Personal Safety Devices: Standard Operating Procedure

1. Introduction
2. Definitions
3. Roles and Responsibilities
4. Lone Worker Risk Assessment
5. Eligibility for Issue of the Device
6. Terms and Conditions of Use
7. Registration Process
8. Incident Reporting
9. Loss of or Damage to the Skyguard Personal Safety Device and Accessories
10. Audits and Reporting
11. General Data Protection Regulation (GDPR) with respect to personal data collected

1. Introduction

Following an analysis of incidents reported involving violence and verbal abuse to staff working within the community setting (e.g. patient's homes, non-CLCH owned healthcare sites, etc), Central London Community Healthcare NHS Trust made a conscious decision to increase the personal security measures for staff and entered a contract with Skyguard for the provision of personal safety devices to offer further protection to staff to complement their existing safe systems of work.

Sufficient personal safety devices have been procured so that all of the Trust's lone workers may be issued with a device. It is a mandatory requirement that all staff visiting patients in their home environment must be in possession of a fully functioning Skyguard Personal Safety Device.

2. Definitions

The term '**lone worker**' is used in this guidance to describe a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. This could be inside a designated health centre, hospital or similar environment, or in a community setting; there is no single definition that encompasses those who may face lone working situations and, therefore, increased risks to their security and safety.

3. Roles and Responsibilities

The **Regulatory Compliance Manager**'s role is to:

- liaise with team managers and all lone workers concerning the management of lone workers
- provide guidance on the undertaking of Lone Worker Risk Assessments
- process Skyguard personal safety device applications
- provide training in the setup, activation and operational usage of devices
- undertake usage audits to identify compliance with the conditions of use

- provide assurance to Trust Board that lone workers are protected as far as is reasonably practicable.

Managers are responsible for:

- the management of their lone workers, including ensuring safe systems of work are in place and that all lone workers are aware of them, e.g. communication links between managers and lone workers in the community; 'buddy' systems are place to ensure lone workers are safe at any given time, etc.
- ensuring all staff working in the community have a Skyguard Personal Safety device and use it in accordance with the conditions of use when lone working in the community setting.
- the retrieval of devices and accessories from staff members who leave the Trust or who cease to be designated as lone workers, and the return of the equipment to the Security Team (clcht.security@nhs.net) for reissue.

Staff issued with a Skyguard personal safety device are responsible for:

- their own personal safety (CLCH will also provide all lone workers in the community with a Skyguard Personal Safety device so as to enable them to summon emergency assistance)
- operating their Skyguard Personal Safety device properly, including care and retention of the device and its accessories
- regularly testing the functions on their device, including 'test' SOS calls
- returning their device to their line manager or the Security team when they leave CLCH, or are otherwise deployed in a non-lone working role
- updating any of the information provided on their application when it changes

4. Lone Worker Risk Assessment

The provision of 'Method Statements' or 'Safe Systems of Work' is a requirement of the Health and Safety at Work Act 1974 and is intended to provide both the Trust and the lone working individuals that are carrying out the work, the necessary information to undertake the job safely.

It is essential that a copy of the Lone Worker Risk Assessment, which must include the safe system of work is kept readily available for inspection by all personnel. In addition, it is the responsibility of Management to ensure that all operatives are aware of their role in the job outlined within that Safe System of Work.

The issue of a Skyguard Personal Safety device does not constitute compliance with a Safe System of Work. It does, however provide evidence of a manager's action to protect their staff so far as is reasonably practicable.

The requirement for completion of a Lone Worker Risk Assessment is to safeguard both the manager and the lone worker. It sets out all the important issues needed to identify known and foreseeable risks, as well as highlight the potential for the less known or unforeseeable ones.

It is essential that staff feel safe and secure, so that they can perform their duties free from the fear of violence. They must also be confident that the Trust is committed to taking effective action and providing support if they find themselves in a threatening environment and need help. This should be backed up by robust procedures.

Due to the nature of their work, lone workers need to be provided with additional support, as well as training, to deal with increased risks. At the same time the Trust should empower staff to take a greater degree of responsibility for their own safety and security. The Trust assesses the risks to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness. Template Lone Worker Risk Assessments can be found at Appendix D (for staff working alone in buildings) and Appendix E (for staff undertaking domiciliary/home visits).

5. Eligibility for Issue of the Device

All staff employed by CLCH and designated as lone workers working in the community setting (e.g. working in people's homes; staff identified and determined through risk assessment) must register for a Skyguard personal safety device. Staff who are not lone workers but have an identified need will be considered on a case by case basis.

6. Terms and Conditions of Use

Skyguard Personal Safety devices are considered to be personal protective equipment and as such it is a mandatory requirement that devices issued must be switched on and carried whenever leaving the office or other base to visit patients in the community setting (e.g. a patient's home). Compliance will be regularly monitored and usage reports are shared with divisions for the purpose of providing assurance that their staff are utilising the protection means provided to them.

Further monitoring of compliance with the conditions of use may also be reported regularly to both the Health and Safety Group and Patient Safety & Risk Group.

Staff are welcome to make use of the device outside of their working hours. This usage is not subject to audit by the Trust, but may provide security and peace of mind to staff when going about their personal business.

Devices must be returned to the Security team directly or via the member of staff's line manager when they leave the Trust or cease to be a lone worker.

7. Registration Process

When an individual member of staff is identified as or designated as a lone worker they should complete the electronic Skyguard device application form in full (on the [Security pages of the Hub](#)). Once the line manager has approved the application and the member of staff confirms that they have completed the training module, the Security team will dispatch a device to the team base.

8. Incident Reporting

When a member of staff activates the SOS facility on their device to common help, an incident report must be completed on Datix, against the '*Violence & Aggression*' category, detailing the circumstances. The incident can then be appropriately investigated, learning can be undertaken, and further safeguards and action plans can be formulated and put into place.

9. Loss or damage of devices and accessories

Staff who experience technical issues with their devices should email clcht.security@nhs.net for assistance and/or to request a replacement device, and to arrange to return their current device.

In the event that a device or its accessories are lost, stolen, or broken through misuse, staff should email clcht.security@nhs.net to request a replacement, and to arrange to return their current device. The member of staff's CBU will be cross charged for the replacement cost.

10. Audits and Reporting

Usage reports are provided to divisions bi-monthly to illustrate how long devices are active for (receiving a mobile signal). Further monitoring of compliance with the conditions of use may also be reported regularly to both the Health and Safety Group and Patient Safety & Risk Group.

11. General Data Protection Regulation (GDPR) with respect to personal data collected

What personal data do we collect?

The [Skyguard Device Application Form](#) details all of the information that is required in order to create a user profile. The only information collected which may not already be held by other departments in the Trust are: personal mobile number; emergency contact numbers; and medical conditions (if applicable).

The information collected is shared with Skyguard when user profiles are created on the Skyguard portal. Skyguard only access this information when the device's SOS function is activated. Personal data is not shared with anybody else, including line managers. The Security team are the only staff in the Trust with access to the Skyguard portal. Skyguard are a registered data controller (registration number [Z8453065](#)).

How will users be contacted?

The Skyguard Alarm Receiving Centre (ARC) will attempt to contact staff via their personal and/or work mobile phone if they are unable to make verbal contact through the personal safety device. Both Skyguard and the Trust Security Team may contact staff via email in relation to the administration of their personal safety devices.

How will personal data be used

The personal data collected is used for the administration of the personal safety devices, or as contact points in an emergency if a user makes an SOS call to the Skyguard Alarm

Receiving Centre (ARC). Usage reports are provided to divisions bi-monthly to illustrate how long devices are active for (receiving a mobile signal).

Updating personal data

The Security team will on occasion check with users to ensure that the information provided is up to date. Staff must proactively update the Security team if any of their information has changed, including their contact telephone numbers, and their manager/team/emergency contact's telephone numbers. Staff personal data is deleted from the Skyguard portal when staff return their devices.

ENDS

**TITLE: MATERNITY AND NEW PARENTS POLICY AND
PROCEDURE**
(including Health and Risk Assessments)

VALID FROM: OCTOBER 2021

EXPIRES: OCTOBER 2024

REFERENCE WFC32

This procedural document supersedes the previous procedural document,
Maternity and New Parents Policy, version 5.0



Version:	6.0
Policy reference and description of where held.	WFC 32 Intranet – Policies
Title, name and contact details for author:	Jackie Rajalingham, Employee Relations Advisor j.rajalingham@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group	Agreed at HR Policy Group (sub-group of Joint Staff Consultative Committee) on 27 July 2021
Ratified by Policy Ratification Group:	11 October 2021
Review date: 3 years maximum for non-clinical documents	October 2024 or sooner if new legislation, codes of practice or national standards are introduced
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.1	Jan 2015	Maria Granata / Liz Lubbock	Draft	Review to reflect changes in employment law etc.
2.0	Jan 2015	Kate Wilkins	Final	Approved by PRG
3.0	Oct 2015	Liz Lubbock	Final	Reference added regarding assessment for cover of employee's role. Approved by PRG.
3.1	Apr 2018	Liz Lubbock	Draft	Policy reviewed and updated.
4.0	Jun 2018	Kate Wilkins	Final	Policy finalised post PRG
5.0	Apr 2020	Kate Wilkins	Final	Risk assessment form added as appendix C.
6.0	Jun 2021	Jackie Rajalingham / Yoma Akpobome / Alison Cox	Final	Process set out chronologically. IVF, surrogacy, and application form included. Duties and KIT information expanded. Risk assessments revised.

Contents

Section	Page
1. Introduction and Scope.....	6
2. Aims and Objectives.....	6
3. Definitions.....	7
4. Duties.....	8
5. Policy and Procedure.....	11
5.1 Health & Safety Considerations.....	11
5.2 Risk Assessment.....	11
5.3 Mitigating Risk.....	12
5.4 Night Work.....	13
5.5 Time Off for Appointments.....	13
5.6 Surrogacy.....	14
5.7 IVF Treatment.....	14
5.8 Eligibility for Maternity Leave.....	15
5.9 Eligibility for Adoption Leave/Pay.....	17
5.10 Overseas Adoption.....	18
5.11 Fostering for Adoption.....	18
5.12 Entitlement to Maternity Pay.....	18
5.13 Maternity Allowance.....	19
5.14 Not Returning to NHS Employment.....	20
5.15 Maternity Support (Paternity) Leave and Pay.....	20
5.16 Fixed Term / Training Contracts.....	21
5.17 Calculation of Maternity Pay.....	21
5.18 Keeping In Touch Days (KIT).....	22
5.19 Change Management During Maternity Leave.....	23
5.20 Health Issues.....	24
5.21 Returning to Work.....	25
5.22 Returning on Alternative Working Arrangements.....	26
5.23 Failure to Return to Work.....	27
5.24 Contractual Rights.....	27
6. Consultation Process.....	29
7. Approval and Ratification.....	29

8.	Dissemination and Implementation.....	29
9.	Archiving.....	29
10.	Training Requirements	29
11.	Monitoring and Auditing Compliance	29
12.	Expiry and Review Dates	30
13.	Associated Documentation.....	30
14.	References	30
15.	Appendices.....	30
	Appendix A: Maternity/Adoption Application Form	31
	Appendix B: New and Expectant Mothers at Work Assessment	34
	Appendix C: Flow Chart - New and Expectant Mothers Risk Assessment Tool .	37
	Appendix D: Clinical & Non-Clinical Assessment - New & Expectant Mothers...	38
	Appendix E: Continuous Service for Eligibility for Maternity Leave and Pay	43
	Appendix F: Confirmation of Maternity Meeting - Checklist.....	44
	Appendix G: Further Information	46
	Appendix H: Monitoring and Auditing Compliance	47
	Appendix I: Equality Impact Assessment	48

1. Introduction and Scope

- 1.1** This procedural document is designed to help managers and staff identify eligibility and entitlement to maternity leave and pay, and to paternity and adoption leave and pay where applicable, and sets out the application process.
- 1.2** Central London Community Healthcare NHS Trust (CLCH) recognises that pregnant staff have the right to time off work to have a baby and have the right to return to their job under their original contract, on no less favourable terms and conditions.
- 1.3** CLCH also recognises it has a legal obligation to ensure a safe and healthy work environment for its staff. Early identification of workplace risks, and practical action to control those risks as far as reasonably practicable, is thus essential and beneficial to the pregnant or breastfeeding employee as there may be hazards at work that could affect their health and that of their child.
- 1.4** Entitlements to leave and pay will vary according to length of service within the NHS, and the decision the member of staff will take about their intention to return to work after childbirth.
- 1.5** This policy applies to all CLCH staff:
 - from the date they inform their line manager of their pregnancy to up to 1 year post birth; or
 - who meet the criteria for paternity leave or adoption leave
- 1.6** Bank and agency workers are entitled to the same level of risk assessment and support as CLCH staff. NB: Section 5.5 of this policy is not applicable to bank and agency workers.
- 1.7** Matters relating to individuals employed by a third party will be addressed by the source agency or company.
- 1.8** This policy is indirectly referred to in all staff contracts in that staff agree to adhere to and abide by safety legislation affecting their work and policies produced by the Trust.

2. Aims and Objectives

- 2.1** This procedural document aims to:
 - set out the entitlement for maternity, adoption and paternity leave and the way in which these provisions are managed by the Trust

- provide guidance on safer working for pregnant staff and those returning from maternity, adoption or paternity leave
- provide a resource of information for staff, and managers supporting staff, who are expecting or planning to adopt

2.2 This policy also seeks to:

- set out measures to be taken to protect the employee who is, or in the future could be, a new or expectant parent, in line with the Management of Health and Safety at Work Regulations 1999 in respect of risk assessment standards.
- clarify the protective actions the manager should take once they have been notified in writing that the member of staff is pregnant, has given birth in the previous 6 months or is breastfeeding

2.3 NB: Each workplace or activity will have different hazards associated with it that may affect the health and safety of all staff including new or expectant mothers and their children. These hazards can, and do, vary during the course of a pregnancy and should be regularly monitored and assessed.

3. Definitions

- **AML:** Additional Maternity Leave
- **Continuous NHS service:** the member of staff must have 12 months' continuous service with one or more NHS service providers including health authorities, NHS boards, NHS Trusts and the Northern Ireland Health Service (occupational entitlement) or 26 weeks' continuous service (statutory entitlement)
- **EDC:** expected date of childbirth
- **EWC:** expected week of childbirth
- **Given birth:** a woman who has delivered a living child or, after 24 weeks of pregnancy, a child who is stillborn (as per Management of Health and Safety at Work Regulations 1999)
- **MA:** Maternity Allowance
- **MAT B1:** Maternity certificate confirming expected date of childbirth obtained from the GP or midwife

- **New or expectant mother:** a worker who is pregnant, who has given birth during the previous 6 months or who is breastfeeding
- **OML:** Ordinary Maternity Leave
- **OMP:** Occupational Maternity Pay
- **SMP:** Statutory Maternity Pay
- **Surrogacy:** when someone else carries and gives birth to a child for the intended parents

4. Duties

4.1 The Chief Executive has overall responsibility for all matters pertaining to Health and Safety in CLCH and for ensuring an effective health and safety management system is in place. The day-to-day management is delegated to the Director with responsibility for Health and Safety.

4.2 Directors and Senior Managers ensure the implementation of the policy within their area of responsibility, by providing support and advice to their managers.

4.3 Employee Health Service

- provides advice to line managers and senior managers regarding issues of risk to health that arise in the course of work, and make recommendations on work that may adversely affect a member of staff
- takes into account medical history that has a bearing on a member of staff's pregnancy

4.4 Human Resources

- provide advice and guidance to both managers and staff on the effective implementation of this policy and procedure
- once the required documentation is received, provide written confirmation to staff of their entitlement to leave and pay
- notify start and end dates to Payroll of any member of staff who will be taking leave

4.5 Payroll Service is responsible for processing Maternity/Adoption and Parental leave pay requests within the required timeframe.

4.6 Line Managers

- complete the New and Expectant Mothers At Work Assessment (Appendix B) based on the initial assessment and any medical advice the doctor has provided
- offer an interview with the Employee Health Nurse; this offer of additional support must be documented, whether accepted or refused
- with specialist advice if appropriate, implement any actions deemed necessary once the assessment has been carried out (see flowchart Stage One – Appendix C)
- take account of any medical advice the member of staff provides when conducting the risk assessment, and act on it
- keep the member of staff informed of any risks coming to light during assessment or subsequently
- if a risk is identified, manage the risk and mitigate it e.g. by putting alternative arrangements for work into place
- review and monitor the risk at regular intervals, especially if new medical advice is received. The flowchart (Appendix C) shows the stages that line managers must work through to ensure that new and expectant mothers are not exposed to significant risk and how any advice provided feeds into this process.
- carry out a health and safety risk assessment on the employee's return to work, and if appropriate, complete the breastfeeding and return to work evaluation, found at Appendix A in the Breastfeeding and Returning to Work Policy
- manage the risk and consider reasonable adjustments. If the risk cannot be removed or reduced, consider whether working conditions/hours of work can be adjusted (see Action 2 in the flowchart at Appendix C) or if the employee could be given suitable alternative work on the same terms and conditions. The line manager must maintain reasonable contact with employees on adjusted duties due to pregnancy.
- The flowchart – Action 3 (Appendix C, details “Suspension on medical grounds for as long as necessary to protect the employee’s health and safety, or that of the child” – this can ONLY occur following an assessment from the Employee Health Service and consultation with HR.
- allow the member of staff reasonable time off to attend ante-natal/adoption appointments

- ensure HR receives notifications within stipulated timeframes, according to the employee's specific requirement
- agree annual leave arrangements with members of staff prior to commencing their maternity, adoption or paternity leave
- maintain reasonable contact with the employee whilst they are on leave and keep them informed about training and development or any other relevant changes within the Trust whilst on leave
- prior to return from leave, discuss with the member of staff whether a phased return to work needs to be considered as part of their re-orientation back into work
- complete the e-position change form when the member of staff starts their maternity leave and on returning to work, and forward to HR Admin to action
- reasonably consider any request to work flexibly on their return from leave (see Flexible Working Policy)
- ensure HR/Payroll is notified of the employee's return to work, or if the employee does not return to work on the agreed date without a valid reason
- provide HR with a Leaver's Form if the member of staff is not returning to work.

4.7 Member of Staff

- in order to protect their safety and others, should notify their manager as soon as they have knowledge of the pregnancy (see 5.1: Health and Safety Considerations)
- notify their line manager of any problems encountered within their working environment at any time during pregnancy or whilst a nursing mother
 - complete the Maternity/Adoption Application form at Appendix A and provide their original MAT1B from their GP or midwife (this is normally given at the 20 week scan appointment) to hadmin@clch.zendesk.com if not available at this time, at the earliest possible time
- provide the required paperwork within the timelines set out in this policy
- agree with their manager, time off for appointments and show the necessary appointment card or similar written confirmation of appointment
- comply with pre- and post-natal risk assessments and any measures implemented by their manager to reduce or eliminate risks

- agree annual leave arrangements with their manager prior to commencing leave and maintain reasonable contact as agreed during any period of leave
- maintain any professional or statutory requirements for their role while on leave, including for any work during “keeping in touch” days
- provide formal notification from their medical practitioner or midwife if they should not work at night (Management of Health & Safety at Work Regulations, Reg 17)
- return from leave on the agreed date as set out in the Maternity/Adoption application form, or as amended with the required period of notice
- provide resignation in writing, within their contractual notice period, should they not wish to return to work
- refund any payment for which they are no longer entitled e.g. Occupational Maternity Pay

5. Policy and Procedure

5.1 Health & Safety Considerations

- 5.1.1 Pregnancy-related information should be shared with the agreement of the pregnant individual, and also confidentially with colleagues whose own health and safety may be affected by the possibility of incidents arising e.g. due to bouts of nausea, or sickness when working with a pregnant colleague, particularly in the first trimester.
- 5.1.2 It is also advisable to share this information if the staff member is breastfeeding so the risk assessment and risk mitigation process can commence.
- 5.1.3 It is acknowledged that the rights of the pregnant individual are important, as is the health of the unborn child and all of those whom the expectant mother may come into contact with at work.
- 5.1.4 It should be noted that a manager cannot modify working arrangements or assess an individual if they have not been informed of a pregnancy, and nor should the safety of colleagues be put at risk because someone does not want to announce their pregnancy until they are safely into the second trimester.

5.2 Risk Assessment

- 5.2.1 Bank and agency workers are entitled to the same level of risk assessment and support as CLCH substantive staff. See also section 4.6 above for more information about the responsibilities of the line manager.
- 5.2.2 Pregnancy is not ill health. It is part of life and the health and safety issues can be addressed by normal health and safety management procedures. Many staff work for a significant proportion of their pregnancy before taking maternity leave. A large number of new parents return to work whilst still breast feeding. In both instances, managers are responsible for assessing the risks associated with the work of the new or expectant parent.
- 5.2.3 Risk assessments may involve substances, processes or activities that could pose harm to the employee or unborn baby depending on the stage of pregnancy or specifically to breastfeeding mothers. The risk assessment should therefore be reviewed after 3 months, 6 months and after returning from maternity leave and six months later.
- 5.2.4 Physical, biological and chemical agents, processes and working conditions, which may affect the health and safety of new and expectant mothers, are well documented in other statutory legislation such as the Control of Substances Hazardous to Health Regulations 1994 (COSHH) and the Manual Handling Operations Regulations 1992 (MHOR).
- 5.2.5 The risk assessment will require review to take into account biological changes and also physical changes. For example, a Display Screen Equipment (DSE) assessment, which involves ergonomics, will alter with the physical size of a pregnant employee.
- 5.2.6 The **frequency of risk assessments** varies depending on the employee's role. There are different requirements for patient non-handling roles; patient handling roles; non-clinical roles, and other employees. For details, see Appendix D.

5.3 Mitigating Risk

- 5.3.1 The following actions may be considered to reduce or avoid identified risk:
- adjustments to the work that is undertaken, e.g. removing certain aspects of the role, redesigning the job in the short term
 - adjusting working conditions e.g. moving to an alternative location where less handling or contact with substances occurs
 - providing alternative shift work patterns (may require a medical certificate from GP if alterations are not practicable)
 - making use of authorised absence at appropriate times

5.3.2 Where medical advice is received that the member of staff or child would be at risk were the employee to continue with their normal duties, and it is not possible to safely mitigate the risk, either sickness absence or suspension on medical grounds should be discussed with the member of staff. The manager must seek advice and support from HR.

5.4 Night Work

5.4.1 CLCH will give special consideration to new and expectant parents who work at night.

5.4.2 If a member of staff, who is a new or expectant parent, works at night and has a medical certificate stating that night work could affect their health and safety, they must either:

- be offered suitable alternative daytime work, if any is available;

or, if that is not reasonable/possible:

- the employee must attend the Employee Health Service before considering suspension from work on medical grounds for as long as is necessary to protect her health and safety and that of the child.

5.5 Time Off for Appointments

5.5.1 Antenatal Appointments

Pregnant members of staff have the right to a reasonable amount of paid time off for pregnancy related (antenatal) care. Antenatal care may include relaxation and parent-craft classes as well as appointments for antenatal care.

The member of staff must inform their manager in advance of the date and time of the appointment. They may be asked to produce their appointment card or written confirmation as proof of appointments (it may be necessary to wait until after the first visit when an appointment card is usually given).

The employee should endeavour to give the manager as much notice as possible of antenatal appointments and, wherever possible, try to arrange them as near to the start or end of the working day as possible.

Paid time off for antenatal appointments includes travel time.

The pregnant member of staff's partner (spouse, partner, civil partner of either sex or person with whom the employee is in a long term relationship) will be entitled to unpaid leave to attend two antenatal appointments.

5.5.2 Surrogacy Appointments

Fathers, partners, and intended parents in a surrogacy situation may take time off work to accompany a pregnant woman at an antenatal appointment, on two occasions. The appointment must be on the advice of a registered medical practitioner, midwife or nurse. The member of staff may be required to provide a signed declaration confirming the member of staff's relationship with the pregnant woman or the expected child, the purpose of the time off, and the date and time of the appointment.

5.5.3 Pre-Adoption Meetings

The main adopter is entitled to paid off time for up to 5 adoption appointments. The secondary adopter is entitled to take unpaid time off for up to 2 appointments.

Members of staff being assessed for adoption have the right to reasonable paid time off for essential meetings. The member of staff must inform their manager in advance of the date and time of the appointment. They may be asked to produce their appointment card or written confirmation as proof of appointments (it may be necessary to wait until after the first meeting when an appointment card is usually given).

The member of staff should endeavour to give their manager as much notice as possible of appointments and, wherever possible, try to arrange them as near to the start or end of the working day as possible.

5.6 Surrogacy

5.6.1 If an employee has a surrogate, the surrogate will be the child's legal parent at birth. The intended parent must apply to become the legal parent within 6 months of the child's birth in order to be entitled to receive surrogacy rights, leave and pay.

5.6.2 Should a member of staff enter into a legal surrogacy arrangement, once the legal process has commenced their eligibility and entitlement will be the same as for adoption. Adoption leave and pay is only applicable to one member of the couple where a couple jointly adopt. The member of staff should complete the Maternity/Adoption Application Form at Appendix A.

5.6.3 Should a member of staff act as a surrogate, eligibility and entitlement will be the same as for maternity leave. The member of staff should complete the Maternity/Adoption Application form at Appendix A.

5.7 IVF Treatment

- 5.7.1 CLCH recognises that infertility is a medical condition that may cause psychological and physical distress. As a provider of healthcare CLCH is sympathetic to staff who decide to undertake fertility treatment, however the Trust also recognises that managers have to balance the needs of staff as well as service requirements.
- 5.7.2 As treatment can be a lengthy process, managers should discuss with the member of staff the duration of the treatment and the number of occasions (and where possible, dates) they are likely to be absent from work. Any arrangement needs to balance the needs of the individual and service requirements.
- 5.7.3 For the purpose of entitlement to the provisions and protections outlined within this policy, a person is 'pregnant' when the fertilised ova are implanted. If the treatment is successful and the person remains pregnant they will remain protected under these provisions until the end of their maternity leave. If the treatment is unsuccessful, the protection ends two weeks after the end of the pregnancy.
- 5.7.4 Where long term treatment cycles are anticipated, the health and wellbeing of the member of staff will be considered a priority and every effort made to accommodate their needs. They should discuss this in confidence with their manager.
- 5.7.5 If an individual's course of treatment results in a medical certificate, their absence should be dealt with under the normal sickness absence procedures. Please refer to the Sickness Absence Management Policy.

5.8 Eligibility for Maternity Leave

- 5.8.1 All expectant CLCH staff regardless of their length of service in the NHS or hours of work, have a legal right for up to 52 weeks' maternity leave. This comprises of 26 weeks' ordinary maternity leave (OML) followed by 26 weeks' additional maternity leave (AML) beginning the day the OML finishes. This is the same for the birth of one child or multiple births.
- 5.8.2 The first two weeks of leave are compulsory. After this point the amount of leave taken is the choice of the parent.
- 5.8.3 Maternity leave can commence any time on or after the 11th week before the expected date of childbirth provided the required notice has been given.
- 5.8.4 Any member of staff working full-time or part-time will be entitled to paid and unpaid maternity leave under the NHS occupational maternity pay scheme if they have twelve months' continuous service (Appendix E) with one or more NHS employers at the beginning of the 11th week before the expected week of childbirth.

- 5.8.5 The member of staff is required to complete the Maternity/ Adoption Application leave form (Appendix A) to notify their manager and HR no later than the end of the 15th week before the expected week of childbirth (EWC):
- their intention to take maternity leave
 - the date they intend to start maternity leave
 - that they intend to return to work with the same or another NHS employer for a minimum period of three months after their maternity leave has ended, where Occupational NHS Maternity Pay is due
- 5.8.6 If the member of staff is not able to give the required notice as above, they should give it as soon as reasonably practicable. The manager may delay the start date of maternity leave and pay (if applicable) if they do not provide the above notice or a reasonable explanation for failure to provide the same. This will not affect the amount of maternity leave or pay entitlement.
- 5.8.7 It is anticipated that most staff would be able to comply with this requirement unless they have an acceptable mitigating reason, such as not knowing they were pregnant or serious ill-health.
- 5.8.8 The completed form should be sent to hradmin@clch.zendesk.com with the original MATB1 form, which is the certificate confirming pregnancy and the expected date of birth. A UK GP or midwife will give this to the member of staff by their 26th week of pregnancy. MATB1 forms dated prior to 20 weeks before EWC will not be valid for the purposes of processing maternity pay.
- 5.8.9 For calculation purposes, the expected week of childbirth (EWC) will begin on the previous Sunday from the expected date of childbirth (EDC) and the EDC will be referred to as the previous Sunday unless the EDC is a Sunday. For example, if informed by the GP/midwife that the EDC is Saturday 12th April then EDC (and beginning of EWC) for calculation purposes is the Sunday before this date.
- 5.8.10 If the member of staff subsequently wants to change the date they wish to start their leave, they should notify their manager and HR at least 28 days in writing beforehand (or, if this is not possible, as soon as is reasonably practicable beforehand).
- 5.8.11 Should the member of staff wish to have a face to face or virtual discussion regarding any element regarding maternity leave they should contact their local HR Advisor.
- 5.8.12 HR Admin will write to the employee confirming their entitlements to SMP/OMP and their latest date of return to work. If not entitled, HR Admin will notify the

member of staff accordingly and request Payroll to send out the SMP1 form to the member of staff.

5.8.13 If the member of staff plans to leave employment with the Trust prior to the commencement of maternity leave, they should contact their HR Advisor as soon as practicable to discuss what entitlements and pay they may be eligible to receive.

5.8.14 Following receipt of the completed Maternity/Adoption Application form and original copy of the MAT 1B form, HR Admin will confirm in writing the:

- paid and unpaid leave entitlements
- expected return date (unless an earlier return date has been given, the expected return date will be based on the 52 weeks' paid and unpaid leave entitlement)
- length of any period of accrued annual leave including bank holidays
- need to give at least 28 days' notice in writing if the member of staff wishes to return to work before the expected return date

5.9 Eligibility for Adoption Leave/Pay

5.9.1 A member of staff working full-time or part time will be entitled to paid and unpaid adoption leave under the NHS occupational adoption pay scheme if they:

- are the primary carer in the adoption arrangement made by an official adoption agency, or they are the intended parent through a surrogacy arrangement and commit to applying for a parental or adoption order
(see <https://www.gov.uk/legal-rights-when-using-surrogates-and-donors>)
and
- have 12 months' continuous service with one or more NHS employers by either:
 - the beginning of the week in which they are notified of being matched with a child for adoption, or
 - the 15th week before the child's due date if applying via a surrogacy arrangement and where the employee is eligible and intends to apply for a parental order

5.9.2 The member of staff must inform their manager in writing before the end of the week in which they are notified of being matched with a child for adoption, or by the 15th week before the child's due date if applying via a surrogacy arrangement:

- their intention to take adoption leave
- the date they wish to start their adoption leave

- that they intend to return to work with the same or other NHS employer for a minimum of three months after their adoption leave has ended

5.9.3 The member of staff must also provide written confirmation from their adoption placing authority of the matching decision or a parental statutory declaration that they intend to apply for a parental order in the case of a surrogacy arrangement.

5.10 Overseas Adoption

5.10.1 To be eligible for adoption leave and pay resulting from an overseas adoption, the member of staff is required to:

- within 28 days of receipt of the official notification, notify their line manager and HR Admin in writing the date of the official notification (permission from a Great British authority for an adoption abroad) and the estimated date that the child will arrive in Great Britain
- within 28 days of the actual date, notify their line manager and HR Admin in writing the actual date the child arrives in Great Britain
- provide their manager with a minimum of 28 days' notice of when they wish to commence their adoption leave and pay (noting that adoption leave can only commence after the child has entered Great Britain and must start no later than 28 days after the child has entered Great Britain)
- provide original appropriate documentation and proof of the adoption to their manager, in English, including but not limited to the official notification and evidence that the child has entered Great Britain

5.11 Fostering for Adoption

5.11.1 Should the prospective adopter be approved by their adoption agency under 'concurrent' or 'fostering for adoption' arrangement, the member of staff may wish to start their adoption leave when a fostering placement is made or when the child is matched for adoption with the member of staff.

5.11.2 Only one set of adoption leave is payable. Receipt of fostering allowances and payments during the fostering phase of the placement would not affect the member of staff's adoption pay.

5.12 Entitlement to Maternity Pay

5.12.1 Where a member of staff who meets the relevant eligibility criteria intends to return to work, the amount of maternity pay receivable is known as NHS Occupational Maternity Pay (OMP).

5.12.2 In order to be eligible, the member of staff must:

- have 12 months' continuous service with the NHS by the 11th week expected childbirth (EWC)
- intend to return to work for a minimum of 3 months
- notify their manager in writing before the end of the 15th week, the expected date of childbirth

5.12.3 Should a member of staff qualify for NHS occupational maternity pay (OMP) this will be made up as follows:

- for the first 8 weeks, full pay, **less** any Statutory Maternity Pay or Maternity Allowance (including any dependants' allowances) receivable
- for the next 18 weeks, half of their full pay **plus** any Statutory Maternity Pay or Maternity Allowance (including any dependents' allowances) receivable, providing the total receivable does not exceed full pay
- for the next 13 weeks, Statutory Maternity Pay or Maternity Allowance they are entitled to under the Statutory scheme
- remaining 13 weeks: unpaid leave

5.12.4 NB: Statutory Maternity Pay (SMP) is taxable. Criteria for SMP are set by HMRC. CLCH is not liable to pay statutory maternity rates unless the member of staff meets the criteria set by HMRC.

5.12.5 If a member of staff does not satisfy the conditions for NHS Occupational Maternity pay they may be entitled to Statutory Maternity Pay (SMP). To qualify for SMP an employee must have 26 weeks' continuous service with CLCH by the beginning of the 15th week before the expected week of childbirth (EWC).

5.12.6 Statutory maternity pay will be made up of:

- first 6 weeks: 90% of normal salary
- next 33 weeks: SMP rate (or 90% of average weekly earnings, whichever is lower)
- remaining 13 weeks – unpaid leave

5.12.7 Work on the Trust Bank is permitted during the unpaid element of maternity / adoption leave (once SMP entitlement is exhausted). Staff should refer to the Temporary Staffing Policy regarding rest breaks and welfare.

5.13 Maternity Allowance

5.13.1 Employees who do not qualify for SMP, whether due to statutory continuous employment requirement or because of any other aspect of eligibility may be entitled to Maternity Allowance. For entitlement please contact the gov.uk website directly: <https://www.gov.uk/maternity-paternity-pay-leave>

5.13.2 Employees who fall into this category but intend to return to NHS employment will also be entitled to a further period of 13 weeks' unpaid maternity leave.

5.14 Not Returning to NHS Employment

5.14.1 A member of staff who satisfies the conditions for eligibility, except that they do not intend to return to work with the same or another NHS employer for a minimum period of three months after their maternity/ adoption leave, will be entitled to pay equivalent to Statutory/ Adoption Pay.

5.14.2 Statutory Maternity/Adoption Pay is paid at 90% of average weekly earnings for the first six weeks of maternity/ adoption leave, and at the statutory flat rate sum or 90% of average weekly earnings (whichever is lower) for the following 33 weeks.

5.15 Maternity Support (Paternity) Leave and Pay

5.15.1 All employees are entitled to take ordinary maternity support (paternity) leave. This applies to the father of the child (including adoptive fathers), the mother's partner (whether opposite or same sex) or nominated carers.

5.15.2 All eligible employees are entitled to two weeks of ordinary maternity support (paternity) leave to be taken within 8 weeks of the child's birth or the placement of the child for adoption.

5.15.3 In order to be eligible for Occupational Maternity Support Pay (OMSP) the employee must have 12 months' continuous NHS service at the beginning of the week in which the baby is due.

5.15.4 If you are not eligible for OMSP, you may be entitled to Statutory Paternity Pay i.e. if you do not have twelve months' continuous NHS service, but have worked continuously for 26 weeks ending with the 15th week before the baby is due.

5.15.5 Employees planning to take paternity leave must meet with their manager to inform them of their intention to take leave, by the end of the 15th week before the baby is expected, unless this is not reasonably practicable, notifying:

- the week the baby is due
- whether they wish to take one or two weeks' leave
- when they want the leave to start

- 5.15.6 HR Admin will check and confirm entitlements in writing and will contact the employee to request they complete the SC3 form from gov.uk, which is sent automatically to HR Admin.
- 5.15.7 The employee can change the date on which they wish to start their leave providing they give at least 28 days' notice in writing to their line manager (unless this is not reasonably practicable).
- 5.15.8 Payment will be for one or two consecutive weeks as the employee has chosen. The employee's pay will include any statutory paternity pay to which they are entitled. The rate of statutory paternity pay is the same as for statutory maternity pay.
- 5.15.9 Employees who have average weekly earnings below the lower earnings limit for NI purposes will not qualify for statutory paternity pay.

5.16 Fixed Term / Training Contracts

- 5.16.1 Employees subject to fixed-term or training contracts which expire after the 11th week before the expected week of childbirth or the date of matching , or the 15th week before the baby's due date if applying via a surrogacy arrangement, and who satisfy the conditions for eligibility, shall have their contracts extended so as to allow them to receive the 52 weeks which includes paid occupational (if eligible) and statutory maternity/adoption leave and the remaining 13 weeks of unpaid maternity/ adoption leave.
- 5.16.2 Employees on fixed term contracts who do not meet the 12 months' continuous service condition, may still be entitled to Statutory Maternity Pay.
- 5.16.3 If there is no right to return to be exercised because the contract would have ended if pregnancy / childbirth or adoption had not occurred or been taken, the repayment provisions will not apply.
- 5.16.4 Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, the employee will have the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred. In such circumstances, the employee's contract will be extended to enable the employee to complete the agreed programme of training.
- 5.16.5 Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment shall not constitute a break in service.

5.17 Calculation of Maternity Pay

5.17.1 Pay is based on the average pay of the 8 weeks immediately before the 15th week before the EDC.

5.17.2 The employee's full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity Pay entitlements, subject to the following qualifications:

- In the event of a pay award or move to a higher pay point being implemented **before** the paid maternity leave period begins, the maternity pay should be calculated as though the pay award or new pay point had effect throughout the entire Statutory Maternity Pay calculation period. If such a pay award was agreed retrospectively, the same maternity pay should be re-calculated on the same basis.
- In the event of a pay award or move to higher pay point being implemented **during** the paid maternity leave period, the maternity pay due from the date of the pay award or new pay point should be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis.
- In the case of an employee on unpaid sickness absence or on sickness absence attracting half pay during the whole or part of the period used for calculating average weekly earnings, in accordance with the earnings rules for Statutory Maternity Pay purposes, average weekly earnings for the period of sickness absence shall be calculated on the basis of notional full sick pay.
- In the event of an employee currently on maternity leave who intends to take a second period of maternity leave, either concurrently or in close succession to the first period of maternity leave who is receipt of either of half or full pay (less Statutory Maternity Pay) or Maternity Allowance (including dependants allowance receivable) or no pay: during the whole or part of the period used for calculating average weekly earnings, in line with the earning rules for Statutory Maternity Pay purposes, average weekly earnings for the second maternity leave shall be calculated on the basis on notional full pay.
- Any salary sacrifice arrangements affecting an employee's pay during the qualifying period will lower the maternity pay.
- By prior agreement with the employer, Occupational Maternity Pay may be paid in a different way, i.e. as a fixed amount spread equally over the paid maternity period.

5.18 Keeping In Touch Days (KIT)

- 5.18.1 An employee on maternity leave can carry out up to 10 KIT days' work during the leave period without bringing their leave period to an end and without losing statutory maternity pay (SMP). KIT days do not extend Maternity/ Adoption leave.
- 5.18.2 The line manager and the employee should have an early discussion to plan and make arrangements for the KIT days before the employee starts maternity/ adoption leave.
- 5.18.3 The arrangements for keeping in touch are voluntary and neither the employer nor the employee can insist upon such arrangements.
- 5.18.4 The days of work do not have to be consecutive and can include training and other activities that enable the employee to keep in touch with the workplace, developments or training and, nearer the time of their return, to facilitate their return to work.
- 5.18.5 A risk assessment of the KIT days' activities should be carried out by the manager before the employee attends an event, so as to ensure they are not being put at risk whilst on Trust premises.
- 5.18.6 An employee who is breastfeeding must be risk assessed and appropriate facilities provided to ensure compliance with Workplace (Health, Safety and Welfare) Regulations 1992.
- 5.18.7 For any KIT days worked the employee will be paid at their basic daily rate for the hours worked less any occupational or statutory maternity/ adoption payments. If a KIT day is worked in the full pay or half pay period, the employee will receive a day or half day of paid leave in lieu once the employee returns to work.
- 5.18.8 Working for part of any day will count as one whole KIT day (e.g. if half a day is worked).
- 5.18.9 If for example the employee works for two hours, this will count as one KIT day whilst the employee will be paid for two hours less any occupational or statutory maternity/adoption pay.
- 5.18.10 Employees are expected to check their pay whilst on maternity leave and report any anomalies if it appears they have been underpaid or overpaid.

5.19 Change Management During Maternity Leave

- 5.19.1 Special consideration will be given to employees who are on maternity leave when a change management exercise is taking place. This includes potential TUPE transfers and restructuring or redundancy exercises.

- 5.19.2 Employees on maternity leave may not be able to participate fully in consultation or selection exercises in person and need to be contacted in a sensitive way to ensure that they can express their views.
- 5.19.3 Conducting an appraisal before an employee goes on maternity leave is a good way to capture an assessment of the employee's performance and career aspirations before they start their leave, and in case this information is needed to support selection processes in their absence. For further information, refer to the Change Management Policy or seek advice from HR.

5.20 Health Issues

5.20.1 Sickness Prior to Childbirth

If an employee is sick with a pregnancy-related illness during their pregnancy but before the date that they have agreed to commence maternity leave, this will be recorded but will not trigger the formal sickness absence process.

Intermittent pregnancy-related sick days during pregnancy should be recorded and discussed with the line manager or HR, however will not trigger the formal process.

Non-pregnancy related absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work or a self-certificate, will be treated as sickness absence in accordance with the Sickness Absence Management Policy.

If an employee is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later.

In the event of illness following the date the employee was due to return to work, normal sick leave provisions will apply as necessary.

5.20.2 Pre-Term Birth

When an employee's baby is born alive prematurely the employee will be entitled to the same amount of maternity leave and pay as if her baby was born at full term.

When an employee's baby is born before the 11th week before the expected week of childbirth and the employee has worked during the actual week of childbirth, maternity leave will start on the first day of the employee's absence.

When an employee's baby is born before the 11th week before the expected week of childbirth and the employee has been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the date of birth.

When an employee's baby is born before the 11th week before the expected week of childbirth and the baby is in hospital, the employee may split their maternity leave entitlement, taking a minimum period of two weeks' leave immediately after childbirth and the rest of her leave following her baby's discharge from hospital.

5.20.3 Still Birth

When an employee's baby is stillborn after the 24th week of pregnancy, the employee will be entitled to the same amount of maternity leave and pay as if their baby was born alive.

5.20.4 Miscarriage

When an employee has a miscarriage before the 25th week of pregnancy, normal sick leave provisions will apply as necessary.

5.21 Returning to Work

5.21.1 An employee who intends to return to work at the end of their full maternity leave (the date stated in their completed Maternity/Adoption Application form) will not be required to give any further notification to their line manager.

5.21.2 If the employee wishes to return early they must give at least 28 days' notice in writing, outlining the new date on which they intend to return.

5.21.3 An employee has the right to return to their job under their original contract and on no less favourable terms and conditions.

5.21.4 If it is found, or a medical practitioner considers, that an employee or the child would be at risk were they to continue with their normal duties, the employer should provide suitable alternative work for which the employee will receive their normal rate of pay. Where it is not reasonably practicable to offer suitable alternative work, the employee should be suspended on full pay.

5.21.5 These provisions also apply to an employee who is breastfeeding if it is found that their normal duties would prevent them from successfully breastfeeding their child.

5.21.6 CLCH recognises that returning to work as a new parent could be daunting and stressful. To support and facilitate a smooth return to work, it would be beneficial for both the member of staff and the line manager to mutually arrange to discuss

returning to work (ideally 4 weeks prior) and any support the employee will need, for example working arrangements and if breastfeeding facilities are required.

- 5.21.7 A pre-return to work general risk assessment of the individuals work activities and the work environment should be carried out and mitigations implemented before the planned first day back at work. (Appendix B and D)
- 5.21.8 To support breastfeeding women at work, a further risk assessment will be required. The line manager should carry out a risk assessment to identify risks to the employee and make alternative arrangements for the staff member as required, with the appropriate rest periods. Please refer to the Breast Feeding and Returning to Work Policy.
- 5.21.9 The member of staff must notify their line manager if they plan to breastfeed on returning to work. The line manager should be given reasonable notice and the opportunity to plan and meet the criteria required.
- 5.21.10 If as a result of a risk assessment it is found that the member of staff's normal duties would prevent them from successfully breastfeeding the child, consideration will be given to requests for:
- flexible working arrangements
 - suitable private rest facilities
 - alternative duties
- 5.21.11 The line manager must make every effort to ensure that on returning to work, the member of staff has the necessary equipment, systems and IT access required to perform their role. Reasonable settling-in time must be made available for the returning parent to allow them to readjust and familiarise themselves again with the service and duties.
- 5.21.12 The line manager is required to complete the Position Change e-form and forward onto HR Admin to action.

5.22 Returning on Alternative Working Arrangements

- 5.22.1 If at the end of maternity leave the employee wishes to return to work on different hours, they have a right to request this through the Flexible Working Policy. The line manager has a duty to facilitate this wherever possible, with the employee returning to work on different hours in the same job.
- 5.22.2 If this is not possible the line manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to their maternity/ adoption leave.

5.22.3 If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period, this will not affect the employee's right to return to her job under their original contract, at the end of the agreed period. Any such changes should be confirmed in writing.

5.23 Failure to Return to Work

5.23.1 If an employee who has notified the Trust of their intention to return to work for them or a different NHS employer, fails to do so within 15 months of the beginning of their maternity/adoption leave, they will be liable to refund the whole of their maternity/adoption pay, less any Statutory Maternity/ Adoption Pay received.

5.24 Contractual Rights

5.24.1 During maternity/ adoption leave (both paid and unpaid) an employee retains all of their contractual rights except remuneration.

5.24.2 Pay Progression

An employee on maternity or adoption leave will progress through their pay step on the date the pay step is due, unless a pay-step review meeting has taken place prior to the commencement of leave which confirmed that the required standards for pay progression would not be met. Should the pay-step review meeting not be held prior to the pay-step date, the pay-step point should be automatically applied in the individual's absence.

5.24.3 Annual Leave and Public Holidays

Employees on paid or unpaid maternity/ adoption leave accrue annual leave and bank holidays whilst on leave. Annual leave cannot be taken during the paid and unpaid element of maternity/ adoption leave.

Maternity/ adoption leave counts as 'service' for the purpose of satisfying the service qualification for entitlement to additional leave based on length of service and other statutory employment rights.

Employees are encouraged where possible to take annual leave entitlement for the current holiday year prior to commencing maternity/ adoption leave. This must be agreed between the employee and their line manager.

Normal rules apply concerning the carryover of leave at the end of each leave year (refer to the Annual Leave Policy). In exceptional circumstances, where service needs have prevented accrued annual leave to be taken and where the amount of accrued annual leave would exceed normal carry over provisions, it may be beneficial to both the employer and employee for the annual leave to be taken before and/or after the formal (paid and unpaid) maternity leave period.

The amount of annual leave to be taken in this way, or carried over, should be discussed and agreed between the line manager and employee. Advice can be sought from HR if needed.

Employees returning on flexible working arrangements agreed prior to maternity/ adoption leave must take any accrued annual leave either prior to commencement of maternity/ adoption leave or at the end of their maternity/ adoption leave period. Thereafter, the employee's annual leave will be calculated pro rata to the new working arrangement.

Employees not intending to return should take any outstanding annual leave prior to commencement of maternity/ adoption leave. The date of termination of service will then be calculated as the last working day plus outstanding annual leave days plus 39 weeks' maternity leave.

5.24.4 Pension

Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Pension Scheme. If the employee is a member of the NHS Pension Scheme, pension contributions will continue to be deducted during the paid period of maternity leave.

No paid contributions will be recorded during the unpaid maternity period. To ensure continuity of pensionable service, the amount owed during the unpaid period of maternity leave will be reclaimed over a period of time when the employee returns to work.

If the employee does not intend to return to work, pensionable service will not be extended unless contributions to the NHS Pension Scheme are paid. The employee should contact the Pensions Officer within the Payroll Department for further details.

5.24.5 Lease Car

Employees benefitting from a lease car, whether under the salary sacrifice scheme or under a Trust scheme, should discuss their arrangement with HR prior to maternity/ adoption leave.

5.24.6 Salary Sacrifice Payments

All salary sacrifice payments will lower any pay received. Members of staff should contact their HR Advisor for further information or assistance.

6. Consultation Process

The following stakeholders were consulted in the revision of this policy and comments incorporated as appropriate:

Head of Employee Relations & Policy
HR Business Partners and HR Advisors
Staff Side Representatives
Health and Safety Committee Members

7. Approval and Ratification

This version of the procedural document was agreed at the HR Policy Group meeting on 27 July 2021.

This revision was ratified by the Policy Ratification Group on 11 October 2021.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. It will therefore be available to all staff via the CLCH NHS Trust intranet.

Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training Requirements

None.

11. Monitoring and Auditing Compliance

See Appendix H

12. Expiry and Review Dates

This procedural document will be reviewed in 2.5 years' time in April 2024. It will be reviewed by the HR Policy Group. It will expire in October 2024.

13. Associated Documentation

Breastfeeding and Return to Work Policy
Health and Safety Policy
Annual Leave Policy
Special Leave Policy
Flexible Working Policy
Sickness Absence Management Policy
Equality and Diversity Policy (Staff)
Freedom to Speak Up: Raising Concerns Policy

14. References

- NHS Terms and Conditions of Service (Agenda for Change)
- Management of Health and Safety at Work Regulations 1999
- The Children and Families Act 2014
- Equality Act 2010
- Work and Families Act 2006
- Maternity and Parental Leave Etc Regulations 1999
- Employment Rights Act 1996
- Pregnant Workers Directive (92/85/EEC)
- The Health & Safety At Work Act 1974

15. Appendices

Appendix A: Maternity/Adoption Application Form
Appendix B: New and Expectant Mothers at Work Assessment
Appendix C: Flow Chart: New and Expectant Mothers Risk Assessment Tool
Appendix D: Clinical & Non-Clinical Assessment - New & Expectant Mothers
Appendix E: Continuous Service for Eligibility for Maternity Leave and Pay
Appendix F: Confirmation of Maternity Meeting - Checklist
Appendix G: Further Information
Appendix H: Monitoring and Auditing Compliance
Appendix I: Equality Impact Assessment

Appendix A: Maternity/Adoption Application Form

This application form should be read and completed in conjunction with the Maternity and New Parents Policy and Procedure.

Applicant's Name:

Job Title:

Base:

Manager:

Date baby is due:

Start Date for maternity/ adoption leave*:

**You should provide the date of the Sunday which begins the week in which the baby is due (the expected week of confinement). You have the option of commencing leave at any time between the eleventh week before this date, up to the date itself. Please note that you are required to give your manager 28 days' notice in writing that you intend to stop work due to pregnancy.*

Returning to Work

I will*/will not* be returning to work following maternity/ adoption leave.
(*Please delete as necessary).

If you do intend to return to work:

The date I intend to return to work:

I declare my intention to return to my employment for a minimum period of three months after the expiry of the maternity/ adoption leave, or such time as I am certified medically fit to do so.

For all staff:

I understand that I must give at least 28 days' notice in writing to my line manager should there be a change to the date that I intend to return to work.

For staff who have completed one year's NHS service immediately before the eleventh week before the expected date of confinement:

I understand that for any period I remain on maternity/ adoption leave beyond the first 39 weeks, this will be treated as unpaid leave. If after the end of the unpaid leave period I should fail to return to work for a minimum of three months, or where I intend to take employment with another NHS employer and fail to submit to my manager a copy of the letter of appointment within 15 months of the beginning of my maternity/ adoption leave, I shall be liable to refund the maternity/ adoption pay received less any statutory maternity pay to which I am entitled.

Sickness

I understand that if I have chosen to work beyond the eleventh week before the expected date of confinement and I am absent on account of a pregnancy-related illness after the fourth week before the expected date of confinement, my maternity leave will commence from the first day of absence.

However if I am sick during the above period and it is unrelated to pregnancy, I understand it shall be dealt with in accordance with the normal provision for sickness absence until the date agreed that I shall commence maternity leave.

If I am prevented from returning to work due to sickness, and I submit a medical certificate from a registered medical practitioner, or a self-certificate to cover absence from

- the date I have notified the Trust that I will be returning to work following confinement, or
- the date I and the Trust have agreed that I will return, or
- where no date has been notified or agreed, the first day following the maximum period of maternity leave to which I am entitled

I shall be entitled to sick leave in accordance with the normal sickness absence provisions.

Important Information

Unless you have indicated otherwise, the calculation for your maternity pay assumes that you will be returning to work following the birth of your child. Should you decide to resign from your post at any time prior to or during your maternity leave, you should do so in accordance with your Statement of Terms and Conditions of Employment.

*If you wish to return earlier than the date stated on this form you are required to give 28 days' notice in writing. As your maternity entitlement will vary in accordance with your decision, you are required to agree that **failure to return to work for a minimum period of 3 months following maternity leave will render you liable to refund the whole of your occupational maternity pay.***

Annual leave and bank holiday entitlement is accrued throughout your maternity leave. Annual leave accrued prior to maternity leave should be taken if possible before the

commencement of maternity leave. Any accrued annual leave (whether accrued before or during maternity leave) should be taken if possible immediately upon return from maternity leave. Annual leave is booked as per normal departmental policy and with the agreement of your line manager.

Declaration

I agree to the conditions contained within this document, and confirm that the information therein is correct to the best of my knowledge. I confirm that any previous service stated is both continuous and substantive and I understand that any overpayment due to error in this respect will be recovered by the Trust.

I agree to inform my line manager and the Human Resources Department if any of the information I have provided should change.

Signed:

Date:

The original certificate of Expected Confinement Form (MATB1) or equivalent from a registered medical practitioner or certified midwife should be attached to this form, giving your expected week of confinement. This is usually available from the 20th week of pregnancy. If you do want to delay sending this form to us, please send the MATB1 as soon as possible as this enables Payroll to claim your Statutory Maternity Pay.

Once completed, please send this form to hadmin@clch.zendesk.com

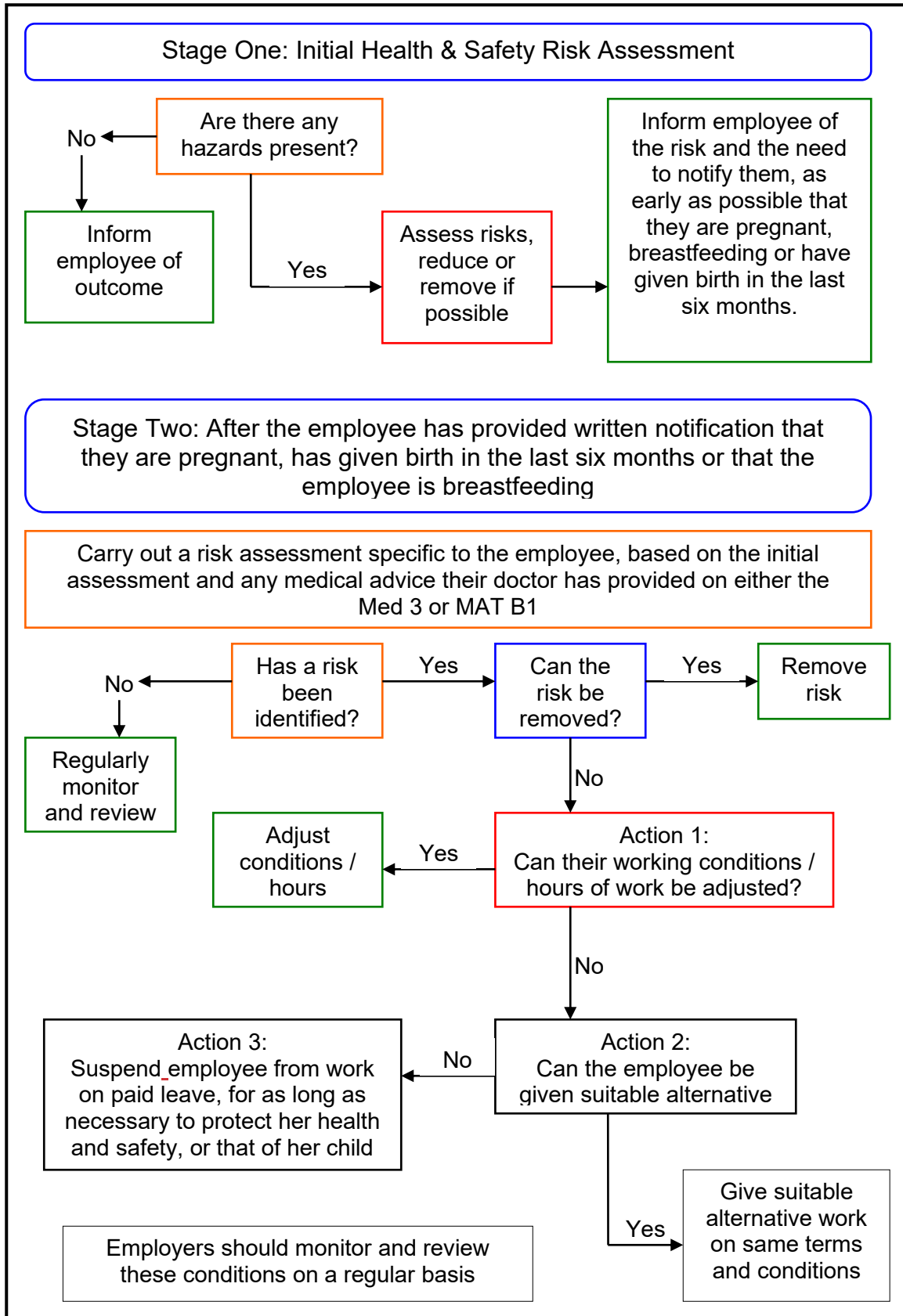
Appendix B: New and Expectant Mothers at Work Assessment

Serial	Patient Non-handling	Patient Handling	Non Clinical	Others e.g. Managers/Directors
a	b	c	d	e
1	<p>Assessment to be carried out on receipt of written notification by a GP or Registered Midwife that the employee is pregnant.</p> <p><i>Assessment to be completed by Line Manager and individual.</i></p>	<p>Assessment to be carried out on receipt of written notification by a GP or Registered Midwife that the employee is pregnant.</p> <p><i>Assessment to be completed by Line Manager and individual.</i></p>	<p>Assessment to be carried out on receipt of written notification by a GP or Registered Midwife that the employee is pregnant.</p> <p><i>Assessment to be completed by Line Manager and individual.</i></p>	<p>Assessment to be carried out on receipt of written notification by a GP or Registered Midwife that the employee is pregnant.</p> <p><i>Assessment to be completed by Line Manager and individual.</i></p>
2	<p>At least four-weekly (and alternating (see Serial 3 below)) on receipt of serial 1 above. Assessments may need to be more frequently should the individuals circumstances change or dictate.</p> <p><i>Assessment to be completed by Line Manager and Individual in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>At least bi-weekly (and alternating (see Serial 3 below)) on receipt of serial 1 above. Assessments may need to be more frequently should the individuals circumstances change or dictate.</p> <p><i>Assessment to be completed by Line Manager and Individual in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>At least four weekly and not later in frequency than 6 weekly if the individual has advised the Line manager of their confinement in the 'first Trimester'.</p> <p><i>Assessment to be completed by Line Manager and Individual in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>At least four weekly and not later in frequency than 6 weekly if the individual has advised the Line manager of Fire, Health and Safety Advisor or Manager of their confinement in the 'first Trimester'.</p> <p><i>Assessment to be completed by Fire Health and Safety Advisor or Manager and Individual in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>

Serial	Patient Non-handling	Patient Handling	Non Clinical	Others e.g. Managers/Directors
a	b	c	d	e
3	<p>Alternating every four weeks with serial 2 above, an assessment should be completed by the individual and colleague. *1</p> <p><i>Assessment to be completed by Individual and Colleague in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>Alternating every two weeks with serial 2 above, an assessment should be completed by the individual and colleague. *1</p> <p><i>Assessment to be completed by Individual and Colleague in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>Alternating with serial two above, an assessment should be completed by the individual and a colleague.</p> <p><i>Assessment to be completed by Individual and Colleague in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>	<p>At least four weekly and not later in frequency than 6 weekly if the individual has advised the Fire Health and Safety Advisor or Manager of their confinement in the 'first Trimester'.</p> <p><i>Assessment to be completed by Line Manager and Individual in accordance with serials 2 and 3 until the individual commences maternity Leave.</i></p>
4	<p>When the individual returns to work after giving birth, and is breast feeding, up to 6 months after the birth of the child.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual.</i></p>	<p>When the individual returns to work after giving birth, and is breast feeding, up to 6 months after the birth of the child.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual.</i></p>	<p>When the individual returns to work after giving birth, and is breast feeding, up to 6 months after the birth of the child.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual.</i></p>	<p>When the individual returns to work after giving birth, and is breast feeding, up to 6 months after the birth of the child.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual.</i></p>
5	<p>Assessments to be carried out every 4 weeks after the initial return to work assessment referred to in serial 4 above and up to six months after the return to work whilst the individual is still breast feeding.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual</i></p>	<p>Assessments to be carried out every 4 weeks after the initial return to work assessment referred to in serial 4 above and up to six months after the return to work whilst the individual is still breast feeding.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual.</i></p>	<p>Assessments to be carried out every 4 weeks after the initial return to work assessment referred to in serial 4 above and up to six months after the return to work whilst the individual is still breast feeding.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual</i></p>	<p>Assessments to be carried out every 4 weeks after the initial return to work assessment referred to in serial 4 above and up to six months after the return to work whilst the individual is still breast feeding.</p> <p><i>Assessment to be carried on return to work by Line Manager and Individual</i></p>

*1 Other occasions necessitating new, reviewed or more detailed assessments include, if significant changes in circumstances have arisen or there has been an accident, incident or event that may potentially affect the health, safety and welfare of the expectant mother and baby.

Appendix C: Flow Chart - New and Expectant Mothers Risk Assessment Tool



Appendix D: Clinical & Non-Clinical Assessment - New & Expectant Mothers

A. Clinical patient and non-patient handling assessment of new and expectant mother

Name: _____ Department: _____

Job Title: _____ Base: _____

Line Manager: _____ No of weeks of pregnancy (gestation)/No: of weeks after baby's birth (post-Partum): _____

*If the employee has health problems as a result of her pregnancy, it is appropriate to refer her to Employee Health.
If the employee is expressing milk, suitable facilities to carry this out and store the milk will need to be provided.*

Hazard	Risk		Possible solution
	Yes	No	
1. For expectant and new mothers who have had a caesarean section: Does the job involve: <ul style="list-style-type: none"> • Reaching? <input type="checkbox"/> • Stretching? <input type="checkbox"/> • Repetitive Twisting? <input type="checkbox"/> • Lifting/carrying loads? <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	Can a mechanical aid be used? Can the task be adapted or automated? Avoid this part of the job or reduce the length of time spent doing it. Can colleagues offer help with loads? Consider redeployment This will apply for a minimum of 3 months post delivery
2. For expectant mothers: 2. Does the job involve: Standing for long periods? Static Postures?	<input type="checkbox"/>	<input type="checkbox"/>	Rotate the individual into other tasks and roles. Can the individual alternate between standing and sitting to perform the task? Can the frequency of breaks be increased? Reduce the length of time spent undertaking the task. Consider redeployment
3. For expectant and nursing mothers: Is the persons exposed to: <ul style="list-style-type: none"> • Non - ionising radiation <input type="checkbox"/> • Ionising radiation <input type="checkbox"/> During work processes they are exposed to? e.g. X-ray/Lasers	<input type="checkbox"/>	<input type="checkbox"/>	Unless a local procedure document specifies guidance follow the Ionising Radiation Policy and contact FHS for advice: Avoid and/or redeploy the worker away from the process This will apply until the woman is no longer breast-feeding her child.
4. For expectant and nursing mothers: Do the work processes involve working with/in extremes of temperature? (i.e. hot or cold environments)	<input type="checkbox"/>	<input type="checkbox"/>	Avoid prolonged exposure to extremes of temperature Offer additional warm clothing for cold temperatures, Provide rest facilities and access to refreshments, and (warm) meals. Consider redeployment This will apply until the woman is no longer breast-feeding her child.
5. For expectant mothers:	<input type="checkbox"/>	<input type="checkbox"/>	Avoid prolonged exposure to noise, use PPE and noise reduction methods as recommended by Noise at Work Regulations.

Hazard	Risk		Possible solution
	Yes	No	
Is the person exposed to high volumes of noise e.g. 85dB (A) or more?			Provide quiet rest facilities. It is best to avoid noise exposure in pregnant staff completely, therefore consider temporary redeployment as best option.
6. For expectant mothers: Is the person exposed to shocks and vibration? Low frequency vibration Whole body vibration Single shocks (e.g. blow to stomach from attack or assault)	<input type="checkbox"/>	<input type="checkbox"/>	A separate risk assessment should be undertaken for staff at risk from assault. Follow guidance from the Lone Worker Policy. Avoid exposure to shocks and vibration. Consider redeployment as best option.
7. Is the person working at heights/ confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	Avoid working at heights/confined spaces in later stages of pregnancy i.e.5 months onwards or before if the employee feels unable. Consider redeployment as best option.
8. For expectant and nursing mothers: Is the employee working with Chemical Agents or Biological agents? e.g. Micro-organisms Bacteria and Viruses Chemicals used in a laboratory or in clinical activity e.g. Thinprep Please name the agents (and possible route of entry to the body), the employee/person is exposed during her work.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Refer to local guidance and COSHH Assessments and Policy. It is best to eliminate the hazard all together, for the benefit of all workers. Where this is not possible each substance is subject to risk assessment. The control measure will depend on the risk assessment recommendations. Consider reducing the length of exposure, redeployment, and mechanical processes to reduce human exposure/adapting the task. If in doubt avoid exposure and refer to the Material Safety Data Sheet (MSDS) for substance use, handling and emergency action if unduly exposed. Chemicals used by the worker: This will apply until the woman is no longer breast-feeding her child.
9. Does the worker feel isolated or distressed by work	<input type="checkbox"/>	<input type="checkbox"/>	Encourage the employee to discuss the issues with her line manager to find resolution. Refer to Employee Health.
For new mothers: 10. Does the employee work hours that are causing her to feel fatigued?	<input type="checkbox"/>	<input type="checkbox"/>	Adjust working hours temporarily. Adjust/alter shift patterns Increase frequency of rest breaks. Avoid night shifts (however staff may prefer to continue working at nights if this is 'normal'). This is temporary to enable new mothers to readjust back into the work role

Hazard	Risk		Possible solution
	Yes	No	
For new mothers: 11. Does the employee undertake travelling or driving for large parts of her working day?	<input type="checkbox"/>	<input type="checkbox"/>	Adjust working hours temporarily. Adjust/alter shift patterns. Increase frequency of rest breaks. Avoid night shifts. Encourage the employee to discuss the issues with her line manager to find resolution. This is temporary to enable new mothers to readjust back into the work role

Hazards noted	Recommendation for Action	Date for Review

This section completed by:

Signature			
Name		Date	
Position		Base	
Employee Signature		Date	

B. Non Clinical Assessment of New and Expectant Mother

Name: _____ **Department:** _____
Job Title: _____ **Base:** _____
Line Manager: _____ **No of weeks of pregnancy (gestation)/No of weeks after baby's birth (post-partum):** _____

If the employee has health problems as a result of her pregnancy or labour, it is appropriate to refer her to Employee Health.

If the employee is expressing milk, suitable facilities to carry this out and store the milk will need to be provided.

Hazard	Risk		Possible solution
	Yes	No	
1. For mothers who have had a caesarean section: Does the job involve: <ul style="list-style-type: none"> • Reaching? • Stretching? • Repetitive Twisting? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Can a mechanical aid be used? Can the task be adapted or automated? Avoid this part of the job or reduce the length of time spent doing it. Can colleagues offer help with loads? Consider redeployment

Hazard	Risk		Possible solution
	Yes	No	
<ul style="list-style-type: none"> Lifting/carrying loads? 			This will apply for a minimum of 3 months post delivery
2. For expectant mothers: Does the job involve: <ul style="list-style-type: none"> Standing for long periods? Static Postures? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Rotate the individual into other tasks and roles. Can the individual alternate between standing and sitting to perform the task? Can the frequency of breaks be increased? Reduce the length of time spent undertaking the task. Consider redeployment
3. Do the work processes involve working with/in extremes of temperature? (i.e. hot or cold environments)	<input type="checkbox"/>	<input type="checkbox"/>	Avoid prolonged exposure to extremes of temperature Offer additional warm clothing for cold temperatures, Provide rest facilities and access to refreshments, and (warm) meals. Consider redeployment
4. Is the worker exposed to high volumes of noise e.g. 85dB (A) or more?	<input type="checkbox"/>	<input type="checkbox"/>	Avoid prolonged exposure to noise, use PPE and noise reduction methods as recommended by Noise at Work Regulations. Provide quiet rest facilities. It is best to avoid noise exposure in pregnant staff completely, therefore consider temporary redeployment as best option.
5. For expectant mothers: Is the worker exposed to shocks and vibration? <ul style="list-style-type: none"> Low frequency vibration Whole body vibration Single shocks (e.g. blow to stomach from attack or assault) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A separate risk assessment should be undertaken for staff at risk from assault. Avoid exposure to shocks and vibration. Consider redeployment as best option.
6. Is the employee working at heights/ confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	Avoid working at heights/confined spaces in later stages of pregnancy i.e.5 months onwards or before if the employee feels unable. Consider redeployment as best option.
7. Does the worker feel isolated or distressed by work	<input type="checkbox"/>	<input type="checkbox"/>	Encourage the employee to discuss the issues with her line manager to find resolution.
8. For expectant and nursing mothers: Is the persons possibly exposed to: <ul style="list-style-type: none"> Non - ionising radiation Ionising radiation During their work e.g. X-ray / Lasers (Dental Receptionist)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Unless a local procedure document specifies guidance: Avoid and/or redeploy the worker away from the process This will apply until the woman is no longer breast-feeding her child.

Hazard	Risk		Possible solution
	Yes	No	
<p>9. For expectant and nursing mothers: Is the employee working with chemical and biological Agents?</p> <p>e.g. Alcohol hand gel, handling specimens</p> <p>Please name the agents (and possible route of entry to the body) that the woman is exposed to in the course of her work.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Refer to local guidance and COSHH Assessments. It is best to eliminate the hazard all together, for the benefit of all workers. Where this is not possible each substance is subject to risk assessment. The control measure will depend on the risk assessment recommendations.</p> <p>Consider reducing the length of exposure, redeployment, and mechanical processes to reduce human exposure/ adapting the task.</p> <p>If in doubt avoid exposure. and refer to the Material Safety Data Sheet (MSDS) for substance use, handling and emergency action if unduly exposed.</p> <p>Chemicals used by the worker: This will apply until the woman is no longer breast-feeding her child.</p>
<p>10. For new mothers: Does the employee/person work hours that are causing her to feel fatigued?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Adjust working hours temporarily. Adjust/alter shift patterns Increase frequency of rest breaks. Avoid night shifts (however staff may prefer to continue working at nights if this is 'normal').</p> <p>This is temporary to enable new mothers to readjust back into the work role</p>

Hazards noted	Recommendation for Action	Date for Review

This section completed by:

Signature			
Name		Date	
Position		Base	
Employee Signature		Date	

Appendix E: Continuous Service for Eligibility for Maternity Leave and Pay

For the purposes of calculating whether the employee meets the twelve months' continuous service with one or more NHS employers, the following provisions shall apply:

- (i) NHS employers includes health authorities, NHS Boards, NHS Trusts, Primary Care Trusts and the Northern Ireland Health Service
- (ii) a break in service of three months or less will be disregarded (though not count as service)

The following breaks in service will also be disregarded (though not count as service):

- (i) employment under the terms of an honorary contract
- (ii) employment as a locum with a general practitioner for a period not exceeding twelve months
- (iii) a period of up to twelve months spent abroad as part of a definite programme of postgraduate training on the advice of the Postgraduate Dean or College or Faculty Advisor in the speciality concerned
- (iv) a period of voluntary service overseas with a recognised international relief organisation for a period of twelve months which may exceptionally be extended for twelve months at the discretion of the employer which recruits the employee on her return
- (v) absence on an employment break scheme in accordance with the provisions in Section 36 of Agenda for Change/NHS Terms & Conditions of Service Handbook
- (vi) absence on maternity leave (paid or unpaid) as provided for under this agreement

Employment as a trainee with a General Medical Practitioner in accordance with the provisions of the Trainee Practitioner Scheme shall similarly be disregarded and count as service.

Appendix F: Confirmation of Maternity Meeting - Checklist

The following was discussed:

1. Risk Assessment

- Has one been done? See appendices B and C.
- Has it been acted upon if appropriate?

2. Dates

- earliest & latest dates to begin mat leave
- earliest & latest dates to return
- sickness 4 weeks before EDC & onwards
- what happens if baby in hospital – split mat leave

3. Application for maternity leave and declaration of intent form

- complete and sign form (must receive this in HR at least 28 days before maternity leave due to start)
- sign & return Confirmation of Maternity Meeting form
- failure to do this = possible loss of entitlements
- manager must submit Position Change Form according to payroll cut off dates (must state start date of maternity leave, not start date of leave inclusive of any annual leave taken prior to maternity leave)

4. MATB1

- is available from midwife or GP approximately 14 weeks before EWC
- must be received by HR no later than 28 days before maternity leave due to start
- failure to comply = possible loss of entitlements

5. Pay

- entitlements (if leaving, if returning)
- pension (refer to Pensions Officer), trade union (refer to Trade Union Rep.), benefits including salary sacrifices.
- any other deductions to be covered whilst on maternity leave

6. Annual Leave

- annual leave accrues during maternity leave
- only carry over 5 days annual leave to next leave year (pro rata for part-time staff)
- if returning to work on reduced hours following maternity leave, this will reduce annual leave entitlement; requiring pay back of any excess annual leave taken

7. During Maternity Leave

- not required to maintain contact with Line Manager (unless returning early) but would be helpful to retain contact so that necessary paperwork and arrangements can be made for return

- required to give 28 days' notice in writing if staff wishes to return before intended end of maternity leave
- failure to comply with requirements = possible loss of right to return

8. Return to Work

- return under original contract and on no less favourable terms and conditions
- may agree part-time work with Line Manager (speak to Manager at earliest opportunity) – have right to request change in working pattern but decision will be made on basis of service requirements
- may return to another NHS organisation on permanent basis without need to reimburse mat pay but must provide evidence of appointment to another NHS organisation within 3 months of return date
- failure to return – must repay part of money paid during leave
- manager must submit Position Changes Form according to payroll cut off dates and no later than employee's first day back at work from maternity leave (must state return date after maternity leave & prior to any date annual leave starts after maternity leave)

9. General Points

- ante-natal care – entitled to time off for ante-natal appointments and classes – manager has right to ask to see appointment card
- Health & Safety discussed
- Parental Leave – as per guidelines in Parental Leave Policy
- KIT days
- Breastfeeding Policy
- Tax free childcare

Signed at completion of Maternity Meeting:

Employee:

Print Name:

Date:

Once signed, please send this form to hadmin@clch.zendesk.com.

Appendix G: Further Information

Health and Safety issues:

- HSE's Infoline: 0845 345 0055
- HSE website: www.hse.gov.uk
- CLCH Health & Safety Manager
- Local Trade Union Health & Safety Representative

Human Resources Issues and help on policies and procedures

- Your HR Business Partner, HR Advisor or HR Admin

Maternity Rights issues:

Time off work for antenatal care

Maternity leave

Maternity Benefits issues:

Statutory Maternity Pay

Maternity Allowance

Contact Department for Work and Pensions (DWP) Public Enquiry Office:

Website: www.dwp.gov.uk

Protection against unfair treatment or dismissal:

See the Department of Trade and Industry's (DTI) interactive guidance website

www.direct.gov.uk Dept of Trade & Industry - www.dti.gov.uk

Advice on employment law matters and good practice is available from offices of the Advisory, Conciliation and Arbitration Service

(ACAS: www.acas.org.uk.)

Local Benefits Agency (Job Centre)

NHS Terms & Conditions Handbook

Appendix H: Monitoring and Auditing Compliance

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Service Director – HR (Capita Employee Solutions)	<p>The implementation and the operation of the policy and procedure. This will include a report looking at:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Numbers of applications <input type="checkbox"/> Complaints, with trends and themes <input type="checkbox"/> Learning from complaints <input type="checkbox"/> Learning from the operation of the policy/ procedure. <input type="checkbox"/> Any amendments to be made to the policy 	Audit	Annually	Workforce Committee	Amendments made to the policy to clarify requirements and process: flows more chronologically, and information on IVF and surrogacy and an application form were included. Duties and KIT information were expanded and the risk assessments revised.

Appendix I: Equality Impact Assessment

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact, how we can reduce that impact.

<p>PROCEDURAL DOCUMENT TITLE Maternity and New Parents Policy</p>
--

<p>Who will be affected by implementation of the procedural document</p>

E.g. Staff, patients, carers etc.

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			The policy allows for new parents to care for their baby. The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
People of different religions / beliefs		X		The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
People with disabilities (physical, sensory or learning).	X			The policy provides for reasonable adjustments. The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
People from different ethnic groups		X		The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
Men or women	X			The policy provides a childcare opportunity to new parents. The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
Transgendered people		X		The policy applies to expectant and new parents. The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
People who are gay, lesbian, and bi-sexual		X		The policy applies to expectant and new parents. The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.

Refugees and asylum seekers		X		The policy will be reviewed in 3 years or earlier if there is a change in legislation that has an impact on the content.
Peoples marital status (including civil partnership)	X			The policy applies regardless of relationship status.
Pregnancy and maternity(how will the policy affect women who are pregnant or related maternity needs)	X			The policy provides for pregnant people and new parents.
Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)				
Any other group likely to affected by this policy (e.g. people on low income, homeless etc.)				
2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions. See sections 6 and 7 in the policy.			
3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? No			

Signed for team / working group:

Name: Liz Lubbock

Date: 05/02/18

Name: Leelasoma Balachandre, Equalities Lead for Unison

Date: 05/02/18

TITLE: Orientation (Induction and Probation) Policy
VALID FROM: June 2018
EXPIRES: May 2022
REFERENCE: WFC 48

This document expiry date has been extended to May 2022 as per approval by the Policy Ratification Group in March 2022.

This document replaces the previous version of the Induction Policy



Version:	2.0
Policy reference and description of where held.	WFC 48 Intranet – Policies
Title, name and contact details for author:	Kate Hollingworth, HR Graduate Trainee 020 8102 4246, kate.hollingworth1@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People and communications 02081024329, louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group	ELT, 13 February 2018 Partnership forum on 12 th March 2018 Modelling the way on 14 th May 2018.
Ratified by Policy Ratification Group:	11 th June 2018
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	1 June 2021
Target audience	All staff recruited by CLCH

Version Control Sheet

Version	Date	Author	Status	Comments
0.1	30.09.2014	Marcia Daley	Draft	Policy created as a standalone policy
1.0	28.02.2015	Marcia Daley	Final	Policy finalised to incorporate comments of PRG
1.1	30.05.2018	Kate Hollingworth	Draft	Policy revised and updated to reflect current national best practice & legislation
2.0	27.06.2018	Kate Wilkins	Final	Minor changes made post June PRG.

CONTENTS:

Section		Page
1	Introduction	5
2	Aims and objectives	5
3	Definitions (explanation) of terms used	6
4	Duties	7
5	Orientation procedure	9
5.1	Recruitment	9
5.2	Rejoining	9
5.3	Welcome day and Induction Training	10
5.4	Local Induction Checklist (week one)	10
5.5	Statutory and mandatory training	11
5.6	Induction for bank staff	11
5.7	Induction for Agency/Locum/Temporary staff	12
5.8	Additional Induction Training for Managers	12
5.9	The mid review meeting	12
5.10	The final review meeting	13
5.11	Interaction with other policies and procedures	15
5.12	Extensions	15
6	Consultation	17
7	Approval and ratification	17
8	Dissemination and implementation	17
9	Archiving	17
10	Training	17
11	Monitoring and auditing compliance with this document	18
12	Review arrangements	18
13	Associated documentation	18
14	References	19

15	Appendices	19
	Appendix A: Equality Analysis for Policies – Screening form	20
	Appendix B: Compliance monitoring	21
	Appendix C: Local induction checklist - Bank and agency	22
	Appendix D: Orientation Pack	24

1. Introduction

Central London Community Healthcare NHS Trust (CLCH) recognises the importance of ensuring that all new staff begin their employment with the organisation in a positive and supportive environment. The way in which staff are welcomed, informed and integrated will have an effect on the rest of their stay in the organisation.

Newly employed members of staff, existing staff members taking on a new role and staff returning from extended leave are integrated into the organisation through the orientation period. The length of the orientation period is six months and it encompasses the induction and probationary processes. Employment at the Trust is subject to satisfactory achievement in the first 6 months.

These guidelines are designed to inform managers and new members of staff of the procedure to be followed in order to support the successful completion of the orientation period. The process provides a structured introduction to ensure that all staff have the knowledge and skills necessary to perform their role safely, gain an understanding of the organisation's culture, values and strategic objectives, and can identify appropriate behaviour for success.

2. Aims and objectives

The purpose of this policy is to clearly outline the organisational process for the orientation period for all staff. It details the monitoring arrangements in place to ensure compliance with the organisations target of 95% completion of the orientation period checks in the orientation pack.

The orientation period is a two-way process. The objective is to ensure that new employees quickly settle into their new role and to encourage clarification of the duties and responsibilities of the job. It is an opportunity for both the employee and the line manager to assess if the employee is suitable for the role. The process ensures they receive appropriate assistance to help them become component in their new role and where applicable for band 1-4 staff, with care certificate requirements.

This framework provides an opportunity for new staff members and their line managers to identify any training and development needs. Any problems or difficulties that arise during the first six months of employment must be discussed between the manager and the employee in an open and supportive manner in regular 1:1s. Employees must be given the opportunity to improve their performance/conduct, to state their development or training needs and be provided with any additional support or training that can be identified to assist in this, so the difficulties can be effectively overcome. This policy provides a process to end employment fairly and consistently at a point where it becomes clear that no further training or support would allow the employee to reach the required standards.

This policy applies to all staff employed by CLCH, both permanent and temporary, part time and shift workers, (including bank, secondments, locum, interims, volunteers, students, fixed term contractors and work experience placements with minimum of 6 months).

The orientation period ensures that the organisation complies with legislation and other statutory requirements e.g. Race Relations (Amendment) Act, Health and Social Care Act (Hygiene Code) 2008, Care Quality Commission (CQC) Registration Regulations, Data Protection Act, NHS Litigation Authority.

This framework aims to ensure that, in line with the Equality Act 2010 and CLCH's Equality and Diversity Policy, no employee receives less favourable treatment on the grounds of age, disability, race, gender, pregnancy and maternity status, religion and spiritual belief, sexual orientation, gender reassignment, marriage and civil partnership status.

The Trust values and behaviours are a set of guiding principles, developed through extensive consultation that help staff to consistently deliver high quality care and they are used alongside Trust policies. The Trust values and behaviours are:

- we put quality at the heart of everything we do;
- we value our relationships with others;
- we deliver services we are proud of;
- and we make a positive difference in our communities.

3. Definitions and explanation of any terms used.

“Local Induction” is the workplace part of the induction process which is tailored for the individual's role and which reinforces the Trust values.

New Starter: refers to any person who takes up a role with CLCH to deliver services. Staff already employed who are promoted or appointed to a different post do not fall within the scope of the framework. Different arrangements are also in place for staff who are redeployed to a post in the Trust. For these staff, the trial redeployment period provisions set out in the Change Management Policy will apply.

Orientation: is the process in which a new member of staff is supported to have a good start to their employment by informing them about the Trust, working arrangements and their role. This encompasses both the local induction and probation period. Orientation starts before the member of staff joins the Trust and ends when the final review meeting has been completed and signed off.

Orientation Pack: is the pack which contains resources required for the orientation period. This includes a flow chart of the process, induction checklists, templates and reports. This is in the Trust Welcome booklet given out at the Welcome day, in this policy and available on the hub.

Preceptee - A newly qualified health professional undergoing training with a preceptor.

Preceptorship - a structured period of transition for the newly qualified nurse, midwife or allied health professional when they start employment in the NHS

Probation Framework: is the 6 month period in which both the new starter and line manager can assess if the role is the 'right fit' for them. The main stages in this framework are the mid review meeting and final review meeting.

Welcome day: is the face to face Trust corporate induction to make new staff feel welcome and part of the Trust. This provides staff with key information about the Trust and introduces staff to the Trust's vision and aims, and the values.

4. Duties

Employees

- Must attend the Trust welcome day and complete all relevant stat man training
- Must complete the relevant checklists in the orientation pack with their manager according to the flow chart in the orientation pack in Appendix D.
- Bring any concerns to the attention of their manager at the earliest opportunity. Staff can seek advice about this from staff representatives and from human resources.
- Attend and actively participate in meetings with their manager regarding their progress, and in the identification of additional support or development opportunities that may benefit them, with reference to the KSF outline for their post.
- Acknowledge issues of poor performance and endeavour to improve on the problem areas identified.

Line managers

- Must complete the checklists in the orientation pack with their new starter according to the flow chart in the orientation pack in Appendix D.
- Clearly explain the probationary framework to new employees in their first week of commencing work, clarifying how performance will be monitored and what their expectations of the employee are regarding their ability to carry out their duties and responsibilities.
- Ensure that, if an employee has disclosed a disability or long-term condition, they are provided with reasonable adjustments to undertake their role. Reasonable adjustments could be providing equipment, parking facilities where possible, modifying instructions, information or procedures for testing or assessment of competences. Please see the Disability Policy and Code of Practice or seek advice from the Equality and Diversity Team if required.
- Plan for all required orientation meetings during week 1 meeting. This will allow staff members time to arrange for a representative to accompany them to the final review meetings if they wish.
- Arrange regular meetings (no less than one a month) with new members of staff to facilitate two-way discussions regarding their performance, and provide the new employee with appropriate support, advice and guidance.
- Encourage the employee to seek advice or help with problems.
- Assist the new employee in developing the necessary competences, for example, attending pressure ulcer training; behaviours and conduct at work; completing the Care Certificate if the employee will be providing direct care to patients and clients; and identifying any training or development opportunities that will assist them in carrying out their role. This must be done with reference to the KSF outline for the employee's post and any other competency framework.
- Provide feedback at the earliest opportunity if the line manager considers the employee's progress to be unsatisfactory and explain what the employee needs to do in order to remedy this. Feedback on positive aspects of performance will also be shared.
- Take advice from the relevant HR Adviser if an employee is experiencing difficulties at the mid review stage.

Chief Nurse and Chief Operating Officer

- Ensure the provision of an effective and relevant induction programme for staff, ensuring that it meets the necessary legal requirements and standards.

The Learning Development team

- Organising the full induction programme, monitoring and recording completion.
- Monitoring compliance of core skills, stat man training and the welcome day, sending a report to the Director of Nursing and Therapies; Director of Nursing Patient Experience and Education and CBU Managers at 2, 5 and 6 months.
- Setting up new employees on ESR and providing usernames and passwords.

Human Resources (HR) department

- The Trust HR Capita team is responsible for maintaining the supervisory structure on ESR following instruction from managers.
- The Trust HR Capita team is responsible for setting up new bank workers on ESR and providing usernames and passwords.
- The Workforce Information Team are responsible for linking smartcards to new starters records in ESR as required for the human resources team.
- Provide advice to employees and line managers as required
- Organise the Welcome Day
- Monitoring compliance with the probation/orientation compliance, following up with managers and escalating as required.

The Recruitment team

- Recruitment will send managers a copy of the job description and orientation policy for discussion with the new member of staff.

The IMT team

- Ensure that all new starters the required access to the electronic systems that they require in order to be effective in their roles following instruction from the new starter's manager.

The Employee Health team

- Oversee the health of new starters joining the organisation.

Informal buddy

- Be a point of contact for the new employee
- Provide informal support and guidance; typical tasks might include:
 - showing the new starter around the building
 - pointing out catering or other facilities
 - accompanying the new starter to lunch on their first day
 - introducing the new starter to people they are likely to meet around the office.

5. Orientation Period

5.1 Recruitment

When a new member of staff is recruited, they must receive a job description that states the post is subject to the probationary framework. The orientation period, particularly the probation elements must also be discussed with candidates at interview. Reference to orientation periods will be detailed in offer letters and contracts of employment.

5.2 Pre-joining

- The manager completes pre-joining checklist in the orientation pack before employee starts so everything is ready for their first day. The line manager's role flow chart can be found at Appendix D.
- The manager completes the timetable for the new employees first week, including, if relevant, visit to key people including people from other departments with whom they will be working closely or who will help them to understand their new role.
- Informal buddy is appointed and agrees to support the new starter.

5.2.1 Informal buddy

A buddy is usually an experienced employee on the same or similar band as the new starter, preferably in a similar type of role. They must ideally be in the same team or department as the new starter, though in the case of small departments, this may not necessarily be the case. A buddy will be a member of staff who has agreed to be a point of contact for a new member of staff and who can provide informal guidance and encouragement during their first few weeks of employment at CLCH. The relationship must be supportive but casual. The manager is responsible for appointing an informal buddy before the new employee commences work. The role of the buddy is not to provide management, and the buddy must direct the new employee to their line manager in the case of any issues.

5.2.2 Mentoring and Coaching

Mentoring is a powerful personal and career development tool that focuses on themes such as career development, organisational knowledge and policy. It is the giving and sharing of advice and experience in discussion with a more experienced individual outside the line management chain.

Workplace coaching is an interactive process that encourages individual learning and development towards high performance in a job role and the achievement of personal goals. It is provided through a planned series of one-to-one meetings with a professionally qualified coach.

Coaching and mentoring opportunities are free and available to all. Managers must have a conversation with new members of staff exploring whether having a mentoring relationship or coach would be beneficial. If so, the manager must contact Caroline Clarke (caroline.clarke20@nhs.net) for more information and to arrange these relationships.

5.3 Welcome day and Induction Training

New staff must attend the welcome day at the earliest opportunity. These run on a Monday and Tuesday on the 2nd and 4th weeks of every month at Parsons Green and Edgware Community Hospital. The schedule can be found [here](#) or by searching trust welcome day on the hub.

The **Welcome 2 Day** covers an introduction to the trust, patient experience and safety and learning and development. The afternoon provides an opportunity for Employee Health Checks for the necessary staff, and a variety of market stalls for new employees to meet different teams, including Union and Staff Representatives, Freedom to Speak up Guardians, Infection Prevention, Quality Team, IT and HR, Shared Governance Quality Councils.

The second day is for clinical staff and covers:

- Safeguarding Children - Level 2
- Infection Prevention & Control - Level 2
- Resuscitation (BLS Adults) - Level 2

Attendance at the welcome day and induction training will be recorded in ESR. Employees must attend the induction training day (if relevant) and welcome day within three months of starting. If the employee has not attended the welcome day by the final review meeting (at 6 months) then they will not pass their probation period.

5.4 Local Induction Checklist (week one)

Local induction is arranged by the service/department in which the new starter will be working. A local induction provides the new starter with an insight into the service area or department in which they will be working. This includes the working arrangements, rules and practices, including safe use of equipment, and local fire, health and safety and risk management arrangements.

- The checklist in the orientation pack has been developed to help managers take a structured approach to this process.
- Using the checklist, the new starter and manager will map their compliance for stat man training; local job specific mandatory training, identify gaps and book on to the relevant training via ESR/OLM.
- Set objectives for the employee based on the job description and KSF. These will be discussed at the mid-review meeting and final review meeting.
- Use the checklist and regular 1:1s as a trigger to identify risks such as non-compliance with stat man training.
- When the checklist is fully completed, it must be discussed at the two months probationary review meeting with the new starter. The mid-review meeting report must be submitted by the line manager to HR Advisors/saved in the share point. A copy must also be saved in line manager's files.
- Apprentices may need extra support, please refer to the Apprenticeship policy.

NB: Each service must have a local induction specific to the area, to include essential policies and procedures applicable to the role.

5.5 Statutory & Mandatory Training

Completing statutory and mandatory training is an essential part of the orientation process. All new starters must receive a statutory and mandatory training booklet. They must complete this, attend any other relevant statutory and mandatory training and attend any other face to face training required.

All new starters must complete their core skills training within two months and statutory and mandatory training within six months of starting. Staff cannot pass their probation period until they have completed all relevant statutory and mandatory training.

The Head of Learning and Development will provide a list of staff that at 2, 5 and 6 months are non-compliant to CBU managers and the Director of Nursing and Therapies.

At the mid reviewing meeting (at 2-3 months), staff must be reminded of any training they have yet to complete or arrange. They must be informed that they cannot pass their probation period until they have completed all relevant statutory and mandatory training. An action plan may be developed in order to ensure the new employee completes the training within six months of them starting. Their progress against this plan must be monitored in 1:1s.

If at the final review meeting it is identified that a staff member has not completed all their relevant training, and then a similar process to section 5.3 of the Statutory and Mandatory Training Policy will be followed. The probationary period will be extended for four weeks, in which staff must organise or complete training. The staff member must be informed that if they do not organise or complete their training in this four week period, a formal meeting will be arranged with their line manager and DDO and formal action considered in line with the Trust Disciplinary Policy.

During this meeting, the manager will also assess if the member of staff can carry out all aspects of their work safely and within regulatory requirements pending completion of training. If it is not possible for a staff member to continue working, they will be assigned temporarily to an alternative role from within the Trust's establishment and be paid the relevant rate of pay for that role. This will remain in place until compliance is achieved.

Please read in conjunction with the ***Statutory and Mandatory Training Policy***. Statutory and mandatory compliance matrix can be found at the hub/ourteams/learning/Pages/ESR-Learning.aspx

5.6 Induction for Bank staff

All new Bank workers registered via the Bank must complete the statutory and mandatory training booklet and the Trust welcome booklet. The line manager must complete the Temporary Staff Induction checklist (Appendix C) with all bank staff and hold the record in their department.

5.7 Induction for Agency/Locum/Temporary staff

As a minimum the line manager must complete the Temporary Staff Induction checklist (Appendix C) with all agency/locum/temporary staff. It is the responsibility of the local line manager to ensure that the induction of agency/locum/temporary staff is recorded and held in their department.

5.8 Additional Induction Training for Managers

New Line Managers (externally recruited or acting up into management posts), plus management secondments of 6 months or more must also attend the following management training courses as part of their induction to the organisation:

- Recruitment and Selection
- Appraisal and Personal Development Planning for managers
- Managing Sickness Absence
- Managing Grievance, Disciplinary and Capability
- Risk Management/Assessment for Managers
- Budget Management (if managing a budget)
- Managing Performance

5.9 The Mid Review Meeting

When a new member of staff has been employed by the Trust for approximately two to three months, the line manager will invite them to a formal meeting to discuss their progress. This meeting must be planned well in advance.

At the meeting, a two-way discussion will take place between the employee and the line manager which will cover the following areas:

- Job specification requirements.
- Ability to grasp the main elements of the job.
- Ability to establish and maintain professional relationships with colleagues / other people, for example, showing respect for their role and responsibilities, showing an understanding and taking account of their priorities, and communicating clearly.
- Trust induction programme including all statutory and mandatory training
- Progress with and completion of the Care Certificate, where applicable. The expectation is that this will usually be completed within the first 3 months of employment in the role.
- Absence/attendance and time-keeping.
- The meeting will also provide a further opportunity for the identification of additional support or training that can be provided to allow any initial difficulties to be overcome, and to assist training and professional development with reference to the post's KSF outline. After the meeting, the manager will complete the mid-review report in the orientation pack (Appendix D) taking into account any comments made by the employee. The report must encompass an assessment of the employee's performance and must NOT be an account of the discussion.

5.9.1 Satisfactory Progress at the Mid Review Stage

If the manager is satisfied with the progress of the employee at the mid review stage, they must highlight 'YES' at the end of the mid review report section to indicate that the employee is meeting the required standards and give a copy to the employee. The employee is required to sign the report to confirm that they have seen it and return a copy to their manager. If the employee wishes, they can submit written comments to be attached to the report.

The formal final review meeting will then be confirmed to take place no later than six months after commencement in post. The employee will again be given the opportunity to be accompanied by a trade union representative or workplace colleague employed by this Trust.

During the next three months, the employee will continue to meet with their manager to discuss their on-going developmental needs. These meetings must involve two-way discussions regarding the progress and performance of the employee. The performance of the employee will continue to be monitored throughout the probationary period.

5.9.2 Unsatisfactory Progress at the Mid Review Stage

The manager may decide, after considering the employee's comments at the meeting, the employee is failing to meet the required standards in any of the areas set out in Section 5.10. Any difficulties must be thoroughly discussed, although the continuous assessment process will mean that none of the issues under discussion must come as a surprise to the employee. In cases where the manager has concerns, they must identify these in the report and highlight 'NO' at the end of the mid review report section to indicate that the employee is not currently meeting the required standards. The employee is required to sign the report to confirm that they have seen it and return a copy to their manager. If the employee wishes, they can submit written comments to be attached to the report. The relevant manager must be sent a copy of the report. The line manager must take advice from the appropriate HR Adviser at this stage.

Measurable objectives will be agreed with the employee to cover the next three months, and monitored, with appropriate training and guidance identified and provided to support the necessary improvement in performance. The manager must document these and keep records of any monitoring. Examples of possible training and guidance options are coaching, mentoring and access to the staff counselling services. "Guidance on How to Write Effective Objectives" is available in the Learning Zone on the Trust's intranet.

If the employee is required to complete the Care Certificate and it has not been completed successfully, an action plan must be devised and implemented to support its achievement.

5.10 Final Review Meeting

The employee will again be given the opportunity to be accompanied by a trade union representative or work colleague employed by this Trust. At the final review meeting the areas set out in section 5.10 of this document will again be assessed. Initial objectives, plus any objectives that were set at the mid review meeting will be reviewed and discussed together with the employee's overall performance and an assessment made as to whether the employee has met the required standards in carrying out the duties and responsibilities of the job description.

The employee must have attended the trust welcome day, completed all relevant statutory and mandatory training and completed the Care Certificate (where applicable) to complete their orientation.

5.10.1 Satisfactory Progress at the Final Review Stage

If the manager is satisfied with the employee's performance over the last three months, positive feedback must be given, particularly where improvements have been made. The manager will complete the report once the discussion with the employee has taken place, and 'YES' highlighted in the final review report to indicate that the employee has passed the probationary period (Appendix D).

Again the employee will be required to sign the report and a copy is to be given to the relevant manager. If the employee wishes, they can submit written comments to be attached to the report. The employee must be congratulated on the successful completion of their orientation period.

At this point, the employee must plan for their Performance Appraisal and Development Review (PADR) to set future objectives and agree on development for the rest of the appraisal year. These objectives will build on the objectives from the orientation period. The employee will then work to the usual PADR cycle.

5.10.2 Unsatisfactory Progress at the Final Review Stage

Where there has been insufficient improvement and the employee's performance, conduct or attendance remains unsatisfactory, the manager will discuss their concerns with the employee in detail at the meeting. Advice from the appropriate HR Adviser must be sought at this stage. If, after considering the employee's comments, the manager feels that there is no reasonable prospect of an improvement in the employee's performance, they will recommend that the employee has failed their probationary period and that their employment with the Trust is terminated (Appendix D). The employee must sign the completed report to show that they have seen it, although this does not indicate that they agree with it.

5.10.3 Formal Review Hearing (Unsatisfactory progress)

A formal review hearing will be arranged to consider the manager's recommendation and information from the staff member. This will be heard by the relevant manager (Managers with the authority to dismiss are the Chief Executive, Executive Directors, and senior managers who report to Executive Directors) who will decide whether or not to uphold the recommendation. The employee may be placed on special paid leave by their line manager until this meeting takes place.

The manager will write to the employee with details of the arrangements for the formal review meeting. The staff member will be able to be represented by a trade union representative or work colleague employed by this Trust. Seven working days' notice of the meeting will be provided. If the staff member wishes to make any further written comments for consideration at the formal review meeting, they must submit these three working days before the date of the

formal review meeting. Any comments will be attached to the report, along with any documents that were discussed at the final review meeting and passed to the relevant manager for their consideration, two working days before the probationary formal review meeting. Copies will also be sent to the staff member and their representative.

The relevant manager will chair the formal review hearing, with support from HR, and will hear information from the manager who has recommended termination of employment and from the staff member or their representative. If the Chair decides the staff member must be dismissed, that decision will be communicated to the employee in writing including details of the issues taken into consideration leading to the dismissal. The appropriate notice period will be given and payment made for any outstanding annual leave entitlement. If a staff member reports to a Divisional Director or Director, the formal review meeting will be chaired by a Divisional Director from another service.

5.10.4 Preceptorship

If a preceptee is unsatisfactory at the final review meeting, then their performance will be managed under the capability policy for the remainder of their preceptorship.

5.10. 5 Review procedure (appeal)

Employees who are dismissed under this procedure will have the right to request that the Divisional Director review the decision by way of an appeal. Please refer to the Appeals policy.

5.11 Interaction with other policies and procedures

For all new staff under the remit of the orientation period, poor performance will be dealt with under the orientation period framework. It is in everybody's interests to avoid the need to take formal action if improvements can be elicited through more informal management intervention.

Frequent short term absence and long term absence will be managed under the Sickness and Absence Policy. There will be a report of any action underway under the terms of the Sickness and Absence Policy included as part of the mid and end stage review meetings and this will be taken into consideration.

All other terms and conditions of employment and policies and procedures will be applicable to new members of staff, unless otherwise stated. The Framework will be applied fairly and consistently to all new employees in accordance with the Equality and Diversity Policy and the Equality Act 2010.

5.12 Extensions

An extension to the orientation period must only be made in **exceptional** circumstances, for example, if a problem arises near the end of the six-month period. The extension must be for a specific period and linked with appropriate objectives and means of support. An extension to the probationary period will provide the employee with time to demonstrate that they are able to reach and maintain the required standards. During the extension, the employee will be supported and encouraged to complete their objectives and achieve success. In such cases, the line manager must consult the appropriate HR Adviser before finalising the decision to extend and agreeing the objectives to be achieved and support provided during the extension period. The maximum period of extension must be three months.

In the case of staff failing to complete all statutory and mandatory training by the final review meeting, the orientation period will be extended for four weeks in which staff must organise or complete training. The staff member must be informed that they must not organise or complete their training in this four week window; a formal meeting will be arranged with their line manager and formal action considered in line with the Trust Disciplinary Policy. Please see section 5.5 above.

Where an extension is granted, the subsequent final meeting report must be signed by the employee. Care must be taken by the line manager to ensure that the employee fully understands the terms of the extension, and that appropriate support is identified. An extension slip must also be completed and signed by the employee to show that they understand the conditions of the extension (Appendix D).

6. Consultation Process

Stakeholders in the process included:

- Staff and managers
- Staff side representatives
- Human Resources department
- Head of Learning and Development
- Executive Management Team

It is the responsibility of the Head of Learning and Development, and Head of Human Resources in conjunction with staff side, to ensure the development and ratification of the policy.

7. Approval and Ratification Process

The initial draft of this procedural document approved at the Partnership forum on 12th March 2018 and Modelling the way on 14th May 2018.

Final approval was given by the Policy Ratification Group on the 11th June 2018.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy.

It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

Managers must be trained in following the orientation process and other human resource processes, which will be available in the management modules. There will be an on-going programme of training to support all managers who have responsibility for the supervision and management of staff as well as team leaders in dealing with capability issues. Information on accessing the training is available on the intranet or by contacting an HR Business Partner or HR Advisor.

11. Monitoring and Auditing Compliance with the Procedural Document

The effectiveness of this Framework will be monitored via the following:

- Management supervision arrangements, such as 1:1s
- HR will monitor the completion of the mid review and final review forms
- The learning and development team will monitor compliance with statutory and mandatory training.
- Equality Impact Assessments on the application of the framework will be carried out when the policy is being reviewed
- It will also be monitored and revised accordingly based on changes in practice, standards or legislation by the Learning and Development team and Human Resources. See compliance monitoring table at Appendix B

12. Expiry and review dates

This procedural document will be reviewed in 3 years' time in 2021. It will be reviewed by the Head of Learning and Development, Head of Human Resources in conjunction with staff side

13. Associated Documentation

Related policies that link to the probationary period are as follows:

- Welcome day and Induction training Schedule (available on the hub)
- Induction Checklist (available in the orientation pack)
- Statutory And Mandatory Training Policy
- Training & Study Leave Policy
- CLCH – Capability Policy
- CLCH – Disciplinary Policy
- Preceptorship Policy
- Clinical Supervision Policy
- IT Skills Framework
- Other Competency Frameworks
- Equality and Diversity – Staff Policy
- Disability and Long Term Conditions Policy and Code of Conduct
- Apprenticeship policy
- PADR Resources, for example:
 - CLCH – Guide to Performance Appraisal and Development Review: Summary Guidance
 - How to guide Online-PADR for Appraisers
 - How to guide Online-PADR for Appraisees Bands 1 -8A
 - How to guide Online-PADR For Appraisees Bands 8B+
 - Guidance on How to Write Effective Objectives
 - The NHS KSF & Development Review Process.

14. References

Employment Rights Act 1996
Employment Act 2002

15. Appendices

Appendix A: Equality impact assessment
Appendix B: Compliance monitoring
Appendix C: Local induction checklist
Appendix D: Orientation Pack

Appendix A: Equality Analysis for Policies – Screening form

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).		Yes		
People of different religions / beliefs		Yes		
People with disabilities (physical, sensory or learning).			Yes	<p>There could be a negative impact for those employees who have a disability or long term illness which affects their performance.</p> <p>The Disability Code of Conduct will be applicable to protect disabled employees and ensure reasonable adjustments are provided. Reasonable adjustments to enable staff with disabilities or health conditions to perform to agreed objectives during the probation period must be identified and implemented. For e.g. if a new starter has health conditions which require medical attention, managers need to ensure they are confident of declaring them early so they can be supported to complete their probation effectively and they are not penalised unfairly.</p>
People from different ethnic groups			Yes	<p>If English is not an employee's first language there may be a negative impact. Communication needs to be clear so employees understand the probationary period. Language in this policy and orientation pack is clear. Extra time may be required to explain the details of the policy and ensure it is understood. Resources are available on the hub such as the communication styles questionnaire.</p> <p>Resources on supporting staff from different ethnic or national backgrounds: http://www.nhsemployers.org/news/2018/02/new-resource-launched-to-support-transition-into-uk-nursing-practice</p>

Men or women		Yes		If new starters have caring responsibilities which may affect their timekeeping or performance then it is vital that managers can establish this early to make relevant adjustments and avoid penalising them during the 3-month review. This is supported by use of the flexible working policy.
Transgendered people		Yes		If a new starter is transitioning (or planning to) or has transitioned fairly recently, managers need to ensure they feel confident to share the information and how they would like to be supported. Managers need to ensure that new starters are comfortable and open about their gender identity and no staff is made to experience poorer outcomes because of their gender identity. It is important to ensure confidentiality with regards to information on their employee records - the new member of staff should be aware of what information the organisation holds about them.
People who are gay, lesbian, and bi-sexual		Yes		Staff who are LGB are encouraged to be confident and open about their sexual orientation and what steps are taken to ensure they feel included. This would include access to support groups (such as the Rainbow network, FTSU etc.)
Refugees and asylum seekers		Yes		
2.	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions. - Consulted with subject matter experts, union, executive team			
3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? The policy does not need a full assessment, however as part of the annual analysis the equality data of those staff impacted by the probationary policy will be analysed and published.			
4.	Have you signed this off with the Equality and Diversity team?			

Signed for team / working group

Signed by Equality and Diversity team

Name:

Name:

Date:

Date:

Appendix B: Compliance monitoring

Please see Monitoring and Auditing Compliance with the Procedural Document in section 11.

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented (E.g. via an audit, KPIs)	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)
HR	Completion of the mid review and final review forms	A summary of those who have not completed or sent the documentation for the mid or final review stage.	Quarterly	Recruitment and Retention meeting
Learning and development team	Compliance with statutory and mandatory training.	Report sent to CBU managers and the director of Nursing and Therapies	2, 5, 6 months	
Learning and development team	Attendance at the Welcome day	A summary of those who have not attended the Welcome day created	Quarterly	Modelling the Way Forum
HR	New starter experience	Survey into satisfaction	In 6 months	Recruitment and Retention meeting

Appendix C: Local induction checklist - Bank and agency workers

This checklist has been developed to provide managers / supervisors with a minimum standard of induction for bank and agency staff, regardless of the length of their booking. It must be completed prior to the worker commencing their duties.

Name of Bank / Agency Worker:	Name of Inducting Manager / supervisor:
Department:	Location:

When	Activity	Completed
Pre-joining	Identified seating / desk and work space	
	Organised IT/Telephone	
	Requested a Network Account (where applicable)	
	Informed Reception	
	Plan their first day (i.e. who will meet and brief them)	
	Ascertain whether any special measures are needed for the worker to carry out tasks (e.g. hearing loop system, materials in large print)	
On First Day	Check photographic ID (drivers licence / passport etc.) to confirm their identity as correct	
	Confirm the working hours (including maximum hours to be worked)	
	Confirm any shift patterns and rotas	
	Outline break times	
	Confirm start and finish times	
	Outline general conduct standards (e.g. customer care, health and safety standards)	
	Indicate how the worker can find further relevant information	
	Introduce to the department, team and key contacts	
	Where applicable, outline the team and departmental objectives	
	All relevant fire exits, extinguishers and meeting points	
	All relevant H&S signage	
	How to report an incident	

	(directly via Datix or via the manager)	
	Security Procedures	
	Alarm buttons	
	Personal Alarms	
	Location of staff room / canteen	
	Demonstrate IT / Telephony systems	
	Outline Infection Control Standards – standard precautions policy ICC 01 and how to report a sharps injury as a minimum	
	Practical training in safe use of relevant medical equipment	
	Confirm internal emergency numbers	
On first day if lone worker	Discuss and outline Lone Worker Policy	
	Issue alarms and mobile phones from Local Security Management Specialist and IT Helpdesk.	

All relevant areas of the checklist must be completed prior to the workers commencement of duties. It is the manager / supervisor’s responsibility to ensure this happens. Signed forms must be stored locally in a confidential manner for 12 months for audit purposes.

Declaration

Signature of Worker.....

Signature of Inducting Manager.....

Date.....



Welcome to Central London Community Healthcare NHS Trust!

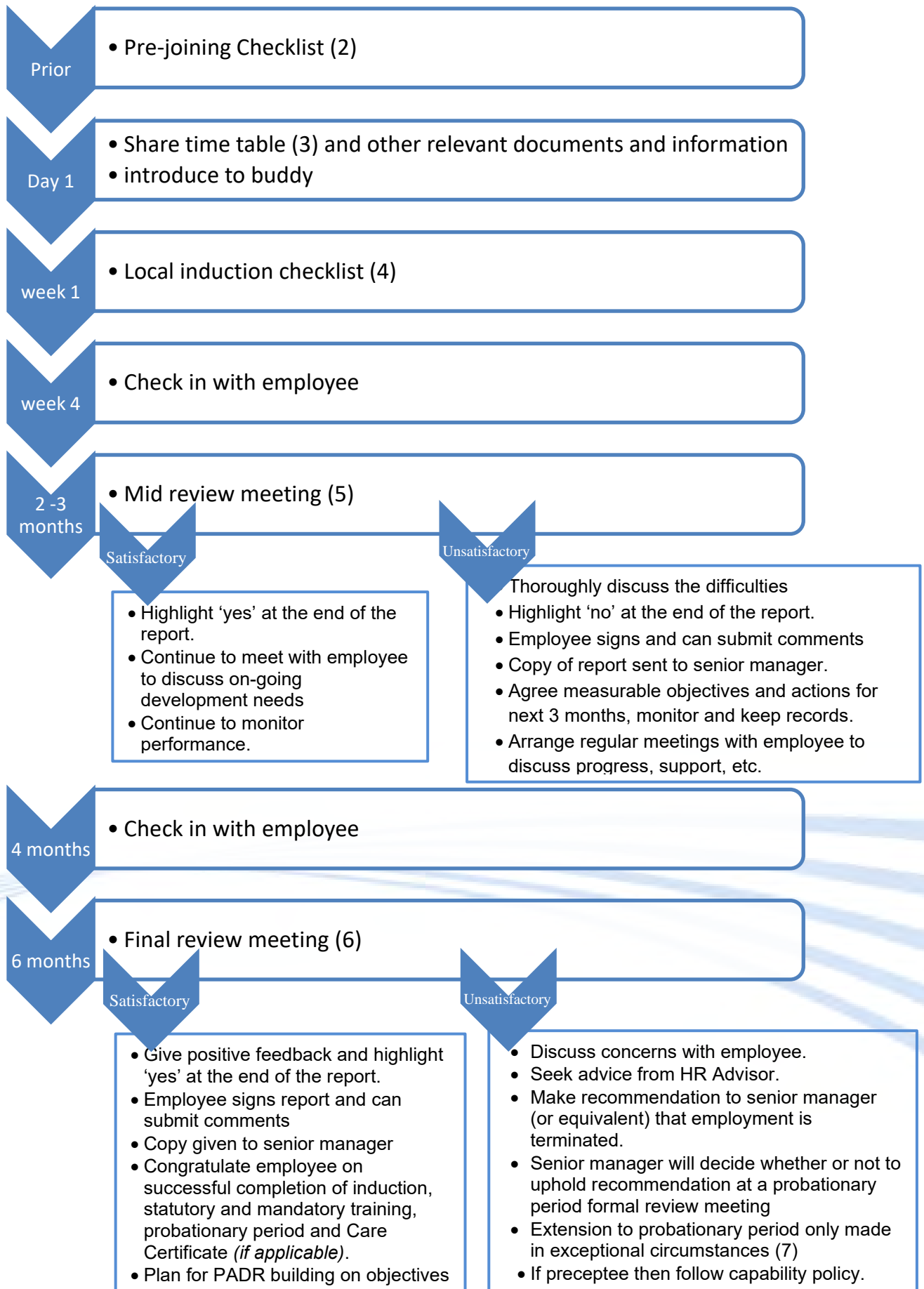
This pack contains templates and checklists to support the orientation period. This includes:

1. Line manager's role flow chart
2. Timetable template
3. Pre joining checklist (before employee commences)
4. Local Induction Checklist (Week one)
5. Mid- Review Report (Month 2- 3)
6. Final Review Report (Month 6)
7. Extension of Probationary Period Confirmation Slip

Please view these documents in line with the Orientation policy.



Line Manager's Role Flow Chart



Pre-joining Checklist

Prior to Employee Commencing

Name:

Name of Inducting Manager / supervisor:

Department:

Location:

Activity	Completed
Arranged a desk/seating/office space?	
Requested IT equipment/telephone?	
Requested IM&T Access?	
Reception informed?	
Booked in for Welcome Day and induction training?	
Booked in for systems training if applicable (RAOI?)	
Booked in for manual handling if applicable	
Assigned informal buddy?	
Have you planned for day 1, including who will meet them?	
<i>Complete timetable and email to new staff member</i>	
Are there any special requirements for the new starter to carry out their tasks? E.g. writing materials in large print, hearing loop system etc.	

This checklist has been developed to provide managers / supervisors with a minimum standard of induction for new staff.

All relevant areas of the checklist must be completed prior to the workers commencement of duties. It is the manager / supervisor's responsibility to ensure this happens. Forms must be stored locally in a confidential manner for 12 months for audit purposes.

Welcome to Central London Community Healthcare Trust!

Name:

Position:

Start date:

Your base:	Line Manager: Position: Email: Phone:	Buddy: Position: Email: Phone:
------------	---	--

Please complete the template as fully as possible. Amend dates and times if required.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 10:00	<i>Welcome Day Location: Board room A Parsons Green walk in centre...</i>	<i>Stat man training day Location: Board room A Parsons Green walk in centre...</i>	<i>Meet the team Location:</i>	<i>Manual handling training: Location: St Charles centre for Health and wellbeing</i>	
10:00 – 11:00			<i>Meeting with manager Location:</i>		<i>Team meeting Location:</i>
11:00 – 12:00			<i>Familiarisation with email, the hub, systems etc.</i>		
12:00 – 13:00					<i>Lunch with team</i>
13:00 – 14:00				<i>Meeting with CBU manager Location:</i>	
14:00 – 15:00					
15:00 – 16:00			<i>Shadowing Location:</i>		
16:00 – 17:00					

Local Induction Checklist

Week one

Name:

Name of Inducting Manager / supervisor:

Department:

Location:

Activity		Complete	Details
Development	Completed Stat man booklet?		
	Set initial objectives?		
	Assigned mentor if desired?		
Terms and Conditions	Weekly hours?		
	Shifts/rotas?		
	Start/finish times and Breaks?		
	Annual leave (entitlement, increment)		
	Finding any other relevant information?		
Security	ID Badge?		
	Smartcard?		
	Keys (if applicable)?		
	Security procedures?		
	Alarm buttons?		
	Mobile phones?		
	Personal Property?		
Facilities	Staff rooms?		
	Canteen (location, opening times)?		
	Provide maps of other sites and if appropriate arrange site visits?		
	Car parking?		
IT and telephones	IT equipment and packages to be used?		
	Access to email/network user name and password?		

	Information about how to use telephone/extension numbers?		
	Telephone directory or important contact numbers?		
	Printer access?		
Medical devices and equipment	Safe use of relevant medical equipment?		
Communications	Team meetings?		
	Open staff meetings and newsletter?		
	Use of the organisations intranet (Hub) and email systems?		
	Understands the objectives of the team, department, service, and current projects?		
	New starter introduced to the team and understands roles within department?		
	Trade union membership?		
Orientation plan	Probationary period explained		
	Set SMART objectives for the probationary period ("Guidance on How To Write Effective Objectives" is available on the Hub).		
	Set date for mid review meeting		
	Set date for final review meeting		
	Plan completion of statutory and mandatory training and Care Certificate (if applicable).		
Health	Has met with Employee Health to discuss their health needs?		

This checklist has been developed to provide managers / supervisors with a minimum standard of induction for new staff.

All relevant areas of the checklist must be completed prior to the workers commencement of duties. It is the manager / supervisor's responsibility to ensure this happens. Signed forms must be stored locally in a confidential manner for 12 months for audit purposes.

Declaration

Signature of Employee.....
Signature of Inducting Manager.....
Date.....

Mid- Review Report

Month 2- 3

Section 1: Employee Information

Name:	Job Title:
Location:	Grade:
Date employment commenced:	Contract of employment issued (Y/N):
Date for Final review meeting:	

Section 2: Mid- Review Report

Please indicate how the member of staff has performed in each of the following areas:

1. Job specification requirements.

Please consider against the job description, person specification and foundation gateway examples of application.

Actions:

2. Ability to grasp main elements of the job.

Please consider against initial objectives set in week one.

Actions:

3. Ability to establish and maintain professional relationships with colleagues/other people.

Actions:

4. Time-keeping.

Actions:

5. . Ability to establish and maintain professional relationships with 5. Attendance/absence record.

Please report any action underway under the provisions of the Sickness and Absence Policy.

Actions:

6. HR and policy awareness requirements.

Please note this has no impact on the ability of the member of staff to progress past this stage.

Awareness of the following policies:	(YES/NO)
Sickness absence, reporting/certificate requirements and policy?	
Discipline, grievance and appeals capability policy?	
Equal Opportunities policy?	
Zero Tolerance policy?	
Dignity at Work policy (Bullying and Harassment)?	
Wellbeing champions?	
IT/IG policies?	
Other relevant HR and clinical policies: E.g. Pressure Ulcer, Maternity Leave, Smoking Policy, Job Share, Leave Policy?	

7. Any additional observations.

Please include any comments on training, development and support given as well as needs, with reference to the KSF outline for the staff member's post if appropriate.

	(YES/NO)
Do you consider that this employee has reached an acceptable level at this point in relation to expectations?	
Has this employee completed their Induction Programme, including attendance at the Welcome day, induction training and core statutory and mandatory training sessions?	
If band 1 – 4 employees who will be providing direct care to patients and clients - Has this employee successfully completed their Care Certificate?	
If Preceptee – Evidence of Preceptee check?	

Actions:

Signature of Manager: Date:

Name (*printed*): Job Title:

Signed by Probationer as seen: Date:

Name (*printed*): Job Title:

Signature of Senior Manager: Date:
(or equivalent) (*Where employment terminated*)

Name (*printed*): Job Title:

Send a copy of the form to your Human Resources Advisor (please see table at the back of the pack)

Final Review Report

Month 6

Section 1: Employee Information

Name:	Job Title:
Location:	Grade:
Date employment commenced:	Contract of employment issued (Y/N):
Date for Final review meeting:	

Section 2: Mid- Review Report

Please indicate how the member of staff has performed in each of the following areas:

1. Job specification requirements.

Please consider against the job description, person specification and foundation gateway examples of application.

Actions:

2. Ability to grasp main elements of the job.

Please consider against initial objectives set in week one.

Actions:

3. Ability to establish and maintain professional relationships with colleagues/other people.

Actions:

4. Time-keeping.

Actions:

5. Attendance/absence record.

Please report any action underway under the provisions of the Sickness and Absence Policy.

Actions:

6. Any additional observations.

Please include any comments on training, development and support given as well as needs, with reference to the KSF outline for the staff member's post if appropriate.

	(YES/NO)
Do you consider that this employee has reached an acceptable level at this point in relation to expectations?	
Has this employee completed their Induction Programme, including attendance at the Welcome day, induction training and core statutory and mandatory training sessions?	
If band 1 – 4 employees who will be providing direct care to patients and clients - Has this employee successfully completed their Care Certificate?	
If Preceptee – Evidence of Preceptee check?	

Actions:

Signature of Manager: Date:

Name (*printed*): Job Title:

Signed by Probationer as seen: Date:

Name (*printed*): Job Title:.....

Signature of Senior Manager: Date:.....
(or equivalent) (*Where employment terminated*)

Name (*printed*): Job Title:

Send a copy of the form to your Human Resources Advisor (please see table at the back of the pack)

Extension of Probationary Period Confirmation Slip

Section 1: Employee Information

Name: _____ Job Title: _____

Location: _____ Grade: _____

Date employment commenced: _____

Section 2: Extension Confirmation

Original probationary period end date:

New probationary period end date:
(maximum of three months)

Signature of Manager: Dated:

Name (printed):..... Job Title:

Signed by Probationer as seen: Date:

Name (printed): Job Title:

Signature of Senior Manager: Date:
(or equivalent) (Where problems are indicated)

Name (printed): Job Title:

Send a copy of the form to your Human Resources Advisor (please see table below)

Division	HR Advisor	Email address
Inner	Ranjna Vekaria	ranjna.vekaria@nhs.net
South and Corporate	Barbara Hanchard	barbara.hanchard@nhs.net
North	Yolanda Alleyne	yolanda.alleyne@nhs.net
Children's	Bukky Marquis	olubukunola.marquis@nhs.net

TITLE: PAY PROTECTION AND EXCESS TRAVEL POLICY
VALID FROM: FEBRUARY 2021
EXPIRES: FEBRUARY 2024
REFERENCE WFC54

This procedural document supersedes the previous procedural document, Pay Protection and Excess Travel Policy, Version 1.0

Version:	2.0
Policy reference and description of where held.	WFC54 Intranet – Policies
Title, name and contact details for author:	Jackie Hughes, Senior HR Business Partner jackie.hughes10@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group and date.	HR Policy Review Group 10 February 2021
Ratified by Policy Ratification Group:	22 February 2021
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	August 2023
Target audience	All staff in the Trust apart from Hospital Medical and Dental whose pay protection arrangements are treated separately and in accordance with the 'Medical and Dental Staff and Doctors in Public Health Medicine and Community Health Service(England and Wales')

Version Control Sheet

Version	Date	Author	Status	Comments
0.1	23.08.16	Mark Handley	Draft	Reviewed with Staff Representatives
0.2	25.11.16	Dave Leonard/Mark Handley/Emily Boynton	Draft	Further review with staff representatives and focus group
1.0	20.12.16	Dave Leonard/Emily Boynton	Final	Final review following discussion with Staff Side Chair
2.0	18.02.21	Jackie Hughes	Final	Amendments following HR Policy Review Group meeting

CONTENTS:

Section	Page
1. Introduction	4
2. Aims and Objectives	4
3. Definitions	5
4. Duties.....	5
5. Policy and Procedure	7
5.1 Right to representation.....	7
5.2 Long term pay protection	7
5.3 Short term pay protection.....	7
5.4 Conditions	7
5.5 Terms and conditions of service for protectable period.....	8
5.6 Pension arrangements	9
5.7 Excess travel.....	9
6. Consultation Process	10
7. Approval and Ratification Process	10
8. Dissemination and Implementation	10
9. Archiving.....	10
10. Training Requirements.....	10
11. Monitoring and Auditing Compliance	11
12. Review	11
13. Associated Documentation	11
14. References	11
15. Appendices	11
Appendix A: Compliance Monitoring Table	12
Appendix B: Equality Impact Assessment	13
Appendix C: Short Term Pay Protection.....	15
Appendix D: Excess Travel Application Form	16

1. Introduction

- 1.1 Central London Community Healthcare NHS Trust's (the Trust) vision is great care closer to home. The Trust recognises that in order to deliver on this vision, it needs to retain staff impacted as a result of organisational change.
- 1.2 The ever changing healthcare environment poses a number of challenges to the Trust, for example, the need to improve standards of care, to achieve integrated care pathways, to respond to financial challenges or to respond to a change in commissioner requirements. As a result, organisational change will sometimes be necessary in order to meet these challenges.
- 1.3 Both pay protection and excess travel may occur when organisational change has taken place under the Trust's Change Management Policy.

2. Aims and Objectives

- 2.1 The purpose of the policy is to ensure the Trust actively supports its members of staff adversely affected by organisational change and has arrangements in place for safeguarding the pay and conditions of service of individual staff, as an alternative to redundancy or as a consequence of relocation, additional travel and/or incurring additional costs. There are four underlying objectives invoked in this policy, for the Trust to:

2.2 Pay protection

- be equitable to all staff and protect pay for a reasonable period of time
- support impacted staff and managers of those staff to find roles within the Trust which match their existing pay and substantive band - this will include, where appropriate, reasonable training, development and support to secure suitable alternative employment
- make every effort to identify vacancies and facilitate trial periods in line with change management and legislative requirements

2.3 Excess travel

- where appropriate and in line with section 17 of the NHS Terms and Conditions of Service Handbook, where there is site relocation and a member of staff incurs further travel costs, to pay excess travel costs for a reasonable period of time (see section 5.7)

3. Definitions

Organisational change: any structural or management change in the organisation of services provided by the Trust.

Downgrading: Where a new post has a salary scale with a maximum annual salary lower than the maximum annual salary for the current post.

Long term protection: Protection of basic salary where downgrading of a substantive role is involved and/or a reduction in basic salary. This may include reduction of contracted hours of work.

Short term protection: Where organisational change affects additional payments and allowances such as enhanced hours or on call payment. Appendix C provides a list of payments considered for short term pay protection.

Unreasonable refusal of suitable alternative employment: when the Trust supports a member of staff by identifying vacancies which match the member of staff's skills, location, band, role type and hours, it may be classed as an unreasonable refusal if the member of staff does not engage in the vacancy via the redeployment process.

Trial redeployment: redeployment will normally be subject to a trial period of four weeks. This may be extended, by mutual agreement, for example, where a member of staff requires additional training and development

Excess travel: The difference between home to old and new work base.

Excess travel payment: An excess travel payment is not income. It is the reimbursement of travelling costs when staff are required to change their base of work as a result of organisational change or merger, or when staff accept another post as an alternative to redundancy.

NHS reckonable service: A member of staff's continuous previous service with any NHS employer will count as reckonable service. Employers have discretion to take into account any period or periods of employment with employers outside the NHS where these are judged to be relevant to NHS employment.

4. Duties

4.1 **Line Managers** must be familiar with the content of this policy. They must:

- support staff on pay protection as a result of organisational change through regular communication and encouragement to help them move into suitable alternative vacancies
- ensure pay protection and excess travel arrangements are made in accordance with this policy and procedure

- liaise with Human Resources if they are unclear on any point
- provide training for a new role as appropriate to maintain skills and for the member of staff to be able to perform in a new role
- ensure that if a member of staff is required to undertake higher duties on a sustained basis, the role is reviewed under the job evaluation policy
- be open minded about the transferable skills staff can bring to a different role through redeployment
- use appropriate e-forms or application forms to confirm pay protection and/or excess travel arrangements and for payroll notification
- ensure staff are aware of the policy and comply with its requirements
- monitor periods of excess travel claims and ensure that copies of the appropriate forms to payroll are on a staff member's personal file
- ensure staff are aware of their right to be represented by an accredited trade union representative or workplace colleague at formal meetings
- make a referral to Employee Health if either party feels this would be beneficial, recognising this can be a stressful process for staff

4.2 **Human Resources** will ensure the content of this policy is applied consistently and fairly across the Trust and will advise on all matters of pay protection and subsequent arrangements. HR will form part of the support network with Staff Side, Trade Unions and managers to move staff off pay protection as successfully as possible and into vacant roles which are matched to their substantive band.

4.3 **Staff representatives** and Trade Unions will form part of the support network with HR and managers in order to support a successful move into vacant roles which are matched to a member of staff's substantive band. Staff representatives can provide advice to their members confidentially.

4.4 **Staff members** should:

- work flexibly within the requirements of their new band to develop and apply their knowledge and skills to meet the demands of the new post
- work to retain their skills and expertise in order to remain competent to apply for posts in their previous band
- accept any subsequent offer of suitable alternative employment which attracts a basic salary in excess of that applying to their new post
- notify their manager if a change to their home address impacts on their entitlement to excess travel allowance
- at the earliest opportunity, members of the pension scheme should contact the pensions team or the NHS Pensions Agency directly for advice on how this change may affect their pension calculation

5. Policy and Procedure

5.1 Right to representation

5.1.1 When considering redeployment, pay protection and excess travel a member of staff may have as a means of support a workplace colleague or trade union representative attend change management meetings to discuss redeployment, pay protection or excess travel.

5.2 Long term pay protection

5.2.1 At the date a member of staff is down banded and/or basic salary is reduced as a result of organisational change, they can have their basic salary/wage pay protected for a period of two years subject to the member of staff having a minimum of 6 months' NHS reckonable service.

5.2.2 Where staff are required to permanently move location which attracts an outer, fringe or no High Cost Area Supplement (HCAS), payment at the higher rate HCAS will be protected for 12 months. This will apply to members of staff with over 6 months' NHS reckonable service. Temporary reassignments for less than 12 months can also retain their original HCAS status.

5.3 Short term pay protection

5.3.1 Payments that fall under the short term pay protection category are detailed at Appendix C. Protection of these payments is calculated on a weekly or monthly average over the four months preceding the first day of employment in the new post.

5.3.2 A member of staff is entitled to short term pay protection for 12 months subject to the member of staff having 12 months' NHS reckonable service.

5.4 Conditions

5.4.1 The Trust aims to support staff in receipt of protected earnings to regain the original substantive band or hours at which they had previously been working. As downgrading may reduce the scope for an individual to maintain their skills and knowledge at the level previously acquired, it is important that managers and staff on protection meet regularly to review and agree the development requirements of the individual and the action s/he is taking to prepare and apply for posts commensurate with the level previously held.

5.4.2 Staff placed on pay protection must, with the support of their line manager and Human Resources, make every effort to move to their original substantive band or hours provided that it is suitable alternative employment. This undertaking is

deemed to have been accepted once the member of staff is successfully redeployed into the lower banded/reduced hours role.

- 5.4.3 Where the undertaking is not accepted or the member of staff unreasonably refuses to consider a role that is a potential match for them under the redeployment process, the entitlement to pay protection will be reviewed and potentially ceased. In this case the member of staff will move on to the lower pay band or hours of work.
- 5.4.4 For the avoidance of doubt, any member of staff placed on long term pay protection will continue to receive any cost of living or incremental pay increases that may be awarded.
- 5.4.5 Following the expiry of any protection period, the member of staff will receive the salary appropriate to the banding/hours of the new post.
- 5.4.6 Any additional earnings identified from the work as part of the new post will be paid at the banding of the new post.
- 5.4.7 The protection of short term earnings is conditional on the member of staff undertaking shift work or other additional duties within the protected pattern which may be required up to the level at which earnings in the new post equal the protected earnings.
- 5.4.8 Each subsequent change of post due to an organisational change covered by this policy will attract protection in its own right.
- 5.4.9 Pay protection will cease:
- if the basic pay of the new post exceeds the protected basic pay
 - if the member of staff is appointed to a different post where the basic pay equals or exceeds the protected basic pay
 - if the member of staff is offered another suitable alternative post with higher basic pay and the member of staff unreasonably refuses to accept it
 - if the member of staff chooses to move to another post with basic salary lower or the same as the down banded post
 - if the member of staff leaves the employment of the Trust
 - when the relevant pay protection period ends

5.5 Terms and conditions of service for protectable period

- 5.5.1 Members of staff will be entitled to have their notice period protected where it attracts a different notice period.

5.6 Pension arrangements

5.6.1 At the earliest opportunity, members of the pension scheme should contact the pensions team or the NHS Pensions Agency directly for advice on how this change may affect their pension calculation.

5.7 Excess travel

5.7.1 Where the Trust has required a member of staff to change their work base, they are entitled to receive excess travel allowance. A member of staff to whom excess travel applies is entitled to claim during their protected pay period for a total of 2 years from the date of relocation.

5.7.2 The excess shall be calculated on the basis of bus, underground fares or second class rail fares (including changes to London travel zones) or, if the member of staff travels by private vehicle, on the basis of the public transport mileage rate.

5.7.3 All excess travel claims must be made within 3 months of the additional expense being incurred.

5.7.4 Payment will not be made unless an application has been approved prior to the period to which the claim relates.

5.7.5 How to claim

- where staff incur additional travel costs as a result of relocation, they should first complete an Excess Travel Application Form (Appendix D) with their manager
- the application form should be completed and fully supported with evidence of the home address and recent receipts of fares for journeys (if using public transport) to and from the old and new work base. It should then be approved by the manager, with copies sent to the Payroll team

5.7.6 Excess travel payments will be reviewed if the member of staff has been absent from work for any reason for over a month and may cease at that point until they return to work.

5.7.7 If the application is approved, the sum reimbursed will be calculated as the excess travel cost incurred as a result of real difference in travel costs between:

- the member of staff's home address and previous employment site and
- the member of staff's home address and the new employment site

5.7.8 Entitlement to excess travel payment will expire:

- after 2 years (to be monitored by the line manager, Human Resources and Payroll)
- upon moving to any new role
- upon leaving employment with the Trust
- if changing address, where this affects the distance to work
- upon gaining a new role at the Trust at another site
- following a review of absence from work for over 1 month for any reason

5.7.9 Members of staff must notify their line manager of any change to their home address and excess travel will be recalculated accordingly. Any staff member who moves home address during the protection claim period will not be entitled to any additional excess travel as a result of the move of home address. Where a move results in a lesser excess travel, the amount of excess travel to be claimed will be recalculated accordingly and the lesser excess travel paid.

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate: Royal College of Nursing, UNITE, UNISON, Staff Side, staff previously impacted by the Trust pay protection and redeployment process.

7. Approval and Ratification Process

The policy and procedure were reviewed at the HR Policy Review Group on 10 February 2021 and final comments received by 18 February 2021. Final approval was given by the Policy Ratification Group on 22 February 2021.

8. Dissemination and Implementation

This document will be placed on the Trust's intranet hub by the QLD team. It will therefore be available to all staff via the hub. The author of the policy will circulate to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

The QLD team will provide a reference number for the policy.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training Requirements

There are no training requirements.

11. Monitoring and Auditing Compliance

Please see Appendix A

12. Review

This procedural document will be reviewed in six months before the expiry date. It will be reviewed by the HR Policy Review Group.

13. Associated Documentation

Change Management Policy – Principles and Procedure
Equality and Diversity Policy

14. References

Employment Rights Act 1996
Equality Act 2010

15. Appendices

Appendix A: Compliance Monitoring Table
Appendix B: Equality Impact Assessment
Appendix C: Short Term Pay Protection
Appendix D: Excess Travel Application Form

Appendix A: Compliance Monitoring Table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)
Louella Johnson, Director of People	Whether staff down banded are redeployed into roles matching their substantive band.	Through monitoring and reporting on the redeployment register outcomes. The outcomes of the redeployment process will be reported to the People Committee as part of the confidential staff report	12 months	People Committee
Louella Johnson, Director of People	To identify any QIPP savings as a result of shortening the period of pay protection or avoiding redundancies through successful redeployment outcomes	Running an ESR report to identify all staff on protected salaries	12 months	People Committee

Appendix B: Equality Impact Assessment

Pay Protection and Excess Travel Policy

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact and how we can reduce that impact.

Does the policy affect groups of people based upon their protected characteristic?

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	✓			<p>Arrangements previously meant that staff with long standing reckonable NHS service stood to benefit more with a longer period of pay protection. The new policy provides a standard pay protection period of two years for staff who as a consequence of organisational change are down banded and that the qualification for this period of pay protection is 12 months employment with CLCH.</p> <p>This means that the propensity to receive equal treatment based on length of service increases.</p>
People of different religions / beliefs		✓		
People with disabilities (physical, sensory or learning).		✓		
People from different ethnic groups		✓		
Men or women		✓		
Transgendered people		✓		

People who are gay, lesbian, and bi-sexual		✓		
Refugees and asylum seekers		✓		
2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions.</p> <p>Meetings with stakeholders on 23 August 2016, 25 November 2016 and 20 December 2016. A focus group with members of staff who had experience of going through the redeployment process was held on 4 December 2016.</p> <p>More recently amendments were discussed at the HR Policy Review Group on 10 February 2021 and final comments received by 18 February 2021.</p>			
3.	<p>If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed?</p> <p>No</p>			
4.	<p>Have you signed this off with the Equality and Diversity team?</p> <p>Yes</p>			

Signed for team / working group: Jackie Hughes

Date: 18 February 2021

Appendix C: Short Term Pay Protection

Payments considered for short term pay protection:

Overtime

Incentive Bonus Payments (including lead-in, bonus allowance and Performance agreements)

Special duty payments

Excess hour's payments

Shift Duty

Night Duty

Split Duty

Unsocial Hours

Stand-by and On-call Duty

Appendix D: Excess Travel Application Form

(As a result of relocation due to organisational change)

Reimbursement may only be claimed where additional costs are actually incurred. Entitlement will be determined on the basis of the information set out in this form, which, when completed, is sent to the appropriate manager for authorisation.

PART A: To be completed by the member of staff

Name:

Home Address:

Employment to which transferred (i.e. 'new' base)

Job Title:

New work base:

Home to work journey: Mileage (single journey) miles

Bus/train/tube fare pounds/pence per week/month/year

Previous employment

Job Title:

Previous work base:

Home to work journey: Mileage (single journey) miles

Bus/train/tube fare pounds/pence per week/month/year

Calculation of the excess travel to be claimed

Amount: pounds/pence per week/month/year

Further information

Please detail how you will incur additional travelling expenses, if not obvious from the information provided above:

Confirmation

I confirm that the above details are correct and that I intend to claim excess travel costs. I attach evidence of the following:

- My current address
- Both my current and new journey expenses.

In the event that my home address changes during the excess travel claim period, a claim for any additional excess travel as a result of the move of home address will be not be made. I agree to inform my line manager and Human Resources when a move results in a lesser excess travel amount payable, and the amount of excess travel to be claimed will be recalculated accordingly and the lesser excess travel amount will be paid.

Signed:

Name (Print):

Date:

PART B: To be completed by the manager

I confirm that I have checked the above details.
Effective date of transfer to new work base:

This member of staff has been transferred as indicated above and is entitled to claim reimbursement of excess travel costs in accordance with Agenda for Change for the

period from _____ to _____

Calculation of the excess travel to be claimed:

Amount: _____ pounds/pence per week/month/year

Signed: _____ (Manager)

Manager's Name (Print): _____

Date: _____

Payroll: note the end date of _____ for this claim.

Copies of the completed form to be sent to HR/Payroll.

TITLE: Recruitment of Ex-offenders and Use of Disclosure and Barring Service (DBS) Policy

VALID FROM: October 2018

EXPIRES: April 2022

REFERENCE: WFC 41

This document expiry date has been extended to April 2022 as per approval by the Policy Ratification Group in January 2022.

This procedural document supersedes the previous procedural document recruitment of ex-offenders and use of DBS version 4.0

Version:	5.0
Policy reference and description of where held.	WFC 41 Intranet – Policies
Title, name and contact details for author:	Mark Handley Acting Head of Human Resources 020 8102 4333 markhandley@nhs.net
Title, name and contact details for responsible director:	Louella Johnson Director of People and Communications
Approved by originating committee, executive or departmental management group	HR Policy Group 4 June 2018
Ratified by Policy Ratification Group:	11 June 2018
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	January 2021
Target audience	All staff and candidates/applicants applying for temporary or fixed or permanent work

Version Control Sheet

Version	Date	Author	Status	Comments
4.0	November 2015	Ann Kelly/Liz Lubbock	Final	Updated in line with changes to NHS Employers' Employment Check Standards and the introduction of Streamlining Staff Movements Programme
4.1	14 May 2018	Ranjna Vekaria	Draft	Amendments made in line with updates from NHS employers relating to Criminal Records Checks
4.2	21 May 2018	Mark Handley	Draft	Updates made adding the filtering process

4.3	June 2018	Mark Handley	Final draft	Updates made following HR Policy Group
5.0	October 2018	Kate Wilkins	Final	Minor changes made post June 2018 PRG approval.
6.0	March 2019	Mark Handley	Final	Changes made to paragraph 5.15 confirming 3 year DBS checks for staff who work in schools.

CONTENTS:

1. Introduction	6
2. Aims and objectives	6
3. Definitions and explanation of any terms used.	7
4. Duties	7
5. Procedural document on Recruitment of Ex-Offenders and Disclosure and Barring Service	12
5.1 Legislation	12
5.2 Eligibility for disclosures	12
5.3 The Recruitment process - Gathering information on criminal records	14
5.4 Declaration of a Criminal Record	16
5.5 Applying for a Disclosure	17
5.6 Overseas Applicants	17
5.7 Portability of Disclosures	18
5.8 TUPE Transfers	19
5.9 Cost of Disclosure Certificates	20
5.10 Pre-Employment Checking Process	20
5.11 Assessing 'Positive' Disclosures	20
5.12 Assessing the relevance of a criminal record	21
5.13 Filtering rules	23
5.14 Withdrawal of offers of employment	24
5.15 Existing employees who are found to have a criminal record	25
5.16 Duty to refer to the Disclosure and Barring Service	26
5.17 Bank Workers	27
5.18 Agency Workers and Locums	27
5.19 External contractors and other highly mobile staff	28
5.20 Students/Trainees	28
5.21 Volunteers	29
5.22 Work Experience	29
5.23 Staff engaged on honorary contracts or secondments	29
5.24 Maternity leave	30
5.25 Long term absence	30
5.26 Director level posts	30
5.27 Complying with storage, handling and confidentiality requirements	30
5.28 Other safeguards	30
5.29 Misuse of the disclosure system	31
6. Consultation Process	31
7. Approval and ratification process	31
8. Dissemination and Implementation	31

9. Archiving	32
10. Training requirements	32
11. Monitoring and Auditing Compliance with the Procedural Document	32
12. Expiry and review dates	32
13. Associated Documentation	32
14. References	32
15. Appendices	34
Appendix A: Compliance monitoring table	35
Appendix B: Related Legislation	37
Appendix C: Policy statement on the secure storage, handling, use, retention and disposal of disclosures and disclosure information	41
Appendix D: Policy statement on the recruitment of ex-offenders	43
Appendix E: Assessing portability of disclosure guidance	45
Appendix F: Commencement of employment prior to clearance risk assessment	46
Appendix G: Positive Disclosures	49
Appendix H: Risk assessment	50
Appendix I: Equality Analysis	51

1. Introduction

This Policy reflects Central London Community Healthcare (CLCH) NHS Trust's commitment to take reasonable steps to protect all people, in particular children and vulnerable groups within the community, who access our premises, sites and services, through good recruitment practices and through seeking the relevant information on criminal and other government held records for job applicants, volunteers, and existing staff.

This policy is part of a framework designed to ensure safe and fair recruitment at CLCH and to provide for regular checking, in ensuring that it captures up to date disclosure information which is as accurate as possible.

CLCH is a 'Registered Body' for the purposes of accessing Disclosures through the Disclosure and Barring Service (DBS) (previously the Criminal Records Bureau and Independent Safeguarding Authority).

The policy complies with the NHS Employers' Employment Check Standards and relevant legislation.

2. Aims and objectives

A criminal record will not necessarily be a bar to obtaining a position with CLCH and this policy sets out the considerations which will be taken into account when determining the relevance of a criminal record to a post.

The aims and objectives of this policy are to:

- Prevent discrimination against staff, volunteers, service users, potential employees on the basis of their conviction or positive disclosures.
- Give careful consideration on whether a position requires a disclosure.
- Ensure Information is used fairly in the recruitment process, with particular consideration being placed on circumstances and background of any offences revealed.
- Store, handle, use, retain and dispose of securely DBS disclosures and disclosure information. See appendix C, the Trust's "Policy Statement on the Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information".
- Maximise protection for service users and, in particular, children and other vulnerable people against those who might wish to harm them.

The policy sets out the procedures to be followed in respect of applications for disclosure. Central London Community Healthcare is required to adhere to a strict 'Code of Practice', which has been designed specifically to ensure that disclosure information is used fairly, sensibly and confidentially. Particular attention must be paid to the obligations of the code. The procedures set out in this Policy are designed to ensure that CLCH, working through the appropriate authorised persons and complies with the obligations placed on it as a Registered Body.

This policy applies to all services across CLCH and to all employees, prospective employees, staff on fixed term contracts, staff on secondment with the Trust, volunteers, students, trainees, Bank workers, agency and locum workers, honorary contract holders, self-employed workers and, in particular, those who work in clinical areas and have unsupervised contact with children and/or vulnerable adults on a regular basis.

This policy will apply to current employees who are subsequently appointed to posts requiring a DBS Disclosure, or where CLCH requires employees to provide a DBS disclosure due to the nature of the work involved, where previously a DBS Disclosure was not requested.

3. Definitions and explanation of any terms used.

Disclosure and Barring Service: From 1 December 2012, the Criminal Records Bureau and Independent Safeguarding Authority merged to establish the new Disclosure and Barring Service (DBS). It is a one-stop-shop for organisations, checking police records and safeguarding information.

Disclosure: The process of disclosure provides organisations with access to criminal records and other information, in England and Wales.

Enhanced check: Applies to individuals working and/or volunteering in a 'regulated activity' as defined by the Safeguarding Vulnerable Groups Act 2006 and/or as amended by the Protection of Freedoms Act 2012.

Filtering: From 29 May 2013, changes were made to the Rehabilitation of Offenders Act 1974 [Exceptions] Order 1975 [Amendment] (England and Wales) Order 2013. Filtering establishes the type of criminal record information that will become protected and therefore will not be included in a standard or enhanced disclosure certificate.

Portability: The DBS define portability as meaning the re-use of a disclosure obtained for a position in one organisation and later used for another position in another organisation.

Positive Disclosure: The term "positive disclosure" refers to a Disclosure containing information relating to convictions, cautions, reprimands, etc., plus "soft information" relating to non-convictions, but which police forces deem relevant.

Standard Check: A standard check can be requested for any work or activity which is listed under the Rehabilitation of Offenders Act 1974 [Exceptions] Order 1975 as being concerned with providing a health service and where the individual carrying out that role has access to patients in the course of their normal duties.

4. Duties

4.1 Employees currently employed with CLCH must:

- Familiarise themselves with the contents of this policy and should act in accordance with the principles set out within it.
- Be transparent in disclosing any convictions, cautions, bind-overs, charges or matters being investigated issued to them at the application stage and during their ongoing employment with CLCH. Failure to report will be treated as a disciplinary offence and may result in the employee's dismissal as it is evidence of dishonesty. However if an issue is reported a balanced and proportionate response can be made in relation to its relevance to their employment.
- Comply with the DBS check procedure during the pre-employment stage as well as during the renewal stage. This will include providing proof of address and their identity to their manager and completing the electronic DBS application.

4.2 Job applicants must:

- Disclose at the application stage any convictions, cautions or bind-overs they may have. Where applicants knowingly withhold information or give false or misleading information either verbally or in writing, any offer of employment will be withdrawn;
- Not apply for, or accept work, in a "Regulated Position" if this means they will be committing an offence where they are barred from working with children and/or vulnerable adults;
- Work with management and Human Resources if a DBS Disclosure check is required for a position for which they have applied, which means completing the application process and submitting the appropriate model declaration form;
- Read the Guidance Notes for Applicants available as part of the recruitment process.

4.3 Line Managers must:

- Ensure that they work with Human Resources to ensure that, following the offer and acceptance of employment, employees do not commence working for the CLCH until full clearances, including a satisfactory DBS Disclosure, have been received and checked.
- Ensure that, where justifiable circumstances for employment to commence prior to DBS clearance exist, a decision to allow the employee to commence work is only taken following a thorough risk assessment of which a clear, formal record is kept (see Appendix H). Any risk assessment should be limited to the time it takes for a DBS check to be received and managers should liaise with HR to check if this has been received and when the risk assessment can end.
- Understand the roles they recruit to and the level of DBS check required if any.

- Actively promote equality of opportunity for all and welcome applications from a wide range of candidates.
- Check that criminal record and other specified checks are initiated by HR at the appropriate level for identified posts in line with this policy and their understanding of the job requirements. Inform HR if the nature of a posts duties change in a way which may change the level of DBS check required. This includes indicating at the recruitment stage whether a post will be working with children or vulnerable adults and ensuring the relevant barred list check is completed.
- Ensure that they work with Human Resources in ensuring that any information received from the DBS is not used to discriminate unfairly against those with convictions which are deemed irrelevant or unrelated to the post under consideration.
- Where a conviction, caution bind-over or reprimand comes to light, it may be a criminal offence if the applicant/existing staff member has knowingly withheld that information or has given false information either verbally or in writing. The offences to be considered are:
 - fraud by misrepresentation; and
 - fraud by failing to disclose information where there is a legal duty to disclose.

Any such instances should be referred to the Director of Finance and following authorisation may be deemed appropriate to refer to the Local Counter Fraud Specialist.

- In general terms, keep abreast of developments associated with safe recruitment practices.
- Ensure employees comply with the requirements to renew their DBS check in line with this policy and enact risk assessments where compliance with the renewals process lapses.
- Ensure staff comply with requests to renew DBS checks. Where it is evident that an employee is refusing to cooperate with the process or is showing signs of dishonesty or wrongdoing, disciplinary action may be taken.

4.4 Human Resources Operational Services are responsible for:

- Publicising and make available to all current staff on an ongoing basis and advice and guidance is easily available on the intranet.

- Including a statement in recruitment literature and correspondence that a DBS disclosure check, where relevant, will be requested in the event of a successful application
- Ensuring that this policy and a copy of the DBS Code of Practice are available to all applicants
- Providing assurance to those applying for standard and enhanced disclosures that the information will be used fairly.
- Undertaking administration of the DBS disclosure application process and being a point of contact for any job applicant or employee queries regarding DBS checks.
- Ensuring that DBS disclosure applications are correctly completed and are supported by valid evidence of proof of identity and address.
- Running compliance reports on DBS checks due for renewal and that all applications are submitted.
- The integrity of DBS disclosure records maintained on the Electronic Staff Record. This includes checking the data quality of records received through the TUPE transfer of staff from other employers.
- Reminding recruiting managers that all job applicants are judged on merit and the relevance of any convictions, either at application stage or on receipt of disclosure from the DBS, so that applicants are not unfairly excluded from employment opportunities.
- In liaison with the Lead Counter-signatory ensuring that the list of post requirements for DBS checks is maintained in ESR and that this is used as the basis for determining what level of check is required during the recruitment and renewals process
- Seeking the advice from the lead counter-signatory in cases where there is a need for clarification. It is imperative that the list is reviewed on an annual basis.

4.5 Workforce Business Partners

- Develop guidance and information for, and advising staff who may be required to use disclosure information to make recruitment decisions, and in the employment and fair treatment of ex-offenders.
- Discussing any matters revealed in disclosure information with the applicant before any offer of employment is withdrawn.
- Providing advice on a case-by-case basis to line managers, including in respect of the response to the receipt of positive disclosures.
- Ensuring the security and appropriate dissemination of disclosure information.

4.6 DBS Counter-Signatories are responsible for:

- Disclosure application forms completed to a satisfactory standard and processed appropriately and in a timely manner.
- That there is appropriate storage and use of disclosure Information. DBS applications including renewals need to be sent to the TRUST HR team at Capita.

4.7 DBS Lead Counter-signatories have overall responsibility for:

- Compliance with the DBS Code of Practice.
- Keeping abreast of developments in guidance and legislation, and for issuing guidance to Human Resources, as appropriate, regarding the DBS Disclosure Service.
- Ensuring the list of what posts on ESR require what level of check is reviewed on an annual basis with the support of operational services to ensure nothing has changed in terms of the nature of duties undertaken

5. Procedural document on Recruitment of Ex-Offenders and Disclosure and Barring Service

5.1 Legislation

This policy has particular reference to those concerned with recruitment and takes into account the following legislation:

- Rehabilitation of Offenders Act 1974
- The Police Act 1997
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedom's Act 2012.
- Legal Aid, Sentencing and Punishment of Offenders Act 2012
- General Data Protection Regulations 2018

See appendix B for more detailed information about the legislation.

5.2 Eligibility for disclosures

5.2.1 Enhanced Disclosure

Enhanced is the highest level of DBS disclosure and applies to those individuals working and/or in a 'regulated activity' as defined by the Safeguarding Vulnerable Groups Act 2006 and/or as amended by the Protection of Freedoms Act 2012.

There are 2 levels of enhanced checks:

1. an enhanced disclosure with DBS barred list information for posts that fall under the new regulated activity definition;
2. an enhanced disclosure without barring information for posts that meets the previous definition of regulated activity under the Safeguarding Vulnerable Groups Act but do not meet the new regulated activity definition.

Regulated Activities

The definition of regulated activity relating to adults and children is summarised below. More details and examples can be found at

<https://www.gov.uk/government/publications/new-disclosure-and-barring-services> (adults)

and

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2> (children).

Individuals who will be working in posts that meet the definition of Regulated Activity as defined below will be eligible for an enhanced criminal record check with barred list check.

Adults

Regulated activity relating to adults is any activity involving working or volunteering with adults (aged 18 or over) that is of a specific nature. There is no requirement for a person working or volunteering with adults to complete the activities outlined below above a certain number of times within a certain period before they are regarded as engaging in regulated activity.

There are 6 categories:

- Healthcare, including all forms of health care relating to physical or mental health and palliative care, carried out by/or under supervision from, a regulated healthcare professional.
- Personal care, providing physical assistance with washing, toileting, dressing, eating and drinking or prompting then supervising/ training/instructing/giving guidance to an adult to do any of these tasks because their age, illness or disability prevents them from doing so for themselves.
- Social work, including assessing the need for health or social care services and ongoing support.
- Day-to-day assistance with managing cash, bills or shopping, where due to their age, illness or disability, they cannot do so for themselves.
- Assistance with the conduct of personal affairs under formal appointment.
- Transporting, e.g. by vehicle, trolley or wheelchair, an adult because of their age, illness or disability to/from/between places where they are receiving or have received any of the above. Includes drivers and their assistants, and where the adult is accompanied by a carer. Excludes taxis for public use.

Children

- Regulated activity relating to children is any activity involving working or volunteering with children that is of a specified nature. Healthcare, including all forms of health care relating to physical or mental health and palliative care, carried out by/or under supervision from, a regulated healthcare professional.¹
- Personal care, involving physical assistance with washing, toileting, dressing, eating and drinking or prompting/supervising/training or instructing a child to do any of these tasks because their age, illness or disability prevents them from doing so for themselves.²
- Teaching, training, instruction, assistance, advice or guidance provided wholly or mainly for children on any of the above, where this is provided in an **unsupervised** capacity.²
- Driving a vehicle for the sole purpose of transporting children to/from places where they are receiving or have received any of the above. Includes drivers and their assistants,² and where children are accompanied by carers/guardians. Excludes taxis for public use.
- Any employment or volunteering where undertaken in a **specified establishment** which permits access to children (including schools, pupil referral units, nursery schools, institutions for the detention of children, children's homes or children centres in England, childcare premises. Excludes children's hospitals).

A DBS check eligibility tool can be found [here](#)

5.2.2 Standard Check

A standard check includes all spent [old] and unspent [current] convictions, cautions, reprimands and final warnings that are held on the Police National Computer [PNC] and are not protected by the DBS filtering rules. It may also include any relevant convictions in Scotland and Northern Ireland.

5.3 The Recruitment process - Gathering information on criminal records

CLCH will seek a disclosure check only in relation to posts where there is a legal entitlement to do so. A suitable and sufficient risk assessment should also be made of the duties to be performed by prospective volunteers/visitors who should not have unsupervised access to patients without a DBS check.

¹ These activities are a regulated activity irrespective of how many times the individual performs them in their role.

² These activities must be performed by the same person in the same establishment - at least once a month on an ongoing basis/anytime on more than three days in any 30 day period/or overnight where there is face-to-face contact with children between the hours of 2am and 6am. Activities carried out under family or personal relationships, peer exemption (i.e. a person within a group assisting another member of the group) or where activities are carried out in the presence of children but the activity is not being provided to children is not regulated activity.

The HR Department will agree with CLCH managers a list of those posts for which the disclosure process is necessary (specifying the level of disclosure required). This information will be recorded against the position record on Electronic Staff Record (ESR).

Applicants should be asked about criminal records in such a way as to encourage honesty. Applicants will be informed, at the outset, if criminal record information will be requested of them. This will provide the basis for the applicant to decide whether or not to apply for the post.

CLCH will inform applicants that criminal records information will be used to assess applicants' suitability for employment, only as far as it is relevant, and that they will be considered for the job on the basis of merit and ability and not discriminated against unfairly.

When recruiting to posts exempted under the Rehabilitation of Offenders Act 1974 CLCH will make it clear that it will require disclosure of all criminal records information, including dates of all 'spent' convictions, cautions, reprimands and final warnings. Where an enhanced disclosure is required, by virtue of the activity being 'regulated', other relevant non-conviction information such as details of police enquiries or pending prosecutions will also be sought.

Where a post is not exempted under the Rehabilitation of Offenders Act 1974 CLCH will make it clear that criminal record information will only be taken into account where it is relevant to the post. In this case applicants will not be required to disclose details of convictions that are 'spent'. This will include details of cautions, reprimands and final warnings as these are 'spent' immediately after they are given.

For posts where criminal record information and/or a disclosure will be required the following steps are to be followed.

The job advert must contain a brief statement to make it clear that a disclosure will be requested in the event of the individual being offered the position, as follows:

"This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service to check for any previous criminal convictions".

The CLCH "policy Statement on the Recruitment of Ex-Offenders" (see Appendix D) is included in the *Guidance Notes for Applicants*.

A statement making it clear that a DBS disclosure check will be requested in the event of the individual being offered the position is included in the *Guidance Notes for Applicants*.

5.4 Declaration of a Criminal Record

CLCH already requires all job applicants to indicate on their application form whether or not they have a criminal record. Specific details regarding the nature of the conviction will be requested from applicants who are offered a post.

Applicants who are offered positions which have been identified as subject to the disclosure process for a standard or enhanced check, and are exempt from the Rehabilitation of Offenders Act 1974 (as amended), will be required to submit written details of criminal convictions (including dates) and other associated information by completing a criminal record Self-Declaration Form.

The self-declaration form allows applicants to also provide other relevant information that they believe may improve understanding and enable fair decision-making. Model declaration form A is for use only when recruiting to positions that are exempt from the Rehabilitation of Offenders Act 1974. Model declaration form B is intended for use only in connection with positions that are non-exempt under the Rehabilitation of Offenders Act 1974.

Shortlisted applicants will be informed in writing that, were they to be successful in their application, details of any relevant criminal convictions and other associated information may be discussed at a separate interview with Human Resources or the recruiting manager in order to assess any job-related risk.

Details of criminal convictions provided by applicants in the self-declaration form will be shared and discussed with the recruiting manager.

Should applicants not be successful in their application for employment, the self-declaration form, providing full details of their criminal record, will be destroyed by the Recruitment team after 6 months.

After assessing the relevance of any offence/conviction information to the post applied for, and after appropriate consultation with any third party nominated by the applicant (e.g. a Probation Officer or specialist employment organisation), the Workforce Business Partner will advise the recruiting manager of any relevant issues and, if necessary, review the appointment recommendation in light of these.

An applicant's criminal record will be checked and verified using the Disclosure and Barring Service at the point of making a provisional job offer.

Disclosures carry no absolute guarantee of accuracy. Neither do they carry a predetermined period of validity because a conviction, or other matter, could be recorded against the subject of the disclosure at any time after it is issued. The closer the date of issue of a disclosure certificate, the more reliance can be placed on its content. The recruiting manager should therefore ensure that they fully consider all available pre-employment information prior to

making a decision to appoint. In particular, gaps in employment history should be explored with the applicant at interview and questions should be designed to provide assurances that the individual has the right values and behaviours to work in healthcare.

Offers of employment are made by CLCH subject to pre-employment checks, such as employment history and reference checks, verification of identity, right to work checks and verification of professional registration, where appropriate. Where a post has been agreed to require a disclosure, the offer of employment issued by the recruitment team must contain a statement that it is subject to the candidate providing a satisfactory (standard or enhanced) disclosure from the Disclosure and Barring Service.

5.5 Applying for a Disclosure

An application to the DBS for disclosure must be initiated by the individual appointee submitting the relevant ID documents and proof of address and completing the link to electronic DBS system with their personal details.

Before it is submitted HR Operational services will check their application meets the requirements.

5.6 Overseas Applicants

There are mandatory pre-employment checks that must be carried out when recruiting staff. These checks apply equally to all staff employed by CLCH, whether they are recruited from the UK or overseas.

It may be difficult to obtain satisfactory disclosure information for applicants with a substantial record of overseas residence as the DBS does not generally have access to overseas criminal records. Where the criteria is met for a disclosure, a DBS check should be obtained as a matter of good practice, even if the applicant claims never to have lived in the UK previously or to have been resident in the UK for a considerable amount of time.

The DBS will be carried out in addition to the relevant overseas police check, or certificate of good conduct, which must be in accordance with the relevant country's justice system and UK requirements. From 6 April 2017, Tier 2 (general) visa applicants and their adult dependent(s) will be required to provide a criminal record certificate from each country they have lived in consecutively for 12 months or more in the past ten years. The requirement has been designed to strengthen safeguards against individuals with a criminal history who are seeking to come to the UK.

The accuracy and authenticity of the information obtained through an overseas check usually depends on how the certificates are obtained. Some Embassies and High Commissions within the UK will initiate requests on behalf of applicants and liaise with the relevant issuing authority abroad. Where prospective employees have to apply to the issuing authority directly, the

relevant Embassy or High Commission in the UK may still be able to provide advice on what the Trust should expect. If there is any doubt about the information produced, they may also be able to authenticate the search results.

The Human Resources department should be contacted for further advice.

Where it is impossible to obtain reliable criminal record information from the country of origin, CLCH will be required to make discretionary recruitment decisions on the basis of all the other information available to it.

Managers and employees are reminded that convictions handed down in a foreign country, whether an EU Member State or a country outside of the EU are treated in the same way as those received before a British court. The Rehabilitation of Offenders Act applies to those convictions passed by or before a court overseas, and so overseas convictions will be treated in the same manner as convictions before British courts. The Act states that any sentence imposed by an overseas court will be treated in the same way as the most closely related sentence.

5.7 Portability of Disclosures

DBS disclosures have no term of validity. The only assured means of ensuring that information is as accurate and up to date as it can be, is to obtain a new DBS check. If considering accepting a disclosure certificate that has been issued for another role, CLCH will take the following factors into account:

- The date of the last disclosure. The disclosure certificate will only provide information that is known about an individual up to the point of its issue. Therefore there is a chance that the individual's criminal record status may have changed since their last disclosure.
- Whether the new role is the same or similar to their previous role. Any intelligence provided will have been relevant to the individual's previous role. There is a possibility that additional information could be revealed for a different role.
- Whether the certificate is genuine and it relates to the person presenting themselves. The previous disclosure will have been issued based on another organisation's ID verification process. CLCH should take all necessary steps to assure itself that the certificate is genuine, the information provided relates to the individual presenting themselves and it can be cross-referenced with other documentary evidence they have provided as part of their application.

For guidance on assessing portability, see appendix E. Acceptance of portability of a disclosure must be discussed with the Lead Counter signatory for the DBS before a final decision is made.

Appendices F and H set out the risk assessment should be undertaken when considering whether it is possible to rely on a previously issued disclosure.

An online criminal record **Update Service** is available through the DBS. This enables the Trust to carry out an instant online check of existing disclosure information that will confirm if the certificate presented by the individual is up-to-date where the candidate or existing staff member has registered with the service.

- If it is up-to-date, there will be no need to apply for a new criminal record check and the recruitment process can continue.
- If the result of the check indicates that there is 'new information', the Trust will be advised to apply for a new criminal record check to obtain the latest information.

If the individual has come from a different sector, e.g. moving from the adults' workforce to the children's workforce, or a different level of check is required, or the candidate/existing employee has not registered with the update service, a new criminal record check will be required.

5.8 TUPE Transfers

Under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) 2006, in respect of transfers in and out of a trust, the intention of the Regulations is that the employment transfers and is continuous. As such, portability of Disclosures will be deemed applicable in such circumstances. The exception to this is where the transfer results in an individual working at a different level with children, and/or vulnerable adults, and the appropriate level of disclosure is not already in place. This principle will also apply in terms in contracts for the provision of works, goods, services and/or utilities, where a contract transfers to or from CLCH to or from another provider.

HR Operational Services will complete a check of data received through TUPE transfers and if there is no record of a DBS check being completed in ESR a check will be requested within three months of the transfer. A check of the levels required for the posts transferring will also be completed.

5.9 Cost of Disclosure Certificates

CLCH will meet the costs of obtaining disclosure certificates for its current and all potential staff.

There is no charge by the DBS for obtaining disclosure certificates for volunteers. To be eligible for free disclosures, the DBS requires that a volunteer must be covered by the following definition: “Any person engaged in an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit some third party and not a close relative.”

5.10 Pre-Employment Checking Process

Following the offer and acceptance of employment, employees should not normally commence working for CLCH until full clearances, including a satisfactory DBS disclosure, has been received and checked by Human Resources. This also applies to internal appointments in that staff should not transfer to a post requiring DBS clearance until such clearance has been received.

In exceptional circumstances, where there is a justifiable reason for employment to commence prior to DBS clearance, such a decision can only be taken following a risk assessment. There must be a record of this process and decision, including “sign off” by the recruiting manager, to ensure audit and accountability of the judgment. The judgment is an assessment of the risk versus the consequences of the decision. Furthermore, the employee must never commence prior to the submission of their completed disclosure application to the DBS and receipt, by Human Resources, of a completed criminal records self-declaration.

In exceptional circumstances, a risk based decision to appoint applicants while they are awaiting the outcome of their DBS check in order for them to undertake induction or training. Where practical, individuals may undertake restricted duties with appropriate safeguards in place but must **not be permitted** to engage in any form of regulated activity until the outcome of their DBS check is known.

Appendices F and H set out the risk assessment to be undertaken when considering the commencement of an employee’s employment prior to receiving clearance.

5.11 Assessing ‘Positive’ Disclosures

The term “positive disclosure” refers to a disclosure containing information relating to convictions, cautions, reprimands, etc., plus “soft information” relating to non-convictions, but which police forces deem relevant. It is essential that CLCH follows a consistent process for considering such disclosures and for making subsequent judgements regarding an applicant’s suitability for employment.

The following key stages must occur in the process (see Appendix G):

- The positive disclosure will be considered by the Recruitment Manager/Workforce Business Partner.
- The Recruitment Manager/Workforce Business Partner will undertake an initial assessment of whether the offence(s) listed are sufficiently serious to cause concern. This assessment will follow the guidelines set out in section 5.12 of this policy.
- If offences were declared prior to completion of a disclosure application, an interview may not always be necessary if a discussion with the candidate took place at an earlier stage.
- If offences were not declared, this will automatically warrant an interview with the applicant.
- Decisions at this stage will often err on the side of caution.
- The Lead Counter signatory will liaise with the relevant Workforce Business Partner to ensure that an interview is held with the candidate to enable a recruitment decision to be made.
- The interview should be undertaken between the relevant recruiting manager and the applicant. In addition, the Workforce Business Partner/HR Advisor will be present. The positive disclosure should be discussed with the applicant. The discussion will aid the decision-making process, and should again follow the guidelines set out in section 5.12 of this policy.

5.12 Assessing the relevance of a criminal record

A disclosure will usually only provide basic facts, such as the name, and date of offence(s) and, if applicable, details of any sentence(s). It will not put them into context. In assessing the relevance to a post, of an applicant's criminal record, an assessment of the applicant's skills, experience and conviction circumstances will be weighed against the risk assessment criteria for the job. This must be judged on a case-by-case basis.

An applicant's criminal record will be assessed in relation to the tasks that he or she will be required to perform and the circumstances in which the work will be carried out.

In some cases, the relationship between the offence and the post will be clear enough for CLCH to decide easily on the suitability of the applicant for the job. For example, it is illegal to, for certain ex-offenders; apply for work in some occupations and for an employer knowingly to employ a banned person in such a capacity.

Often, however, in order to determine the relevance of convictions to a specific post the following will need to be considered:

- Does the post involve one-to-one contact with children or other vulnerable groups as employees, customers and clients?
- What level of supervision will the post holder receive?
- Does the post involve direct contact with the public?
- Will the nature of the job present any opportunities for the post holder to re-offend in the place of work?

Where an applicant is assessed as meeting the requirements of the person specification, and then discloses a criminal record that is not directly relevant to the post, CLCH will discuss the relevance of each offence with the applicant. As a minimum requirement, the following issues will be taken into account:

- The nature and seriousness of the offence and its relevance to the safety of other employees, customers, clients and property;
- The length of time since the offence occurred and the age at which it was committed;
- Any relevant information and explanation offered by the applicant about the circumstances which led to the offence being committed, e.g. the influence of domestic or financial difficulties;
- The concealment of offences at application stage;
- Whether the offence was a one-off, or part of a history of offending behaviour;
- Whether the applicant's circumstances have changed since the offence was committed, making re-offending less likely;
- The country in which the offence was committed; some activities are offences in Scotland and not in England and Wales, and vice versa;
- Whether the offence has since been decriminalised by Parliament; and
- The degree of remorse, or otherwise, expressed by the applicant and their motivation to change.

5.13 Filtering rules

Filtering is similar in its concept to the rehabilitation periods under the Rehabilitation of Offenders Act. However instead of establishing what information should become '*spent*' after a specific period of time, filtering establishes the type of criminal record information that will become protected (i.e. subject to filtering) and therefore will not be included in a standard or enhanced disclosure certificate.

The change does not mean that information will be removed from the Police National Computer (PNC) and police forces continue to retain their common law powers to include information in the disclosure certificate where they reasonably believe it to be relevant to do so in order to protect vulnerable groups. Applicants no longer need to declare any cautions or convictions that are protected, irrespective as to whether they are intending to engage in regulated activity. It is unlawful for CLCH to take protected cautions and convictions into account when making a decision to employ a person or dismiss an existing employee.

An **adult conviction** will be removed from a DBS check only when it meets the following four conditions:

1. Eleven years have elapsed since the date of the conviction
2. It is the persons only conviction (multiple convictions will always be included)
3. The conviction did not result in a custodial or suspended sentence (any conviction resulting in a custodial or suspended sentence will always be included).
4. The conviction does not appear on the list of specified offences relevant to safeguarding.

An adult caution (including reprimands and final warnings) will be removed after six years have elapsed since the date of the caution and if it does not appear on the list of specified offences. There is no limit to the amount of cautions that can be filtered.

A **juvenile conviction** will be removed from the DBS check only when it meets the following four conditions:

1. Five and a half years have elapsed since the date of conviction
2. It is the persons only conviction (multiple convictions will always be included)
3. The conviction did not result in a custodial or suspended sentence (any conviction resulting in a custodial or suspended sentence will always be included).
4. The conviction does not appear on the list of specified offences relevant to safeguarding.

5.14 Withdrawal of offers of employment

Should an applicant fail to disclose a criminal record, or make false declarations in their application or, where a risk assessment of the applicant's criminal record results in him or her being considered unsuitable for employment with CLCH, the recruiting manager, after seeking advice from Human Resources, may decide to withdraw the provisional offer of employment.

Subject to the circumstances outlined in section 5.11 to 5.12 above, no offer of employment may, however, be withdrawn without the matter first being raised directly with the applicant, by the recruiting manager, with support from the Workforce Business Partner/HR Advisor, at a meeting to discuss his or her non-declaration of a criminal record.

If the disclosure information obtained from the DBS contradicts that provided by the applicant, he or she will also be given the opportunity to attend a meeting with the recruiting manager and Workforce Business Partner/HR Advisor to discuss and explain the discrepancy before a final decision is made.

When attending a meeting in the circumstances described above, the applicant may be accompanied by a trade union representative however this should not unreasonably delay the meeting (the meeting should take place within a week of the positive disclosure being identified). The recruiting manager will be supported by HR, who will also ensure that the applicant receives a full copy of this policy, prior to attending the meeting.

When meeting with an applicant in the circumstances described above, the recruiting manager might consider, among other factors, whether the applicant has made an innocent mistake and was unaware that he or she had a criminal record, whether the applicant is mistaken about the type of conviction or sentence they received and, as a result, either did not declare it or provided incorrect information, or whether the applicant was wrongly advised by a third party about whether or not to declare their criminal record.

In some instances it may be immediately clear that the applicant is unsuitable for the post that they have applied for because of his or her criminal record. Even in this situation, subject to the circumstances outlined in 5.13 above, no provisional offer of employment may be withdrawn without the issue first being raised with the applicant.

Where an applicant disputes the information contained in a disclosure, the applicant should immediately notify the DBS Disputes Team via the contact information on the DBS website. The offer of employment will not be confirmed until the dispute is resolved.

5.15 Existing employees who are found to have a criminal record

Updated DBS disclosure will be sought for existing employees in the following circumstances:

1. All existing employees who transfer from a post that does not require clearance, to one that does, will be subject to a DBS Disclosure at the appropriate level.
 2. Where a previous DBS check did not include checking the relevant barred list.
 3. All employees who have been subject to a DBS disclosure will be checked if their disclosure is now more than:
 - 3 years old for staff working in schools
 - 5 years old in all other services
 - 12 months old if they are a bank worker who does not hold a permanent NHS job³
1. A rolling programme is in place to capture all re-checking, as described above, at regular intervals.
 2. A failure to renew a DBS check in line with these timescales does not prevent an employee working however should an employee not renew in a timely way then:
 - They will be asked by their manager to complete a declaration to confirm there have been no offences they should make us aware of
 - Their manager will need to complete a risk assessment to allow them to continue working
 - They may be subject to disciplinary action if it is clear they have received several requests to renew their DBS check but have not responded in a timely way.
 - In this case they may also be transferred to a non-patient facing role or suspended from duty until they have submitted the relevant information to allow a check to be completed.
1. Head of services may deem, at any time, that an employee should be subject to a DBS check, provided that they can justify that the employee has 'given cause for concern' and is employed in a position that meets the criteria for working with, or having contact with patients, children or vulnerable adults.
 2. When relevant new information becomes known about an individual who is already in the workforce, and being monitored by the vetting and barring scheme, the DBS will, if necessary, review the original decision not to bar. Where they have registered, CLCH will be notified if an employee's status in the scheme has changed.

³ Please see guidance under temporary workers in [NHS employers Criminal Records Checks March 2017](#) (page 11) where the nature of the temporary work means they can be filling positions at short notice, the requirement is to have annual checks either by subscribing to the DBS update service or an annual DBS check as a minimum standard.

Many of CLCH posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975. All employees who are in a post that requires either an enhanced or standard disclosure are required to declare any convictions or cautions which arise during the course of their employment. This is set out in the CLCH's *Principal Statement of Terms and Conditions of Employment*, which require staff to inform their manager of any circumstances or convictions, subsequent to and which may affect their employment with CLCH.

Members of staff who have withheld any information about cautions or convictions, which for other purposes are 'spent' under the provisions of the Rehabilitation of Offenders Act 1974, may be liable to dismissal or disciplinary action by CLCH.

The main consideration is whether the offence is one which makes the member of staff unsuitable for their type of work. CLCH will, having established all of the facts, need to consider whether the conduct is sufficiently serious to warrant instituting the CLCH Disciplinary policy.

Nevertheless, in view of the damage the failure to declare the offence may have caused to the contractual relationship between CLCH and the employee, it may cause their continued employment to be questioned. It is CLCH policy that this may be treated as gross misconduct and there may be a disciplinary investigation, possibly resulting in dismissal. This is particularly the case in respect of employment with CLCH that involves working with children and vulnerable adults.

In assessing the seriousness of an existing employee's failure to declare an offence, consideration will be given firstly, to both the breakdown in the contractual relationship caused by the failure to declare an offence and, secondly, to the degree of risk the conviction carries in relation to the post, having regard to the factors outlined in section 16.

It may be appropriate for the Trust to notify the relevant professional body, for example, the Nursing and Midwifery Council, Health and Care Professions Council.

5.16 Duty to refer to the Disclosure and Barring Service

The Trust has a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have been dismissed or consideration is being given for them to be facing dismissal. The Trust also has a duty to refer where an employee has resigned before a formal decision to dismiss has been made. Failure to refer is a criminal offence. Guidance on referral is available at www.homeoffice.gov.uk/dbs

5.17 Bank Workers

All Bank workers who are not substantive employees of the Trust are required to undertake a DBS clearance on an annual basis as per NHS Employers' Employment Check Standards. The following criteria will apply.

As Bank workers are not appointed into one particular post, they are likely to move frequently into new areas of work that could include access to children and vulnerable adults. Therefore, all clinical and therapy workers, whether or not they provide care, training, supervision or are in sole charge of children or vulnerable adults, will be checked at the enhanced level with a check against the DBS barred lists because of the high mobility of the workers.

All other Bank workers, including administration and clerical Bank workers will also have the appropriate DBS check in accordance with the DBS guidance. If it is clear that a worker will only ever be required to work in an area that involves substantial access to either children or vulnerable adults, they should only be checked against the relevant barred list. Other workers will be checked against both barred lists.

For applicants to the bank presentation of an existing DBS certificate issued in the last 12 months will allow them to commence employment with CLCH. A record of the certificate, date and reference number should be taken for ESR to inform the need for future renewals if they remain in CLCH employment. If they do not have a recent certificate bank workers may not work until the DBS disclosure has been received. In exceptional circumstances, where it can be demonstrated that there will be an adverse effect upon service delivery, line managers may choose to carry out a risk assessment for the bank worker to work under supervision pending the outcome of the DBS.

A copy of the risk assessment must be completed before the worker can begin duties.

As bank workers potentially present a higher risk to patients they should be encouraged to sign up for the update service or they will be expected to renew their DBS checks, where they do not hold a permanent NHS post, every 12 months.

5.18 Agency Workers and Locums

From time to time, agency workers may be required to work within the Trust. Workers who deliver patient care must be sourced from the London and National Frameworks' approved agencies that are contractually obliged to perform DBS clearances, in accordance with the National Framework Agreement. The Agency that supplies the agency worker is required to

provide evidence of their DBS clearance at the start of their assignment. The check must have been obtained within the last 12 months.

CLCH must obtain and keep written confirmation from an employment agency that eligible members of staff that are supplied to them have had a satisfactory DBS check at the right level for their role.

5.19 External contractors and other highly mobile staff

Other highly mobile staff with access to patients are required to comply with this guidance. When considering the use of an external contractor, any criminal record checks that may be required must be carried out by the appropriate organisation, with an explicit agreement in place, e.g. through a Service Level Agreement. It is the manager's responsibility to ensure that the necessary checks have been properly carried out and at the appropriate level, including a check against the DBS barred list for children and/or vulnerable adults where necessary, before using these staff.

5.20 Students/Trainees

Criminal record checks may apply to students, and will apply if they come into contact with patients. Information and advice should be sought from the Clinical Education and Practice Team.

The following applies:

- Where a training placement has been arranged for healthcare students, Higher Educational Institutions (HEI) may request a DBS check as part of their admissions procedure.
- The Trust has a duty to seek written assurances from the educational body that appropriate checks have been obtained for the positions that the student will be undertaking.
- The level of disclosure (standard or enhanced) should be agreed with this Trust if it is hosting the placement. In most cases, a Standard disclosure will be appropriate as students are normally supervised. However, when a placement also involves 'regularly caring for, training, supervising or being in the sole charge of children or vulnerable adults in the course of their normal duties' (Police Act), an enhanced check will be required. The Trust must advise the HEI if a post meets the criteria. In addition, if a student will not be supervised throughout their placement, it may be necessary to undertake an enhanced check.

- There is no legal requirement for the Trust to carry out a DBS check when a student/trainee takes up their placement if a satisfactory check has been carried out by the university. A new DBS check is required if they subsequently take up a post in the Trust.
- In certain circumstances, e.g. for Return to Nursing students, it may be the Trust's responsibility to undertake a DBS check. It is the responsibility of the manager arranging the students to ensure that any necessary check is, or has been, undertaken.
- In the case of elective placement students, e.g. health care students on a course that encourages them to negotiate a placement out of area, the manager must ensure that a DBS check is, or has been, undertaken in addition to other relevant checks, before the placement is agreed.

Where there is a delay in processing a disclosure and the manager wants to consider starting the student prior to receipt of the disclosure, please see section 5.10 of the policy.

5.21 Volunteers

The eligibility criteria for a criminal record check or barred list check is the same regardless of whether the individual is a paid employee or unpaid volunteer. The manager must ensure that volunteers are fully aware of Trust policies, protocols and procedures in relation to the protection of vulnerable people, what they should do and to whom they can refer if they have any concerns.

5.22 Work Experience

A minimum age limit for criminal record checks has been set in the Protection of Freedoms Act 2012. This means that the Trust must not apply for a criminal record check for individuals aged under 16.

Work Experience students are all supervised and, therefore, criminal record checks should not be required. Under any circumstances where they are not supervised, advice should be taken from the Human Resources Department.

5.23 Staff engaged on honorary contracts or secondments

It will be for the individual's employer to ensure they have performed the relevant employment checks in line with the NHS employment check standards. When agreeing honorary contracts or secondment agreements, this needs to be made clear to the individual and the employing organisation and reasonable assurance sought that the individual is suitable for employment in healthcare and needs to declare any offences that may occur during their time with the Trust.

5.24 Maternity leave

Before an employee goes on maternity leave it is good practice to check that the following will not expire during their absence and to renew early if possible:

- Professional registration
- DBS check
- Time – limited visas

When an employee has a record of an original check but is due for renewal while on maternity leave then the DBS renewal process should be started ideally before they return to work. A KIT day should be used to complete the DBS. If a DBS has expired on returning to work they will need to start the process for renewal, sign a declaration and have a risk assessment completed on their first day of returning to work. There will be an exception to reporting employees as non-compliant whilst they are on maternity leave and for the first month after they return.

5.25 Long term absence

When an employee is on long term sickness absence, special leave, external secondment or suspension where possible they need to still make efforts to maintain their ability to return to work including professional registration, any time-limited visas and DBS.

Any lapses need to be picked up as part of planning any return to work and keeping in touch meetings. If a DBS has expired for a member of staff upon returning to work for the trust, they need to start the process for renewal, sign a declaration and have a risk assessment completed. There will be an exception to reporting Long term sickness absence as non-compliant whilst they are on sick leave and for the first month after they return.

5.26 Director level posts

The Trust is obliged to comply with requirements in relation to “Fit and Proper persons” for Executive and Non-Executive Directors. The same policy applies to these roles although Non-Executive appointments may be made by NHSI in which case relevant appointment information needs to be transferred to our records to be able to demonstrate it as being compliant.

5.27 Complying with storage, handling and confidentiality requirements

CLCH has adopted a formal policy on the ‘*Secure Storage, Handling, Use, Retention and Disposal of Disclosure and Disclosure Information*’ which is recommended by the DBS and is set out in Appendix C. A copy of the policy statement must be made available to any applicants or others who wish to see it.

5.28 Other safeguards

All CLCH staff involved in recruitment and selection activities, and other decisions using Disclosure information, should ensure that they are familiar with the CLCH *Recruitment of Ex-Offenders and Disclosure and Barring Service policy*, the procedures for the DBS Disclosure

system and the *CLCH policy Statement on the Recruitment of Ex-Offenders and the CLCH policy Statement on the Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information*.

CLCH staff involved in recruitment and selection activities should also be familiar with further guidance available in the areas of the employment of persons who have been convicted in the past, including the relevant legislation.

5.29 Misuse of the disclosure system

Any use of the Disclosure system must be for legitimate CLCH purposes. Any misuse of the system could result in disciplinary action.

6. Consultation Process

This policy has been updated to reflect the current national best practice & legislation.

Development of this policy has been agreed with staff representatives through the HR policy group.

The following stakeholders were consulted in the updating of this policy and comments incorporated as appropriate.

- Human Resources
- Staff Representatives
- HR Operational Services (Capita)
- Clinical and Education and Practice Lead

7. Approval and ratification process

This policy has been updated to reflect NHS Employment Check Standards (Criminal Record Checks) that were published in September 2017 by NHS Employers. It was approved by the HR Policy Group (including staff representatives) on 4 June 2018.

Final approval was given by the Policy Ratification Group on the 11th June 2018.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy. It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated by the Head of Human Resources to managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

Training for managers and team leaders relating to recruitment processes is provided through the HR team. It can be booked through the Learning and Development Booking system.

11. Monitoring and Auditing Compliance with the Procedural Document

Please see the table at appendix A.

12. Expiry and review dates

This procedural document will be reviewed in 3 years' time in 2021. It will be reviewed by the HR Lead for policies.

13. Associated Documentation

Equality and diversity policy
Employment checks procedure
References and employment history checks policy
Disciplinary policy
Conflict of interest policy and code of conduct
Freedom to speak up: raising concerns at work policy

14. References

It is recommended that this document should be used alongside the DBS's own guidance, in particular the *DBS Code of Practice*, which can be found on their website (<http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-checking-service-guidance/cop>) and in their newsletters. This document should also be used alongside the DBS's guidance which can be found on their website.

This policy should also be read in conjunction with the NHS Employers Employment Check Standard for Criminal Record and Barring Checks which can be found on their website (www.nhsemployers.org) and Central London Community Healthcare's *Recruitment and Resourcing Policy and Disciplinary Policy*.

Guidance is also available on the Security Industry Authority Website at www.the-sia.org.uk or by visiting www.homeoffice.gov.uk/dbs or calling the overseas information enquiry team on 0870 0100 450.

Guidance, information and advice is available from the following sources:

- Care Quality Commission (CQC) Disclosure and Barring Service Checks, December 2017
http://www.cqc.org.uk/sites/default/files/20171218_100646_Disclosure_and_Barring_Service_checks_guidance_v6.pdf
- Criminal Record and Barring Checks, NHS Employers, September 2017. Available from <http://www.nhsemployers.org/-/media/Employers/Publications/Employment-checks-NEW-April-2016/Criminal-record-checks-final-March-2017.pdf?la=en&hash=F91CFA97DB3388C45F28CF347B1C660BACBA86B1> The eligibility for DBS check guidance (revised in August 2018) sets out a number of different example scenarios to help employers in the NHS make a more informed decision about whether or not a role is eligible for a criminal record check through the Disclosure and Barring Service (known as a DBS check).
- The Protection of Children Act 1999: A practical guide to the Act for all organisations working with children, Department of Health, 1999. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006939
- Protection of Vulnerable Adults (POVA) scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: a practical guide, Department of Health, January 2009.
- Protection of Vulnerable Adults Scheme in England & Wales for care homes and domiciliary care agencies: Frequently Asked Questions. DoH, December 2004. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093299
- Equality Act 2010
- NHS Employers 'Criminal Record Checks' document.
- Security Industry Authority Website at www.the-sia.org.uk
- Disclosure and Barring Service website at www.homeoffice.gov.uk/dbs

15. Appendices

Appendix A:	Monitoring and compliance table
Appendix B:	Related legislation
Appendix C:	Policy statement on the secure storage, handling, use, retention and disposal of disclosures and disclosure Information
Appendix D:	Policy Statement on the recruitment of ex-offenders
Appendix E:	Assessing portability of disclosures guidance
Appendix F:	Commencement of employment prior to clearance risk assessment
Appendix G:	Positive disclosures
Appendix H:	Risk assessment - consideration of commencement of employment prior to DBS clearance
Appendix I:	Compliance monitoring table
Appendix J:	Equality impact assessment

Appendix A: Compliance monitoring table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented	How often will you monitor that the policy is being implemented	Reporting arrangements
-------------	----------------------------	--	---	------------------------

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented	How often will you monitor that the policy is being implemented	Reporting arrangements
Director of People and Communications	<p>Assurance report to be carried out which will include:</p> <p>Number of new starters who commenced their DBS checks</p> <p>Number of new starters who received their DBS check before starting employment</p> <p>Number of staff who completed their renewal within three months of the renewal date</p> <p>Number of staff who have a DBS past the renewal date.</p>	KPIs described in previous column	Annually	Workforce Committee

Appendix B: Related Legislation

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 was introduced to ensure that ex-offenders, who have not re-offended, for a period of time since the date of their conviction, are not discriminated against when applying for a job. The Act makes it illegal for an organisation to discriminate against ex-offenders on the grounds of a 'spent' conviction unless the post that they are applying for is 'exempted'.

The length of time required for an ex-offender to become 'rehabilitated' depends on the sentence received and the age when convicted, not the offence committed. For a custodial sentence, the rehabilitation period is decided by the original sentence and not the time served. Under the Rehabilitation of Offenders Act 1974 any conviction for a criminal offence can be regarded as spent provided:

- the conviction did not carry a sentence excluded from the Act, such as a custodial sentence of over two and a half years; and
- no further convictions occurred within the rehabilitation period.

Cautions, reprimands and final warnings are not considered to be criminal convictions and so are not covered by the Rehabilitation of Offenders Act 1974. Cautions, reprimands and final warnings become 'spent' immediately and so may be considered by organisations only in relation to exempted posts. (Please see the table below for further information). Details on how long a conviction or caution remain 'unspent' is detailed on the government website at:

<https://www.gov.uk/exoffenders-and-employment>

Convictions with a sentence of 4 years or less will become spent after a certain period of time. This is known as a 'rehabilitation period'. Its length depends on how severe the penalty was.

Rehabilitation periods for England and Wales

Custodial sentence	Rehabilitation period (from end of sentence)
0 - 6 months	2 years
6 - 30 months	4 years
30 months - 4 years	7 years
More than 4 years	Never
Non-custodial sentence	Rehabilitation period (from end of sentence)
community order	1 year
Fine	1 year (from date of conviction)

Non-custodial sentence	Rehabilitation period (from end of sentence)
absolute discharge	None

The rehabilitation period is halved if you were under 18 when convicted (except for sentences of up to 6 months where it's the sentence period plus 18 months).

It's against the law to refuse someone a job because they've got a spent conviction or caution, unless it's because a DBS check shows that they're unsuitable.

In order to protect certain vulnerable groups within society various kinds of employment, occupations and professions are exempted from the Rehabilitation of Offenders Act 1974. The Rehabilitation of Offenders Act 1974 Exceptions Order 1975 overrules the employment rights that an ex-offender would otherwise have in respect of spent convictions in order for employers to have additional information when recruiting for certain 'exempted' occupations. Exempted occupations fall into the following categories:

- Work that brings the person into contact with vulnerable groups, such as the infirm, elderly, mentally ill and young people under the age of eighteen.
- Professions that have legal protection, for example, nurses, doctors, dentists, chemists, accountants.
- Some other Health Service Appointments.
- Work involving matters of national security, for example some civil service posts, defence contractors, etc.
- Posts concerned with the administration of justice, for example police officers, lawyers, probation officers, traffic wardens.

In such cases, organisations are legally entitled to ask applicants for details of all convictions, reprimands, final warnings and cautions, irrespective of whether they are 'spent' or 'unspent' under the Rehabilitation of Offenders Act 1974, provided the employer states clearly on the application form or at the interview that the job applied for is exempted.

The Police Act 1997

Part V of the Police Act 1997 includes measures that enable all organisations in England and Wales, irrespective of whether they are likely to ask exempted questions under the Rehabilitation of Offenders Act 1974, to obtain criminal record information about prospective employees and volunteers from a centralised source. This helps organisations to make safer recruitment decisions when identifying candidates undertaking certain work, particularly work with children or vulnerable adults. When jobs meet the relevant criteria, organisations registered appropriately with the CRB (now DBS), can apply for criminal record checks (known as 'Disclosures').

There are two kinds of disclosure currently relevant to employers. These are enhanced and standard disclosures. Applications for standard and enhanced disclosures can only be made by organisations that have registered with the DBS or through other specific organisations that are registered with the DBS (Umbrella Bodies).

Applications must be made with the express agreement of the individual concerned and signed by both the applicant and the registered body.

Organisations that register with the DBS to obtain standard and enhanced disclosures are required to adhere to a strict code of practice, designed specifically to ensure that disclosure information is used fairly, sensibly and confidentially.

Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012

The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for a new Vetting and Barring Scheme based on two barred lists:

- A list of people barred from working with children (replacing List 99, POCA and disqualification orders); and
- A list of people barred from working with vulnerable adults (replacing POVA)

These lists are separate but aligned within the scheme. They form the means by which the DBS record those who will not be permitted to work in regulated activity with children and/or vulnerable adults. The Independent Safeguarding Authority was a Non-Departmental Public Body. It has now merged with the Criminal Records Bureau to form the Disclosure and Barring Service (DBS). The overriding aim of the DBS is to prevent those who are deemed unsuitable to work with children and/or vulnerable adults from gaining access to them through their work. It will do this by taking all discretionary decisions as to those individuals who should be placed on the new barred lists.

New information sharing responsibilities are also enshrined in the law. There is a new duty on providers of regulated activity to notify the DBS (was the ISA) of relevant information to ensure that individuals who pose a threat can be identified and barred. It will also be an offence for any employer to knowingly appoint anyone into regulated activity if they are barred or for a barred individual to apply to work/engage in regulated activity.

The new vetting and barring scheme makes no change to any mandated requirements in the NHS to carry out a full DBS disclosure on any post that meets the criterion for a check. The Protection of Freedoms Act 2012 introduced changes to the Safeguarding Vulnerable Groups Act 2006. The most significant of these is that the definitions of regulated activity relating to children and adults have been amended to reduce the number of individuals falling within the definitions. In addition, the category of activities known as 'controlled activity' has been abolished. Only individuals falling within the new definitions of regulated activity are subject to the DBS's barring regime.

More information regarding legislation governing disclosure checks can be obtained from the HR Transactional Team.

Appendix C: Policy statement on the secure storage, handling, use, retention and disposal of disclosures and disclosure information

General Principles

As an organisation using the Disclosure and Barring Service (DBS) Disclosure service to help assess the suitability of applicants for positions of trust, Central London Community Healthcare NHS Trust ('CLCH') complies fully with the DBS *Code of Practice* regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. It also fully complies with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information, and has a written policy on these matters, which is available to those who wish to see it on request.

Storage and Access

Disclosure information is never kept on an applicant's personal file, and is always kept separately, in lockable, non-portable, storage containers with access strictly controlled, and limited to those who are entitled to see it as part of their duties.

Handling

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. The organisation maintains a record of all those to whom Disclosures or Disclosure information has been revealed, and we recognise that it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment (or other relevant) decision has been made, we do not keep Disclosure information for any longer than is absolutely necessary. This is generally for a period of up to six months, to allow for the consideration and resolution of any disputes or complaints. If, in very exceptional circumstances, it is considered necessary to keep Disclosure information for longer than six months, we will consult the DBS about this and will give full consideration to the General Data Protection Regulations 2018 and human rights of the individual subject before doing so. Throughout this time, the usual conditions, regarding safe storage and strictly controlled access, will prevail.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any insecure receptacle (e.g. waste bin or confidential waste sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of the Disclosure. However, notwithstanding the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the unique reference number of the Disclosure and the details of the recruitment decision taken.

Acting as an Umbrella Body

Before acting as an Umbrella Body (one which countersigns applications and receives Disclosure information on behalf of other employers or recruiting organisations), we will take all reasonable steps to ensure that they can comply fully with the DBS Code of Practice. We will also take all reasonable steps to satisfy ourselves that they will handle, use, store, retain and dispose of Disclosure information in full compliance with this Policy. We will also ensure that any body or individual, at whose request applications for Disclosure are countersigned, has a written policy and, if necessary, will provide a model policy for that body or individual to use or adapt for this purpose.

Appendix D: Policy statement on the recruitment of ex-offenders

- As an organisation using the Disclosure and Barring Service (DBS) Disclosure service, to assess applicant's suitability for positions of trust, Central London Community Healthcare NHS Trust ('CLCH') complies fully with the DBS *Code of Practice*, and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.
- CLCH is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, gender reassignment, religion or spiritual belief, sexual orientation, pregnancy and maternity status, marriage and civil partnership, responsibilities for dependants, age, physical / mental disability or offending background.
- CLCH has a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.
- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select candidates for interview based on their skills, qualifications and experience.
- A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered a position.
- Where a disclosure is to form part of the recruitment process, we encourage all applicants called for an interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential, cover to a designated person within CLCH and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.
- Unless the nature of the position allows CLCH to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.
- We ensure that all those in CLCH, who are involved in the recruitment process, have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in

the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.

- At an interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.
- We make every subject of a DBS Disclosure aware of the existence of the DBS *Code of Practice* and make a copy available on request.
- We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.
- Having a criminal record will not necessarily bar an individual from working with the organisation. This will depend on the nature of the position and the circumstances and background of the offence(s).

Appendix E: Assessing portability of disclosure guidance

In its guidance on portability the DBS recommends that the risk assessment should include consideration of the following:

- Is the organisation required by law to apply for a new check? CLCH may be required by law to carry out a fresh check with the DBS in certain circumstances thereby limiting the use of portability. It will, in most cases, be impossible to accept a previously issued disclosure where the position involves working with children and/or vulnerable adults.
- Is the level of the Disclosure the same as the level required by CLCH? If the post requires an enhanced disclosure it is not possible to accept a previously issued standard level disclosure? Is there an ESR record of Disclosure at the required level?
- How old is the disclosure? A Disclosure is only as good as the information available on the day of issue. The passing of time will limit a Disclosure's validity, so the age of any Disclosure must be considered before deciding what weight, if any, to place upon the document.
- Is the position, for which the previously issued Disclosure was obtained, similar to the position for which a DBS check is being undertaken?
- Have all the checks required by CLCH been carried out e.g. DBS vetting and barring scheme?
- Was the previous Disclosure applied for by an organisation that can be trusted to have correctly authenticated the identity of the person?
- Has the person's identity been validated and authenticated to ensure that the person presenting the Disclosure is the person on whom the DBS Check was done? For instance, has a range of identity documents been examined that confirm their name, address, date and place of birth?
- Is the applicant still living at the address that is printed on the Disclosure?
- If it is an Enhanced Disclosure, how can CLCH know whether the police released any additional information that is not recorded on the Disclosure? The DBS's *Code of Practice* states that when contacted by another organisation, about a previously issued Disclosure, it is only possible to confirm or not, whether the information provided reflects that which appears on the copy of the Disclosure and state whether or not the police issued additional information, issued under cover of a separate letter to the Disclosure.
- Has the applicant given CLCH his/her consent to approach the organisation that applied for the previous Disclosure? It should be standard practice to contact the previous organisation to seek clarification/confirmation regarding the contents of the Disclosure they received. The Recruitment Manager will contact the previous organisation in writing.

Further information on the limitations and risks involved in the portability of DBS Disclosures visit www.homeoffice.gov.uk/dbs.

Appendix F: Commencement of employment prior to clearance risk assessment

When considering commencement of an employee's employment prior to receiving clearance, key questions for consideration in this risk assessment are:

- What are the reasons for considering commencement of employment prior to receiving clearance?
- *This should not be a natural default position, and should be exceptional and clearly linked to the circumstances identified in response to question 2 below.*
- What would be the consequences to service delivery of waiting until clearance is received?

Again, these should be exceptional and have a demonstrable substantial impact on service users. You should be able to demonstrate how you have used effective planning to avoid/minimise this disruption, and clearly show where this has been unavoidable.

- If the employee commenced in their role, what would be their normal level of access to children/vulnerable adults?

Unsupervised access one-to-one or unsupervised access to a group: Neither of these would be acceptable arrangements in any circumstances during this "waiting period".

Supervised access one-to-one, supervised access to a group or no direct access, but based within premises: If an employee does commence employment prior to clearance being received their access must be supervised at all times. The level of risk declines as the list progresses, however, there continues to be a risk with each of these scenarios.

- Has the employee left employment to take up the post?

The employee themselves runs a risk if they leave existing employment to take up a post that remains subject to clearance. This should be made clear to them.

- Is there previous satisfactory DBS clearance documentation available?

If a previous disclosure/verification of clearance is available, consider how recent it is and whether the employee has continued to work for that employer continuously since then. This does not offer any guarantee of current clearance, however, it may reduce the likelihood of convictions, complaints, investigations,

etc., having occurred in the intervening period. See also the Portability of Disclosures section (10) of this policy.

- Are the other checks and clearances in place?

Again, the existence of other checks and clearances does not eliminate risk, or conclusively verify a candidate's suitability to commence employment. However, a candidate for whom verified qualifications have been received, reliable references obtained from an existing employer, and has provided a complete employment history, etc., is potentially less of a risk than someone for whom the organisation have not yet completed any checks with regard to identity or background, or who has gaps in employment/education history.

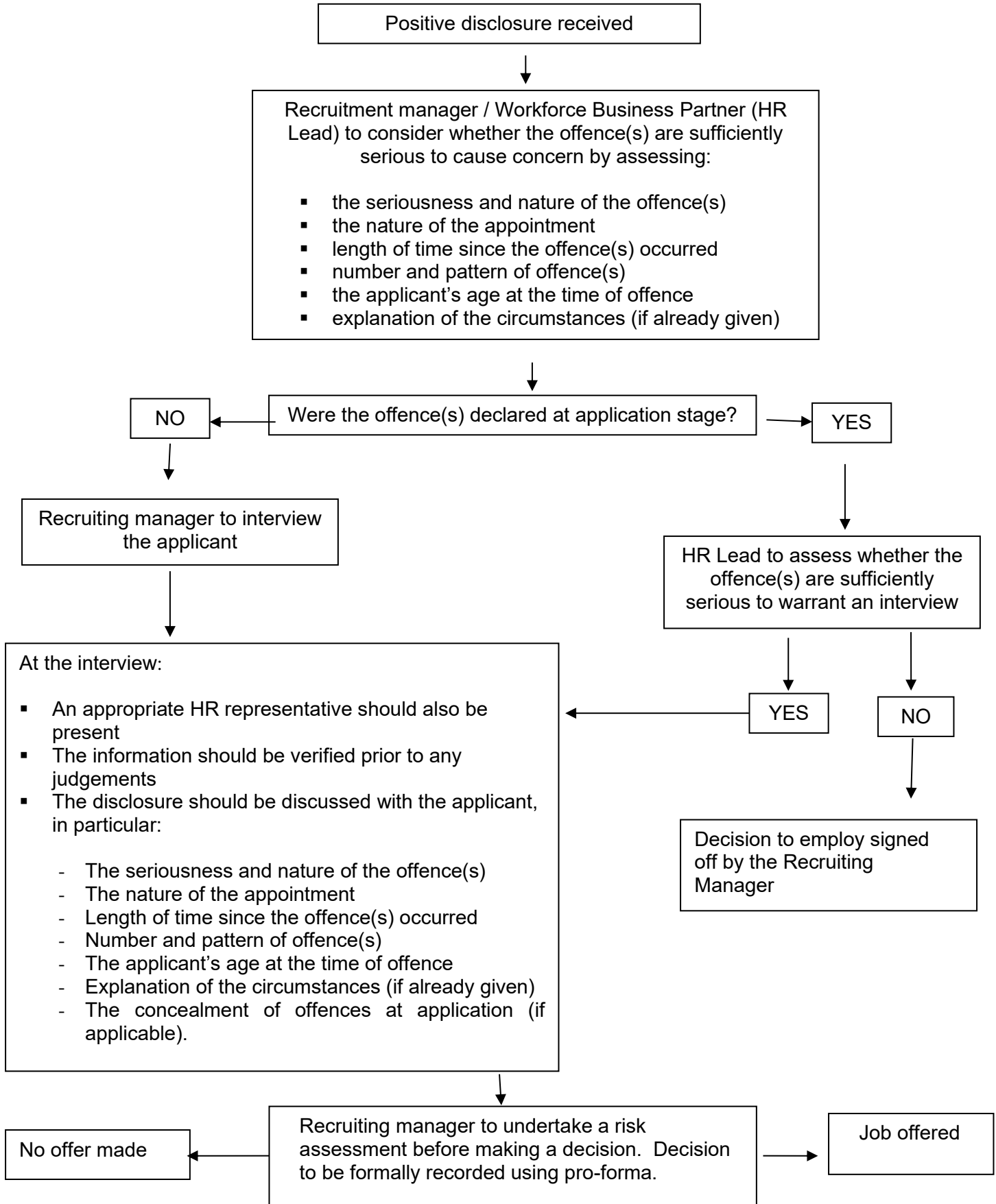
A pro-forma is attached at Appendix G, to act as an auditable record of the decision made following risk assessment, and should contain the signature of the accountable recruiting manager. This responsibility cannot be delegated.

If a decision is taken to commence an employee prior to receiving clearance, the employee must have completed and submitted their completed disclosure application to the DBS. The application's progress, within the DBS system, should be checked and monitored on a regular basis.

As referred to above, robust and reliable supervision arrangements must be put into place during the 'waiting period'. The employee must be clearly notified of the supervision arrangements that are in place, and the situation must be checked and monitored at least every two weeks. The Divisional Director of Operations or if Corporate, Deputy Chief Nurse/Deputy Medical Director remains accountable, during this time, until the clearance is received, checked and suitability confirmed.

Appendix G: Positive Disclosures

This must be read in conjunction with Section 5 of the Policy.



Appendix H: Risk assessment

Prospective employee:		Recruiting Manager:	
Proposed Post Title:		Date of Risk Assessment:	
Service/Department:			

Record of findings – Should be completed in conjunction with the risk assessment key questions contained within Appendix F

Reasons for considering commencement of employment prior to receiving clearance:	Consequences, to service delivery, of waiting for clearance:	Level of access
Supervision arrangements during “waiting period” and any other control measures:	<u>Pre-employment checklist:</u> Has the employee left employment? Y / N Medical clearance received? Y / N Right to work check completed? Y / N Qualifications verified? Y / N Are two satisfactory references available? Y / N Satisfied with general background and employment history checks? Y / N	<u>Previous CRB</u> Is a previous d Has it been see What is its date (See section on

Assessment of risk following control measures: Options:	HIGH	MEDIUM	LOW
1. This prospective employee will not commence work prior to satisfactory clearances. 2. Following risk assessment, I have determined that the above named may commence employment with the identified and personally review this situation at intervals of no less than every two weeks.			
Signed: _____ Date: _____ Review Dates: _____			

Appendix I: Equality Analysis

RECRUITMENT OF EX-OFFENDERS AND USE OF DISCLOSURE AND BARRING SERVICE POLICY

Equality Analysis for Policies – Screening form

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).		X		
People of different religions / beliefs		X		
People with disabilities (physical, sensory or learning).		X		
People from different ethnic groups		X		
Men or women		X		

Transgendered people			X	DBS checks require details to be completed that would automatically reveal the birth sex of a trans applicant – for example, some mandatory details such as previous names. In the past, the Criminal Records Bureau created a process specifically for trans applicants, enabling them to leave such sensitive details off their application form provided they were sent straight away to a special secure address within the Bureau. Trained CRB staff then joined up the missing information so that the employer had no reason to see or know this aspect of the prospective recruit's medical background. The HR team need to know how and where to use this process with the DBS.
People who are gay, lesbian, and bi-sexual		X		
Refugees and asylum seekers		X		
2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions.</p> <p>Comments on the policy received by the equality and diversity team. Consultation also took place with various stakeholders, including staff representatives through the HR Policy Group.</p>			
3.	<p>If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed?</p> <p>No, there is a negative impact based upon gender reassignment. Action will be taken by the Recruitment Team as and when the process needs to be amended.</p>			
4.	<p>Have you signed this off with the equality and diversity team?</p> <p>EIA written by the equality and diversity team.</p>			

Signed for team / working group:

Signed by Equality and Diversity team:

TITLE: RETIREMENT POLICY AND PROCEDURE

VALID FROM: October 2019

EXPIRES: September 2022

REFERENCE: WFC 12

This Policy supersedes the previous Retirement Guidance for Managers and Employees issued in July 2016.

Version:	2.0
Policy reference and description of where held.	WFC 12 Intranet – Policies
Title, name and contact details for author:	Stuart Barrett, Workforce Business Partner Stuart.Barrett@nhs.net
Title, name and contact details for responsible director:	Louella Johnson , Director of People and Communications
Approved by originating committee, executive or departmental management group	HR policy group - 29 th January 2019 Staff side - 30 April 2019
Ratified by Policy Ratification Group:	8 th July 2019
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	March 2022
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	July 16	Liz Lubbock	Final	Policy and procedure to replace the previous Retirement Guidance for Managers and Employees.
2.0	January 19	Stuart Barrett	Final	Policy and procedure to replace the previous Retirement Guidance for Managers and Employees.

CONTENTS:

Section	Page
1. Introduction	5
2. Aims and objectives	5
2.1 Benefits of flexible retirement	5
3. Definitions	6
4. Duties	7
4.1 Line managers' responsibilities	7
4.2 Employee responsibilities	7
4.3 Capita HR team (HR Administration and Pensions)	7
4.4 Workforce Business Partners/HR Advisors	8
5. Retirement policy and procedure	8
5.1 Planning for retirement	8
5.2 Pre-retirement support and advice	8
5.3 Discussing retirement	9
5.4 Succession planning	9
5.5 Re-entering employment after retirement	10
5.6 Retirement flexibilities	10
5.7 Options following workplace discussions	11
5.8 Retirement process	11
5.9 Working on the Bank	12
5.10 Ill-health retirement	12
5.11 Retirement gifts	13
5.12 Retirement parties	13
5.13 Exit questionnaires and interviews	13
6. Consultation	13
7. Approval and ratification	14
8. Dissemination and implementation	14
9. Archiving	14
10. Training	14

Section		Page
11.	Monitoring and auditing compliance with this document	15
12.	Review arrangements	15
13.	Associated documentation	15
14.	References	15
15	Appendices	15
	A: Retirement process for employees (flowchart)	16
	B: Pre-retirement support and advice	17
	C: Equalities impact assessment pro forma	18
	D: Monitoring Table	20

1. Introduction

The Trust is committed to equal opportunities for all its employees and recognises the contributions of a diverse workforce, including the valuable skills, knowledge and experience of older employees. This is reflected within the Trust's People Strategy and Recruitment and Retention Strategy from which actions will support a diverse and flexible workforce.

Employees may voluntarily retire at a time of their choosing by giving notice under their contract. However, views of retirement are changing and many employees would prefer flexible retirement options and to work for as long as they wish. To facilitate this, the Trust is committed to supporting employees by considering flexible working arrangements and supporting the health, safety and wellbeing of employees through their longer working lives.

Employers may use a fixed retirement age in limited circumstances, where it would be a proportionate measure to achieve a legitimate business aim. The Trust considers that it does not require a fixed retirement age, or Employer Justified Retirement Age, for its employees but reserves the right to review this decision in the future.

This policy applies to all employees directly employed by the Trust. Links, contact details, and references to related Trust policies may change during the lifespan of this version of the policy. Changes in legislation and NHS Pensions arrangements may also change during the lifespan of this version of the policy.

2. Aims and Objectives

The purpose of this policy and procedure is to highlight:

- benefits of flexible working arrangements to accommodate the needs of the employee and the service;
- where employees can seek information and advice when planning for their retirement;
- when and how to have conversations to discuss future plans, including retirement;
- options that are available to employees;
- the steps that should be followed when an employee wishes to retire;
- the importance of succession planning;
- exit questionnaires and interviews so that the Trust can learn from employees' experiences;
- ill-health retirement.

2.1 Benefits of flexible retirement

In the highly competitive and ageing workforce market in which the Trust operates, the Trust aims to enable flexible retirement arrangements where possible to:

- retain key skills, knowledge and experience that employees offer;
- provide a greater choice for employees to meet their individual needs and to support their work/life balance;
- create of a wider pool of expertise for recruitment;
- deliver a strategic and effective response to workforce challenges;
- provide equality of opportunity and fairness for all employees

3. Definitions

- 3.1 Retirement:** when a staff member chooses to cease work on a permanent basis .
- 3.2 Retire And Return To Work :** when a staff member who has reached the minimum retirement age for their section(s) of the NHS Pension Scheme opts to take all their NHS pension benefits and return to work in NHS employment. After taking the full pension, they cannot build up any further pension benefits. Some employees will need to make sure that they either take one complete month off or have a 24-hour break off the Trust payroll system, then work a maximum of 16 hours per week in the first calendar month. At CLCH, staff would need to follow the retirement process and any change to contracted hours would need to be submitted as a flexible working request.
- 3.3 Retirement age:** the age at which a staff member chooses to retire from work. The Trust does not have a set retirement age and there is no statutory default retirement age.
- 3.4 NHS pension age:** the age at which a staff member can draw their NHS pension. This will depend on the scheme to which they belong.
- 3.5 State pension age:** the earliest age at which a staff member can claim a state pension, subject to qualifying conditions.
- 3.6 Flexible retirement:** flexibility regarding the age at which a staff member retires, the length of time a staff member takes to retire, or the nature and intensity of work in the lead up to final retirement. (also see Flexible Working Policy for flexible retirement options.)

- 3.7 Special class status:** is applicable to members of the 1995 section of the NHS Pension Scheme who have remained in the 1995 section and who work as a nurse, midwife, physiotherapist, health visitor or occupational health nurse. Qualification is dependent on an individual having been awarded special class status. More information is available on the NHS Pensions website (www.nhsbsa.nhs.uk/pensions)
- 3.8 Retirement gifts:** financial reward for staff who retire from the Trust after long service (see the Trust's Charitable Funds Committee Retirement Gift Guidelines)
- 3.9 Bank staff:** people providing temporary staffing cover to services across CLCH, often at short notice for planned and unplanned shortfalls in staffing. People can choose whether or not to accept work they are offered, providing an opportunity for them to continue working on an ad hoc basis around their lifestyle. Work is not guaranteed.

4. Duties

4.1 Line Manager Responsibilities

- To ensure that staff are made aware of this policy.
- To have open discussions with staff about their future plans but not to advise them in relation to their pension.
- To ask staff if they would like to join the Trust bank.
- To complete appropriate e-forms and documentation relating to retirement as early as possible.
- To support and encourage staff to attend a "Planning for your Retirement" course.
- To undertake succession planning and, if filling the post, process a request to recruit e-form in a timely manner.

4.2 Employee responsibilities

- To seek advice about options available to them in relation to retirement planning.
- To discuss their future plans with their manager, including any plans for retirement as early as possible to support the succession planning process.
- To give their manager written notice in accordance with their contractual notice period or, if a member of the NHS Pension Scheme, at least 4 months' notice so that pension benefits can be arranged.

4.3 Capita HR Team (HR Administration and Pensions)

- To provide information to managers and staff;

- To provide quotes and retirement packs to staff;
- To process retirement applications.

By law, Pensions Officers cannot offer financial advice. Therefore, while they have a responsibility to provide information about the NHS Pension Scheme and the options available, they will not advise staff. Contact - trusthr-clch@capita-services.co.uk / 033 0024 0330.

4.4 Workforce Business Partners/HR Advisors

- To assist managers and staff with the application of this policy and provide information and support, including acting as escalation points if staff are experiencing difficulties in relation to retirement information or process.

5. Procedural document for retirement

5.1 Planning for retirement

It is important for an employee to be prepared as they get closer to the age that they want to stop working and this may include starting to think about retirement options a couple of years ahead of time and about choices that they will need to make. Some examples may include:

- working out their likely retirement income (staff have access to their pension details in their “Total Reward Statement” on ESR);
- considering ways to boost their pension;
- budgeting for changes in day-to-day spending after retirement;
- clearing debts before retirement;
- deciding when to start taking their pension.

5.2 Pre-retirement support and advice

The Trust advises employees contemplating or preparing for retirement, including making informed decisions about issues such as the timing of their retirement and their pension provision, to seek information and advice first. Examples of where staff may be able to obtain support and/or advice are included in appendix B.

The Trust provides a ‘Planning for your Retirement’ half day session for employees within 5 years of retirement, details of which are on the intranet. This session aims to provide information that will facilitate attendees to make decisions on their financial affairs ahead of their retirement. It covers State and NHS Pensions, taxation, saving and investing, credit history, mortgages and re-mortgages, wills and inheritance tax.

5.3 Discussing retirement

- 5.3.1 Open discussions** between managers and employees about future plans provides an informal opportunity for both the employee and the Trust to help facilitate the transition from work to retirement. It allows employees to have conversations in good time with their managers and, with sufficient information, to be able to make the right decisions about their future plans.
- 5.3.2 Annual appraisal** requires managers and employees to discuss an employee's future aims and career development. This may include short, medium and long term plans and retirement plans may form part of this conversation. As some employees, upon reaching the age of 55 or 60, may become eligible to draw their pension, they may want to have a discussion about future options and agree to revisit the options at regular intervals as necessary.
- 5.3.3** Where an employee indicates an intention to retire, this will not be contractually binding on him or her. Until the employee has provided the manager with written notice to retire, the employee will be entitled to keep their options open about the timing of their retirement.

5.4 Succession planning

When managers are discussing future plans with individual employees, they should consider the experience and skills that each employee has and how these might best be deployed. For example, if an employee indicates an intention to retire within the next year, this would give the manager the opportunity to consider a number of possibilities, including:

- how the Trust can retain the knowledge, skills and experience that the employee has gained while employed;
- how that knowledge, skills and experience could be passed on to other employees;
- whether or not the employee would be suitable for, and agreeable to, taking on a mentoring role in respect of less experienced staff or a prospective replacement; and
- whether or not the employee would like to reduce his or her working hours or take on a less responsible, or different, role in the run-up to retirement, and if such options are feasible from the organisation's point of view.

5.5 Re-entering employment after retirement

Employees who retire but would like to be re-employed by the Trust on either a permanent contract or fixed-term contract are required to take an employment break before commencing re-employment. Everyone must have a 24-hour break from employment. If in the 1995 NHS Pension Scheme, staff must additionally work no more than 16 hours per week in the first calendar month after retirement. Staff may instead register as a bank worker for the Trust and are again required to take a break from working following retirement.

The effect on an NHS Pension Scheme member's pension of returning to NHS work after retirement depends on which Section of the Scheme they are a member of and what their last day of pensionable employment was. Detailed advice and information is available from :

- Trust Pensions Officer (trusthr-clch@capita-services.co.uk / 033 0024 0330.
- NHS Pensions Helpline on 0300 330 1346, or website (<https://www.nhsbsa.nhs.uk/nhs-pensions>) / (<https://www.nhsbsa.nhs.uk/pensioner-hub/re-employment>)

5.6 Retirement flexibilities: NHS Pension Scheme

The brief summary in the table below shows flexibilities for NHS Pension Scheme members, correct at time of writing this policy. For up-to-date information, staff should check the NHS Pensions website.

Brief summary of approaches to retirement		NHS Pension Scheme (details vary)
Step down	Defer retirement and take up a less demanding role on a lower pay band, e.g. to reduce level of responsibility.	1995, 2008 and 2015 schemes.
Wind down	Defer retirement by remaining in current post and working fewer hours or days.	1995, 2008 and 2015 schemes.
Retire and return	Retire from the Trust and, following an agreed break, return to NHS employment. Members of the 1995 section would not be eligible to re-join the NHS Pension Scheme.	1995, 2008 and 2015 schemes.
Draw down	Take part of pension benefits and continue in NHS employment, enabling members to benefit from being able to partially draw down their pension benefits and supplement their income.	2008 and 2015 schemes only.
Late retirement enhancement	If a member chooses to retire later than their normal pension age, their pension benefits will be increased by the application of late retirement factors.	2008 and 2015 schemes only.

(also see flexible working policy)

5.7 Options following the workplace discussions

An employee may have a number of options as to how and when they retire, depending on:

- their circumstances and needs;
- the needs of the service;
- the pension scheme to which they belong.

If the employee:

- a) indicates that they wish to retire at a future date, they should inform their manager if they want to discuss adjusting their working hours, reducing their duties, altering their role or working flexibly leading up to retirement. Please refer to the Trust's Flexible Working Policy, section 5.5.2, Flexible Retirement Options.
- b) wants to continue working in their current role with no changes, no action needs to be taken.
- c) would like to apply for another role within the Trust, the usual application and recruitment processes would apply. If the role is on a lower pay band, they may wish to contact their pension provider to discuss the effect that this may have on their pension.
- d) wants to retire, they must follow the steps in section 5.8.

5.8 Retirement process

When an employee makes the decision to retire, the following steps must be taken:

- 5.8.1 The employee must write to their manager explaining their intention to retire and on what date. They must provide at least their contractual notice period or, if their intention is to retire and take their NHS pension immediately on retirement, 4-6 months' notice.
- 5.8.2 The manager will write to the employee to acknowledge receipt of their notice to retire.
- 5.8.3 When the retirement date is confirmed, the employee and line manager will complete and submit the 'staff termination e-form' together with the resignation/retirement letter. It is important to complete the form promptly in order to avoid any overpayment or delay in the staff member receiving

their pension. The form is available on the intranet. (If staff are unable to find the form, they can contact Capita HR Team).

- 5.8.4 Staff who wish to retire and return on fewer hours need to complete a flexible working request e-form at the same time as they complete the staff termination form (i.e. 4-6 months before retirement).

5.9 Working on the Bank

The Trust values the skills and experience that many retiring staff have attained and staff are encouraged to consider if they would like to sign up for the Trust bank before, on or after retirement. Whilst work cannot be guaranteed, there are a number of benefits to being on the bank. It provides opportunities to:

- pick and choose the hours worked;
- maintain contact with colleagues;
- stay in touch with their profession;
- earn additional income;
- keep active and continue contributing to the NHS;

It could also help with adjusting to retirement.

To remain on the bank, staff and their manager should tick the appropriate box on the leaver e-form (*Staff Termination Form*). To join the bank for the first time, staff should contact:

trusthr-clch@capita-services.co.uk / 033 0024 0330.

5.10 Ill-health retirement

In cases of long term sickness absence, and where an employee's return to work is unlikely, the manager should ensure that they follow the Trust's Sickness and Absence Policy, available on the intranet, and seek advice from the Employee Health Service and their Workforce Business Partner or HR Advisor.

If the advice from the Employee Health Physician is that the staff member may qualify for ill health retirement, an application will be made to the NHS Pensions Agency. The NHS Pensions Agency's medical advisors will assess the medical evidence and confirm whether or not they are permanently incapable of either carrying out their present NHS duties or doing any regular work. The decision is not made by this Trust.

Further information is available from the NHS Pensions Agency, Workforce Business Partner or HR Advisor.

5.11 Retirement gifts

Employees who retire and meet certain criteria, will be eligible for a retirement gift that will be provided in the form of gift vouchers. The retirement gifts are provided by the Trust's Charitable Funds and are subject to sufficient funds being available. The criteria for eligibility for a retirement gift include aggregated length of NHS service which is checked by the Capita HR Team on receipt of a Staff Termination Form.

(see Retirement Gift Guidelines on the Trust intranet).

5.12 Retirement parties

There is no budget for retirement parties and Trust budgets must not be used to fund them.

5.13 Exit questionnaires and interviews

The Trust encourages all staff to complete an "exit interview questionnaire" when they leave, to provide a better understanding of how the retention of staff could be improved. The questionnaire is available on the Trust intranet and staff will be directed to it when they submit their termination form. Staff are also requested to attend exit interview with their line manager and may alternatively request that their manager arranges for them to have an exit interview with a manager from outside their team.

6. Consultation

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate.

Director of People and Communications

Head of Human Resources

Head of Equality and Diversity

Head of Employee Health Services

Payroll and Pensions Manager

Workforce Business Partners

Staff (Trade Union) representatives

HR Advisors

HR Service Delivery Manager – Strategic Partnership (Capita)

Director of Nursing and Therapies

Managers, e.g. Divisional Directors of Operations, CBU Managers, and members of the Finance, Quality and Resilience teams.

7. Approval and Ratification Process

The initial draft of this procedural document was discussed at the HR Policy Group on the 29 January 2019. The content of the final version was agreed with staff representatives 30 April 2019.

The PRG approved the policy at its meeting held on the 8th July 2019.

8. Dissemination and Implementation

This document will be placed on the intranet by the Quality and Learning Division (QLD). The QLD team will provide a reference number for the policy.

It will therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated by the Policy, Projects and Engagement Lead to managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD will undertake the archiving arrangements.

10. Training

None required.

11. Monitoring and Auditing Compliance with the Procedural Document

- Exit information will be analysed by the HR and Workforce teams and reported upon on a 6-monthly basis (minimum). The results will be shared with the divisions and reviewed as part of the People Strategy at the Workforce Committee.
- A combination of workforce leavers and starters reports, exit information and 'soft' intelligence from the Workforce Business Partners and Advisors will be used to provide a rough indication as to whether or not staff may be using flexible retirement options. The Head of Human Resources will provide a report annually for the Workforce Committee.

12. Review Arrangements

This document will be reviewed in 2½ years' time, in October 2021. It will be reviewed by the person with the lead for HR policies.

13. Associated Documentation

Equality, Diversity and Inclusion Policy
Flexible Working Policy

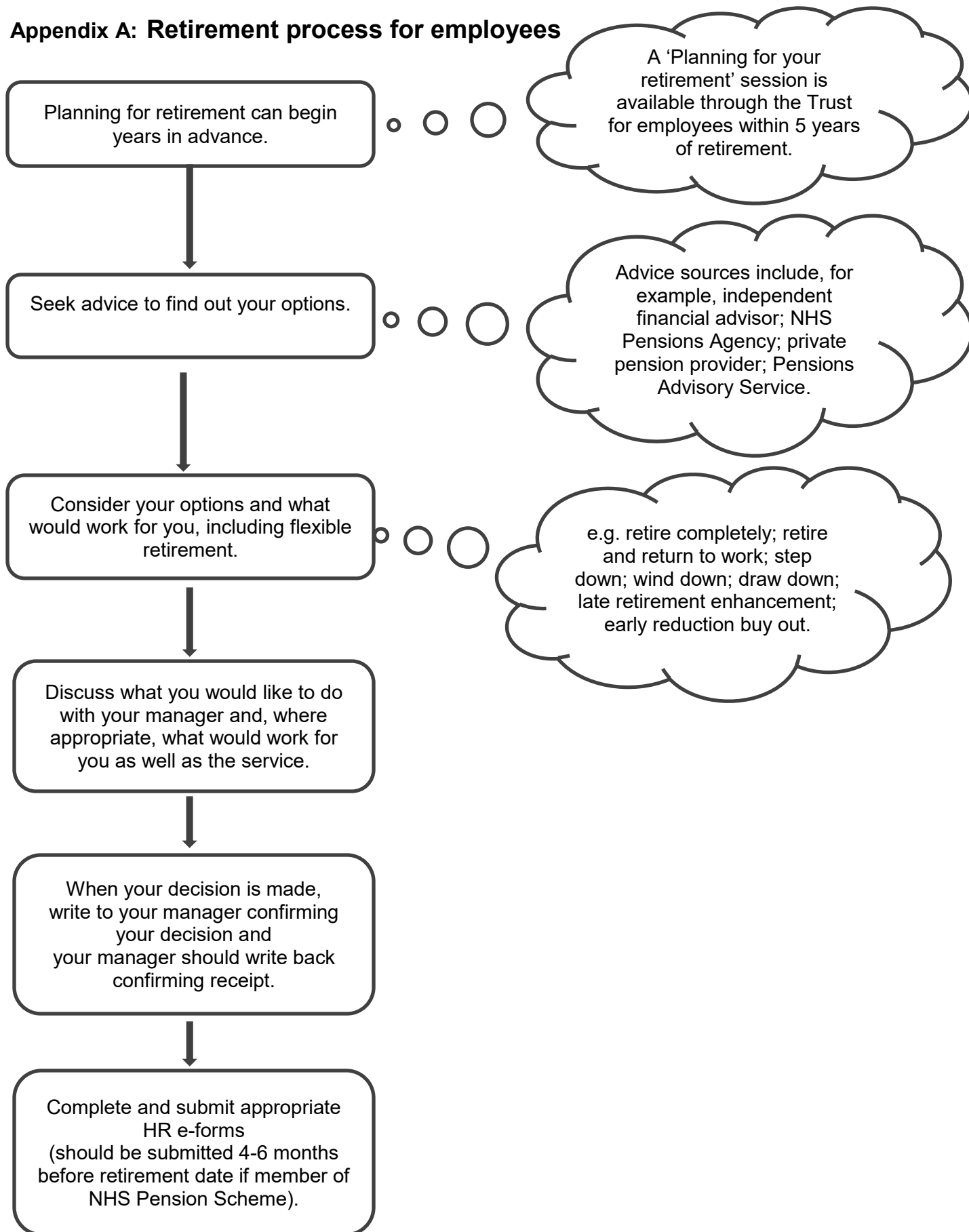
14. References

Employment Rights Act 1996
Equality Act 2010
Employment Equality (Repeal of Retirement Age Provisions) Regulations 2011
NHS Pensions Agency

15. Appendices

Appendix A: Retirement process for employees (flowchart)
Appendix B: Pre-retirement support and advice
Appendix C: Equality impact assessment pro forma
Appendix D: Compliance monitoring table

Appendix A: Retirement process for employees



Appendix B: Pre-retirement support and advice

The following list contains examples of where staff may be able to obtain support and/or advice when thinking about, or planning for, retirement. It is not exhaustive and staff may choose to obtain advice from elsewhere.

- if a member of one of the NHS Pension Schemes, the employee can contact the NHS Pensions Agency or the Pensions Officer in the Payroll Department;
- an employee's pension provider;
- independent financial advisor;.
- the Pensions Advisory Service which provides free information and advice about State Pensions, company, personal, stakeholder or occupational pensions; (<http://www.pensionsadvisoryservice.org.uk/>).
- Pension Wise, a free and impartial government service that provides guidance on defined contribution pensions.
- AgeUK provides information and advice to help people plan for retirement and better understand pensions and annuities.
- The Money Advice Service was set up by the government and provides free and impartial money advice, e.g. saving and investing; pensions and retirement; debt and borrowing..
- The Trust's Flexible Working Policy provides some information on flexible retirement options.

Appendix C: Equalities impact assessment pro forma

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			Different options planning
People of different religions / beliefs		X		
People with disabilities (physical, sensory or learning).	X			This policy works in favour of ill health retirement
People from different ethnic groups		X		
Men or women		X		
Transgendered people		X		
People who are gay, lesbian, and bi-sexual	X			Partner benefits
Refugees and asylum seekers		X		

2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions.
3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? N/A
4.	Have you signed this off with the Equality and Diversity team? Yes

Signed for team / working group: Name: Stuart Barrett Date: 23 April 2019

Signed by Equality and Diversity team: Name: Yasmin Mahmood Date: 23 April 2019

For further guidance contact: yasmin.mahmood1@nhs.net

Appendix D: Monitoring Table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Workforce Business Partners	Numbers of retirees	Exit information will be reported upon on a 6-monthly basis (minimum). The results will be shared with the divisions and reviewed as part of the People Strategy at the Workforce Committee.	6-monthly	Workforce Committee	TBC
Workforce Business Partners	Use of flexible retirement options	Leavers and starters reports, exit information and 'soft' intelligence will be used to provide a rough indication as to use of flexible retirement options. The Head of HR will provide a report annually for the Workforce Committee.	Annually	Workforce Committee.	

TITLE: SHARED PARENTAL LEAVE AND PAY POLICY

VALID FROM: March 2019

EXPIRES: May 2022

This procedural document supersedes the previous procedural document, Shared Parental Leave and Pay Policy, version 1.0.

Version:	2.0
Policy reference and description of where held.	WFC51 Intranet – Policies
Title, name and contact details for author:	Louise Malusky, Workforce Business Partner louise.malusky@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People and Communications
Approved by originating committee, executive or departmental management group	HR Policy Group, sub-group of the Joint Staff Consultative Committee, on 30 th April 2019
Ratified by Policy Ratification Group:	8 th April 2019
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	September 2021
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.0		Liz Lubbock (Maria Granata)		New policy.
1.1	January 2019	Louise Malusky	Draft	Version 1.0 reviewed and updated
2.0	April 2019	Louise Malusky	Final	Minor changes made post PRG approval

CONTENTS:

Section	Page
1. Introduction	5
2. Aims and objectives	5
3. Definitions	6
4. Duties	7
5. Procedural document for shared parental leave and pay	7
5.1 Shared parental leave process summary	7
5.2 Eligibility	7
5.3 Shared parental leave entitlement	8
5.4 Shared parental pay entitlement	9
5.5 Timing of shared parental leave	10
5.5.1 Notifying the organisation of curtailment of Maternity/Adoption Leave	10
5.5.2 Notifying the organisation of an entitlement to shared parental leave/pay	11
5.6 Booking shared parental leave	13
5.7 Evidence of eligibility	13
5.8 General principles	14
5.9 Continuous leave notifications	14
5.10 Discontinuous leave notifications	15
5.11 Written confirmation from Capita HR	16
5.12 Keeping in touch	17
5.13 Health and safety – postnatal care and breast feeding employees	18
5.14 Special circumstances	19
5.14.1 Early Birth	19
5.14.2 Death of the child before or during birth, or within the first year	19
5.14.3 Partner no longer caring for the child	19
5.14.4 Death of a parent during the child's first year	20

Section	Page
5.14.5 Multiple births/adoptions	20
5.15 Return to work	20
5.16 Fixed-term contracts or training contracts	21
5.17 Rotational training contracts	21
5.18 Increments and appraisal	22
5.19 Accrual of annual leave/public holidays	22
5.20 Pension	22
5.21 Professional registration	23
5.22 Working whilst on shared parental leave	23
6. Consultation process	23
7. Approval and ratification	24
8. Dissemination and implementation	24
9. Archiving	24
10. Training	24
11. Monitoring and auditing compliance with this document	24
12. Review arrangements	24
13. Associated documentation	24
14. References	24
15. Appendices	25
A: Step by Step Guide for Employee and Manager	26
B: Notifying the Trust of an entitlement to Shared Parental Leave/Pay and Booking Shared Parental Leave/Pay	28
C: Equalities Impact Assessment Pro Forma	31
D: Compliance Monitoring Table	33

1. Introduction

This document sets out the Trust's provisions for shared parental leave and related entitlements. Shared Parental Leave (SPL) is a legal entitlement for eligible parents of babies due, or children placed for adoption. It provides an opportunity for both parents to consider the best arrangement to care for their child during the child's first year by enabling an eligible mother or adopter to reduce their maternity/adoption leave early and opt in to SPL if they so wish. Parents will remain entitled to take maternity, paternity and adoption leave if eligible.

This policy applies to all staff employed by this Trust, including those who are seconded to another organisation. It does not apply to employees seconded into the Trust (those employees are the responsibility of their substantive employer), or other individuals engaged to undertake activities within the Trust, e.g. contractors and agency workers.

If the mother or partner is employed by another organisation, they must submit any notifications to their employer who may have their own SPL Policy.

2. Aims and objectives

The Shared Parental Leave Policy clarifies eligibility for SPL and outlines the process for application and approval of leave. The provisions are complex so if an employee wishes to apply for SPL, s/he should clarify the procedures with Capita Human Resources (HR) Team (transactional) or the HR Advisors/Workforce Business Partners (advice) to ensure that they are followed correctly.

This policy aims to ensure that, in line with the Equality Act 2010 and CLCH's Equality, Diversity and Inclusion Policy, no employee receives less favourable treatment regardless of age, disability, race, nationality, ethnic or national origin, gender, marital status or civil partnership, religion and spiritual belief, sexual orientation, gender reassignment, pregnancy / maternity status, appearance, domestic circumstances, carer responsibilities, social and employment status, HIV status, political affiliation or trade union membership.

The Trust values and behaviours are a set of guiding principles, developed through extensive consultation that help staff to consistently deliver high quality care and they are used alongside Trust policies. The Trust values and behaviours are: "we put quality at the heart of everything we do"; "we value our relationships with others"; "we deliver services we are proud of"; "we make a positive difference in our communities".

3. Definitions

- 3.1 Shared Parental Leave (SPL):** is available to parents, if eligible:
- enabling mothers to end their maternity leave and pay early and to share the untaken balance of leave and pay with their partner; or
 - to return to work early from maternity leave and opt into SPL and pay at a later date, but must be taken within the child's first year or first year of adoption.
- 3.2 Ordinary Parental Leave:** the entitlement to 18 weeks' unpaid leave (*see the Trust's Special Leave Policy*).
- 3.3 Paternity Leave:** the entitlement to 2 weeks of paid Paternity Leave for qualifying fathers and the partner of a mother, adopter (or father in same sex couples). SPL has replaced the Additional Paternity Leave entitlement.
- 3.4 Mother:** a worker who:
- is pregnant; or
 - has given birth during the previous 6 months; or
 - is breastfeeding.
- 3.5 Partner:** a person (*whether of a different sex or the same sex*) who shares responsibility for the child with one of the following:
- their husband, wife, civil partner or joint adopter;
 - the child's other parent;
 - their partner (if they live with the mother and the child).
- 3.6 Expected week of childbirth:** begins on the Sunday prior to the expected date of childbirth.
- 3.7 Statutory Maternity Pay (SMP):** a State benefit for women on maternity leave, the conditions for which and the amount of which are determined by the Government, but it is paid by the employer.
- 3.8 Statutory Adoption Pay (SAP):** a State benefit intended to help employees take time off work to be with their new family by providing a measure of earnings replacement, the conditions for which and the amount of which are determined by the Government, but it is paid by the employer.
- 3.9 Maternity Allowance (MA):** may be payable from Jobcentre Plus if conditions for SMP are not met.
- 3.10 Shared Parental Pay (ShPP):** may be created by a mother/adopter ending their maternity or adoption pay or maternity allowance early, if eligibility criteria is met.

4. Duties

- 4.1 The **Executive Team** is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 4.2 **Directorate managers and heads of service** are responsible to the Executive Team for ensuring policy implementation. **Directors and Senior Managers** are responsible for ensuring the implementation of the policy within their area of responsibility, by providing support and advice to their managers.
- 4.3 **Managers** are responsible for ensuring policy implementation and compliance in their area(s).
- 4.4 **Staff** are responsible for complying with policy. The mother and the partner should ensure that they are liaising with their own employer to make certain that requests for SPL are handled as smoothly as possible.

5. Procedural document for Shared Parental Leave and Pay

5.1 Shared Parental Leave process summary

Please see Step by Step guidance at Appendix A

5.2 Eligibility

A mother / primary adopter (or intended parent in a surrogacy arrangement taking adoption leave) can only share her leave with one other person. To qualify for SPL a mother/primary adopter must:

- have a partner (*see section 3 for definition*);
- have the main responsibility, apart from the partner, for the care of the child at the date of their birth;
- be entitled to either maternity/adoption leave or to statutory maternity / adoption pay or maternity allowance;
- have curtailed, or given notice to reduce, their maternity/adoption leave, or their pay/allowance (if not eligible for maternity/adoption leave).

A parent intending to take SPL must:

- be an employee;
- share the primary responsibility for the child with the other parent at the time of the birth or placement for adoption;
- have properly notified their employer of their entitlement and have provided the necessary declarations and evidence (see paragraph 5.10).

In addition, a Trust employee wanting to take SPL is required to satisfy the 'continuity of employment test' and their partner must meet the 'employment and earnings' test:

- **Continuity of Employment Test**

The individual has worked for the same employer for at least 26 weeks at the end of the 15th week before the child's expected due date/matching date and is still working for the Trust at the start of each leave period.

- **Employment and earnings test**

In the 66 weeks leading up to the baby's expected due date/matching date, the person has worked for at least 26 weeks and earned an average of at least £30 (as of 2018) a week in any 13 weeks.

There will be occasion where only one parent is eligible. For example, a self-employed parent will not be entitled themselves but they may still pass the employment and earnings test so their partner, if they are an employee, may still qualify.

In order to check eligibility, employees and/or their line manager may use the SPL and pay calculator available on gov.uk (<https://www.gov.uk/pay-leave-for-parents>).

5.3 Shared Parental Leave (SPL)

Eligible employees may be entitled to take up to 50 weeks SPL during the child's first year in their family.

The number of weeks available is calculated using the mother's/adopter's entitlement to maternity/adoption leave (52 weeks). If the mother/adopter reduces their maternity/adoption leave entitlement then they and/or their partner may opt-in to the SPL system and take any remaining weeks as SPL. A mother/adopter reduces their entitlement to maternity/adoption leave by returning to work before

the full entitlement of 52 weeks has been taken, or when they give notice to curtail their leave at a specified future date.

If the mother/adopter is not entitled to maternity/adoption leave but is entitled to Statutory Maternity Pay (SMP), Statutory Adoption Pay (SAP) or Maternity Allowance (MA), they must reduce their entitlement to less than the 39 week paid period (this would only apply in cases where the partner of the Trust employee was not entitled to the leave, i.e. agency workers or self-employed). If they do this, their partner may be entitled to up to 50 weeks of SPL. This is calculated by deducting from 52 the number of weeks of SMP, SAP or MA taken by the mother/adopter.

SPL can commence as follows:

- The mother can take SPL after she has taken the legally required two weeks of maternity leave immediately following the birth of the child.
- The adopter can take SPL after taking at least two weeks of adoption leave.
- The father/partner/spouse can take SPL immediately following the birth/placement of the child, but may first choose to exhaust any paternity leave entitlements. The father/partner cannot take paternity leave or pay once they have taken any SPL or Shared Parental Pay (ShPP).

Where a mother/adopter gives notice to curtail maternity/adoption entitlement, the mother/adopter's partner can take leave while the mother/adopter is still using their maternity/adoption entitlements.

SPL will generally commence on the employee's chosen start date specified in their leave booking notice, or in any subsequent variation notice (see 5.6 below) but must be taken in blocks of one week.

If the employee is eligible to receive it, ShPP may be paid for some, or all, of the SPL period (see "Shared Parental Pay" below).

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 is lost.

5.4 Shared Parental Pay (ShPP)

Employees who qualify for SPL will not always be entitled to ShPP.

Eligible employees may be entitled to take up to 37 weeks ShPP; the actual entitlement will depend upon the amount by which the mother/adopter reduces their maternity/adoption pay period or maternity allowance period.

ShPP may be payable during some or all of SPL. The duration is dependent upon the length and timing of the leave.

In addition to meeting the eligibility requirements for SPL, an employee seeking to claim ShPP must further satisfy each of the following criteria:

- the mother/adopter must be/have been entitled to statutory maternity/adoption pay or maternity allowance and must have reduced their maternity/adoption pay period or maternity allowance period;
- the employee must intend to care for the child during the week(s) in which ShPP is payable;
- the employee must have average weekly earnings for the period of eight weeks leading up to and including the 15th week before the child's expected due date/matching date of not less than the lower earnings limit in force for national insurance contributions;
- the employee must remain in continuous employment until the first week of ShPP has begun;
- the employee must give proper notification in accordance with the rules set out below.

Any ShPP due will be paid at a rate set by the Government for the relevant tax year. Pay rates can be found on the gov.uk website.

5.5 Timing of Shared Parental Leave

5.5.1 Notifying the organisation of curtailment of Maternity/Adoption Leave

SPL can only be used after the mother/primary adopter has:

- returned to work following Maternity/Adoption Leave; or
- given notice to their employer that reduces their maternity/adoption leave, confirming when their maternity/adoption leave will come to an end. This notice is binding and so cannot be withdrawn (except in exceptional circumstances).

Any Trust employee intending to give notice of curtailment must do so in writing to their line manager at least 8 weeks before they or their partner were intending to commence SPL. If the individual's right to work is via a Certificate of Sponsorship they must also notify the Capita HR Team Department in order to ensure compliance with UKBA regulations.

Where the mother is claiming maternity allowance rather than statutory maternity pay, the curtailment notice must also be forwarded to the benefits office in addition to the Trust.

Following receipt of a notice of curtailment of Maternity/Adoption Leave, the manager must copy the documentation to the Capita HR Team within two working days.

5.5.2 Notifying the organisation of an entitlement to Shared Parental Leave/Pay

At least eight weeks before an employee can take a period of SPL or claim ShPP an employee who is intending to take SPL and/or ShPP must give their line manager:

- notification of their entitlement;
- notification of their intention to take to SPL;
- notification of their intention to claim ShPP.

Notification must be in writing and provide:

- the name of the employee;
- the name of the other parent;
- the start and end dates of any maternity/adoption leave or pay, or maternity allowance, taken in respect of the child and the total amount of SPL available;
- the date on which;
 - the child is expected to be born and the actual date of birth or,
 - the employee was notified of having been matched with the child and
 - the date of placement for adoption;

- the amount of SPL the employee and their partner each intend to take;
- an indication (non-binding) of when the employee expects to take the leave;
- the start and end dates of any maternity/adoption pay or maternity allowance;
- the total amount of ShPP available, the amount of ShPP the employee and their partner each intend to claim, and a non-binding indication of when the employee expects to claim ShPP.

The employee must provide a signed declaration confirming:

- they meet, or will meet, the eligibility conditions and are entitled to take SPL and/or ShPP;
- the information they have given is accurate;
- where the employee is not the mother/adopter that they are either the father of the child or the spouse, civil partner or partner of the mother/adopter;
- should they cease to be eligible for either SPL or ShPP, they will immediately inform the Trust.

A signed declaration from their partner confirming:

- the partners name, address and national insurance number (or a declaration that they do not have a national insurance number);
- they are the mother/adopter of the child or they are the father of the child or are the spouse, civil partner or partner of the mother/adopter;
- they satisfy the 'employment and earnings test' (see 5.1 above), and had at the date of the child's birth or placement for adoption the main responsibility for the child, along with the employee;
- they consent to the amount of SPL that the employee intends to take;
- they consent to the Trust processing information contained in their declaration form;

- their agreement to the employee claiming ShPP and the Trust processing any ShPP payments to the employee;
- that they will immediately inform their partner should they themselves cease to satisfy the eligibility conditions;
- (in the case whether the partner is the mother/ adopter) that they have reduced their maternity/adoption pay or maternity allowance.

5.6 Booking Shared Parental Leave

In addition to notifying the line manager of their entitlement to SPL/ShPP, an employee must also provide notice to take the leave. Notice to take leave should be provided at the same time as their notice of entitlement to SPL, a form has been provided at Appendix A to fulfil notification requirements.

The employee must book SPL by giving the correct notification at least eight weeks before the date on which they wish to start the leave and (if applicable) receive ShPP.

If the individual's right to work is via a Certificate of Sponsorship they must also notify the Capita HR Team in order that they can ensure compliance with UKBA regulations.

5.7 Evidence of Eligibility

The Trust will require confirmation of the following, within 14 days of the SPL entitlement notification being given:

- the name and business address of the partner's employer (where the employee's partner is no longer employed or is self-employed their contact details must be provided)
- in the case of biological parents, a copy of the child's birth certificate (or, where one has not been issued, a declaration as to the time and place of the birth or MATB1 where the birth has not yet taken place).
- in the case of an adopted child, documentary evidence of:
 - the name and address of the adoption agency,
 - the date on which they were notified of having been matched with the child and
 - the date on which the agency expects to place the child for adoption.

In order to be entitled to SPL, the employee must produce this information within 14 days of the employer's request.

5.8 General Principles

The employee has the right to submit up to three separate notifications (this includes variation, cancellation notices) specifying leave periods they are intending to take. Each notification may contain either;

- a single period of weeks of leave; or
- two or more weeks of discontinuous leave, where the employee intends to return to work between periods of leave.

Any variation or cancellation notification made by the employee (which must be signed by both parties where it alters the total amount of SPP each party will take), including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. Following receipt of a variation or cancellation notice the manager must copy the documentation to the Capita HR Team within two working days.

A change as a result of a child being born early, or as a result of the organisation requesting it be changed, and the employee being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing by the organisation.

SPL can only be taken in complete weeks but may begin on any day of the week (i.e. if a week of SPL began on a Tuesday it would end on a Monday). Where an employee returns to work between periods of SPL, the next period of SPL can start on any day of the week.

5.9 Continuous Leave Notifications

A notification can be for a period of **continuous leave**, i.e. a number of weeks taken in a single unbroken period of leave (i.e. six weeks in a row).

An employee has the right to take a continuous block of leave notified in a single notification, providing the request

- does not exceed the total number of weeks of SPL available to the employee and

- the employer has been given at least eight weeks' notice.

An employee may submit up to three separate notifications for continuous periods of leave.

5.10 Discontinuous Leave Notifications

A single notification may also contain a request for two or more periods of **discontinuous leave**, i.e. a set number of weeks of leave over a period of time, with breaks between leave periods where the employee returns to work.

The Trust will consider requests for discontinuous leave but retains the right to refuse such a request.

Where a request for discontinuous leave is made by an employee, there will be a 14 day discussion period during which the Trust and/or the employee may arrange a meeting to discuss the detail of the request. The meeting will be made with the aim of agreeing an arrangement that meets both the needs of the employee and the service.

If a discontinuous leave pattern is refused the employee may;

- withdraw the request without detriment on or before the 15th day after the notification was given;
or
- take the total number of weeks requested the notice in a single continuous block.

If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to confirm when they would wish the leave period to commence. Leave cannot commence prior to eight weeks from the date the original notification was submitted. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

Upon receipt of such notification(s), the line manager should arrange to discuss, the request with the employee at the earliest opportunity. Where a notice is for a single period of continuous leave or where a request for discontinuous leave can be approved without further discussion a meeting may not be necessary. Where a meeting does take place, although not part of a formal procedure, the employee may request to be accompanied by a trade union representative or workplace colleague employed by this Trust. The request will be considered.

Where a meeting is required it should take place in private and be arranged in advance.

The purpose of the meeting is to discuss in detail, the leave requested and what will happen while the employee is away from work. Where the request is for discontinuous leave the discussion may focus on;

- how the leave proposal could be agreed;
- whether a modified arrangement could be agreed and;
- what the outcome may be if no agreement is reached.

Once a decision is reached, the line manager must indicate on the form (Appendix A) whether the request has been accepted or rejected and forward it to the Capita HR Team. The employee should be informed verbally by their line manager of the outcome prior to the Capita HR Team being notified.

Each request for discontinuous leave will be considered on a case-by-case basis taking into account the needs of the service. Agreement of a request will not set a precedent or create the right for another employee to be granted a similar pattern of SPL. A request may be granted in full or part; i.e. the Trust may propose a modified version of the request for consideration.

Employees should be notified of the outcome of their request at the earliest opportunity but no later than 14 days following receipt of their notification. Line managers should do this by completing section 3 of Appendix A and giving a copy to the employee.

5.11 Written Confirmation from the Capita HR Team

When notified, the Capita HR team will provide written confirmation of the following:

- the employee's paid and unpaid leave entitlement;
- periods of leave agreed;
- the number of booking notifications remaining to the employee (see 5.6 above);
- the need for the employee to give at least eight weeks' notice if he/she wishes to vary or cancel the agreed and booked period(s) of SPL.

5.12 Keeping in Touch

Subject to agreement with the line manager, each employee can work up to twenty 'SPL in Touch' (SPLIT) days during SPL without losing the entitlement to ShPP and without bringing the SPL to an end. Any days of work will not extend the SPL period.

Before going on SPL, the manager and the employee should agree any voluntary arrangements for keeping in touch during the employee's SPL including:

- any voluntary arrangements that the employee may find helpful to help him/her keep in touch with developments at work and, nearer the time of his/her return, to help facilitate his/her return to work
- keeping the manager in touch with any developments that may affect his/her intended date of return
- confirming how the employee will be informed of any pay rises, bonuses and job vacancies which occur during his/her period of SPL

To facilitate the process of SPLIT days it is important that the manager and employee have an early discussion to plan and make arrangements for SPLIT days before the employee's SPL takes place.

To enable employees to take up the opportunity, the Trust will consider the scope of reimbursement of reasonable childcare costs or the provision of childcare facilities where necessary.

The SPLIT work can be consecutive days or not, and can include training (including the completion of mandatory training) or other activities which enable the employee to keep in touch with their workplace.

Any such work must be by agreement, and neither the Trust nor the employee can insist on it.

The employee will be paid a proportion of their basic daily rate, for the actual hours worked less appropriate maternity leave payment for SPLIT days worked.

Working for part of any day will count as one SPLIT day.

5.13 Health and Safety – Postnatal Care and Breast Feeding Employees

An employee who has recently given birth (within 6 months) is entitled to paid time-off for post-natal care e.g. attendance at health clinics.

All requests for time-off for postnatal care are subject to the prior approval of the manager.

An employee should make a request with as much notice as possible to allow appropriate arrangements to be made for cover. Requests should be supported by an appointment card, or some other document showing that an appointment has been made.

The Trust has a duty under health and safety to undertake a risk assessment for such employees and to provide breast-feeding women with suitable rest facilities. The Health and Safety Executive also encourages employers to provide breastfeeding employees with suitable access to a private room to express and store milk.

This includes an employee working on a SPLIT day as described in section 5.11. It is the responsibility of the manager to ensure a risk assessment is undertaken as soon as possible after the manager is notified by the employee that they are returning to work within 6 months of giving birth or have provided written notification that they are breastfeeding.

If it is found following the risk assessment, taking into account any certified medical statement from a medical practitioner or a midwife that an employee or her child would be at risk were she to continue with normal duties, the manager should provide suitable alternative work for which the employee will receive her normal rate of pay.

The above provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding her child.

For additional information, please see references to breastfeeding in the Trust's Maternity and New Parents Policy and Procedure.

5.14 Special Circumstances

5.14.1 Early Birth

Where an employee's child is born before their expected due date and the employee had booked to take SPL (within the first eight weeks of the due date), the employee may take the same period of time off after the actual birth without having to provide eight weeks' notice. In such circumstances the employee must submit a notice to vary their leave as soon as is reasonably practicable. The notice will not count as one of the employee's three notifications.

Leave arranged after the first eight weeks of the due date remains bound by an eight-week notice requirement to vary leave dates.

If the child is born more than eight weeks before the due date and the notice of entitlement to SPL and/or a notice to book SPL have not yet been submitted, there is no requirement to provide eight weeks' notice prior to the start of the leave providing all other eligibility and notification criteria have been met. Notices must be given as soon as is reasonably practicable after the actual birth.

5.14.2 Death of the child before or during birth, or within the first year

If the child dies before the employee has submitted a notice of entitlement to take SPL then the employee cannot opt into SPL as the qualifying conditions include caring for a child. In such circumstances the mother/adopter will remain entitled to maternity/adoption leave and the mother's partner may still qualify for statutory paternity leave.

If the employee has opted into SPL and have booked leave, the employee will still be entitled to take the booked leave. No further notice to book leave can be submitted and only one variation notice can be submitted to either reduce a period of leave or to rearrange a discontinuous leave arrangement into a single block of leave.

An employee who is absent on SPL may cancel agreed SPL and return to work by giving the Trust eight weeks' notice of their return to work.

5.14.3 Partner no longer caring for the child

If the employees circumstances change and the employee is no longer responsible for caring for the child (the exception is para 12 above), the

employee's entitlement to both SPL and ShPP will immediately cease. The employee is responsible for advising their line manager and the Capita HR team.

Where the employee has SPL arranged within eight weeks of their entitlement ceasing, the Trust may require the employee to take the leave where it is not reasonably practicable for the Trust to have their employee back at work, (i.e. where cover has been arranged). Any weeks of SPL arranged after eight weeks of their entitlement ceasing must be cancelled.

If the parent, who is no longer caring for the child has any SPL leave entitlement outstanding, the remaining parent (providing they continue to care for the child) will be able to transfer the leave into their own entitlement providing they are able to provide a signed notification from the other parent confirming a variation of leave entitlement.

5.14.4 Death of a parent during the child's first year

If either parent dies and the other parent is taking, or is entitled to, SPL then they will continue to be eligible. Any SPL that was due to be taken by the deceased parent may be transferred to the other parent (subject to meeting the eligibility criteria).

In such circumstances it may be necessary for the remaining parent to take a further period of SPL or to vary pre-agreed SPL. Where eight weeks' notice cannot be provided then notice may be given as soon as is reasonably practicable.

Where the employee has already provided three notices to take leave, the employee will be allowed to submit one further notice to book/amend SPL.

5.14.5 Multiple births/adoptions

An employee is not entitled to extra SPL or ShPP if they are expecting more than one child. This also applies to multiple adoptions occurring in a single placement.

5.15 Return to Work

An employee who has notified their intention to return to work is not required to give any further notification of return.

If the employee wishes to return to work earlier than the expected return date, the employee must provide a written notice to vary the leave and must give at least eight weeks' notice.

This notice will count as one of the employee's three notifications. If the employee has already used three notifications to book and/or vary leave then the Trust is not required to accept the notice to return early but may choose to do so where reasonably practicable.

Following receipt of a notification to return early, the manager must copy the documentation to the Capita HR team within two working days to allow any changes to be recorded on ESR. The Capita HR team will then forward the documentation to the Capita payroll team prior to the employee's return to work.

Following SPL the employee is entitled to return to the same job providing the employee's aggregate total statutory maternity/paternity/adoption leave and SPL amounts to 26 weeks or less. The same job is the job they occupied immediately before commencing leave and the most recent period of SPL, on the same terms and conditions of employment as if they had not been absent.

If their maternity/paternity/adoption leave and SPL amounts to 26 weeks or more in aggregate, the employee is entitled to return to the same job they held before commencing the last period of leave or, if this is not reasonably practicable, to another job which is both suitable and appropriate and on terms and conditions no less favourable.

Managers should discuss and consider with staff member whether a phased return to work is required, especially if working within a clinical setting.

5.16 Fixed-Term Contracts or Training Contracts

An employee subject to a fixed-term or training contract who meets the eligibility criteria set out in section 5 above will have his/her contract extended so as to allow him/her to receive the 50 weeks SPL and ShPP providing the employee has submitted the required notifications prior to the end of the fixed term contract and they continue to meet the continuity of employment test and employment and earnings test

5.17 Rotational Training Contracts

Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, the employee shall have the right to return to work in the same post, or in the next planned post

irrespective of whether the contract would otherwise have ended if pregnancy, childbirth, adoption or SPL had not occurred.

In such circumstances, the employee's contract will be extended to enable the practitioner to complete the agreed programme of training.

5.18 Increments and appraisal

SPL, whether paid or unpaid, will count as service for annual increments.

An employee on SPL will be expected to comply with the Trust's appraisal procedures in the same way as other employees. Managers should take reasonable steps to ensure they are able to give consideration to an employee's pay progression on the relevant date. This may include a review of:

- Previous records
- Progress towards meeting their PDP
- Notes of any relevant meetings between the manager and the employee
- Performance and development before planned absence starts

5.19 Accrual of Annual Leave/Public Holidays

Annual leave/public holidays will continue to accrue during SPL and where possible should be taken during the relevant holiday year.

The amount of accrued annual leave/public holidays an employee can carry over to the next annual leave year should not normally exceed 5 days i.e. one working week (pro-rata for part-time employees and full time employees who work their shifts over less than 5 shifts per week). The amount of annual leave/public holidays an employee wishes to carry over must be approved by the line manager before the SPL period starts.

SPL, whether paid or unpaid, will count as service for the purposes of any service qualification period for additional annual leave.

5.20 Pension

Pension rights and contributions will be dealt with in accordance with the provisions of the NHS Pension Scheme.

Pension contributions accrue, but are not payable, during periods of unpaid SPL. As a result, the amount of accrued contributions will be deducted from salary when the employee returns to work over a period equivalent to the amount of unpaid leave taken. For example, three months unpaid leave will amount to deductions from salary over the first three months following the employee's return to work.

These pension contributions are calculated from the pay received on the last day of paid leave before unpaid leave commenced.

The above deductions are in addition to the contributions payable by the employee from the date she returns to work.

Any queries should be dealt with by a Pensions Officer in the Capita HR Team.

5.21 Professional Registration

An employee is responsible for ensuring that they maintain their competence and professional registration (where applicable) at all times during their paid and unpaid SPL.

5.22 Working whilst on Shared Parental leave

Any employee considering undertaking **any** paid work, excluding SPLIT Days (in accordance with paragraph 9 above) whilst on SPL must contact the Capita HR team to ascertain what impact this may have on the ShPP they receive.

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate.

Director of People and Communications
Head of Organisational Development
Head of Human Resources
Payroll and Pensions Manager
Head of Employee Health Services
Diversity and Inclusion Lead
Staff (Trade Union) representatives
Managers (e.g. Divisional Directors of Operations, CBU Managers, and members of the Finance, Quality and Resilience Teams
Workforce Business Partners
HR Advisors
Chief Nurse

7. Approval and Ratification Process

The final draft was agreed by the HR Policy Group on 30th April 2019.

Final approval was given by the Policy Ratification Group on 8th April 2019.

8. Dissemination and Implementation

Once approved, this policy will be available on the Trust's intranet (Hub) and will be circulated by the Workforce Business Partners/HR Advisors to managers who will be required to cascade the information to members of their teams and destroy previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD will undertake the archiving arrangements.

10. Training

None required.

11. Monitoring and Auditing Compliance with the Procedural Document

See table in Appendix D

12. Review Arrangements

The policy will be reviewed in 2½ years' time, in 2021. It will be reviewed by the HR lead for policies.

13. Associated Documentation

Maternity and New Parents Policy and Procedure
Annual Leave Policy
Special Leave Policy
Flexible Working Policy
Temporary Deployment Policy
Sickness and Absence Policy
Health and Safety Policy

14. References

ACAS: Shared Parental Leave: a good practice guide for employers and employees
ACAS: Shared Parental Leave summary process
Shared parental leave and leave curtailment (amendment) regulations 2015

15. Appendices

Appendix A: Step by Step Guide

Appendix B: Notifying the Trust of an Entitlement to Shared Parental Leave/Pay and Booking Shared Parental Leave/Pay

Appendix C: Equalities impact Assessment Form

Appendix D: Compliance Monitoring Table

Appendix A: Step Guide to Shared Parental leave and Pay

For the Employee:

Step 1: You become aware of a pregnancy or an adoption match

You need to consider if shared parental leave is suitable – it won't be for everyone

Step 2: are you eligible for Shared Parental Leave?

To be eligible you must share responsibility for the child with one of the following:

- Their husband / wife / civil partner / joint adopter
- The child's other parent
- Their partner (if they live with them)

You or your partner must be eligible for maternity pay or leave

Still be employed whilst you take SPL

Give the correct amount of notice

Have continuously been employed for at least 26 weeks up to the qualifying week (15 weeks before baby is due) or the week they are matched with a child for adoption in UK

Step 3: are you eligible for Statutory Shared Parental Pay (will change from 1st April 2019)?

To be eligible you must be an employee and one of the following applies:

- That you are eligible for statutory maternity pay (smp) or Statutory adoption pay (sap)
- That you are eligible for statutory paternity pay and your partner can get SMP, maternity allowance, or SAP

Step 4: what is your entitlement?

If eligible, then you or your partner can end maternity or adoption leave and pay early; this allows the following to occur:

- The mother must take a minimum of 2 weeks maternity leave following the birth of the baby or 2 weeks adoption leave
- You can take the rest of the 52 weeks of leave (up to a maximum of 50 weeks) as shared parental leave (SPL)
- Take the rest of the 39 weeks of pay (up to a maximum of 37 weeks) as statutory shared parental pay (ShPP)
- ShPP is paid at the same rate as Statutory Maternity / Adoption Pay (see section 5.4 of policy document)

Step 5: how do I start Shared Parental Leave?

The mother or adopter must do one of the following:

- End their maternity or adoption leave by returning to work
- Give you 'binding notice' (a decision that cannot normally be changed) of the date when they will end their maternity or adoption leave

- End maternity pay, maternity allowance or adoption pay
- take a minimum of 2 weeks' maternity leave following the birth
- take at least 2 weeks adoption leave (if they are the adoptive parent getting SAP); this can be taken from the day of the placement or up to 14 days before the placement begins
- at least 8 weeks' notice needs to be given to the employer if they want to start SPL or ShPP

SPL can start for the partner while the mother or adopter is still on maternity or adoption leave if she has given 'binding notice' to end her leave.

For example: a mother and partner are both eligible for SPL

The mother goes on maternity leave 10 weeks before her baby is born. She decides she will take 16 weeks of maternity leave and gives you notice

Since the mother has given binding notice, her partner can start SPL as soon as the baby has been born (as long as they have given at least 8 weeks' notice)

Step 6: as an employee what must I do?

You must give written notice of wanting to start SPL or ShPP (using form at Appendix A)

After receiving this notice the Trust can ask you for:

- copy of child's birth certificate
- the name and address of the their partners employer

The Trust has 14 days to ask for this information

You then have a further 14 days to provide the information

You must give at least 8 weeks' notice of any leave you wish to take; if the child is born more than 8 weeks early, this notice period can be shorter

You have a statutory right to a maximum of 3 blocks of leave OR one continuous block

For the Manager:

Step 1: Has the employee made you aware of the pregnancy / adoption?

Ensure you discuss with them their intentions for possible shared parental leave / pay and other leave options the employee may have

If employee eligible discuss early their intentions of whether to take shared parental leave / pay

Make early preparations and plans for cover arrangements

Once application has been made ensure all necessary documentation is sent to Trust HR
Confirm and communicate the outcome to employee.

Appendix B

Notifying the Trust of an entitlement to Shared Parental Leave/Pay and Booking Shared Parental Leave/Pay

Section 1 – Employee form

Surname:

Forename(s):

Department:

Employee Number:

Post:

Date of Appointment to the Trust (please ask your manager to confirm the date):

Date of Continuous NHS Service (please ask your manager to confirm the date):

Expected date of delivery and actual date of birth of child

or

Date notified of adoption and date of placement for adoption:

Start and end dates of any Maternity/Adoption Leave and pay taken in respect of the child and the total amount of Shared Parental Leave Available:

Are you the mother/primary adopter? Yes / No

Name of the other parent:

Dates of and amount of shared parental leave you intend to take:

Dates of and amount of shared parental leave the other parent intends to take:

Amount of shared parental leave remaining (this is 50 weeks minus number of weeks maternity / weeks adoption leave taken): weeks

Amount of shared parental pay you intend to claim: weeks

Amount of shared parental pay the other parent intends to claim: weeks

Do you currently hold a Certificate of Sponsorship?

Yes / No

Do you have any salary sacrifice arrangements?

Yes / No If yes, please detail

Declaration

I wish to apply for shared parental leave and/or pay and confirm that I meet, or will meet, the eligibility conditions and am entitled to take SPL and/or ShPP. I confirm the information I have given is accurate and that should I cease to be eligible for either shared parental leave or shared parental pay I will immediately inform the Trust. I understand the information contained in this form is binding except in exceptional circumstances.

Signed: Date:

Please now ensure your partner completes the form and declaration below.

Section 2 - Partner's declaration

Surname:

Forename(s):

Address:

National Insurance Number:

Are you the:

Mother/adopter of the child or ()

Father of the child or ()

Spouse, civil partner or partner of the mother/adopter ()

Have you, in the 66 weeks leading up to the baby's expected due date/matching date, worked for at least 26 weeks and earned an average of at least £30 (as of 2015) a week in any 13 weeks.

Yes ()

No ()

Did you, on the date of the child's birth or placement for adoption, have the main responsibility for the child, along with the employee named in section 1?

Yes ()

No ()

Name and business address of employer

Declaration

I confirm that the above information is correct. I confirm that I had, at the date of the child's birth or placement for adoption, the main responsibility for the child, along with the named applicant above and that I consent to the amount of shared parental leave the above named employee intends to take. I consent to the Trust processing the information contained within this form. I agree to the above named employee claiming shared parental pay and for the Trust to process any shared parental pay payments to the above named employee.

In the case where the partner is the mother/adopter: I will immediately inform the above named employee should I cease to satisfy the eligibility conditions and I can confirm I have reduced my maternity/adoption pay or maternity allowance.

Signed: Date:

Appendix C: EQUALITIES IMPACT ASSESSMENT PRO FORMA

SHARED PARENTAL LEAVE AND PAY POLICY

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact, how we can reduce that impact.

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			Positive for employees as it provides flexibility.
People of different religions / beliefs	X			Positive for employees as it provides flexibility.
People with disabilities (physical, sensory or learning).	X			Positive for employees as it provides flexibility.
People from different ethnic groups	X			Positive for employees as it provides flexibility.
Men or women	X			Positive for employees as it provides flexibility.
Transgendered people	X			Positive for employees as it provides flexibility.
People who are gay, lesbian, and bi-sexual	X			Positive for employees as it provides flexibility.
Refugees and asylum seekers				N/A
2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions.			

3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? No negative impact.
4.	Have you signed this off with the Equality and Diversity team? Yes

Signed for team / working group: Name: Louise Malusky

Date: 19/03/19

Signed by Diversity and Inclusion Lead: Name: Yasmin Mahmood

Date: 19/03/19

For further guidance contact yasmin.mahmood1@nhs.net

Appendix D: Monitoring table

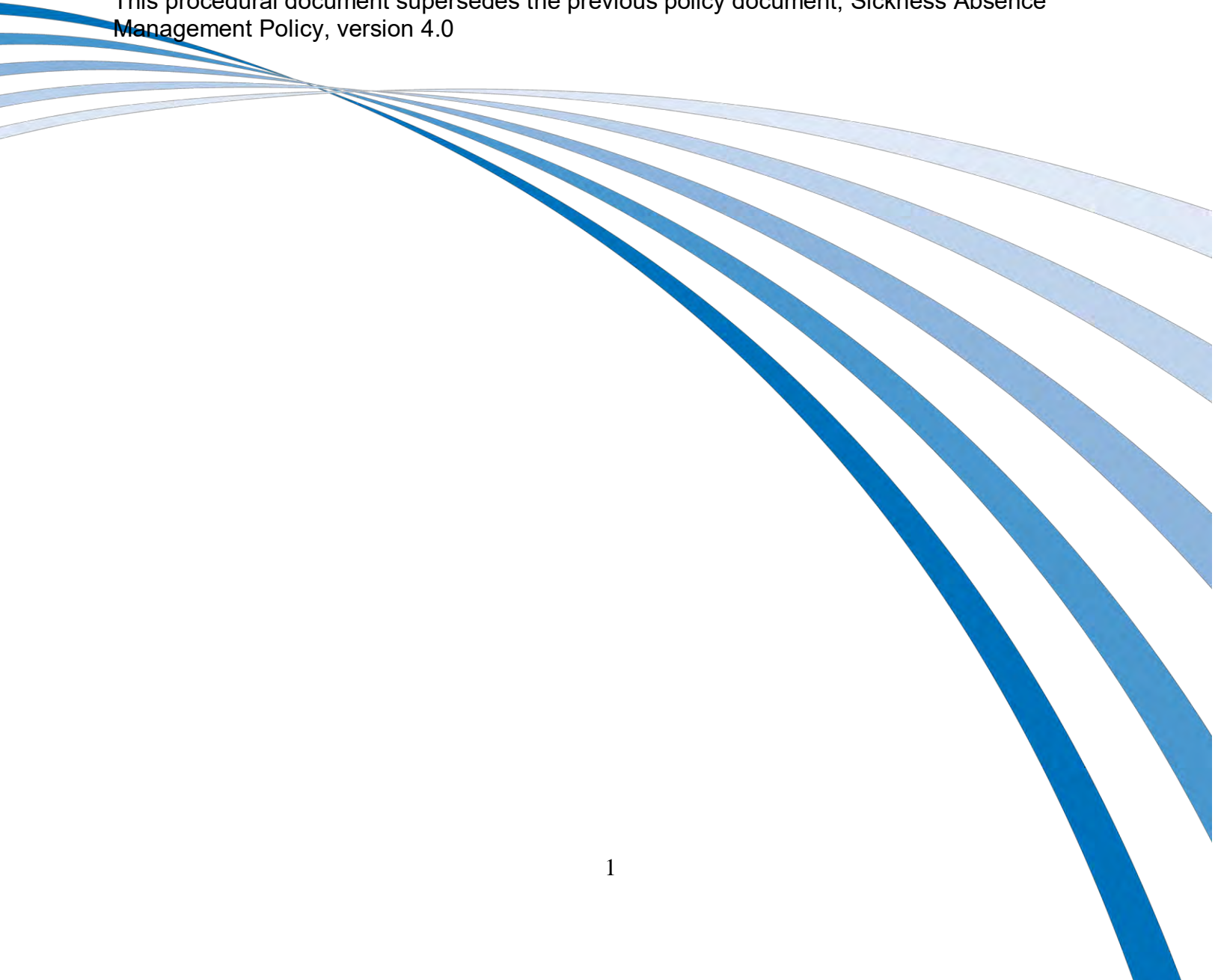
Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Director of People and Communications / Head of Human Resources	Number of staff requests for Shared Parental Leave / Pay	Feedback from managers and staff Audit of Staff returning to work following Shared Parental Leave / Pay	Ad hoc As and when	Any recommendations for action will be followed up by the HR lead for the policy and any reviews to the policy will be approved via the HR Policy Sub Group and Policy Ratification Group	Held by the Workforce Committee
Director of People and Communications / Head of Human Resources	Legislative or National Guidance	Changes required will be discussed and changes made to the policy through the agreed format in place	2.5 years As and when changes are made legislatively or as a national change	HR Policy Group a Sub-Group of the JSCC Policy Ratification Group Workforce Committee	

TITLE: SICKNESS ABSENCE MANAGEMENT POLICY

VALID FROM: February 2021

EXPIRES: February 2024

This procedural document supersedes the previous policy document, Sickness Absence Management Policy, version 4.0



Version:	5.0
Policy reference and description of where held.	WFC 08
Title, name and contact details for author:	Louise Malusky, HR Business Partner louise.malusky@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group	HR Policy Group (sub-group of Joint Staff Consultative Committee) on 10 February 2021
Ratified by Policy Ratification Group:	19 February 2021
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	September 2023
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
3.0	07/10/2013	Liz Lubbock	Approved	Full review undertaken.
3.1	January 2017	Dave Leonard	Draft	Full review undertaken
3.2	June 2017	Mark Handley	Draft	Full review undertaken
3.3	July 2017	Mark Handley	Draft	Full review undertaken
4.0	September 2017	Mark Handley	Final	Full review undertaken
4.1	October 2020	Louise Malusky	Draft	Full review undertaken
4.2	January 2021	Louise Malusky	Draft	Full Review undertaken
5.0	February 2021	Louise Malusky	Final	Full review undertaken

Contents:

Section	Page
1. Introduction	5
2. Aims and Objectives	5
3. Definitions	5
4. Duties	6
5. Policy.....	7
5.1 Reporting sickness absence	7
5.2 Required certification	7
5.3 Sickness entitlements and sick pay.....	8
5.4 Contact during sickness absence.....	8
5.5 Calculating sickness absence	9
5.6 Holidays / leave during sickness absence.....	9
5.7 Sickness during annual leave.....	10
5.8 Annual leave following sickness absence	10
5.9 Medical appointments	11
5.10 Medical procedures.....	11
5.11 Feeling unwell whilst at work.....	11
5.12 Sickness absence and pregnant staff	12
5.13 Return to work meeting	12
5.14 Managing short term absence.....	12
5.14.1 Informal health and wellbeing review	12
5.14.2 Formal health and wellbeing review	13
5.14.3 Action at the end of a monitoring period.....	14
5.14.4 Final review of short term absence - hearing	14
5.14.5 Procedure to be followed at the final review hearing.....	15
5.15 Managing long term absence	15
5.15.1 Informal health and wellbeing review	16
5.15.2 Formal health and wellbeing review	17
5.15.3 Phased return to work after a period of long term absence	18
5.15.4 Ill health retirement.....	19
5.15.5 Final long term health and wellbeing review – hearing.....	19
5.15.6 The procedure to be followed at the final review hearing	19
5.16 Disability.....	20
5.17 Gender reassignment.....	21
5.18 Stress.....	22
5.19 Alcohol and substance misuse.....	22
5.20 Accidents or incidents at work.....	22
5.21 Concerns raised during the sickness process	22
5.22 Appeals	22

6.	Consultation Process	23
7.	Approval and Ratification Process	24
8.	Dissemination and Implementation	24
9.	Archiving	24
10.	Training Requirements	24
11.	Monitoring and Auditing Compliance.....	24
12.	Review	24
13.	Associated Documentation.....	24
14.	References.....	25
15.	Appendices	25
	Appendix A: Self Certification Form	26
	Appendix B: Return to Work Meeting Following Sickness Absence	28
	Appendix C: Employee Health Referral Form – completed example	31
	Appendix D: Short term absence flow chart.....	37
	Appendix E: Long term absence flow chart.....	38
	Appendix F: Long Term Health Conditions and Disabilities	39
	Appendix G: Workplace Adjustment Form	43
	Appendix H: Ill Health Retirement.....	48
	Appendix I: Appeal Hearing Procedure – Sickness Absence.....	49
	Appendix J: Compliance Monitoring Table.....	51
	Appendix K: Equality Impact Assessment.....	52

1. Introduction

Central London Community Healthcare NHS Trust (“the Trust”) is committed to improving the health, well-being and attendance of all its staff and wants to ensure that they are treated fairly and reasonably if they are away from work due to sickness or injury.

All staff who, during their employment become absent due to ill health, injury or disability will be supported to return to work and offered any reasonable adjustments that will enable them to maintain regular service. A Workplace Adjustment Form can be found at Appendix G.

A holistic approach will always be taken by managers, HR, Employee Health Services, staff and their trade union representatives to enable staff to remain working effectively.

If meetings or hearings are conducted virtually via MS Teams or similar communication platforms, participants should not have anyone physically with them who has not been invited or declared as a member/participant in the meeting. Participants’ cameras should remain on for the duration of the meeting.

2. Aims and Objectives

The purpose of this policy is to:

- support staff where they are genuinely sick, where possible to return to the workplace and look at encouraging ways to improve their attendance
- provide guidance for managers and staff on the arrangements for managing both short and long term absence
- give staff the opportunity to improve their attendance, whilst exhausting all avenues of support within the Trust
- assist the Trust to comply with relevant legislation, for example, the Equality Act 2010 and NHS guidance documents

3. Definitions

Short-term intermittent sickness is broadly defined as frequent, recurring periods of sickness absence which generally do not relate to an underlying health issue. Short term absences are likely to be self-certified; however they can also be covered by a fit note.

Long-term absence for the purpose of this policy is when a member of staff is absent from work due to sickness for a continuous 4-week period. This could be related to an underlying long term health condition.

Sickness absence prompt. The absence of a member of staff due to sickness will prompt a review of their sickness absence if they have had 4 separate episodes of sickness in a “rolling” 12-month period.

Rolling Year. A “rolling” 12-month period is defined as the 12-month period that immediately precedes the period of sickness.

Episode: An “episode” of sickness absence is a period of sickness that lasts for one half day or more.

4. **Duties**

This section highlights the key roles and responsibilities in managing sickness absence. It is not exhaustive.

Managers are responsible for:

- communicating appropriately when staff are absent
- managing absences under this policy and providing data/documents for monitoring
- providing support and advice through the use of Employee Health Services where appropriate, including where a staff member discloses domestic violence or abuse
- keeping the health and wellbeing of staff paramount

Staff are expected to:

- ensure regular attendance at work
- communicate appropriately with their manager when absent from work
- co-operate fully in the use of this policy and providing fit notes/certificates

Human Resources (HR) team is responsible for:

- ensuring an appropriate management system is in place to collect good quality data on sickness absence
- in partnership with Trade Union/staff representatives, regularly monitor and review arrangements to identify where and how policies can be improved
- coaching managers in the pro-active management of sickness absence and ensuring a fair and consistent approach is adopted
- providing training and advice to managers in relation to this policy and its application
- developing strategies and interventions designed to promote staff mental and physical health and wellbeing and prevent sickness absence

Employee Health Services is responsible for:

- providing employee health advice to the Trust and to staff
- screening staff where appropriate to ensure that they are fit for work and to assess whether or not they require any adjustments to the workplace or their role
- providing mental health and physiotherapy services to help prevent ill health and maintain attendance at work

Trade Union and Staff Representatives:

- have a role to support and represent staff where appropriate during formal procedures
- work in partnership in reviewing and updating this policy

5. Sickness Absence Policy**5.1 Reporting sickness absence**

All staff must adhere to the following notification reporting procedure if they are unable to attend work due to sickness or injury. Staff should also be made aware of local reporting procedures as part of the Induction process.

Staff must:

Notify the agreed point of contact personally, by phone, as soon as they become aware that they will not be able to attend work and, in any event, as soon as is reasonably practicable.

If the staff member is unable to make contact by phone, they must leave a voicemail message with a contact telephone number so that the manager can call them back. Following this, they may text or email however this must be followed up with a phone call to the agreed point of contact as soon as possible.

If the member of staff works in a direct patient care area, they must report their sickness at least two hours before their shift, and earlier if possible. This is to allow sufficient time to ensure consistency in care and service delivery. The individual should speak to their line manager or the next most senior person if the line manager is not available.

If a member of staff does not report for work, and has not informed their manager why they have not attended, the Trust reserves the right to make all reasonable efforts to contact them.

Where the member of staff does not adhere to the reporting arrangements, any absence may be deemed to be unauthorised for which they may not receive occupational sick pay and for which, disciplinary action may be taken. This is in line with the NHS terms and conditions of employment.

While on sick leave, the member of staff must not undertake any paid or unpaid work elsewhere, including bank or agency work.

5.2 Required certification

In instances where sickness absence lasts for 7 days or less, a self-certification form must be completed from the first day of absence. This includes weekends or rest days. The "Self-Certification Form" in Appendix A should be used, and this may be completed upon return to work.

1 – 7 days: A self-certification form is required. This must be submitted to the member of staff's manager within 3 calendar days from the date they return to work.

8 days + : If a member of staff is likely to be absent beyond 7 calendar days, they should inform their manager. They should obtain a doctor's certificate(s) / fit note(s) explaining the whole period of their absence. Their line manager should receive this by the 11th calendar day after the first day of sickness absence (or in the case of subsequent certificates within 5 days of the expiry of their previous certificate).

It is the member of staff's responsibility to ensure that any doctor's certificate / fit note covers the entire period of absence following any period of self-certification.

5.3 Sickiness entitlements and sick pay

Occupational Sick Pay (OSP) entitlements will be calculated in accordance with Section 14 of the NHS Terms and Conditions of Service Handbook, or the Consultant Contract Terms and Conditions, other Medical and Dental terms and conditions or individual protected sickness entitlements.

The period during which sick pay will be paid and the rate of sick pay is calculated based on service entitlement at the time the current episode of sickness commences:

During the 1 st year of service	One month's full pay and two months' half pay
During the 2 nd year of service	Two months' full pay and 2 months' half pay
During the 3 rd year of service	Four months' full pay and four months' half pay
During the 4 th or 5 th year of service	Five months' full pay and five months' half pay
After completing 5 years' service	Six months' full pay and six months' half pay

5.4 Contact during sickness absence

In all cases of sickness or injury which result in a member of staff being absent from work, they must keep in regular contact with his/her line manager. Contact arrangements should be agreed between the manager and the member of staff at the start of the sickness period.

It is expected that the member of staff should do their utmost to facilitate a successful return to fitness and work and should not do anything to jeopardise their return to

work. For any periods of absence from work due to sickness or injury, a member of staff should not:

- participate in any activities which could aggravate the illness or injury or could delay recovery; and / or
- undertake any other employment including bank or agency, whether paid or unpaid, unless there has been prior agreement with management and Employee Health Services that this would be of benefit in aiding recovery and return to work

Staff should be aware that the Trust is required to participate in the National Fraud Initiative, a data matching exercise which may identify staff that have undertaken other employment during a period of sickness absence.

Such activity may, depending upon the circumstances, be dealt with under the Trust's Disciplinary Policy and the Counter Fraud Policy, and shall render the member of staff ineligible to receive occupational sick pay for the period of that employment.

5.5 Calculating sickness absence

In calculating a sickness absence, Saturdays, Sundays, public holidays and rest days will all count towards a continuous period of absence irrespective of whether an individual is scheduled to work. Where such days fall at the beginning or end of a sickness absence they should not be included or recorded as sickness absence. Scheduled rest days are treated in the same way as Saturdays and Sundays for shift workers.

When a shift involves attendance on two days, the day on which the shift begins becomes the day on which sickness absence begins/ ends.

Reported absence for part of a day due to sickness is regarded as attendance. The Trust will record part days of sickness and where the number of such days becomes a cause for concern, the Trust may consider taking action in accordance with the short-term sickness absence section of this policy.

5.6 Holidays / leave during sickness absence

The Trust understands the importance of recuperation whilst on sick leave and where advised, annual leave can be taken to support a member of staff's health and wellbeing.

Staff are entitled to take annual leave when on sickness absence but staff must ensure they have their manager's authorisation to take holiday whether pre-booked or not, or to go away on holiday whilst on sickness absence.

Annual leave accrues in the usual way during periods of sickness absence, and therefore managers must make every effort to accommodate annual leave requests from members of staff returning from sick leave. Annual leave will be deducted from the member of staff's annual entitlement even if they are covered by a fit note.

5.7 Sickness during annual leave

Sickness during annual leave may be regarded as sick leave providing the member of staff adheres to the required sickness reporting procedure:

- notifying their manager on the first day of their sickness
- providing a fit note for the whole duration of their sickness

In addition if the sickness occurs whilst holidaying abroad, the member of staff must also:

- provide medical certification, translated into English if necessary, confirming their period of illness - this must include the name, address and telephone number of the doctor/hospital/clinic, the reason for the illness and the duration of the illness
- keep in contact with their line manager whilst they are ill

Where a member of staff's illness prevents travel and a prompt return to work after the holiday abroad, supporting medical certification should detail clearly why travel is not possible. It may be necessary for the manager to request the member of staff to produce information that they intended to return from holiday before they fell ill i.e. relevant travel documents including tickets.

Retrospective certification by a UK GP for sickness which occurred outside the UK will not be accepted for payment of occupational sick pay.

Where the illness of a close relative prevents return to work, short term absence may be covered under the trust's Special Leave Policy or with the agreement of the manager, taken as short duration unpaid leave. Documentary evidence of the relative's illness may be required.

If still absent, the member of staff must notify their line manager once their sickness period comes to an end and when their period of annual leave should restart.

5.8 Annual leave following sickness absence

If a member of staff returns to work in the next annual leave year following a period of sick leave, and they have not taken their full entitlement of annual leave, they will be able to carry over a maximum of 28 days' annual leave, inclusive of public holidays (pro rata for part-time staff and staff working flexibly) linked to annual leave entitlement under the Working Time Regulations.

This leave will be able to be taken once the member of staff is fit to return to work and can also be used to support a gradual/phased return to work.

If a member of staff makes a successful application for ill health retirement or their employment comes to an end, payment will be made for the annual leave carried over.

5.9 Medical appointments

It is recognised that appointments are essential to address staff members' health and wellbeing and may need to be taken during working time. Wherever feasible, these should avoid disruption to the service e.g. not in the middle of a clinic or shift, so either at the beginning or end of their working day where possible. For example: a member of staff had a serious health issue and whilst medical interventions were taken, it still required the member of staff to have additional treatment for one hour each week for six weeks. Rather than being off for a further period of time, the member of staff and the manager agreed a plan which met the needs of the member of staff and the service.

Where members of staff are unable to arrange planned appointments as above, they are required to provide the manager with reasonable notice for their absence. The member of staff has a duty to provide evidence of the appointment to their manager in whatever format received i.e. text, email, appointment card. On occasion where it is not possible to provide this, the member of staff should be supported to attend the appointment.

If reasonable adjustments have been put in place for the member of staff, the manager will support the attendance at any necessary appointments. Pregnant women are entitled to paid time off for ante-natal appointments.

Members of staff with a medical condition recognised under the Equality Act 2010, and especially where their medical appointments form part of an ongoing treatment programme, may have authorised paid time off to attend their medical appointments as a reasonable adjustment for a time limited period. These circumstances are recorded but not counted as sickness absence towards any absence prompts or cautions.

Managers should ensure that all time off for ante-natal or medical appointments is recorded on healthroster.

5.10 Medical procedures

Where staff are required to undergo medical procedures e.g. an endoscopy, which will require time away from work, these will be treated and recorded as sickness absence and not taken as annual leave. However these absences will not be counted towards the sickness prompts which escalate the process.

5.11 Feeling unwell whilst at work

If a member of staff becomes ill whilst on duty, they should inform their manager. If the individual is unfit to continue at work, they should return home.

If a manager believes a member of staff may be too ill or unfit to work, they should have a discussion with the member of staff and risk assess the situation. This assessment should consider the risks to the individual, their colleagues, patients and the Trust. Considerations may include a change or an adjustment to the member of staff's duties. If the manager concludes that the member of staff is too ill to remain at work, they should be sent home.

If the member of staff has worked the majority of the day (over half), the day will not be recorded as a day sick as only full days can be recorded. If this situation becomes more frequent with the member of staff, the day should be recorded as sick.

5.12 Sickiness absence and pregnant staff

Please refer to the Trust's Maternity and New Parents Policy as well as Section 15 of the NHS Terms and Conditions of Service Handbook.

5.13 Return to work meeting

After all periods of sickness, managers should see staff on their return. Where a face to face meeting is not possible or practical, the return to work discussion may be undertaken by telephone or MS Teams (e.g. if the member of staff is home/ community based or on night shift). A Return to Work Meeting form can be found at Appendix B. Once completed, the original form should be retained by the manager and a copy sent to the designated HR Advisor.

5.14 Managing short term absence

There is a flow diagram for managing short term absence at Appendix D.

5.14.1 Informal health and wellbeing review

Where a member of staff's absence level exceeds the absence prompts, the line manager will arrange a meeting with the member of staff to discuss their sickness levels.

The purpose of the informal meeting is to support the member of staff and to understand what the true reason is for their absence in order for the manager to seek possible solutions to the member of staff's health and well-being needs.

The Manager should:

- meet with the member of staff at the earliest opportunity
- take notes of the review, which is designed to identify if anything can be done to improve the member of staff's attendance
- seek any potential interventions to improve the member of staff's health and wellbeing

- agree a monitoring period for improvement, usually 3 months
- arrange a follow up meeting during the monitoring period. The purpose of this meeting is to review the support provided to the member of staff and to identify any additional support that will help maintain the member of staff's attendance at work
- arrange a follow up meeting at the end of the monitoring period. This is to see if all actions taken during the monitoring period have been of benefit to the member of staff

The Member of Staff should:

- be transparent about their needs and ensure they discuss their absence and any associated difficulties they may be experiencing
- if appointments cannot be attended e.g. due to lack of transportation or relapse in medical condition on the day, inform the line manager and reschedule
- ensure the support offered by the Trust is tailored to their individual / specific needs i.e. that it is what they want / need
- where appropriate, and the need is required, the member of staff may be accompanied at the meeting

5.14.2 Formal health and wellbeing review

If no significant improvement has been achieved at the end of the monitoring period following the health and wellbeing review, the member of staff will be invited to a formal health and wellbeing review. Information received from Employee Health Services may be used at this meeting to discuss the outcome and any recommendations of the report. The review should be recorded in writing and an outcome letter sent confirming the discussions during the review.

In attendance at the formal review should be: the line manager, HR representative, the member of staff, trade union representative or other allowed support person. The following points should be covered at the review by both the line manager and member of staff:

- an understanding of the reasons for the absence
- available support identified, such as health and wellbeing interventions
- the opportunity for the member of staff to respond and discuss their absence and any associated difficulties they may be experiencing
- the reason for any particular pattern of absence
- awareness of the impact the absence is causing to the service
- a referral to Employee Health Services if required – please see Appendix C: Employee Health Referral Form
- continuing monitoring of the sickness absence for a period of 3 months, including a midway check-in point to see if the member of staff is experiencing any difficulties
- consideration of any adjustments or adaptations that would support regular attendance at work and promote staff well-being (such as flexible working)
- where there is no significant improvement and all holistic avenues of health and wellbeing have been explored and offered over the monitoring period, it may be necessary to hold a final formal stage hearing

5.14.3 Action at the end of a monitoring period

Satisfactory improvement in attendance: no further action to be taken. Where the required improvement has been achieved at the end of the review period, a meeting should be arranged to explain to the member of staff that no further action will be taken.

Some improvement in attendance: extend the monitoring period. Where there has been some improvement at the midway check point of the formal monitoring period, but the level of absence is still unsatisfactory, it may be appropriate to maintain the member of staff on the current stage for a specified time.

Little or no improvement: progress to the next stage of the process. If there is no improvement in attendance, the manager should proceed to the final review of sickness absence, which may ultimately lead to a dismissal or retirement on the grounds of capability due to ill health.

5.14.4 Final review of short term absence - hearing

In order to move forward to a final review short term absence hearing, the manager must demonstrate that they have undertaken a holistic approach to the health and wellbeing initiatives for the member of staff during the review meetings.

In deciding what is an acceptable standard in individual cases, managers will need to consider the following:

- historical sickness absence levels and those in the past 12 months
- the circumstances and reasons for not sustaining regular, consistent and reasonable attendance in the workplace
- any additional support required by the member of staff
- any existing medical advice / information
- discussions held during return to work and review meetings
- any relevant and connected work related or personal or domestic circumstances
- continuity of service and the disruption the frequency of the short term absence has on the service as well as on other members of staff (such as increased workload)
- the clients, e.g. home visits or clinics cancelled and re-arranged, etc
- financial implications, e.g. the cost of bank or temporary staff on top of sick pay

If the member of staff's absence is still a cause for concern, the manager should organise with HR a final review sickness absence hearing.

The member of staff should receive a letter notifying them of the hearing, along with copies of any relevant information/reports that will be considered, no less than 14 calendar days before the hearing.

5.14.5 Procedure to be followed at the final review hearing

- the panel should be chaired by an appropriate senior manager for the individual case (not previously involved in the process)
- where dismissal is likely for nurses, AHP and health visitors, the Chief Nurse or Deputy Chief Nurse should be on the panel, or with the agreement of the Chief Nurse or Deputy Chief Nurse, this can be delegated to a Divisional Director of Nursing and Therapies. For allied health professionals (AHPs) the panel can also include the Head of AHP as the professional advisor
- a senior HR representative will also be present at a hearing where dismissal is a possible outcome
- the chair of the panel will explain the reason for the hearing and outline the procedure to be followed during the hearing
- the manager will summarise their report and respond to any questions
- the member of staff will clarify the reasons for their absences and respond to any questions
- the chair of the panel will consider the information presented and make a decision based on the facts
- the chair of the panel will confirm whether the outcome is dismissal or, alternatively, extend the monitoring period and reconvene a final review hearing at a later date
- no decision to dismiss should be taken without considering up-to-date Employee Health Services advice (usually received within a month of dismissal). The chair of the hearing must be satisfied that the sickness absence procedure has been followed, that the manager has held robust health and wellbeing reviews and that they have exhausted all alternative options to improve the member of staff's attendance at work
- if the decision is to dismiss, the member of staff will be given notice, in accordance with their employment contract, that their employment is being terminated due to unsatisfactory attendance

The chair of the panel will write to the member of staff within 14 calendar days to confirm the outcome of the hearing.

5.15 Managing long term absence

It is recognised that there may be many reasons for long term absence and, although most staff will be able to return to their substantive role and sustain regular,

meaningful and reasonable attendance in the workplace, this may not be possible in all instances.

Where it is clear that the member of staff will be absent for four weeks or more, the absence will be managed as long term absence. The manager will discuss with the member of staff how best to support their health and wellbeing. A long term absence management flowchart can be found at Appendix E.

Depending on the nature and circumstances of the long term absence, the manager should consider the following prompts when commencing supportive discussions with staff:

- absence of 4 consecutive weeks or more, and/or
- where it is clear that the member of staff will be absent for 4 weeks or more

If the long term absence relates to a disability or long term medical condition, managers should consider guidance from Employee Health Services or specialist advice to allow for a reasonable amount of absence due to this. Please refer to Appendix C (Employee Health Referral Form) and Appendix F (Long Term Health Conditions and Disabilities Guidance).

5.15.1 Informal health and wellbeing review

This meeting is intended to be a supportive contact with the member of staff to discuss their health and wellbeing and what can be done to support their potential return to work. It should be held no later than 6 weeks after they have commenced long term absence.

The manager and member of staff may meet face to face or in some circumstances, the manager may hold this meeting via an arranged and agreed MS Teams or telephone discussion with the member of staff. Home visits should only take place with the express consent of the member of staff and where it is not possible for the member of staff to attend a meeting at a work site.

The manager will provide the member of staff with at least 14 calendar days' notice of the review. The discussion will be arranged and led by the manager, and depending on the circumstances, may be attended by an HR representative. Although there is no right for the member of staff to be accompanied at informal meetings, the Trust will not refuse a reasonable request for a companion who is either a work colleague or trade union representative, not acting in a legal capacity.

The discussion will be a supportive conversation to enable the manager to understand, discuss and review the member of staff's health and wellbeing with the member of staff and to consider the following:

- a holistic understanding of the circumstances and reasons for absence

- any existing Employee Health Services medical advice/information and whether there is a need to obtain further information/have further assessment
- any disability or pregnancy related issues
- any relevant and connected work related or personal or domestic circumstances
- the effect on pay and benefits of the member of staff's situation i.e. expiry of full/half pay or statutory sick pay
- whether further discussions/meetings may be required - in principle, no later than 3 months of absence, should there be no return to work in the meantime
- when to meet/have a discussion again

The manager should confirm the outcome of the meeting in writing to the member of staff within 7 days of the review.

It is the manager's responsibility to ensure that regular contact is maintained with the member of staff and a point of contact should be agreed in the manager's absence. The member of staff also has a responsibility to maintain regular contact with their manager during periods of absence.

5.15.2 Formal health and wellbeing review

Formal health and wellbeing review meetings should be held after:

- informal discussions have taken place **and**
- 3 months have elapsed from the beginning of the long term absence - this may be earlier in appropriate circumstances e.g. if discussions in relation to ill health retirement become necessary

Formal health and wellbeing reviews should be held regularly according to need and/or as required based on a combination of Employee Health Services or specialist recommendations, GP advice and discussions with the member of staff. The manager will continue to offer support and maintain regular communication with the member of staff and, where possible, assist in their full and speedy recovery.

The manager will provide at least 14 calendar days' notice of the health and wellbeing review in writing to the member of staff. It will be arranged and led by the manager, with an HR representative in attendance. The member of staff will have the right to be accompanied by either a work colleague or trade union representative, not acting in a legal capacity.

The health and wellbeing reviews will be used to further discuss and consider the same points as the informal review meetings (see section 5.14.2) and the manager will confirm the outcome of reviews in writing to the member of staff.

Depending on individual circumstances and following Employee Health Services or specialist recommendations, the manager may consider exploring any of the following possible scenarios with the member of staff and their companion:

- arranging further health and wellbeing review meetings
- phased return to work
- recuperative and reasonable adjustment duties – please refer to the “phased return to work” section later in the policy and Appendix F: Long Term Health Conditions and Disabilities.
- redeployment opportunities
- ill health retirement
- progressing to a final review meeting

Where a member of staff is unable to attend the health and wellbeing review due to ill health, it may be appropriate for the member of staff to nominate a trade union representative or workplace colleague to attend in their place. Due to the sensitivity of the illness it may also be appropriate to nominate a health care representative (the member of staff would need to submit a written letter of permission to be represented in this way). If this is not possible, the health and wellbeing review may be rescheduled or may take place in the member of staff’s absence. The member of staff must be notified of this.

Following the formal health and wellbeing review for long term absence, plans can be made to either support the member of staff’s return to work or to move to the final formal review meeting of the process.

Once again, it is the manager’s responsibility to ensure that regular contact is maintained with the member of staff and a point of contact should be agreed in the manager’s absence. The member of staff also has a responsibility to maintain regular contact with their manager during periods of absence.

5.15.3 Phased return to work after a period of long term absence

To support a successful return to work, consideration should be given to each of the following potential reasonable adjustments:

- changes in working hours, (part-time working or flexible start and finish times)
- adapting premises or provision of any special equipment - funds can be available through the Access to Work scheme
- working from home for part of the job if it can be done remotely
- the need for new skills / retraining
- amending the job description
- redeployment - pay protection would not normally apply but can be considered on a case by case basis
- amending duties temporarily to those which can safely be performed during a rehabilitation period
- communication to the team so the member of staff is successfully supported on their return
- support to attend any necessary medical appointments

- a phased return to work – where this is agreed with the Employee Health Services, the member of staff will be paid their normal salary for a maximum of the first 4 weeks of the return
- extending the phased return to work - the member of staff can either use their accrued annual leave to make up their hours or request to be paid only for the hours they work

5.15.4 Ill health retirement

Potential ill health retirement is where the member of staff is unable to undertake either some work or no work at all up until their normal retirement age. Additional ill health retirement guidance can be found at Appendix H. The decision whether to grant ill health retirement will be made by the medical advisors of the NHS pension scheme.

Occupational Sick Pay does not need to be exhausted before an application is made but advice needs to be sought from Employee Health Services and HR on the application process and likelihood of the application being successful.

5.15.5 Final long term health and wellbeing review – hearing

In order to move forward to a final long term health and wellbeing hearing, the manager must demonstrate with advice from Employee Health Services and HR that the medical situation of the member of staff is unlikely to improve, in order to enable them to return to work. Therefore the hearing will need to consider the possible dismissal of the member of staff on the grounds of capability due to ill health.

The manager will invite the member of staff to the final review hearing in writing. The letter should be sent at least 14 calendar days in advance of the hearing and provide copies of any relevant information/reports that will be considered. Where dismissal is a potential consideration, this will be made clear in the letter and the member of staff will be advised of their right to be accompanied by a workplace colleague or a trade union representative, not acting in a legal capacity.

If necessary, the member of staff can request a postponement of up to 7 calendar days, or more by mutual agreement.

The final review meeting will be led by a senior manager with the authority to dismiss. The manager and a senior HR representative will also be in attendance. The hearing will provide an opportunity for the senior manager to discuss and review the long term absence with the member of staff and consider the matters as detailed in section 5.14.2 (above) and any update on progress.

5.15.6 The procedure to be followed at the final review hearing

- the panel should be chaired by an appropriate senior manager for the individual case (not previously involved in the process) who will seek guidance and support from HR

- where dismissal is likely for nurses, AHP and health visitors, the Chief Nurse or Deputy Chief Nurse should be on the panel, or with the agreement of the Chief Nurse or Deputy Chief Nurse, this can be delegated to a Divisional Director of Nursing and Therapies. For allied health professionals (AHPs) the panel can also include the Head of AHP as the professional advisor
- a senior HR representative will also be present at a hearing where dismissal is a possible outcome
- the chair of the panel will explain the reason for the hearing and outline the procedure to be followed during the hearing
- the manager will summarise their report and respond to any questions
- the member of staff will clarify the reasons for their absence and respond to any questions
- the chair of the panel will consider the information presented and be satisfied that the manager has acted reasonably and that the member of staff has been given sufficient opportunity to return to work
- the chair of the panel will confirm whether the outcome is dismissal or, alternatively, whether there should be a further review period and reconvene a final review hearing at a later date
- no decision to dismiss should be taken without considering up-to-date Employee Health Services advice (usually received within one month of the hearing). The chair of the hearing must be satisfied that the sickness absence procedure has been followed, that the manager has held robust health and wellbeing reviews and that they have exhausted all alternative options to enable the member of staff to return to work
- if the decision is to dismiss, the member of staff will be given notice, in accordance with their employment contract, that their employment is being terminated on the grounds of capability due to ill health

The chair of the panel will write to the member of staff within 14 calendar days to confirm the outcome of the hearing.

5.16 Disability

The Trust is obliged to have regard to the Equality Act 2010 (“the Act”) when supporting with the management of absence by reason of disability. The Act protects people with disabilities as well as people who have had a disability in the past.

The law defines a person as having a disability if he or she 'has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'. Under the Act it is unlawful for an employer to treat a person with a disability less favourably because they have a disability or for a reason in connection with their disability.

Disability-related absences will be recorded and reviewed under this sickness absence policy; however, they will be flagged as disability-related absences at the health and wellbeing review meetings in order to ensure robust discussions around support and reasonable adjustments take place, with advice from HR and Employee Health Services where necessary.

If a member of staff's absence appears to be related to their disability, then Employee Health Services and HR advice should be sought.

For members of staff with a disability or a long term health condition, the Trust has a duty under the Act to make reasonable adjustments to overcome the effects of the disability in their role or remove barriers to sustained employment.

Reasonable adjustments may include adapted equipment, physical changes to the environment, changes to working hours, location or shift pattern, and time off for treatment or appointments. It could also mean redeployment to a different kind of work if necessary. Further guidance on reasonable adjustments is available in the Long Term Health Conditions and Disabilities section in Appendix F.

Managers are encouraged to consider whether benefit may be gained from providing training for a temporary alternative role or returning members of staff to work in an appropriately modified post within the Trust for a temporary period to aid recovery.

Further advice can be sought from the Access to Work scheme which provides practical support and advice to people with disabilities and employers to help overcome work related obstacles resulting from a disability: telephone 0800 121 7479 or online: www.gov.uk/access-to-work/

5.17 Gender reassignment

Gender reassignment is not a "sickness" and the transition at work process can be supported by the manager and the member of staff to a successful outcome.

Absence from work because of gender reassignment cannot be treated less favourably than any absence because of sickness or injury and, importantly, absence for any other reason if it is not unreasonable to do so. This allows employers to treat gender reassignment absence differently from, but no less favourably than, sickness absence and can remove significant difficulty that would otherwise be experienced by transsexual people.

In the same way that maternity and disability absence are treated on their own merits, relevant gender reassignment absence can be treated as special leave. This allows

the transsexual person to complete the gender reassignment process without such absence counting towards performance or absence review.

5.18 Stress

Further information and guidance for members of staff and managers are contained within the Trust's Stress Management Policy & Guidance.

5.19 Alcohol and substance misuse

Where it is identified that alcohol or substance misuse is the underlying cause of sickness absence or poor attendance, the procedures and guidance set out in the trust's Alcohol and Substance Misuse policy should be followed.

5.20 Accidents or incidents at work

Further information and guidance for members of staff and managers are contained within the Trust's RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) policy.

5.21 Concerns raised during the sickness process

During the sickness absence management process, if a member of staff raises issues about potential patient safety or similar issues, matters relating to relationships with their colleagues or their colleagues' conduct, they should be given appropriate support as someone who is speaking up. This would include talking to their trade union representative or being offered the support from the Freedom to Speak Up Guardian or a Freedom to Speak Up Champion. For more information, search 'ftsu' on the Trust's intranet hub.

The issues spoken about should be recorded and looked into separately unless the meeting is deemed to be the appropriate place to explore the issues.

5.22 Appeals

The member of staff will have the right to appeal against dismissal on the grounds of unsatisfactory attendance OR incapability due to ill-health. The appeal must be made in writing to the Director of People, copying in clcht.employee.relations@nhs.net within 14 calendar days of the date of the written outcome of the decision made at the final review meeting.

The member of staff should clearly state the grounds on which the appeal is being made, include any new evidence they wish to be considered, and indicate the outcome they are seeking. The member of staff's notice of appeal should be acknowledged within 7 calendar days of receipt.

The appeal hearing will normally be held within one calendar month of receipt of the appeal and will comprise of a manager at Assistant Director level and above who has

not been involved with the case, and a senior HR representative: an HR Business Partner, Head of Employee Relations and Policy, Deputy Director of Workforce or Director of People.

The procedure for an appeal hearing can be found at Appendix I. The purpose of the appeal hearing is to determine whether the process and dismissal decision were fair and reasonable under the circumstances.

The member of staff has a right to be accompanied at the appeal hearing. The companion must be a work colleague employed by the Trust, or a trade union representative. There is no right to legal representation.

At least 7 calendar days' written notice of the appeal hearing will be given to the member of staff so that they can make arrangements for a companion, if required. The appeal hearing will not be unreasonably delayed by the non-availability of the companion.

If the member of staff agrees, their companion will be able to address the hearing, question any witnesses, confer with the member of staff, put forward their case, sum up the case, respond on their behalf to any view expressed at the hearing, but does not have the right to answer questions on behalf of the member of staff.

If without reasonable explanation either party fails to attend within 30 minutes of the specified start time, the panel has absolute discretion to adjourn or to determine the appeal on the basis of the evidence before the panel and any further representations from any party in attendance.

After the conclusion of the hearing or if this is not possible, within 7 calendar days, the chair of the panel will give all parties a decision which will be followed up in writing. The panel's decision will be final.

If the appeal is successful, any record of the dismissal decision will be removed from the member of staff's record and normal monitoring in line with this policy will resume. The member of staff will be re-instated and entitlements backdated to the end of the notice period.

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate:

- Managers
- Staff Side representatives
- Employee Health Services
- Equality, Diversity & Inclusion Lead
- HR representatives

- Disability and Wellness (DAWN) Race Equality Network (REN) and Rainbow Networks within the Trust
- Freedom to Speak Up Guardian
- Local Counter Fraud Specialist

7. Approval and Ratification Process

This policy was reviewed and agreed at the HR Policy Group meeting on 10 February 2021. Final approval was given by the Policy Ratification Group on 19 February 2021.

8. Dissemination and Implementation

This document will be placed on the Trust's intranet hub by the QLD team. It will be therefore be available to all staff. The author of the policy will circulate to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

The QLD team will provide a reference number for the policy.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training Requirements

Training is available for all managers who have responsibility for the supervision and management of staff, as well as team leaders. Information on accessing the training is available on the Trust's intranet hub: Academy / Non-Clinical Training and Education / Management & Leadership / Managing Sickness section.

11. Monitoring and Auditing Compliance

Please see Appendix J

12. Review

This procedural document will be reviewed six months (August 2023) before the expiry date (February 2024). However it is a live document and can be reviewed as necessary during its lifetime by the HR Policy Group.

13. Associated Documentation

- Disciplinary Policy
- Capability Policy
- Stress Management Policy

- Alcohol and Substance Misuse Policy
- Equality and Diversity (Workforce) Policy
- Maternity and New Parents Policy
- Annual Leave Policy
- Flexible Working Policy
- Special Leave Policy
- Trans Equality Policy
- Retirement Guidance For Managers
- Freedom to Speak Up Policy
- Counter Fraud and Corruption Policy and Response Plan

14. **References**

- [Section 14: Sickness absence \(England and Wales\)](#)
- [Annex 26: Managing sickness absences - developing local policies and procedures](#)
- NHS Staff Council: [Guidelines on prevention and management of sickness absence](#) (April 2017)
- Wellbeing at work: [CIPD](#): April 2017
- [Fitness for work: the Government response to 'Health at work – an independent review of sickness absence'](#)
- Equality Act 2010. Available from <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Employment Rights Act 1996. Available from http://www.opsi.gov.uk/acts/acts1996/ukpga_19960018_en_1
- Employment Relations Act 1999. Available from http://www.opsi.gov.uk/acts/acts1999/ukpga_19990026_en_1
- Employment Act 2002. Available from http://www.opsi.gov.uk/acts/acts2002/ukpga_20020022_en_1
- Managing Attendance at work: The ACAS Guide. <http://www.acas.org.uk/index.aspx?articleid=1183>
- NHS England: An Inclusive Approach to Disability Leave, February 2020

15. **Appendices**

- Appendix A: Self Certification Form
- Appendix B: Return to Work Meeting Following Sickness Absence
- Appendix C: Employee Health Referral Form – completed example
- Appendix D: Short Term Absence Flowchart
- Appendix E: Long Term Absence Flowchart
- Appendix F: Long Term Health Conditions and Disabilities
- Appendix G: Workplace Adjustment Form
- Appendix H: Ill Health Retirement
- Appendix I: Appeal Hearing Procedure – Sickness Absence
- Appendix J: Compliance Monitoring Table
- Appendix K: Equality Impact Assessment

Appendix A: Self Certification Form

You should complete this form and give/send it to your manager on your first day back at work after any sickness absence (even when a doctor's medical certificate has been provided).

Surname:

Forenames:

Job title:

Base/Department:

Employee No:

I certify that I was unable to attend work due to illness on (please state dates):

From

To

The nature of my illness was: (Please note that you do not have to disclose the nature of your illness if it is of a sensitive nature. However, if you repeatedly cannot disclose the nature of your illness to your manager, he or she will refer you to the Employee Health Services in order to obtain an assessment of your fitness for work.)

The injury was/was not* as a result of an accident/incident at work. (*please delete)

I confirm I did / did not* undertake any other work during this period of absence. (*please delete. If other work was undertaken please provide details of the work undertaken, the authorising manager and when this was authorised.)

I hereby declare that to the best of my knowledge the above information is true. I realise that knowingly making a false statement would be fraudulent and may result in the withdrawal of occupational sick pay and render me liable to appropriate disciplinary action. I acknowledge that making a false statement may also result in criminal investigation and sanction.

Signed (Member of Staff):

Date:

Countersigned (Manager):

Date:

Print name (Manager):

All Staff: please send/hand this to your line manager on the first day of your return to work after absence.

Managers should send a copy to their HR Advisor.

Appendix B: Return to Work Meeting Following Sickness Absence

Return to Work Meeting Following Sickness Absence

Guidance for managers and members of staff on the return to work process

- It is a requirement for the line manager to complete a return to work meeting for every member of staff after any episode of sickness absence, this includes half day sickness absence.
- Return to work meetings should be supportive and carried out in a fair and consistent way and should take place on the same day the member of staff has returned or as soon as practicable possible
- The meeting should be done face to face with an assurance of privacy and confidentiality.
- If a face to face meeting is not possible, then virtual meeting or a phone call can suffice with the form sent securely to the member of staff to review, sign and return within 3 working days to their line manager.
- If a member of staff has a period of ill health about which they do not wish to disclose the details or reason, a referral to Employee Health Services must be made.
- If a member of staff cites anxiety/stress/depression/other psychiatric illnesses as the reason for their absence, a referral to Employee Health Services must be made.
- It is an opportunity to document support provided to enable a member of staff to return to work and to agree the coding to be used for the sickness reason.
- It is an opportunity to find out whether work may be a cause or contributory factor to ill health.
- It is essential that the return to work meeting is completed and documented fully so that appropriate support is provided to members of staff to ensure they are fit and able to return to work in the appropriate capacity.
- If after discussion, concerns are identified, referral to Employee Health Services will be appropriate
- All completed return to work meeting forms should be sent to the designated HR Advisor as soon as possible.

Member of Staff:

Job Title / Department:

Manager:

Date of Meeting (normally first day back):

Date(s) of Sickness Absence (this occurrence):

From:

To:

No of days:

Has a self-certificate or medical certificate been received and forwarded to HR?	Yes/No
Has information been recorded on Positive Returns and sent to Payroll?	Yes/No
<p>Nature of sickness. Ensure member of staff is fit to return to work. Document any adjustments or risk assessment required.</p> <p>Sickness Code Agreed:</p>	
<p>Is this a one off or is this a recurring problem? What steps can be taken by the member of staff to prevent this from recurring? Is there anything that the Trust can do to help the member of staff?</p>	
<p>Are there any other related/unrelated concerns/problems which could be contributing to the sickness? Are there any other issues which the member of staff would like to discuss?</p>	
<p>Has the member of the staff undertaken any other work during the period of absence? If so, what work was undertaken, who was the authorising manager and when was this authorised?</p>	
<p>Review the member of staff's sickness record: Number of previous day(s) absent, number of occurrences, nature of illness(es).</p>	

Does the sickness record prompt an informal health and wellbeing review / formal health and wellbeing review meeting / Employee Health Services referral? (Refer to the Sickness Absence Policy and seek advice from your designated HR Advisor).
Actions agreed e.g. Monitoring Period, Review Date, arrange Employee Health Services referral
Update on any relevant work issues. (may include copies of Team Brief and /or other relevant documents if a return from long term sickness absence)

Further guidance is available from the Sickness Absence Policy (available on the Trust's intranet hub) and from the HR team.

Signed (Member of Staff):

Date:

Print Name:

Signed (Manager/Team Leader):

Date:

Print Name:



Appendix C: Employee Health Referral Form – completed example

**Manager’s Referral Form to
Employee Health Service for CLCH staff**

Employee Health Service St Charles Centre for Health & Wellbeing, Exmoor Street W10 6DZ
Tel: 020 8102 5144 Fax: 0300 008 3127 E-mail: CLCHT.employeehealthstcharles@nhs.net

SAMPLE

SECTION 1 – Referrer’s details		
Name of referring Manager: Tracey Beaker	Job title: Service Manager	
Manager signature:	Department: District Nursing	
Manager email: Tracey.beaker@nhs.net	Manager tel. no. & address 2 The Broadway, Lincoln Fields W10 3RT 020 7970 5671 0987603976	Date: 30 th October 2020
Human Resources contact: Lucy.Lou@nhs.net	Address: Central London Community Healthcare NHS Trust, Human Resources Department Parsons Green Health Centre 5-7 Parsons Green London SW6 4UL 020 7665 4321	Tel. No.
<input type="checkbox"/> Please enclose relevant sickness absence records for the last 2 years including dates and reasons	Date referral form received by EH:	Date seen:
SECTION 2 – About the employee		
Name: Damhnait O’Conaire	Department/job: District Nurse Violet Melchett	
Email address: Damhnait.oconaire@nhs.net plus home if known Damhnait233@btinternet.com	Home Address: 123 Longmore Street Kensington W12 5YU	
Mobile: 0786594326		
Home telephone number:	Length of time in this post: 13 years	

SECTION 3 – Managers Checklist

- I confirm that I have read the guidelines on page 4 of this form.
- I have discussed the referral with the employee and they are aware of the potential outcomes following the assessment and subsequent report (fit for work/not fit for work/fit with restrictions etc)
- I have given/sent a copy of the referral to the employee
- I have enclosed sickness absence records over the past 2 years
- I have enclosed any risk assessments that may be relevant to the referral and assessment
- I understand any medical report requested following the assessment will be charged to my budget – note we will contact you if this will be necessary

Manager’s signature:	Print:	Date
-----------------------------	---------------	-------------

SECTION 4 – Specific triggers for your referral- please check relevant box(es)

<input type="checkbox"/> Frequent short-term absence	<input type="checkbox"/> Alleging harassment/ bullying
<input checked="" type="checkbox"/> Long-term absence > 4 weeks	<input type="checkbox"/> Alleging work related stress
<input type="checkbox"/> Work-related accident or illness	<input type="checkbox"/> Trust policy has been implemented such as disciplinary or capability and health may be a contributory factor
<input type="checkbox"/> Altered behaviour/ performance	
<input checked="" type="checkbox"/> Fitness for current post	<input type="checkbox"/> Other – please give details below:
<input type="checkbox"/> Fitness for new post/ re-deployment/re-training	

Absence during the last 2 years – or since employment if < 2 years

Days 50	Episodes 10	If currently absent - Days off this episode : 30
		Are medical certificates being supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 5 – Reason for the referral

Please include details of known health problems, organisational issues such as the stage of management under the sickness absence policy or any disciplinary or capability hearings if relevant and previous health assessments.

Sample

10th December - 18th December 2012 - Flu
15th January – 17th January – stomach ache (following the weekend off)
10th February – 13th February – migraine
1st April – 10th April lower back ache – did not return from annual leave (referred to EH with onward referral to physiotherapy and clinical exercise)
2nd June – 3rd June – stomach ache

23rd July 26th July - diarrhoea (did not return from annual leave)
 1st September - -12th September 2012 – lower back pain (following weekend working) referred to Employee Health
 1st October 2012 –present day – Low back pain

The reasons for sickness absence are important so that a theme or a pattern can be identified
 Managers could send a copy of the rota which highlights sick leave following days off or annual leave

Stage of sickness absence 2nd stage

SECTION 6 – Management Actions to date

Please detail history of actions/event relating to the sickness episode(s) covered by the referral. Please note any discussions, meetings, previous referrals, support offered to employee, adjustments made etc

Return to work discussion following each episode of sickness absence
 Offered the flu vaccination but declined, this happened in the previous year
 On two or more occasions sickness absence occurred after or before a weekend off or annual leave
 Relationship with another member of the team is strained
 Prior to going off on this most recent period, a temporary plan was put in place to ensure that Damhnait was assisted by another HCW whilst carrying out compression dressings in the home

SECTION 7 – About the job:

Job title: District nurse	Department: Violet Melchett
Speciality: District Nursing	Work address: 2 The Broadway, Lincoln Fields W10 3RT
Work pattern <input checked="" type="checkbox"/> Day shift only <input type="checkbox"/> Night shift only <input type="checkbox"/> Changing shifts - days/ nights <input type="checkbox"/> Unsocial Hours <input type="checkbox"/> Irregular hours	Number of work days/ week: 37.5 Number of hours each shift: 7.5hrs Works one weekend every 6 weeks Tick all that apply <input type="checkbox"/> The employee works from home <input checked="" type="checkbox"/> The employee is peripatetic <input checked="" type="checkbox"/> The employee is a lone worker

Job demands during normal working duties
 Please check all that apply and enclose a copy of any relevant risk assessment where this may assist the assessment in Occupational Health.

<p>Physical demands</p> <p>Working outside <input checked="" type="checkbox"/></p> <p>Working at heights <input type="checkbox"/></p> <p>Essential use of stairs/ ladders <input type="checkbox"/></p> <p>Walking for prolonged periods <input checked="" type="checkbox"/></p> <p>Standing for prolonged periods <input type="checkbox"/></p> <p>Sitting for prolonged periods <input type="checkbox"/></p> <p>Bending, squatting, kneeling or stretching <input checked="" type="checkbox"/></p> <p>Pushing, pulling or carrying loads or patients <input type="checkbox"/></p> <p>Fine movement or good dexterity required <input checked="" type="checkbox"/></p> <p>Control and restraint foreseeable <input type="checkbox"/></p> <p>Running to cardiac arrest <input type="checkbox"/></p>	<p>Environmental demands</p> <p>Working in unusually hot or cold environments <input type="checkbox"/></p> <p>Exposure to noise or vibration <input type="checkbox"/></p> <p>Dust <input type="checkbox"/></p> <p>Fumes <input type="checkbox"/></p> <p>Chemicals <input type="checkbox"/></p> <p>Confined space <input type="checkbox"/></p> <p>Skin or respiratory sensitisers or irritants <input type="checkbox"/></p> <p>Essential use of latex <input checked="" type="checkbox"/></p> <p>Clinical or special waste exposure <input checked="" type="checkbox"/></p>
<p>Psychological demands</p> <p>Significant changes in job role <input checked="" type="checkbox"/></p> <p>Significant changes in work environment <input checked="" type="checkbox"/></p> <p>Working to deadlines <input checked="" type="checkbox"/></p> <p>Lack of individual control over own work <input type="checkbox"/></p> <p>Peer support or relationship issues <input type="checkbox"/></p> <p>Alleged perpetrator or victim of harassment/ bullying <input type="checkbox"/></p> <p>Lack of clarity of role <input type="checkbox"/></p> <p>Other known stressors – please give details below <input type="checkbox"/></p> <p>Details:</p>	<p>Special requirements for post holder</p> <p>Colour vision/ visual acuity essential <input type="checkbox"/></p> <p>Auditory acuity essential <input type="checkbox"/></p> <p>Handling/ preparing food <input type="checkbox"/></p> <p>Display screen equipment (computers etc) use <input type="checkbox"/></p> <p>Driving Trust vehicles <input type="checkbox"/></p> <p>Use of own car for work purposes essential <input type="checkbox"/></p> <p>Working with immunosuppressed patients <input checked="" type="checkbox"/></p> <p>Working alone with vulnerable adults/ children <input type="checkbox"/></p> <p>Details:</p>
<p>SECTION 8 – Guidance requested from Employee Health – Please check relevant box(es)</p>	
<p><input checked="" type="checkbox"/> If currently absent, when is the employee likely to return to work?</p>	<p><input checked="" type="checkbox"/> Is the condition caused or made worse by work?</p>
<p><input checked="" type="checkbox"/> Is the ill health self limiting/fluctuating/likely to continue for the foreseeable future/ or progressive?</p>	<p><input checked="" type="checkbox"/> Is there an ongoing health problem that may be impacting on the work capability / attendance?</p>
<p><input checked="" type="checkbox"/> Are there duties or job demands the employee will be unable to carry out when they return to work?</p>	<p><input checked="" type="checkbox"/> Will there be any adjustments required to their day / hours of work to facilitate a return to their usual work?</p>
<p><input type="checkbox"/> Will these adjustments to duties / days / hours be for a temporary period only and if so, for how long?</p>	<p><input type="checkbox"/> Will temporary re-deployment to another area or job role be appropriate?</p>
<p><input type="checkbox"/> Is the condition likely to impact on attendance in the future?</p>	<p><input checked="" type="checkbox"/> Is the Equality Act 2010 likely to apply (with regards to disability)</p> <p><input type="checkbox"/> If so, will they require time off for medical appointments?</p>
<p><input type="checkbox"/> Does the employee's health make them likely to be able to provide regular and efficient service in the foreseeable future?</p>	<p><input type="checkbox"/> Does medical evidence support an application to the pension scheme for ill health retirement?</p>
<p><input type="checkbox"/> Additional Question(s)</p> <p>Would a case conference be appropriate at this time?</p>	

SECTION 9 – Workplace adjustments undertaken

Are there any workplace adjustments already initiated? (e.g. special leave, flexible working, counselling etc)

Sample

Prior to going off on this most recent period, a temporary plan was put in place to ensure that staff member was assisted by another HCW whilst carrying out compression dressings in the home

Has flexible working arrangement in place

Temporary reduction in the amount of patients seen

Temporarily not working at the weekend

Is currently attending the counsellor in EH to assist in the relationship issue with another colleague

SECTION 10 – Additional information

Sample of other info

10a – Please give a summary of the employment history of the member of staff (e.g. their job, sickness levels, performance etc) and management concerns regarding sickness levels, sickness reason, behaviour or conduct.

Employee has previously had a good attendance record until 3 months ago when she started having intermittent absences due to pain in her knees. She has now been signed off for two months pending investigation.

10b – Please give a summary of any issues the member of staff has raised (including personal or domestic issues which may be affecting work performance).

Employee mentioned that she lives on the third floor of a building without a lift so also finds it difficult leaving or getting up to her flat.

10c – Please give any further information that will help the assessor.

Guidance for managers on the referral process.

It is appropriate to refer an employee to Employee Health when information and advice about employee's health is necessary for you to make a management decision about that employee. Typical reasons for referral include:

- the employee reaching a trigger point under the sickness absence policy where there may or may not be a significant underlying health problem
- the employee has a period of ill-health that they do not wish to disclose
- the employee's performance or behaviour may be adversely affected by their health
- where work may be a cause or contributory factor to ill health
- as an agreed action following a formal or informal review meeting for performance or disciplinary reasons
- the employee requests a referral due to concerns about their health and work

It is essential that the referral is fully completed so that the assessing doctor or nurse can have a full understanding of the organisational issues involved and the work the employee usually performs and

relevant information about their sickness record. Particular consideration has to be given to the assessment of work demands so that we can relate the employee's health to their work tasks and environment. Experience has shown us that the better the referral, the better the assessment and subsequent report. Investing time in producing a clear and detailed referral should facilitate an effective assessment and report back to you.

The referral should be discussed with the employee before it is sent including possible outcomes following the assessment. Ideally they should receive a copy of the completed form so the process is fair and transparent. They will receive a copy of any report or letter sent as a result of the referral. An appointment will be offered within 5 working days if an occupational health nurse assessment is appropriate or within 10 working days if a doctor will see them. The appointment letter will be sent by email to the referring manager with an email copy to the employee if it is stated on the referral. It is the referring manager's responsibility to ensure that the employee is aware of the appointment. A report will be sent to you within 2 working days of the assessment. You will be informed if the employee fails to attend or attends late. We cannot usually see an employee if they are more than 10 minutes late. Those failing to attend 2 appointments will be referred back to you.

Following receipt of the report we want you to feel confident about acting on the information and advice of the assessor. If you have any questions or require clarification, please contact the assessor directly. If you write for clarification you should give the employee a copy of your letter and we will give them a copy of any reply. You should then discuss the findings and recommendations in the report with the employee before coming to a decision about your management of the employee.

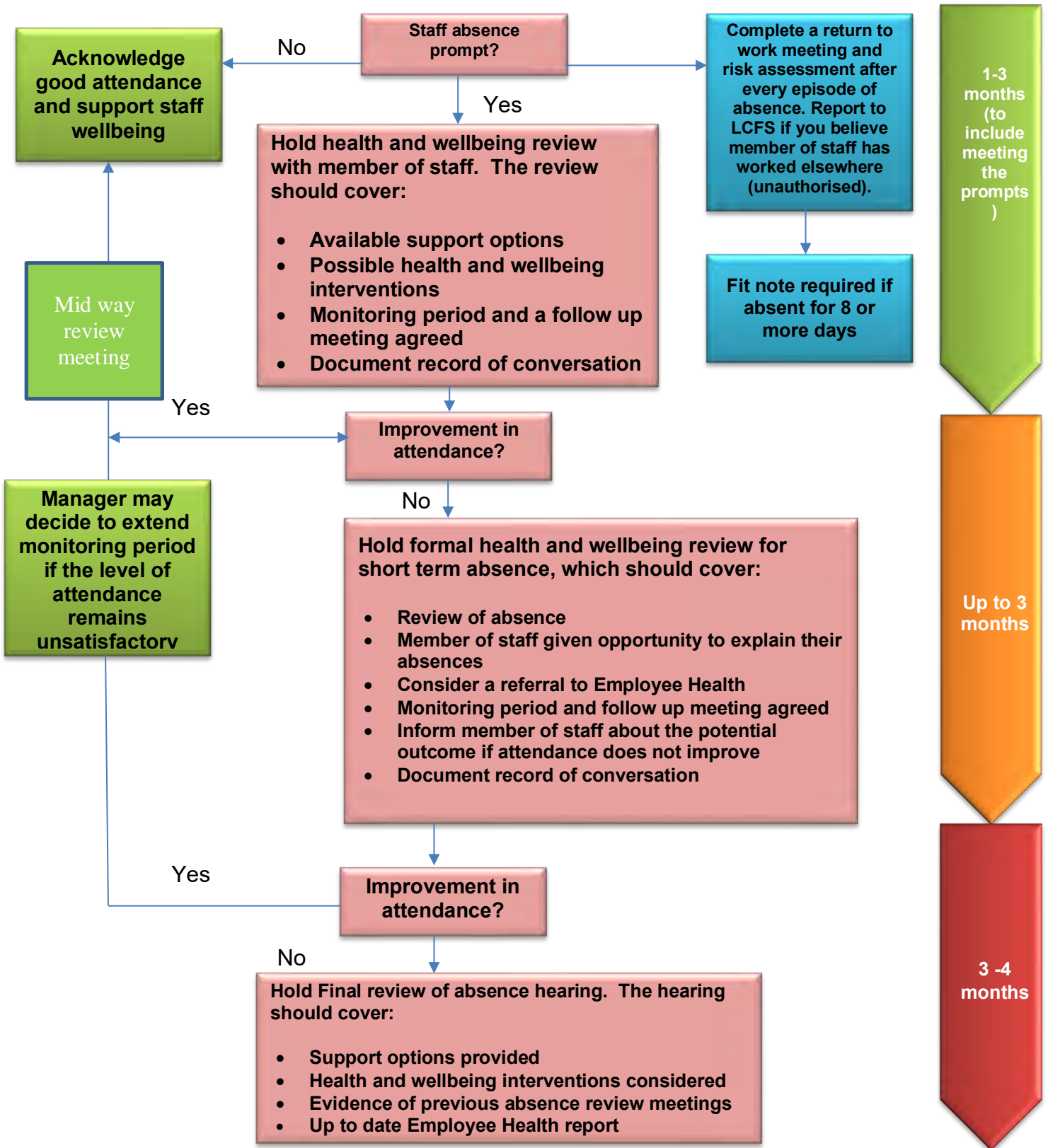
Where we suggest a rehabilitation plan or adjustments including possible temporary or permanent redeployment it is up to you to decide whether these can be reasonably supported for the period suggested. There may be a cost implication that will have to be borne by your budget. In some circumstances where an employee with a disability that is likely to come under the Equality Act 2010 requires more costly adjustments, we may advise you how to obtain financial support of up to 80% of the total cost over the first £300 – for more information see <http://www.jobcentreplus.gov.uk/jcp/Customers/HelpForDisabledPeople/AccessToWork/> .

The decision to implement the recommendations should balance best rehabilitation practice against service constraints.. If you do not feel able to implement some or all of our recommendations you should discuss your reason for this with the employee and make a record in the relevant employee file.

Appendix D: Short term absence flow chart

Attendance Management

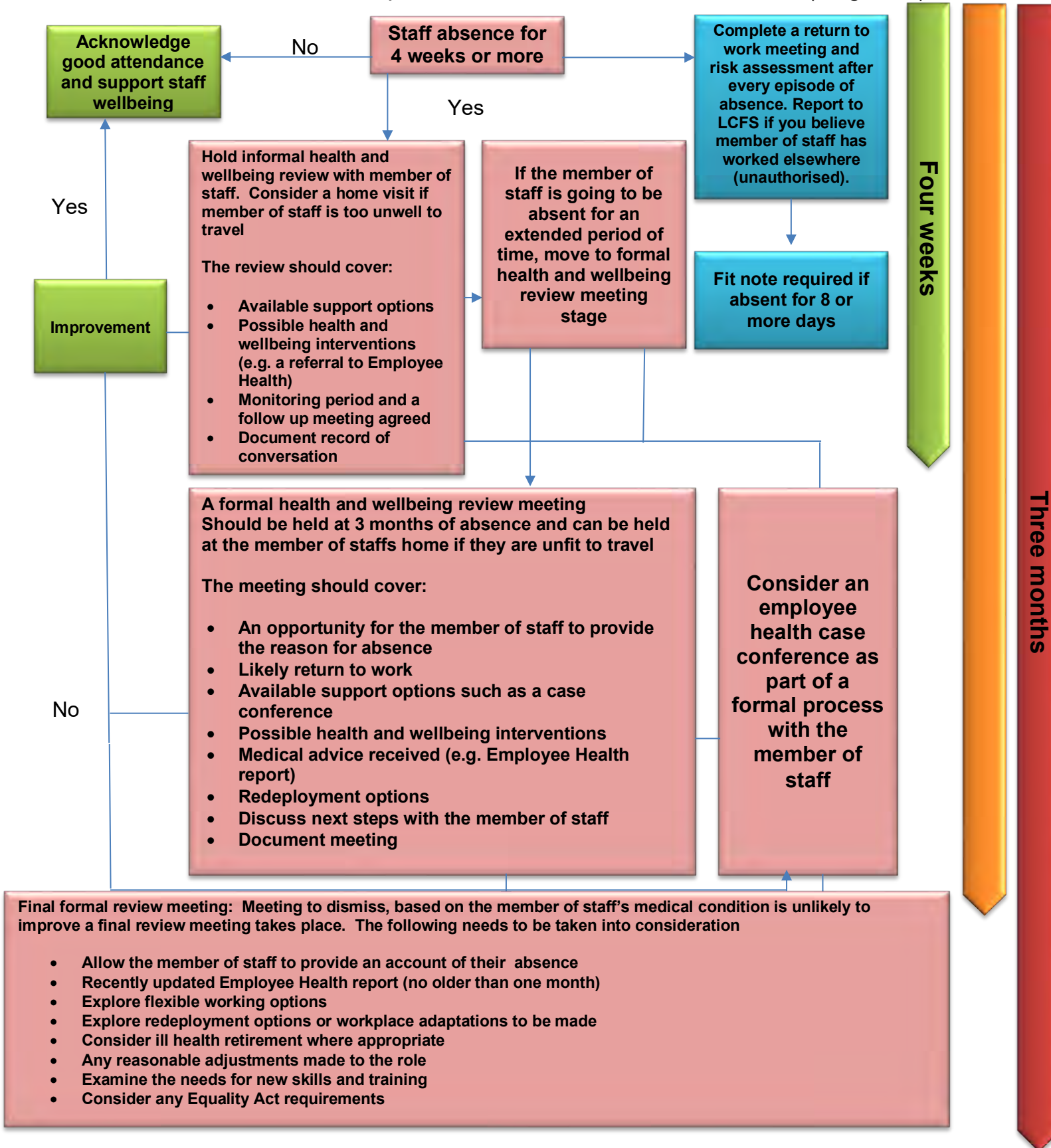
This flowchart details the process if a member of staff is absent (short term)



Appendix E: Long term absence flow chart

Attendance Management

This flowchart details the process if a member of staff is absent (long term)



Appendix F: Long Term Health Conditions and Disabilities

1. Introduction

In accordance with the Equality Act 2010, the Trust is required to fulfil certain duties toward members of staff who meet the definition of having a disability. A member of staff may be considered to have a disability if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities. Long term means lasting or likely to last for 12 months or more. The definition also includes certain long term chronic conditions such as cancer and multiple sclerosis, from the point of diagnosis.

Disability related absences may be counted for purposes of monitoring overall absence levels. Managers will need to take the absence reasons into account before moving forward to the next stage of either the short term or long term absence process, ensuring that all holistic avenues have been considered and gone through during the health and wellbeing review meetings with staff.

Adjustments in the application of the policy and absence trigger points can be considered at any stage, and managers are advised to complete a workplace adjustment form (within this document) in discussion with the member of staff, in considering individual circumstances.

2. Disability

If a member of staff acquires a disability or medical condition, the manager should assess and discuss with the member of staff, their ability to continue to do their job. This should also apply where an existing disability or medical condition changes.

Wherever possible, the Trust will attempt to support members of staff with disabilities. If a member of staff is likely to be defined as having a disability, the manager will:

- Consult with the individual
- Deal with the matter confidentially and sensitively
- Consider everything that is relevant
- Consider all possible options and outcomes
- Implement the identified and appropriate options where they are considered to be reasonable adjustments

3. Notification

Where a member of staff declares a disability or other medical condition, it is important to respect their right to confidentiality and ensure ongoing dialogue. Irrespective of whether the

definition of 'disabled' is met, the member of staff may be seeking support on a short term, medium term, or long term basis.

The manager should meet with the member of staff in order to discuss their concerns. The manager should seek to put in place any short term measures to ensure that the member of staff is not placing themselves at risk. In conjunction with the member of staff, an assessment should be conducted in order to identify any short term control measures. Completion of the workplace adjustment form (within this document) may help to achieve this.

The manager should make a referral to Employee Health Services for advice following discussion with the member of staff. It should include details of this discussion and a copy of the short term measures that have been put in place.

4. Assessment

There is a legal requirement under the Equality Act 2010 for the Trust to support a member of staff to manage disability in the workplace by making reasonable adjustments. Where there are barriers to progress, all parties have a duty to consider how these may be overcome.

Following the EH assessment, the manager will receive a report advising any restrictions or adjustments that need to be considered. The manager should then meet with the member of staff in order to discuss and consider the EH assessment, and undertake a more informed assessment, or review the adjustment agreement if it has already been done.

The purpose of the assessment is to consider what adjustments could be put in place to enable the member of staff to continue undertaking the duties and responsibilities of their role, and whether the adjustments are reasonable. The outcome of the assessment should be documented using the workplace adjustment form, and acted upon and reviewed regularly.

5. Reasonable Adjustments

An adjustment may continue to remain in place as long as it is effective, affordable and ultimately addresses the disadvantage that the member of staff with a disability faces in the workplace. Ultimately it is for the manager to determine the 'reasonableness' of any adjustment, taking into account for example the impact on patients, the member of staff, colleagues, the service and cost. At all times, the manager should consider available resources and service needs.

Reasonable adjustments can be a change to the environment or the job, or a period of rehabilitation and training. Some examples are:

- making adjustments to premises
- reallocation of duties
- altering working hours or pattern of work
- assigning a different place of work
- acquiring or modifying equipment
- providing a reader or interpreter

- providing supervision or support
- disability leave e.g. for medical appointments – see NHS England: An Inclusive Approach to Disability Leave, February 2020

The workplace adjustment form (Appendix G) should be used to create an ongoing, accurate and portable record of reasonable adjustments agreed between a member of staff with a disability and their manager.

A discussion about reasonable adjustments will:

- Minimise the need to renegotiate reasonable adjustments if the member of staff changes jobs, is relocated or assigned a new manager within the Trust
- Provide the member of staff and the manager with a basis for future discussions about reasonable adjustments

The discussion allows the member of staff to:

- Explain the impact of the disability on them at work
- Suggest adjustments that will make it easier to do their job
- Offer further information from their doctor, specialist or other expert
- Request an assessment by EH, Access to Work or another expert
- Explain any change in their circumstances
- Be reassured that their manager knows what to do if they become unwell at work and who to contact if necessary
- Know how and when their manager will keep in touch if they are absent from work because of illness or a disability related reason

The discussion allows the manager to:

- Understand how the disability affects the member of staff at work
- Explain the needs of the organisation
- Explain the organisation's attendance and managing absence policy
- Recognise signs that a member of staff might be unwell and know what the member of staff would want them to do in these circumstances, including who to contact for help
- Know how and when to stay in touch if the member of staff is off sick
- Consider whether the member of staff needs to be referred for an EH assessment to help both parties understand what adjustments are needed
- Review the effectiveness of the adjustments already agreed
- Explain any change in the member of staff's circumstances

The agreed adjustments should be reviewed regularly by both the member of staff and manager and updated as appropriate. Expert advice from third parties such as EH, Access to Work or IT may be needed before changes can be agreed and implemented.

When the member of staff's post is affected by service reorganisation/changes to their role, the member of staff should make their new manager aware of the agreed adjustments which should continue to be implemented wherever possible.

6. Access to Work

The Access to Work scheme provides practical support and advice to people with disabilities and employers to help overcome work related obstacles resulting from a disability. This can include financial help towards the cost of specific equipment or travel to work. More information is available by telephoning 0800 121 7479 or online at: www.gov.uk/access-to-work

Appendix G: Workplace Adjustment Form

This form is for the manager and member of staff to complete together during a meeting to discuss and agree any relevant workplace adjustments. The member of staff should have a blank copy of the form before the meeting for prior consideration and preparation.

Agreed adjustments may be reviewed and amended as necessary with the agreement of both parties for example:

- At any one to one meeting or discussion
- At a return to work discussion meeting following a period of sickness absence
- At annual appraisal
- Before a change of job or duties or introduction of new technology or ways of working
- Before or after any change in circumstances for either party

DATE OF MEETING:

NAME OF MEMBER OF STAFF:

NAME OF MANAGER:

1. STATEMENT BY MEMBER OF STAFF

(Access to this information will be restricted wherever possible to your/any new line manager and HR. The anonymous information may also be used for the purposes of compiling employee statistics e.g. equal opportunities monitoring.)

My disability has the following impact on me at work:

--

I am requesting the following reasonable adjustment(s)	
Has the reasonable adjustment(s) been recommended by EH?	Yes / No
The adjustment(s) will help me in the following ways:	
The adjustment(s) can be accommodated within the service by:	

Members of staff with fluctuating disabilities

On a 'good' day my disability has the following impact on me at work:

On a 'bad' day, the following symptoms are indications that I am not well:

Emergency contacts *(add, amend or delete types of contacts as appropriate)*
 If I am not well enough to be at work I am happy for my manager to contact any of the following emergency contacts (in order of preference):

Relative (preference x)	Care Co-ordinator (preference x)
Name: Address: Telephone: Address:	Name: Address: Telephone: Address
GP (preference x)	Specialist (preference x)
Name: Surgery: Telephone: Address	Name: Surgery: Telephone: Address
Friend (preference x)	Other (preference x)
Name: Surgery: Telephone: Address	Name: Surgery: Telephone: Address

If adjustments are not possible, reasons why not

If you are absent from work on sick leave or for a reason relating to your disability I will keep in contact with you in the following way:

How will contact be made? (email, telephone, text, letter)	
How often?(daily, weekly, monthly)	
When? (preferred day, preferred time)	
Topics we may wish to cover include: <ul style="list-style-type: none"> • How you are feeling • What I can do to help • Referral to EH • Planned phased return to work • Return to work date etc. 	

Return to Work

When you are ready to return to work after a period of disability related absence we will meet to review arrangements if necessary. At a return to work meeting we may wish to discuss, for example:

- Current work issues
- A phased return/back to work plan
- What to tell the team
- Assessments to review existing reasonable adjustments (e.g. Access to Work, EH, GP) and identify new adjustments that might be needed

Signed (member of staff):

Date:

Signed (manager):

Date:

A copy of this form will be retained by the member of staff, the manager and HR

Appendix H: Ill Health Retirement

Where a member of staff is permanently unable to perform their substantive role due to ill health and redeployment has been explored and deemed unlikely to be successful, the member of staff will be advised that they may be eligible to apply for ill health retirement and the procedure for doing so.

NB: A decision from the NHS Pensions Agency can take up to three months following application of ill health retirement.

Members of staff will be eligible to apply for ill health retirement where they have at least 2 years' Pension Scheme membership and EH have advised that they are unfit to carry out their duties for the foreseeable future. An application may be made to the Pensions Agency for the member of staff to retire early on the grounds of their ill health. There are two tiers of ill health retirement as follows:

1. Members of staff are likely to be awarded tier 1 if they are assessed by the Pensions Agency as suffering from a medical condition that makes them permanently incapable of carrying out **their own job**, but assumes they could carry out another job.
2. Members of staff are likely to be awarded tier 2 if they are assessed by the Pensions Agency as suffering from a medical condition that makes them permanently incapable of carrying out **any regular employment**. This will give a greater level of benefit to those who are permanently incapable of working again.

The decision as to whether to apply for ill health retirement rests with the member of staff. If this is the wish of the member of staff, the manager with support from the HR Advisor will liaise with the member of staff to explain the process. The HR Advisor will co-ordinate the process between the member of staff, the manager and EH to ensure that the application is progressed promptly.

To apply for ill health retirement, the member of staff must first complete the relevant sections of the application form and send it to the HR Advisor who will ensure that other relevant sections are completed by the line manager and EH.

Occupational sick pay does not necessarily have to be exhausted before a decision to pursue ill health retirement is made. By applying for ill health retirement, the member of staff acknowledges that they are not fit to return to work as a result of their ill health. If the application is successful, the member of staff's leaving date will be the date on which the Pensions Agency grants the request, irrespective of whether the member of staff has any sick pay entitlement outstanding.

The Trust may consider dismissal on the grounds of capability due to ill health before the member of staff has been notified of the outcome of their application by the Pensions Agency. A dismissal on the grounds of capability due to ill health will not affect the NHS Pensions Agency decision.

The decision to grant or decline an application for ill health retirement lies solely with the NHS Pension Agency and not the Trust. It is in the interest of the member of staff not to delay their decision on this matter once a meeting has been held to discuss EH advice and/or the consideration of termination of employment due to ill-health.

Appendix I: Appeal Hearing Procedure – Sickness Absence

The purpose of the appeal hearing is to determine whether the process and dismissal decision were fair and reasonable under the circumstances.

The panel, the member of staff and their companion, the senior manager who took the decision to dismiss at the final review meeting and is presenting the management case (“senior manager”) and the HR representative supporting the senior manager, must be present throughout the appeal hearing.

If meetings or hearings are conducted virtually, participants should not have anyone physically with them who has not been invited or declared as a member/participant in the meeting. Participants’ cameras should remain on for the duration of the meeting

A record will be kept of the proceedings of the appeal hearing. An electronic recording may be made of the hearing if agreed by all parties or where this may be required as a reasonable adjustment.

1. Introduction - the Chair:

- 1.1 Welcomes attendees and makes introductions, explains this is an appeal hearing conducted in line with the Trust’s sickness absence policy.
- 1.2 If the member of staff is not accompanied, notes for the record that the member of staff has been advised of their right to be accompanied but has chosen to attend unaccompanied.
- 1.3 Confirms with the member of staff, the senior manager and panel members that they have received all the documentation relating to the appeal hearing.
- 1.4 Emphasises the need for confidentiality (i.e. all parties must treat as confidential any information pertaining to the case).
- 1.5 Explains the procedure:

2. Procedure:

- 2.1 The appellant and/or their companion will put their case for the appeal to the panel, citing the grounds for appeal, and will take questions from the senior manager and panel members.
- 2.2 Any permitted witnesses called by the appellant will be invited individually into the hearing to make a statement, and will take questions from the senior manager and panel members.

- 2.3 The senior manager will set out the management case and the reasons they made the decision to dismiss and will take questions from the appellant, their companion and panel members.
- 2.4 Any permitted witnesses called by the senior manager will be invited individually into the hearing to make a statement, and will take questions from the appellant, their companion and panel members.
- 2.5 The senior manager will sum up their case.
- 2.6 The appellant will sum up their case.

3. Adjourn

- 3.1 The panel will then adjourn to consider the appeal and come to a decision.
- 3.2 The panel considers their decision in private, only recalling both parties to clarify points of uncertainty on evidence already given.
- 3.3 The Appeal Panel can take the following action:

- uphold the decision imposed at the final review meeting
- uphold the appeal and recommend further monitoring

If the appeal is successful, any record of the dismissal decision will be removed from the member of staff's record and normal monitoring in line with the sickness absence policy will resume. The member of staff will be re-instated and entitlements backdated to the end of the notice period.

4. Reconvene

- 4.1 Where possible, the Chair will inform the parties verbally at the conclusion of the hearing, of the panel's decision and the reasons for the decision. This should be confirmed in writing within 7 calendar days.
- 4.1 The parties are informed if the panel's decision is to be delayed, for example if further medical evidence is required, and when it is likely the decision will be reached. Otherwise a decision will normally be given within 7 calendar days of the appeal hearing and written confirmation given within 14 calendar days of the appeal hearing.

In conclusion, the Chair thanks those in attendance for their time and co-operation and advises that this hearing is the final stage of the appeals procedure within the Trust.

Appendix J: Compliance Monitoring Table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented (E.g. via an audit, KPIs)	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)
HR Business Partner	Reports identifying staff whose absence pattern has reached long and short term prompt points, as set out in the Sickness Absence Policy, being provided to managers by HR Business Partners and Advisors.	KPI	Quarterly	People Committee
HR Business Partner	Random reviews performed by CLCH's external audit provider. The action plans and learning identified will feed process improvement initiatives and risk register population	Audit	12 months	People Committee
HR Business Partner	A summary being reported annually to the People Committee and Staff Side	Audit	12 months	People Committee & JSCC

Appendix K: Equality Impact Assessment

Policy: Sickness Absence Policy				
Who will be affected by implementation of the procedural document? Staff				
Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			<p>This policy will have a positive impact upon older staff who may be more likely to suffer ill health or long term health issues as the policy will raise awareness of case management processes and access to reasonable adjustments.</p> <p>The age of staff involved in sickness absence cases will be monitored and analysed annually. Actions to address any negative impact will be put in place if this is shown.</p>
People of different religions / beliefs		X		<p>The religion / belief of staff involved in sickness absence cases will be monitored and analysed annually. Actions to address any negative impact will be put in place if this is shown.</p>
People with disabilities (physical, sensory or learning).	X			<p>Staff who have or who develop a disability or who have a long term health issue, may suffer from the impact of ill health or long term health issues. This policy will have a positive impact due to the raised awareness of case management processes and access to reasonable adjustments including disability leave. The disability status of staff involved in the sickness absence cases will be monitored and analysed annually. Actions to address any negative impact will be put in place if this is shown.</p>
People from different ethnic groups (including Travellers and Gypsies, Refugees and Asylum seekers and other migrant communities).	X			<p>There is evidence that staff from a BAME background are overrepresented in sickness absence cases. By having a clear process for managing sickness cases both long and short term, the proportion of BAME staff can be monitored and root causes investigated.</p>
Men or women		X		

Transgender people	X			There may be higher incidents of sickness for staff who are going through gender reassignment. The policy ensures that staff who are signed off as unfit for work on medical groups following gender reassignment treatment or surgery are treated as being off sick in the same way as any other sickness absence.
People who are gay, lesbian, and bi-sexual		X		
People's marital status (including civil partnership)		X		
Pregnancy and maternity (how will the policy affect women who are pregnant or related maternity needs)		X		The policy highlights the need to refer to the Trust's Maternity and New Parents Policy where applicable, with regards to sickness absence due to pregnancy.
Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)	X			
Any other group likely to be affected by this policy (e.g. people on low income, homeless etc.)		X		
2	<p>The policy was sent to all the staff networks: the Race Equality Network for ethnic minority staff, the Rainbow Network for lesbian, gay, bi-sexual and trans staff for their comments, and the Disability Awareness Network for staff with disabilities for comments.</p> <p>The following stakeholders were also consulted: managers, staff representatives, Employee Health Services, Equality, Diversity and Inclusion Lead.</p> <p>The policy was agreed through the HR Policy Group, a sub-group of the Trust's Joint Staff Consultative. The policy was sent to the Policy Ratification Group.</p> <p>The Annual Equality Workforce Report analyses all employment relations cases to check if groups of staff are disproportionately represented including in short term and long term sickness absence cases.</p>			

Signed for team /working group:

Louise Malusky

Date: 15 February 2021

Signed for Equality & Diversity team:

Yasmin Mahmood

Date: 19 February 2021



TITLE: SMOKE FREE POLICY
VALID FROM: MAY 2021
EXPIRES: MAY 2024
REFERENCE: WFC23

This procedural document supersedes the previous procedural document, Smoke Free Policy, version 5.0

Version:	6.0
Policy reference and description of where held.	WFC 23 Intranet – Policies
Title, name and contact details for author:	Victoria Chandler, Associate HR Business Partner victoria.chandler2@nhs.net
Title, name and contact details for responsible director:	Louella Johnson: Director of People louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group and date.	HR Policy Group on 26 April 2021, via MS Teams.
Ratified by Policy Ratification Group:	10 th May 2021
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	Review – November 2023 Expires - May 2024
Target audience	All staff; temporary staff; those staff on honorary contracts; contractors/agency workers and students; staff travelling in CLCH owned or managed vehicles; staff based within external organisations but employed or working on behalf of CLCH.

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	30/09/2009	HR Business Partner	Archived	Amalgamated draft policy produced from policies of legacy organisations.
2.0	12/04/ 2011	HR Business Partner	Archived	Refreshed post establishment as an NHS Trust.
3.0	16/01/2012	HR Business Partner	Archived	Integrated CLCH and Barnet policies.
4.0	May 2014	Liz Lubbock	Archived	Policy updated including reference to e-cigarettes and Health Acts 2006 and 2009.
5.0	February 2017	Liz Lubbock	Archived	Reviewed and updated. Title changed.
6.0	April 2021	Victoria Chandler		Reviewed in accordance with Public Health England Guidance on the use of E-Cigarettes and Vapes in the workplace.

CONTENTS:

Section	Page
1. Introduction	4
2. Aims and objectives	4
3. Definitions	5
3.1 Smoking prevention	5
3.2 Smoking cessation	5
4. Duties	5
4.1 Managers	5
4.2 Staff	5
5. Procedural document relating to a smoke free environment	6
5.1 Promotion of the policy	6
5.2 Signage and promotion	6
5.3 Staff entering patients' homes	6
5.4 Staff who wish to smoke	6
5.5 Support available to staff who wish to stop smoking	7
5.6 Specific exclusions	7
6. Consultation	8
7. Approval and ratification	8
8. Dissemination and implementation	8
9. Archiving	9
10. Training	9
11. Monitoring and auditing compliance with this document	9
12. Review arrangements	9
13. Associated documentation	9
14. References	9
15. Appendices	10
A: Monitoring Table	11
B: Equality Impact Assessment	12

1. Introduction

Central London Community Healthcare NHS Trust (CLCH) has legal responsibility under the requirements of the Health and Safety at Work Act Etc. 1974, and the Health Act 2006 and 2009, to take reasonable steps to protect the health of its employees. Included within the Health Act 2006 and 2009 is the requirement to prevent exposure to environmental tobacco smoke and the increased risk of lung cancer in non-smokers due to passive smoking. In promoting this policy, CLCH affirms its commitment to:

- the prevention of smoking related diseases, and
- prohibit smoking in workplaces, also in consideration of the requirements of the Workplace (Health and Safety Welfare) Regulations 1992, revised and updated in 2013.
- Prohibit the smoking and charging of e-cigarettes and vaping devices.

All buildings, premises, and workplaces occupied by CLCH services / staff are no smoking areas. This includes all waiting areas, balconies, stairways, lifts, toilets, rest rooms, receptions, kitchens, food stores, offices, wards, walk-in-centres, surgeries, treatment rooms, grounds, car parks and gardens. In accordance with legislation, staff smoking rooms and smoking areas are no longer allowed.

The requirements of this policy apply to all staff working for, or on behalf of, CLCH and includes temporary staff, those staff on honorary contracts, contractors/agency workers and students. It also applies to staff travelling in CLCH owned or managed vehicles.

Staff based within external organisations but employed or working on behalf of CLCH, have a duty to comply with smoking policies of the host organisation. Any staff who require clarification of this condition must contact Human Resources.

This policy must also be read in consideration of the Trust's Uniform and Dress Code Policy.

2. Aims and objectives

The aim of the policy is to:

- comply with the requirements of the Health Act 2006 Chapter 28: Smoking and Smoke Free Premises, Places and Vehicles;
- comply with the Health Act 2009 to protect children and young people from the adverse health effects caused by tobacco smoke;
- protect and improve the health of all staff;
- protect and improve the health of patients, visitors and contractors;
- protect both smokers and non-smokers from exposure to second hand smoke;

- to reduce the possibility of a fire occurring on Trust premises.

3. Definitions

3.1 Smoking Prevention, in the context of this policy, is promoting a work lifestyle without tobacco smoking and e-cigarettes.

3.2 Smoking Cessation programmes and initiatives are scheduled activities and meetings designed to help people stop the habit of smoking as well as promoting alternative lifestyle habits that are healthy and promote longevity.

4. Duties

4.1 Managers

- Managers have a responsibility to take reasonable steps to encourage staff to make healthy lifestyle choices: this includes smoking cessation.
- If managers are asked to accommodate cigarette breaks by staff members, they need to ensure that such breaks do not interfere with the smooth functioning of their work, team or work area. Any time taken must be made up, for example, through a shorter lunch break, earlier start time or later finishing time.
- Managers are encouraged to support staff to attend smoking cessation programmes during work time. Staff must seek and agree this level of support with their manager before taking time out of their working day.

4.2 Staff

- Staff will not smoke when they are on CLCH duty whilst representing CLCH or on CLCH premises.
- Staff may wish to smoke whilst travelling between sites whilst on duty. However, it is not permitted for staff to smoke between sites if they are accompanying clients or patients.
- If staff smoke close to CLCH premises whilst on agreed break times, it should not be in front of buildings accessed by the public, such as clinics, walk-in-centres, or General Practice surgeries, and must not be in front of, or under, windows.
- Staff should not display their CLCH badges or be in uniform when smoking.

5. Procedural document relating to a smoke free environment

5.1 Promotion of the policy

All members of staff should ensure that they are aware of the policy and be able to advise colleagues and members of the public how to access smoking cessation services. Staff are empowered to challenge patients, colleagues, contractors and members of the public not adhering to the policy.

In-patients and residential patients are advised of CLCH's Smoke Free Policy as part of the general admission process. Service users will be informed of CLCH's Smoke Free Policy.

If a patient, staff member, contractor or member of the public becomes aggressive or angry towards an employee trying to enforce the policy, they shall be dealt with in accordance with CLCH's Violence and Aggression at Work Policy. A DATIX incident report form must also be completed.

5.2 Signage and promotion

Adequate signage is prominently displayed at the entrances to buildings and other locations occupied by CLCH by appropriate landlord organisations.

5.3 Staff entering patients' homes

Staff have a right to be protected from exposure to smoke when making a home visit. Staff, therefore, have a right to request that patients do not smoke in their presence and staff are not obliged to enter patient's homes when people are smoking.

If the patient or other family members do not comply with this request, the line manager will ask for, and arrange for, an alternative venue for the appointment to take place, where this is reasonably practicable. Staff must use their professional judgement in determining the appropriate response in these circumstances. Staff should balance patients' needs, in particular, the need to protect children and vulnerable adults with the need to avoid staff exposure to second hand smoke.

Staff can seek advice from their line manager or the on-call manager if out of hours.

5.4 Staff who wish to smoke

This policy recognises that smoking adversely affects the health of all staff. It is not concerned with whether an individual smokes, but with where they smoke, and

the effect this has on themselves and their colleagues. It is recognised, however, that the policy has an impact on smokers' working lives.

Staff who are experiencing difficulties in adjusting to this policy, will be invited to discuss the issue with their line manager and to contact Employee Health or local pharmacies for support.

Within CLCH all staff should have regular breaks during their working day/ shift. Staff who need to go off site to smoke during breaks may need to plan their break with their manager to ensure minimum staffing levels and personal safety are maintained at all times.

Staff who wish to smoke, will only be permitted to smoke well away from the entrances and gates to the sites that CLCH occupies. In the event that a member of staff does not adhere to the policy, their line manager must attempt to resolve the situation informally in the first instance. Breaches of this policy may, however, result in disciplinary action.

5.5 Support available to staff who wish to stop smoking

Conventionally, smoking cessation involves a medical intervention and a psychological intervention. The medical intervention can be obtained from all applicable pharmacies. The psychological intervention can be obtained from most smoking cessation services.

Staff who have undertaken to stop smoking and who wish to explore behavioural and lifestyle changes, and their psychological ramifications, can be referred into Employee Health for three sessions. These sessions will focus on the activation and reinforcement of healthy lifestyle choices.

Staff are also encouraged to make use of the extensive online internet resources available to them. The link to the smoking hub page can be found here. <http://thehub/ourteams/hr/OD/Pages/SMOKE-FREE!.aspx>

5.6 Specific Exclusions

The needs of patients in locations where CLCH provides services should be reviewed on a case-by-case basis where CLCH provides their 'home'. It is crucial that professionals routinely ask about smoking and advise their patients and relatives to stop smoking. Routine advice and support to stop should be part of the patient's overall healthcare treatment, and this should be the case for day and long-term patients.

This policy notes that in exceptional circumstances, and with the permission of the appropriate Director, in-patients may be offered some limited facilities to smoke providing:

- That it has been considered as part of the patient's care plan, and support to stop smoking has been offered as part of their care pathway.
- It is deemed appropriate in the circumstances by a relevant health care professional.
- Every effort is made to ensure that staff and other patients are not exposed to patient's smoke, and
- Smoking takes place in a designated room, which has been inspected by a Fire Officer to ensure suitability for the purpose in terms of ventilation requirements, positioning of fire detector services and access to the outdoors.

CLCH's healthcare staff are well placed to make a judgement about what is appropriate in the circumstances, weighing up CLCH's commitment to smoke free enclosed public and work places with the special needs of long stay patients.

6. Consultation

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate.

- Employee Health Psychologist
- Head of Employee Health Services
- HR Team
- Staff Representatives
- Managers
- Health and Safety Committee members through widely distributed email. Head of Equality and Human Rights
- Fire, Health and Safety Manager
- Quality team
- Resilience and Compliance team
- Organisational Development team

7. Approval and ratification

This revised version of the procedural document was discussed and agreed with staff representatives at the HR Policy Group meeting on 26 April 2021.

Final approval was given by the Policy Ratification Group on 10th May 2021.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy.

It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

None required.

11. Monitoring and auditing compliance with this document

Implementation of, and adherence to, this policy, will be carried out by staff and managers in CLCH.

The effectiveness of this policy will be monitored by assessing the number of formal applications of the policy through the Human Resources quality metrics, e.g. disciplinary action, audited by the Director of People or delegated person on a quarterly basis and reported on through the People Committee. Please see Appendix A.

12. Review

This procedural document will be reviewed in 2½ years' time in November 2023. It will be reviewed by the HR Policy Group.

13. Associated Documentation

- Health And Safety Policy
- Uniform And Dress Code Policy
- Freedom to Speak Up: Raising Concerns Policy
- Stress Management Policy
- Disciplinary Policy
- Sickness and Absence Policy

14. References

Regulations 25 Workplace (Health and Safety and Welfare) Regulations (1992). Updated 2013. <http://www.legislation.gov.uk/ukxi/1992/3004/contents/made>

Health and Safety Executive advice on smoking at work
<http://www.hse.gov.uk/contact/faqs/smoking.htm>

Public Health White Paper 'Choosing Health: Making healthy choices easier' (2004). Available from
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4094550

The Smoke-free (Premises and Enforcement) Regulations 2006 *set out definitions of 'enclosed' and 'substantially enclosed' and the bodies responsible for enforcing smoke-free legislation.* Available from <http://www.opsi.gov.uk/si/si2006/20063368.htm>

The Smoke-free (Exemptions and Vehicles) Regulations 2007 *set out the exemptions to smoke free legislation and vehicles required to be smoke free.* Available from http://www.opsi.gov.uk/si/si2007/uksi_20070765_en_1

The Smoke-free (Penalties and Discounted Amounts) Regulations 2007 *set out the levels of penalties for offences under smoke free legislation.* Available from http://www.opsi.gov.uk/si/si2007/uksi_20070764_en_1

The Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007 *set out the responsibility on vehicle operators to prevent smoking in smoke free vehicles and the form for fixed penalty notices.* Available from http://www.opsi.gov.uk/si/si2007/uksi_20070760_en_1

The Smoke-free (Signs) Regulations 2007 *set out the requirements for no-smoking signs required under smoke-free legislation.* Available from http://www.opsi.gov.uk/si/si2007/uksi_20070923_en_1

Department of Health advice and guidance on tobacco and smoking
<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/Tobacco/index.htm>

15. Appendices

Appendix A: Monitoring Table

Appendix B: Equality Impact Assessment

Monitoring table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Louella Johnson, Director of People	Smoking Cessation Misconduct by staff Non-compliance by patients/relatives/the public	Formal and informal feedback from staff. Workforce KPIs Staff surveys Disciplinary cases Employee Health feedback Datix in relation to patients/relatives/the public	Quarterly	Health & Safety Committee Staff Wellbeing Group People Committee	Reduction in number of staff smoking Protection of staff from inhaling second hand smoke Protection of staff in patients' homes or public healthcare sites

Explanatory notes

- Policy lead** Who is the overarching lead for monitoring the policy's implementation?
- Element to be monitored** which bits of the policy will you be monitoring to ensure they are implemented or is it the entire thing?
- How will you ensure that the policy is being implemented?** For example will you audit that it is being implemented, will you question staff or service users, use KPIs or if there any other method you will use to ensure it is being implemented.
- How often will you monitor that the policy is being implemented?** How often will you check to see if the policy is being implemented e.g. annually, six monthly, quarterly?
- Reporting arrangements** Where will you report the results of 3. Which committee or working group or whatever will you be informing as to progress of the policy being implemented.
- Results of Monitoring:** Please summarize any results of the policy monitoring.

Appendix B:

EQUALITIES IMPACT ASSESSMENT PRO FORMA

SMOKE FREE POLICY

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact, how we can reduce that impact.

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			
People of different religions / beliefs	X			
People with disabilities (physical, sensory or learning).	X			Those with a disability or long-term condition should be not be subjected to smoking inside their workplace (including patients' homes).
People from different ethnic groups	X			Men and Women from Black Caribbean and Bangladeshi men, and Irish women have higher smoking rates compared to general population. Overall smoking rates lower amongst ethnic minority compared to UK population as a whole.
Men or women	X			Amongst men smoking prevalence is highest in the 25-34 age group. Amon women, highest amongst 20-24 year olds.
Transgendered people	X			Trans people are more likely to smoke than heterosexual people.
People who are gay, lesbian, and bi-sexual	X			LGB people more likely to smoke than heterosexual people.
Refugees and asylum seekers	X			

2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions.</p> <p>See section 6 of the policy</p>
3.	<p>If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed?</p> <p>There is no negative impact.</p>
4.	<p>Have you signed this off with the Equality and Diversity team?</p> <p>Yes</p>

TITLE: SPECIAL LEAVE POLICY
VALID FROM: January 2019
EXPIRES: March 2022
REFERENCE: WFC40

This document expiry date has been extended to March 2022 as per approval by the Policy Ratification Group in January 2022.

This procedural document supersedes the previous procedural document, Special Leave Policy, version 2.0

Version:	3.0
Policy reference and description of where held.	WFC40 Intranet – Policies
Title, name and contact details for author:	Yolanda Alleyne HR Advisor – Yolanda.alleyne@nhs.net Barbara Hanchard HR Advisor – Barbara.hanchard@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People and Communications Louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group	Agreed at HR Policy Group Meeting on 8 January 2019
Ratified by Policy Ratification Group:	14 January 2019
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	July 2021
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	06/02/2013	Liz Lubbock	Replaced by version 2.0	Version 1.0 resulted from the integration of inner London and Barnet policies. Signed off by Policy Advisory Group.
2.0	January 2016	Liz Lubbock	Final	Version 1.0 reviewed and updated to produce version 2.0.
3.0	January 2019	Yolanda Alleyne and Barbara Hanchard		Version 2.0 reviewed and updated to produce version 3.0

CONTENTS:

Section	Page
1. Introduction	5
2. Aims and Objectives	5
3. Definitions	6
4. Duties	7
5. Procedural Document for Special Leave	8
5.1 Carer's and Serious Domestic Leave	8
5.2 Bereavement Leave	9
5.3 Parental Leave	10
5.4 Foster Leave	12
5.5 Medical and dental appointments	12
5.6 Interviews / Moving accommodation	12
5.7 Civic and Public Duties	12
5.7.1 Contact with Notifiable Diseases	13
5.7.2 Jury Service	13
5.7.3 Witness at Court	15
5.7.4 Magistrate / Justice of the Peace	15
5.7.5 Membership of Local Authority as a Councillor	16
5.7.6 Membership of Public Bodies	16
5.7.7 National Representation	17
5.7.8 Parliamentary Candidature	17
5.7.9 Lord Mayor or Mayor	17
5.8 Territorial Army, Reserve and Cadet Forces	17
5.9 Employment Break (Career Break) Scheme	18
5.10 Religious observance	22
5.11 Alternative options to special leave	23
5.12 Unpaid leave	23
5.13 Applying for special leave	25
5.14 Special leave request turned down	25

Section	Page
5.15 Appeal process	26
6. Consultation process	26
7. Approval and ratification process	26
8. Dissemination and implementation	26
9. Archiving	26
10. Training	27
11. Monitoring and auditing compliance with this document	27
12. Review arrangements	27
13. Associated documentation	27
14. References	27
15. Appendices	27
Appendix A: Compliance Monitoring Table	28
Appendix B: Equalities Impact Assessment Pro Forma	30

1. Introduction

Central London Community Healthcare NHS Trust is committed to supporting staff to balance the demands and responsibilities of life outside of work alongside work commitments. The Trust endeavours to support staff as best as it can at the point of need whilst ensuring that service needs are not unduly interrupted.

The policy also provides a framework for a fair, transparent and consistent response to assist staff at times of urgent and unforeseen need.

The Trust also acknowledges that many staff performs civic or public duties or are members of the Reserve or Cadet Forces. This may require them to be absent from the workplace from time to time in order to carry out these duties.

2. Aims and objectives

The policy covers provisions for:

- Carer and serious domestic leave;
- Bereavement leave;
- Parental leave;
- Foster leave;
- Interviews/moving accommodation;
- Civic and public duties;
- Contact with notifiable diseases;
- Territorial Army, Reserve and Cadet Forces;
- Employment Break (Career Break) Scheme;
- Religious observance.

Other forms of leave are covered within other Trust policies, e.g. Annual Leave Policy; Flexible Working Policy; Maternity and New Parents Policy (includes adoption and paternity leave); Shared Parental Leave Policy, Trans Equality Policy and Sickness and Absence Policy.

The policy also complies with legislation including: Employment Rights Act 1996; Employment Act 2010; Equal Pay Act 1970 (as amended); Human Rights Act 1998; Part-Time Workers Directive 1999; Equality Act 2010.

The principles underlying the policy are to:

- Support a positive and healthy work-life balance for employees;
- Promote consistency and equity across the Trust;

- Provide a framework to ensure that special leave is applied for, and taken, in line with this policy;
- Ensure that employee needs are considered in line with service needs.

The Special Leave Policy applies to all staff including doctors and dentists. For further information about Doctors, also refer to the National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service For further information about Dentists, also refer to the 'Salaried Primary Dental Care Services (England) Terms and Conditions of Service' January 2008.

This policy aims to ensure that, in line with the Equality Act 2010 and CLCH's Equality and Diversity Policy, no employee receives less favourable treatment on the grounds of age, disability, race, gender, pregnancy and maternity status, religion and spiritual belief, sexual orientation, gender reassignment, marriage and civil partnership status.

The Trust values and behaviours are a set of guiding principles, developed through extensive consultation that help staff to consistently deliver high quality care and they are used alongside Trust policies. The Trust values and behaviours are: "we put quality at the heart of everything we do"; "we value our relationships with others"; "we deliver services we are proud of"; "we make a positive difference in our communities".

3. Definitions

Special leave: a period of time that someone is authorised to be away from work for a particular reason to cover genuine emergencies and/or specific duties.

Rolling 12-month period: a period of 12 consecutive months determined on a rolling basis with a new 12-month period beginning on a set date based on a significant event, for example, an application for carer's leave.

Dependants: A dependant could be a spouse, partner, child, grandchild, parent, or someone who depends on you for care. However, it is acknowledged that it is not possible to capture the vast array of relationships so employees are encouraged to discuss their personal situation with their manager.

Carer: A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support (*definition from the Carers Trust*). In some cases, e.g. an emergency, this may include a neighbour.

Full-time employees: those who work the, full-time hours i.e. 37.5 hours each week.

Part-time employees: those who work less than, full-time hours.

4. Duties

4.1 **Line managers** are responsible for:

- ensuring that employees are aware of the Special Leave Policy;
- ensuring that s/he follows this policy when considering all employee requests for special leave;
- dealing with any application with consistency and fairness;
- keeping accurate records of special leave taken by employees, including completion of the Trust's monthly positive return forms or Allocate or other reporting system as appropriate;
- ensuring that there are appropriate arrangements to cover service needs;
- notifying and seeking advice from:
 - Capita HR in relation to submission of requests and process;
 - HR Advisors in relation to advising on interpretation of the policy, as appropriate.

4.2 **Employees** are responsible for:

- planning their out of work commitments to enable them to attend work regularly and carry out their duties to achieve and maintain the highest possible standard of performance;
- being aware of the Special Leave Policy and making appropriate requests for special leave when the need arises;
- explaining to the manager their reason for requesting special leave so the manager can make a decision about whether special leave may be granted in accordance with the policy. Providing documentary evidence as appropriate e.g. Territorial Army, Reserve and Cadet Forces; Civic and public duties, etc.
- remaining in regular contact with their manager where appropriate when absent from work on special leave.

4.3 Capita HR is responsible for:

- processing applications for special leave (Capita HR Team).
- creating and maintaining records

4.4 **The Employee Relations Team** is responsible for:

- providing advice on the use of the policy so that it is applied consistently (HR Advisors/Workforce Business Partners);
- monitoring issues raised regarding the Special Leave Policy in line with best practice for information governance (HR Advisors/Workforce Business Partners);

4.5 HR Policy Group/lead for HR policies: to develop policies and procedures relating to HR. The lead for HR policies will have ongoing responsibility for this document and will carry out a review every three years, unless legislation or other circumstances require an earlier review.

5. Procedural document for Special Leave

5.1 Carer's and Serious Domestic Leave (referred to on ESR & Allocate as Emergency Leave)

- 5.1.1** An employee can ask for a reasonable amount of time off for family and dependants to deal with an emergency involving a family member/dependant.
- 5.1.2** An employee cannot have time off if he/she knew about a situation beforehand; this would not be classed as an emergency. Special emergency leave can only be applied for on the day the situation emerges. In cases where more than the first shift is required managers can consider other forms of leave, including unpaid leave.
- 5.1.3** Managers can authorise up to a maximum of 5 days' paid carer's/serious domestic leave in total during any 12-month rolling period, i.e. the equivalent of one working week. It is Trust policy to calculate carer's leave in hours and not days for part-time employees and full-time employees who work a non-standard week (i.e. the number of daily hours that they work varies), in order to ensure fairness and equity to all employees.
- 5.1.4** Examples of situations where this leave may be appropriate:
- a dependant falls ill or is unexpectedly under-going an operation/is hospitalised;
 - a dependant is injured or assaulted;
 - to make longer-term arrangements for a dependant who is ill or injured;
 - where there is an unexpected incident involving an employee's child during school hours;
 - when there is an unexpected disruption or breakdown in care arrangements for a dependant, including childcare;
 - in cases of urgent domestic distress, for example, the employee is the victim of a crime, burglary, fire, or flooding;
 - in cases of serious domestic difficulties, for example, marital breakdown or eviction.
- 5.1.5** Planned appointments, e.g. a child's hospital appointment, are not covered by special leave. However, flexible working arrangements may be

considered (if appointments are ongoing) and should be discussed by the employee with their manager.

See section 5.11, 'Alternative Options To Special Leave'.

5.1.6 For the definition of 'dependant', please refer to section 3.

5.1.7 Carer's/Emergency leave may be taken in half days or blocks of hours in a way that is convenient to the employee's circumstances and fits with service needs.

5.1.8 As the need for requesting this leave is by its nature unforeseen, the employee should follow the department/ward procedure for reporting sickness absence to advise their manager of their need to request carer's/serious domestic/Emergency leave. For further details on how to apply for and record carers' and serious domestic leave, please see section 5.13.

5.2 Bereavement Leave

5.2.1 The Trust recognises that employees need support before, during and after the death of a close family member or very close friend. The level of support will depend on the individual circumstances of each case and employees are encouraged to discuss their needs with their manager.

5.2.2 Managers are able to authorise paid bereavement leave in cases of death of, for example, an employee's partner, child or close relative.

Circumstance	Maximum period of bereavement leave
To attend a funeral.	Up to one day
Where bereavement involves a close family member or equivalent very close friend.	Up to 3 days
Where the employee is required to make the funeral arrangements and/or attendance at the funeral requires extensive travel.	Up to 6 days

5.2.3 Where longer-term support may be required, managers should meet with the employee and discuss options for flexible working arrangements which might support the employee, such as unpaid leave; annual leave; reduced working hours; flexible working hours.

5.2.4 Employee's are encouraged to have a discussion with their manager as soon as it is reasonably possible so that the appropriate amount of leave can be allocated

5.2.5 For details on how to record bereavement leave, please see section 5.13.

5.3 Parental Leave

5.3.1 What is Parental Leave?

Parental leave offers the right to qualifying parents to each take up to 18 weeks' **unpaid** leave in respect of each child and adopted child, up to their 18th birthday, to look after their child's welfare, e.g. to:

- spend more time with their children;
- look at new schools;
- settle children into new childcare arrangements;
- spend more time with family, e.g. visiting grandparents.

If twins are born, each parent is entitled to 18 weeks leave for each child. Leave cannot be transferred between parents, e.g. a father/partner cannot decide to only take 6 weeks so the mother/partner can take 30 weeks.

5.3.2 Eligibility

To qualify for parental leave, an employee must:

- be the parent named on the child's birth or adoption certificate;
- have or expect to have parental responsibility;
- the child is under 18.

Parents who are separated and do not live with their children still have the right to parental leave if they keep formal parental responsibility for the children.

Foster parents do not have a right to parental leave but may be able to request a flexible working pattern (see the Trust's Flexible Working Policy). The only exception is if they have secured parental responsibility through the courts.

5.3.3 Evidence required

The Trust has a right to:

- establish whether the employee has taken any parental leave with previous employer(s) before granting leave, and

- ask for proof of parental responsibility via a birth certificate or adoption certificate.

5.3.4 How can leave be taken?

Leave may be taken in blocks of full weeks unless the employee's manager agrees otherwise. If the child is disabled, the employee can take time off in blocks of less than a week. A 'week' equals the length of time an employee normally works over 7 days. If an employee works irregular weeks, the number of days in a 'week' is the total number of days they work a year divided by 52.

Employees may take no more than 4 weeks for any individual child during a particular leave year. The leave year starts when the employee becomes eligible for parental leave, i.e. after one year's service, or when the child is born if this date is later.

Parental leave may be taken immediately after an employee's maternity, paternity or adoption leave providing they give the correct notice.

Employees must give at least 21 days' written notice of taking leave (or double the amount of leave in notice if the employee wishes to take more than 2 weeks at a time). If the employee or their partner are having a baby or adopting, it is 21 days before the week the baby or child is expected. Their notice must confirm the start and end dates.

5.3.5 Can Parental Leave be postponed?

Managers have the right to postpone leave for up to 6 months if it would seriously disrupt the service. In these circumstances, written reasons will be given to the employee within 7 days of the original request and a new start date suggested for the same length of leave requested.

However, Parental Leave cannot be postponed if:

- it is being taken by the father or partner immediately after the birth or adoption of a child, or
- it means an employee would no longer qualify for parental leave, e.g. postponing it until after the child's 18th birthday.

5.3.6 Contractual and pension rights

During parental leave, employees will retain their contractual rights, except pay, and should return to the same post. Periods of parental leave are counted as continuous service.

Pension rights and contributions should be dealt with in accordance with NHS Pension Regulations. Further information can be obtained from the Trust's Pensions Officer 0330 024 0330 option 4 or from the NHS Pensions website <http://nhsbsa.nhs.uk/nhs-pensions> or telephone 0300 3301 346.

For further details of how to apply for and record parental leave, please see section 5.13.

5.3.7 Parental leave applies to each child, not to an individual's job. For example, an employee is entitled to 18 weeks. If they have used 10 weeks with a previous employer, they can use up to 8 weeks with their new employer if they are eligible.

5.4 Foster Leave

There is no statutory right to paid time off for employees who foster a child, except in a 'foster to adopt' situation.

However, there is a right to request flexible working provided the employee meets the eligibility criteria as detailed in the Trust's Flexible Working Policy.

5.5 Medical and dental appointments

From time to time, employees may need to attend medical appointments, for example, GP, dentist or medical specialists, during work time. For guidance, please refer to the Trust's Sickness and Absence Policy.

5.6 Interviews / Moving accommodation

Employees are not entitled to paid leave to attend interviews, unless in exceptional circumstances, e.g. in a redundancy situation, or when attending an interview for a CLCH role. Advice should be sought from the Workforce Business Partner or HR Advisor.

Employees are not entitled to paid leave to move accommodation.

In both of the above circumstances, annual leave or flexible working arrangements may be considered.

5.7 Civic and Public Duties

5.7.1 Contact with notifiable diseases

For information and guidance on notifiable diseases, including a list, please see the Trust's "Control of Communicable Diseases Policy" (IPC12).

In the event of exposure to an infectious disease, needle stick injuries, the Employee Health Department must be contacted for advice as soon as is practicable, in order to be assessed and receive time critical medication.

Where an employee is required by the relevant Medical Officer, Health Protection Unit or Employee Health / Infection Prevention to absent themselves from employment due to infection with a notifiable disease, the employee will be entitled to receive statutory sick pay or occupational sick pay as appropriate.

Where an employee is required by the relevant Medical Officer, Health Protection Unit or Employee Health / Infection Prevention to absent themselves from employment following contact with someone who has a notifiable disease (i.e. measles) in the absence of their own immunity, the employee will be considered to be on medical suspension and will receive full pay.

If a member of staff is non-compliant with the work protection immunisation programme and has failed to attend Employee Health following an invite(s) for screening or to provide evidence of immunity, medical suspension with receipt of full pay may not apply. This needs to be dealt with on a case by case basis, evidence of email invites are held in staff records.

It is important that employees are immune to certain communicable diseases depending on their area of work. As part of employment checks, the Employee Health Service will complete an immunisation risk assessment on all staff who attend the Employee Health Service prior to commencement and those who attend the Trust sign-in sessions for new starters on a bi-monthly basis. Following the assessment, a work protection immunisation programme relevant to their area of work will be commenced. The aim of this is to ensure that workers are protected from vaccine-preventable infectious diseases that could pose a risk to them or to their patients. For further information, please see the Trust's "Control of Communicable Diseases Policy" (IPC12).

5.7.2 Jury Service

- An employee should inform his/her line manager as soon as s/he is notified of the need to attend for jury service. S/he must show the documentation to their manager to verify the dates.
- The employee should also discuss with their manager whether they should request a deferral of their jury service where their absence would be detrimental to the service and/or patient care. Such deferrals are normally, but not always, granted on one occasion, but the employee will still be required to attend for jury service at a later date.
- While on jury service, employees must return to work as soon as their attendance is no longer required. If an employee is not needed for a particular day or half day during the period of jury service, s/he will be expected to return to work for that day.
- An employee required for jury service will be granted special leave with pay on the understanding that the employee will make a claim to the courts to cover their salary which will then be reimbursed to the Trust. (see 'Process for applying for loss of earnings' below)
- The Trust will deduct from pay an amount equal to the allowance received, or that would have been received, whether or not the employee claims it.
- Travelling and subsistence allowances will not be paid by the Trust and should be claimed via the Court.

Process for applying for loss of earnings

- The manager must send a photocopy of the employee's summons together with their Certificate of Loss of Earnings to the Payroll Department as soon as they receive it from the Court. Payroll will then calculate the daily rate needed for the loss of earnings form.
- The Payroll Department will return the completed loss of earnings form to the manager who will copy this for the employee. The employee should hand the loss of earnings form to the court clerk, normally at the end of the jury service.
- The Payroll Department will assume, unless notified otherwise, that the employee will be reimbursed by the Courts Service normally for 10 days' pay, so a corresponding deduction will be made from the net pay of the employee in the payslip following the completion of the jury service.

- This deduction will be reimbursed to the relevant staffing budget. By this point, the employee should have been reimbursed by the Court and will, therefore, not suffer financial detriment.
- If the employee does not receive the full amount expected from the Court Service for the 10-day period, Payroll will require evidence of the amount actually received to ensure that no more than this is deducted from the employee's net pay.
- If the trial is going to continue for longer than 10 days, the employee must inform their manager and Payroll immediately so that any necessary arrangements can be made.

5.7.3 Witness at Court

Trust Business: An employee will be given paid leave to attend Court or an Employment Tribunal if required to do so by this Trust.

Witness of Fact: An employee should inform his/her line manager as soon as s/he is notified of the need to attend Court as a witness of fact. S/he must show the documentation to their manager to verify the dates. Special leave with pay will be authorised on the understanding that the employee will make a claim to the courts for loss of earnings which will then be reimbursed to the Trust. A similar process to that for applying for loss of earnings when undertaking jury service should be followed (see section 5.7.2). The Trust will deduct from pay an amount equal to the allowance received, or that would have been received, whether or not the employee claims it.

5.7.4 Magistrate / Justice of the Peace

Prior to making an application to become a Magistrate/Justice of the Peace, an employee is required to discuss this and the implications with the Trust's Chief Executive or a Director as appropriate.

Up to 2 days' paid leave per rolling 12-month period may be authorised. Additional leave may consist of annual leave, unpaid leave or lieu days. It may also be possible for a flexible working arrangement, subject to whether the request can be accommodated within the needs of the service, also considering any potential impact on other staff (see the Trust's Flexible Working Policy).

For details of how to apply for, and record, leave, please see section 5.13.

5.7.5 Membership of Local Authority as a Councillor

Prior to making an application to become a Councillor, an employee is required to discuss this and the implications with the Trust's Chief Executive or a Director as appropriate.

Up to 2 days' paid leave per rolling 12-month period will be granted and additional leave may consist of annual leave, unpaid leave or lieu days. It may also be possible for a flexible working arrangement, subject to whether the request can be accommodated within the needs of the service, also considering any potential impact on other staff (see the Trust's Flexible Working Policy).

Prior to the election where the member of staff is defending their seat, a block period of up to 5 working days' unpaid leave will be granted on days to be agreed with their manager.

For details of how to apply for, and record, leave, please see section 5.13.

5.7.6 Membership of Public Bodies

Up to 2 days' paid leave will be granted per rolling 12-month period and additional leave may consist of annual leave, unpaid leave or lieu days.

The public bodies to which this applies include:

- school governor;
- a member of a health authority;
- a member of any statutory tribunal (e.g. Employment Tribunal);
- a member of the managing or governing body of an educational establishment;
- a member of the General Teaching Councils for England and Wales;
- a member of a school council or board in Scotland;
- a member of the Environment Agency;
- a member of the prison independent monitoring boards;
- a Water Customer Consultation Panel;
- a trade union member (for trade union duties) (see the Trust's Trade Union Recognition Agreement).

Proof of membership of a Public Body will be required before leave is given.

For details of how to apply for, and record, leave, please see section 5.13.

5.7.7 National Representation

To allow employees to participate in national teams for sporting or similar activities, up to 2 days' paid leave will be granted. Representation of a national body, e.g. the executive of a professional body is also included. For details of how to apply for, and record, leave, please see section 5.13.

5.7.8 Parliamentary Candidature

Prior to making an application to become a candidate for a Parliamentary Party, an employee is required to discuss this and the implications with the Trust's Chief Executive or a Director as appropriate.

Employees are not eligible for statutory time off. However, employees may be granted up to 4 weeks' special leave without pay by the Trust. The period of leave will contribute to the notice period for successful candidates. For details of how to apply for, and record, leave, please see section 5.13.

5.7.9 Lord Mayor or Mayor

Prior to making an application to become a Mayor, an employee is required to discuss this and the implications with the Trust's Chief Executive or a Director as appropriate. Employees may take up to 24 days' paid leave in any rolling 12-month period. This includes time for any magisterial duties. For details of how to apply for, and record, leave, please see section 5.13.

5.8 Territorial Army, Reserve and Cadet Forces

Employees must declare their membership of the reserve forces on appointment to the Trust or, if applying subsequently, must discuss the implications with their manager before volunteering for service.

Up to 2 days' paid leave in any rolling 12-month period may be granted.

Additional leave may consist of annual leave, unpaid leave or lieu days. It may also be possible for a flexible working arrangement, subject to whether the request can be accommodated within the needs of the service and consideration of any potential impact on other staff (see the Trust's Flexible Working Policy).

If an employee is mobilised, they may be granted unpaid leave from the Trust. They will not accrue holiday entitlement. In such circumstances, the Ministry of Defence will provide the employee with information about financial assistance and pension options that they will provide.

Time spent away from work does not count towards continuous service but continuity of employment is not broken where the reservist is re-engaged within 6 months of their active service.

In this situation, advice must be sought from a Workforce Business Partner or HR Advisor.

For details of how to apply for, and record, leave, please see section 5.13.

5.9 Employment Break (Career Break) Scheme

5.9.1 The Employment Break Scheme enables an employee to take a longer period away from work than that provided for by parental leave and other leave arrangements. The break is:

- unpaid and
- can be for a period from 3 months to 5 years.

If an employee has a short-term need, i.e. less than 3 months, this should be dealt with under section 5.11, "Unpaid Leave".

It may also be possible to take breaks, either as a single period or as more than one period.

5.9.2 The main circumstances for which it may be possible to agree an Employment Break will include childcare, eldercare, care for another dependant, training, study leave or work abroad.

5.9.3 Employees will not normally be able to take up paid employment with another employer whilst on an Employment Break unless, for example, work overseas or charitable work could broaden experience. In this situation, the employee must have written authority from this Trust before undertaking paid work.

5.9.4 Eligibility

To apply for an Employment Break, an employee must have:

- a minimum of 12 months' continuous service with this Trust;
- a satisfactory work record, both in terms of work performance and attendance;

- demonstrated commitment to the requirements of this Scheme, including the responsibility to keep up-to-date with his/her own professional development and relevant registration where applicable.

5.9.5 Application and process

To apply for an employment break, the employee must write to their manager in the first instance, outlining the:

- reason for the request,
- length of the proposed break, and
- proposed start date.

An unpaid break will have implications for employees with an NHS pension. In addition, the employer's contributions will not be payable during that period. Employees considering an employment break are encouraged to contact the NHS Pensions Agency for further information (<http://nhsbsa.nhs.uk/nhs-pensions> or telephone 0300 3301 346).

It is expected that an employee will submit an application at least 3 months before the proposed start date of a break although it is recognised that the Scheme may need to be used in urgent situations

The manager should seek advice from their dedicated HR Advisor on receipt of the request.

For details of how to apply for, and record, leave, please see section 5.13.

Each application will be considered on its own individual merits. The manager's decision will be based on:

- the needs of the employee and
- on whether the request can be accommodated within the needs of the service,
- also considering any potential impact on other staff.

If an application is agreed by the employee and manager, and authorised by the Director or manager at an equivalent or higher level, they must complete an online position transfer e-form, available in the HR Zone on the hub.

The Capita HR Team will issue the employee with an Employment Break Agreement that the employee will be required to sign and return prior to starting a break.

If the application is declined, the manager will outline the reasons to the employee. If the employee is unhappy with the decision, they have the right to appeal against it in line with Section 5.15, "Appeal Process".

An employee is entitled to take an employment break immediately following maternity leave if agreed by the manager. However, the employee must physically return to work at the end of her break for a period of at least 3 months in order to avoid the need to re-pay occupational maternity pay (see the Trust's Maternity and New Parents Policy for more information).

5.9.6 Other Terms And Conditions

Details of information that should be discussed and included within the Employment Break agreement are contained within section 36 of the NHS Terms and Conditions of Service Handbook.

- The period of the break will be unpaid.
- During the break, the employee may be required to fulfil certain requirements in order to maintain their skills, knowledge and expertise. The manager and the employee must discuss and agree requirements before the start of the break. Payment for attendance at agreed training courses will be made.
- If applicable, the employee must continue to maintain their professional registration as a practicing member throughout the break.
- The employee must maintain contact with the line manager at agreed intervals during the break and inform the manager if their contact details change.
- If the employee returns to work within one year, the same job will be available as far as is practicable.
- If the break is longer than one year, the applicant will normally be found employment within the Trust at the pay band they were on when their Employment Break started. However, there is no guarantee that the employee can return to his/her former place of work.

- The employee will normally return to work at the equivalent salary level, reflecting increases awarded during the break (national pay awards but not incremental credit).
- Incremental progression will cease for the duration of an employee's career break. On returning to work, the incremental date will be deferred by the total number of calendar days' taken off during the break.
- In the event of organisational change affecting the employee's post during the break, the Trust will keep the employee fully informed and will consult with the employee who will have the same rights and entitlements in respect of the organisational change as other employees in the affected work area. Managers should liaise with HR in all cases so that the appropriate formal consultation with trade union representatives can take place.
- The employee will be required to give an agreed period of notice of their intention to return to work. This will be agreed with the manager prior to the commencement of the break and should be put in writing. The notice period will be 2 months if the break is less than one year and 6 months if the break is more than a year.
- If the employee gives notice that they want to return from their break early, the request will be considered taking into account service needs. However, there is no guarantee that an early return to work will be agreed.
- Similarly, the employee may request to extend the break with appropriate notice, to be agreed with the manager prior to the start of the Employment Break.
- The period of the break will count toward continuous employment for statutory purposes.
- Other provisions depending on length of service, e.g. pensions, contractual redundancy payments, annual leave entitlements, NHS sick pay, should be suspended for the period of the break.
- All contractual terms and conditions of employment that are dependent on reckonable years of service will be re-implemented on the employee's return to work.

- Repayment for any monies owed to the Trust must be agreed in advance of starting the break.
- Properties belonging to the Trust, e.g. mobile phones, keys, and identity cards, will need to be surrendered to the manager prior to the start of the break. The NHS Smartcard remains the property of the employee.
- The period of an employment break may also affect an employee's right to future maternity/paternity pay.

5.9.7 Return to work

- On return to work, the manager must complete an on-line "Position change & transfer" form this is sent automatically to the Capita HR Team.
- The manager must arrange an appropriate period of induction back into the workplace for the employee. The nature and length of the induction process will be dependent on the length of the break, the needs of the post, prevailing work circumstances and statutory and mandatory training requirements. The manager should also arrange to have smart card access reinstated.
- Requests to return to work on different hours will be dealt with in accordance with the Trust's Flexible Working Policy.

5.9.8 Failure to return to work

An employee, who does not return to work on the agreed date without prior agreement, may be deemed as having terminated their employment with effect from the last day of the agreed period of leave. In making this decision, the Trust will give consideration to reasons for their failure to return.

5.10 Religious observance

5.10.1 Religious observance and hours of work

The Trust would like to support employees to observe their religion where possible. Employees are encouraged to talk to their manager about how working hours might be organised to allow them an opportunity to observe their faith, for example, to pray at certain times of the day. The manager's decision will be based on the needs of the employee and on whether the

request can be accommodated within the needs of the service, also considering any potential impact on other staff.

The manager should be responsible for communicating details of any religious observance arrangements to the rest of the team.

5.10.2 Religious Festivals

Employees who wish to take time off for religious or cultural observance will be entitled to request general flexibility in the arrangement of their working hours, annual leave, time off in lieu or unpaid leave. They should give as much notice as possible. When deciding on whether to agree to a request for time off, the manager's decision will be based on the needs of the employee and on whether the request can be accommodated within the needs of the service, also considering any requests from other staff for the same dates and any potential impact on other staff.

5.11 Alternative options to special leave

There may be circumstances when special leave is not appropriate or the employee has already taken the maximum number of days allowed. Alternative options for consideration may include the use of unpaid leave, annual leave, time owing, or flexibility in the arrangement of working hours, days, shifts or rotas, or reduced working hours.

The employee should discuss their situation with their manager with a view to agreeing a suitable approach where possible.

5.12 Unpaid leave

- Requests for unpaid leave will normally only be considered when an employee has used up all their annual leave for the relevant leave year.
- Up to a maximum of 3 months may be granted in any 24-month rolling period. If a period of leave in excess of 3 months is required, the request should be dealt with under the Trust's Employment Break Scheme (see section 5.9).
check numbering
- The manager's decision as to whether or not to authorise unpaid leave will be based on:
 - the needs of the employee and
 - on whether the request can be accommodated within the needs of the service,

- also considering any potential impact on other staff.
- Examples of situations that managers may authorise unpaid leave are as follows:
 - A special holiday of several weeks, e.g. to visit family or friends who live a long distance away or to fulfil a lifetime ambition.
 - Training and/or development reasons, e.g. when additional study leave is required, over and above what is available under the Trust's policies, to complete a large piece of work or prepare for exams.
 - Family distress, e.g. a family member or close friend or relation is seriously ill and the amount of special / bereavement leave under this policy is not adequate. Information about the individual's medical condition, such as a Fit Note, may be requested by the manager.
- All employees are eligible to apply for unpaid leave regardless of their length of service.
- Employees must be aware that taking unpaid leave will affect their earnings and may affect their pension. They will also not accrue annual leave for the period in which they take unpaid leave.
- Prior to making a request for unpaid leave, the employee is advised to discuss implications with an HR Advisor and/or to contact the Pension Department regarding pension implications, and particularly if they are thinking of requesting 3 weeks or longer.
- If an employee is in the NHS Pension Scheme, they will need to decide whether they want to continue making contributions whilst they are on a career break. Employees should contact the Pension Department with details of their proposed career break for further information regarding the costs involved.
- Requests for unpaid leave should be made in writing at least 6 weeks prior to commencement of leave, in line with the release of rosters.
- In exceptional circumstances where the need for unpaid leave has arisen unexpectedly, e.g. severe illness, the employee should follow the department / ward procedure for reporting sickness absence to advise their manager of their need to take unpaid leave. In these circumstances, the employee and the manager will discuss the needs of the employee in an effort to find a short-term resolution. For details of how to apply for, and record, leave, please see section 5.13.

5.13 Applying for special leave

Special Leave is limited to the guidance set out above. Approval for each episode must be sought at the earliest opportunity.

- **Allocate Health roster system**

If using the Allocate rostering system, all authorised special leave requests must be input, including the reason.

- **Positive returns and Trust Leave card**

If using positive returns, all details should be included on the returns. In addition, carer's leave, serious domestic leave and bereavement leave must be recorded in the 'other leave' section on the Trusts Leave card.

Processes for jury service and witness at court leave are covered in sections 5.7.2 and 5.7.3.

Specific eligibility and application criteria are included within each of the options.

Periods of special leave of one week or less may be authorised by the immediate line manager.

Managers must keep accurate records of special leave taken by employees by entering all special/Emergency leave taken on the monthly positive return forms/Allocate.

Managers may request evidence in support of special leave applications. The manager will discuss timing of submission of the evidence with the employee at that time.

5.14 Special leave request turned down

The Trust will accommodate requests for special leave where possible, bearing in mind the needs of the employee, team and service. However, there will be occasions when requests are rejected and the reasons for the rejection must be explained to the applicant and given to them in writing.

For jury service or attendance at court (see sections 5.7.2 and 5.7.3)

5.15 Appeal process

See the Trusts policy for the procedure to appeal

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate.

Director of People and Communications

Acting Head of Human Resources

Workforce Business Partners

Managers

Staff Representatives

HR Employee Relations Team

Diversity and Inclusion Lead

Employee Health Service

Head of Infection Prevention and Medical Devices (who spoke to the Medical Director)

Senior Infection Prevention Nurse

7. Approval and Ratification Process

The initial draft of this procedural document was reviewed and discussed at the HR Policy Group on 5 November 2018 and discussed at subsequent meetings. The final version was agreed at the HR Policy Group meeting on 8 January 2019.

Final approval was given by the Policy Ratification Group on 14 January 2019.

8. Dissemination and Implementation

This document will be placed on the intranet by the Quality and Learning Division (QLD). The QLD team will provide a reference number for the policy.

It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated by the Workforce Business Partners and Human Resources Advisers to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD will undertake the archiving arrangements.

10. Training

No training is required.

11. Monitoring and Auditing Compliance with the Procedural Document

Please see table at Appendix A

12. Review Arrangements

This policy will expire in 3 years. It will be reviewed in 2.5 years' time in 2021. It will be reviewed by the lead for HR Policies.

13. Associated Documentation

Includes, for example:

Flexible Working Policy

Trans Equality Policy

Equality and Diversity Staff Policy

Annual Leave Policy

Maternity and New Parents Policy and Procedure

Shared Parental Leave and Pay Policy

Adverse Weather Conditions and Severe Travel Policy

Freedom to Speak Up: Raising Concerns Policy

Control of Communicable Diseases Policy (IPC12)

Appeals Policy

NHS Terms and Conditions of Service Handbook

Resolving Differences Policy

14. References

Include:

- NHS Terms and Conditions of Services
- Working Time Regulations 1998
- Working Time (Amendment) Regulations 2007
- Employment Rights Act 1996
- NHS Pensions Agency
- www.gov.uk

15. Appendices

Appendix A: Monitoring Table

Appendix B: Equalities Impact Assessment Pro Forma

Suggested monitoring table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Director of People and Communications / Head of Human Resources	Requests for leave via allocate or positive returns. Type of leave requested. Frequency of request and reason for not granting leave request. Number of staff requests Amount of leave given	Staff survey Feedback from managers and staff	Annually	Any recommendations for action will be followed up by the HR lead for the policy and any reviews to the policy will be approved via HR Policy Sub-Group and Policy Ratification Group	

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of monitoring?
Director of People and Communications / Head of Human Resources	Legislative or National Guidance	Changes required will be discussed and changes made to the policy through the agreed format in place	2.5 years As and when changes are made legislatively or as a national change	HR Policy Group a Sub-Group of the JSCC <input type="checkbox"/> Policy Ratification Group Workforce Committee	
Director of People and Communications / Head of Human Resources	Grievances	Employee Relations Report	Quarterly	Workforce Committee	

Appendix B: EQUALITIES IMPACT ASSESSMENT PRO FORMA

SPECIAL LEAVE POLICY

Equality Analysis Template for Policies – Screening form

CLCH as a public authority, has to show due regard under the Equality Act 2010, to likely impact of its policies or procedures on people with protected characteristics who may be staff or patients.

This helps us to address any negative impact, and consider ways to reduce that impact.

This screening form helps you answer the question - does this policy/function or proposal affect people with different protected characteristics?

Think about the delivery of the procedural document and how it will be applied. This template can be amended depending on the scope of the assessment (such as policies affecting staff or service users).

1. Title of policy, strategy, procedure, proposal or function:

Special Leave Policy

2. What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i>

- Carer and serious domestic leave;
- Bereavement leave;
- Parental leave;
- Foster leave;
- Interviews/moving accommodation;
- Civic and public duties;
- Contact with notifiable diseases;
- Territorial Army, Reserve and Cadet Forces;
- Employment Break (Career Break) Scheme;
- Religious observance

3. Who will be affected? <i>e.g. staff, patients, service users etc.</i>

All Staff

Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			
People of different religions / beliefs	X			
People with disabilities (physical, sensory or learning).	X			
People from different ethnic groups (including Travellers and Gypsies, Refugees and Asylum seekers and other migrant communities).		X		
Men or women	X			
Transgender people		X		
People who are gay, lesbian, and bi-sexual	X			
People's marital status (including civil partnership)		X		
Pregnancy and maternity (how will the policy affect women who are pregnant or related maternity needs)	X			
Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)	X			
Any other group likely to be affected by this policy (e.g. people on low income, homeless etc.)		X		

2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions or user groups. 6 and 7
3.	If negative impacts have been identified, please complete a full Equality Analysis, which will set out actions that need to be taken to mitigate those impacts.

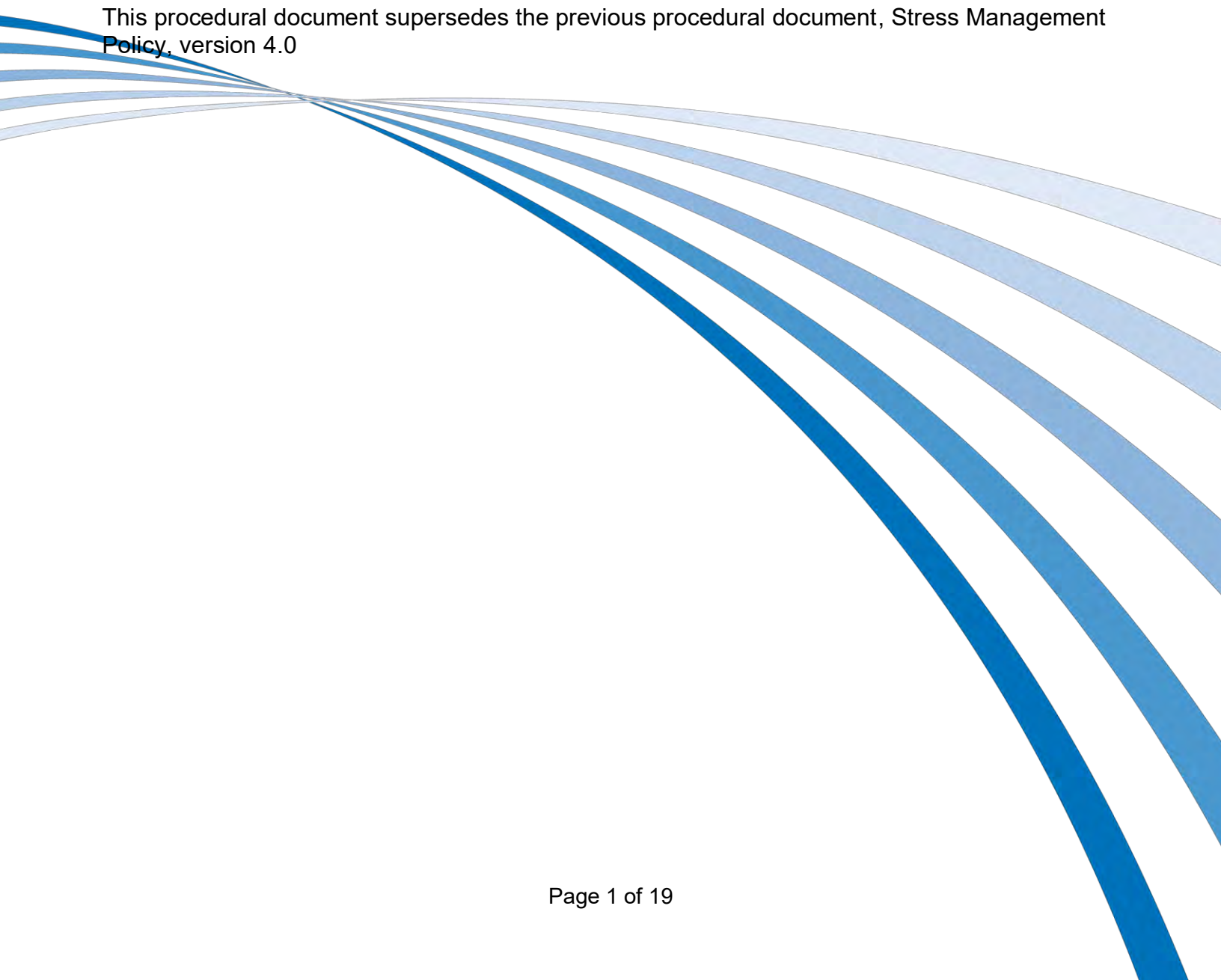
Signed for team / working group:

Name:

Date:

TITLE: STRESS MANAGEMENT POLICY & GUIDANCE
VALID FROM: JULY 2021
EXPIRES: JULY 2024
REFERENCE WFC07

This procedural document supersedes the previous procedural document, Stress Management Policy, version 4.0



Version:	5.0
Policy reference and description of where held.	WFC 07 Intranet – Policies
Title, name and contact details for author:	Victoria Chandler, Associate HR Business Partner victoria.chandler2@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People louella.johnson@nhs.net
Approved by originating committee, executive or departmental management group and date.	HR Policy Group 29 June 2021
Ratified by Policy Ratification Group:	12 July 2021
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	Review – January 2024 Expires - July 2024
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.0		Liz Lubbock		Integration of Barnet, H&F, K&C and Westminster policies
2.0		Liz Lubbock		Revision of version 2.0
3.0		Liz Lubbock		Policy developed following review of version 2.0 and comments from stakeholders.
4.0	July 17	Neal Gething; Liz Lubbock	Final	Final version completed post July 17 PRG
4.1	May 18	Neal Gething; Liz Lubbock		Link to HSE Stress Indicator Tool not working for many people so removed. Added HADS questionnaire.
5.0	June 21	Victoria Chandler Rena Nunes		Revision of version 4.1

CONTENTS:

Section	Page
1. Introduction	4
2. Aims and objectives	4
3. Definitions	5
4. Duties	5
5. Addressing Workplace Stress	7
5.1 Key areas or factors that can lead to work-related stress	7
5.2 Signs of stress	8
5.3 Risk assessments	9
5.4 Management of stress at work (preventative: support for staff)	9
5.5 Management of stress-related absence (rehabilitation)	10
5.6 Management where data identifies stress issues within teams/ services	10
5.7 Support for staff	10
6. Consultation	11
7. Approval and ratification process	11
8. Dissemination and implementation	11
9. Archiving	11
10. Training	11
11. Monitoring and auditing compliance	12
12. Review arrangements	12
13. Associated documentation	12
14. References	12
15. Appendices	12
A: Stress Prevention Measures: Guidance for Managers	13
B: Assessing Stress Levels in Employees	14
C: Hospital Anxiety and Depression Scale (HADS)	16
D: Compliance Monitoring Table	17
E: Equality Impact Assessment	18

1. Introduction

The Trust recognises that it has a duty of care for the mental health and wellbeing of its staff. Maintaining and improving the health and wellbeing of our staff is also fundamental to achieving high-quality, safe and compassionate patient care. This includes tackling the causes of stress, and dealing with, and reducing, stress.

The Trust is committed to the following:

- Consulting with trade union and safety representatives relating to the prevention of workplace stress;
- Providing help and support to managers and supervisory staff in good management practices including stress risk assessment;
- Identifying workplace stressors and conducting risk assessments to mitigate the effects of stress or control the risk from stress, carrying out reviews as appropriate (see section 5.1);
- Supporting staff on an individual basis to deal with their stressors through an open and supportive culture;
- Providing confidential counselling for staff affected by stress;
- Acting to prevent risks that are reasonably foreseeable.

Whilst there is no specific legislation on stress, the Health and Safety at Work Act, 1974, and the Management of Health and Safety at Work Regulations, 1999, require all staff to be protected from risk and harm and for employers to assess the risks of workplace hazards. CLCH will treat stress in the same way as any other health hazard and risks to mental health and wellbeing will be assessed when necessary.

This policy applies to all employees within CLCH. Staff on honorary contracts will be bound by their organisation's stress management policy.

2. Aims and objectives

This Stress Management Policy sets out CLCH's intentions for the management of stress at work as part of its overall management of health and safety. It also describes arrangements to help CLCH work towards attainment of the "Management Standards for Tackling Work Related Stress" as set by the Health and Safety Executive: <http://www.hse.gov.uk/stress/standards>

The policy addresses 'stress' from the health perspective. Depending on the causes of stress, reference may also need to be made to other Trust policies (see section 13).

The policy covers:

- key areas or factors that can lead to work-related stress and covers stress risk assessments;
- signs of stress;
- management of stress at work (preventative; support for staff);
- management of stress-related absence (rehabilitation).

Appendices cover:

- stress prevention measures: guidance for managers;
- assessing stress levels in staff.

There is also a Hub page containing information and support options for staff and managers.

3. Definitions

3.1 Stress:

There are many definitions of stress. Outlined below are 2 concise examples:

- “Stress is a mental and physical response by an individual to an inappropriate level of pressure whether real or perceived”. (*Raymond and Wilson, 1999*)
- “The adverse reaction people have to excessive pressure or other types of demand placed on them”. (HSE, 2004)

4. Duties

This section highlights the key roles and responsibilities in managing sickness absence. It is not exhaustive.

4.1 Chief Executive

The Chief Executive has overall responsibility for all matters of health and safety of staff and for ensuring mechanisms are in place for the overall implementation, maintenance, monitoring and revision of the policy, giving delegated responsibility to the Executive Director with responsibility for Health and Safety.

4.2 Directors are responsible for:

- the health and safety of staff within their own directorates;
- developing an organisational culture where managing stress is seen as a strength and good practice.

4.3 Managers

- Managers are required to read the “Management Standards for Tackling Workplace Stress <http://www.hse.gov.uk/stress/standards/> in order for them to better understand the assessment and prevention of stress in the workplace (also see section 5.1).
- Managers have a critical role in minimising and managing stress risks by following the Trust’s Stress Management Policy. They will have help and support in good management practice and health and safety to enable them to develop the skills required. This will include identifying workplace stressors, conducting risk assessments, and implementing recommendations of risk assessments within their jurisdiction.
- Managers also have a critical role in offering support to employees and in facilitating support from elsewhere as necessary, such as the Human Resources Department and Employee Health Services.
- Managers need to ensure when referring a member of staff with stress to Employee Health, the stress risk assessment has been carried out prior to referral. Staff can request this is completed with an independent manager if necessary.

4.4 Employees

- Stress is not a sign of weakness. Anybody at any time may experience stress for a variety of reasons. Employees are encouraged to seek support if they are experiencing stress or feel they are at risk of stress, for example, through their manager, Employee Health Services, their GP, staff representatives, Wellbeing Champions, etc.
- Staff should act in a way which ensures their behaviours do not cause stress within others.

4.5 Human Resources Department (HR) is responsible for:

- providing guidance and support to managers and staff, including options for staff support to manage stress in the workplace.
- working with managers and trade union representatives on action necessary to address any issues.
- identifying sickness trends and sharing the information within divisions and directorates as appropriate.

4.6 Employee Health Services is responsible for:

- providing confidential advice, counselling and support to staff and managers.

- providing specialist advice and facilitating awareness training on stress for staff when necessary and appropriate.
- providing a monthly report on Employee Health activity to the Health and Safety Committee.
- informing the Trust's Health and Safety Committee of any changes and developments in the field of stress at work.
- Providing a monthly report to the Health & Safety Committee on reported incidences of stress.

4.7 Health And Safety Representatives / Staff Representatives are nominated/ appointed individuals who are able to:

- consult with members on the issue of stress;
- assist in the risk assessment process;
- conduct joint inspections of the workplace to ensure that environmental stressors are properly controlled.

Health and Safety Representatives will be afforded opportunities to attend training related to workforce stress.

To assist in their staff support functions, Health and Safety Representatives and staff representatives will have access to anonymised data held by the HR Department.

4.8 Fire, Health and Safety Team

The Trust's Fire, Health and Safety team has within its number a Fire, Health & Safety Manager and a Health & Safety Advisor. They are available to assist and advise on general work-related stress matters. They can assist:

- with stress risk assessments;
- by attending team meetings to discuss and advise on stress-related matters.

4.9 Health And Safety Committee will oversee the monitoring of the efficacy of this policy and other measures to reduce stress and promote workplace health and safety.

5. Addressing Workplace Stress

5.1 Key areas or factors that can lead to work-related stress

The HSE has developed standards for managing work related stress within which they have identified 6 areas or factors that can lead to work related stress, as follows:

- Demands: Are staff able to cope with the demands of the job? (employee workload, work pattern and work environment)

- Control: Do staff have some say in the way they do their work?
- Support: Do staff have adequate information, support and resources?
- Relationships: Are staff treated with dignity and respect? Are staff subject to unacceptable behaviours, e.g. bullying?
- Role: Do staff understand their role and responsibilities?
- Change: Are staff kept informed during periods of organisational change?

They cover the key areas of potential stress at work that are associated with poor health and wellbeing, lower productivity and increased sickness absence if not managed properly.

5.2 Signs of Stress

Stress can express itself in individuals in many ways, including physical symptoms or emotional symptoms and so changes in normal behaviour. These symptoms can develop into health conditions, such as depression, anxiety, heart disease and irritable bowel syndrome, so it is really important to identify stress early to provide the best opportunity to address it and prevent deterioration of health. Examples are in the table below.

SIGNS THAT COULD INDICATE STRESS IN AN INDIVIDUAL		
Physical symptoms	Emotional symptoms	Behavioural symptoms
<ul style="list-style-type: none"> - Palpitations - Raised blood pressure - Tightness of chest/chest pains - Headaches - Stomach cramps - Nausea - Sleep disturbance/tiredness - Aching and tense muscles, neck, backache 	<ul style="list-style-type: none"> - Irritability - Anger - Negative thoughts - Restlessness - Increased anxiety - Increased alertness - Unnecessary guilt - Panic - Mood swings - Tearful - Loss of motivation 	<ul style="list-style-type: none"> - Becoming withdrawn and not wanting to socialise - Increased alcohol, nicotine or drug intake - Under-eat or over-eat - Become accident prone - Become impatient, aggressive or compulsive - Working longer hours – not taking breaks - No longer having time for leisure activities.

SIGNS THAT COULD INDICATE STRESS IN A GROUP
<ul style="list-style-type: none"> - Poor performance - Increased workplace disputes within group - Increased grievances and complaints - Increased sickness absence - Increased staff turnover

5.3 Risk Assessments

This is the link to the Health and Safety Executive Stress Risk Management process <http://www.hse.gov.uk/STRESS/standards/step1/index.htm>

The risk assessment process identifies hazards or causes of stress and provides an indication of the employee's, department's or Trust-wide stress levels.

Equality impact assessments during periods of organisational change will include an assessment of how to promote wellbeing.

Risk assessments should be undertaken in consultation with the individuals involved in undertaking the activities as they will have valuable information to contribute and this process will reassure them that action is being taken. It will also ensure that any control measures to be implemented are accepted and integrated into existing working practices.

Following risk assessment, an appropriate action plan to reduce/deal with identified stressors will be developed. The action plan will remain under review, with agreed timescales.

Appendix B and C contain information about assessing levels of stress, including the HADS tool.

5.4 Management of stress at work (preventative: support for staff)

See appendix A for 'Stress Prevention Measures: Guidance for Managers' and Appendix B for 'Assessing Stress Levels in Employees.'

Stress is usually identified in one of three ways:

- The staff member approaches the manager, indicating that he or she is feeling stressed.
- The manager notices changes in the staff member.
- Either the staff member presents with increased levels of distress or he/she displays significant changes in levels of objective function.

In all instances, it is important for the manager to meet with the staff member to explore the reasons for these changes. This will include using the HSE Stress Indicator Tool which will assist with action planning.

Discussions can focus on the personal and/or workplace factors that may require review and change, to reduce the staff member's stress levels. Managers are required to remain familiar with the contents and guidance contained here, which includes advice and support available.

Psychological resilience is vital for all staff to make a valuable and meaningful contribution to the workplace. Managers are required to be familiar with the principles and concepts inherent in the idea of psychological resilience. There is information on the 'Stress Awareness and Management' hub page, including the Robertson Cooper tool.

5.5 Management of stress-related absence (rehabilitation)

The manager should follow the process in the Trust's Sickness Absence Management Policy if a staff member is off sick.

5.6 Management where data identifies stress issues within teams/services

Key areas for action should be agreed and implemented with staff involvement. Action plans should be cascaded through team briefings for information and made available to the Health and Safety Committee, Workforce Committee for performance management and assurance purposes.

5.7 Support for staff

Information about support that is available for staff at CLCH to help maintain good health and wellbeing, is available through:

- managers;
- Wellbeing Champions;
- Employee Health Service (e.g. counselling);
- Human Resources Department;
- Health and Safety Committee and Group members;
- Staff Representatives;
- Freedom to Speak Up Guardians;
- CLCH hub, please see <https://hub.clch.nhs.uk/section/Staff-Health-and-Wellbeing/pageMain-page/Yihh1>

A list of associated documentation is included in section 13 of this policy and includes, for example, Addressing Bullying and Harassment at Work Policy; Addressing Violence and Aggression At Work Policy; Lone Worker Policy and Incident Reporting and Management Policy

As part of the Trust's Sickness Absence Management Policy, it is expected that you will talk to your manager about what those stressors are so that appropriate support can be provided.

In addition, there are websites that provide advice and support in identifying and addressing stress, for example:

- Health and Safety Executive (provides information and useful links to help people manage stress in the workplace)
<http://www.hse.gov.uk/stress/resources.htm>
- Mind
<http://www.mind.org.uk/information-support/tips-for-everyday-living/stress/#.WOY1gk-FPcs>

- NHS Choices
<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/reduce-stress.aspx>

6. Consultation process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate.

Employee Health Psychologist
Head of Employee Health
Fire, Health and Safety Manager
Director of People
Head of Organisational Development
Deputy Director of Workforce
Director of Patient Safety
Director of Patient Experience
Associate Director of Resilience and Compliance
Resilience and Compliance Officer
Health and Safety Representatives
Divisional Directors of Operations
Managers
Senior/HR Business Partners/ Associate HR Business Partners and HR Advisors
Staff Representatives

7. Approval and Ratification Process

The document was approved at the HR Policy Review Group on 29 June 2021. The policy was ratified at the PRG meeting held on the 12 July 2021.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy. It will therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

Help and support will be provided for managers and supervisory staff in good management practices including stress risk assessment. This may be accessed by contacting Senior/HR Business Partners, Associate HR Business Partners and HR Advisors, the Quality team, or the Health and Safety Manager.

Employee Health Services will provide specialist advice and awareness workshops on stress for staff, and training and supporting for managers in identifying workplace stressors, when necessary and appropriate. This training can be accessed by contacting Employee Health Services.

11. Monitoring and Auditing Compliance

See Appendix C for the Compliance Monitoring Table

12. Review

This procedural document will be reviewed in 2½ years' time in January 2024. It will be reviewed by the lead for HR policy development.

13. Associated Documentation

This policy should be used in conjunction, where appropriate, with the following Trust policies available on the Trust intranet:

- Incident Reporting and Management Policy
- Root Cause Analysis documents, including: A Summary Guide For Staff
- Policy and Procedures for Managing Complaints, including through the Patient Advice and Liaison Services (PALS)
- Violence and Aggression at Work Policy
- Lone Worker Policy
- Sickness Absence Management Policy
- Addressing Bullying And Harassment Policy
- Equality And Diversity Policy
- Health, Safety and Welfare policies
- Disability Policy and Code of Practice
- Flexible Working Policy
- Freedom to Speak Up: Raising Concerns Policy
- Alcohol And Substance Misuse Policy

14. References

- ACAS guidance
- Health and Safety Executive website <http://www.hse.gov.uk/stress/>
- 'How to tackle work-related stress: A guide for employers on making the Management Standards work': Health and Safety Executive <http://www.hse.gov.uk/pubns/indg430.pdf>
- "Guidance on prevention and management of stress at work" (October 2014) NHS Employers & The NHS Staff Council

15. Appendices

Appendix A: Stress Prevention Measures: Guidance for Managers

Appendix B: Assessing Stress Levels in Staff

Appendix C: Hospital Anxiety and Depression Scale (HADS)

Appendix D: Compliance Monitoring Table

Appendix E: Equality Impact Assessment

Appendix A: Stress Prevention Measures: Guidance for Managers

- Ensure the Stress Management Policy is brought to the attention of all members of staff through team meetings.
- Ensure that staff attend induction on commencement of employment.
- Promote good team work within their department.
- Provide support to staff involved in traumatic/stressful incidents and situations, giving immediate and on-going support to staff, such as verbal support, medical help, counselling via Employee Health Services, training and, where appropriate, time off to recover from the incident.
- Be aware of employees' training and development needs, especially when an employee is taking on a new or changed role.
- Undertake annual appraisals and regular supervision and clinical supervision.
- Maintain good communication at all times which reduces unnecessary uncertainty and prevents stress, especially during organisational change.
- Provide positive feedback, acknowledge good performance, and any criticism should be constructive.
- Seek to consult and involve staff at the earliest appropriate stage in decisions that affect them, in line with other relevant policies.
- Monitor and review the workload and working time of staff to ensure that neither becomes excessive.
- Manage poor performance and attendance effectively in order to prevent unnecessary pressures on colleagues in teams.
- Not regard stress as a weakness, and encourage open discussion of work pressures at team meetings.
- Be clear about the role, responsibilities and expectations of staff.
- Seek support from the Human Resources Department and/or Employee Health Services if in any doubt about what to do about a stress-related issue.
- Do not ignore such issues if they have a concern related to stress or the mental wellbeing of staff – act without delay and seek advice as appropriate.
- Ensure that bullying and harassment is not tolerated under any circumstances.
- Consult with Safety representatives on any changes to work practices or work design that could precipitate stress.

Appendix B: Assessing Stress Levels in Employees

This section of the policy is designed to help managers identify and informally assess stress levels in employees. Managers can assist employees by assessing two aspects of their stress levels:

- The **causes** of the employee's stress, and
- The employee's **feelings** about their stressors.

The link to the HSE Management Standards Indicator Tool has been removed as it was not working for some people. It will be replaced shortly.

Meanwhile, the Hospital Anxiety and Depression Scale (HADS) can be used to give an indication of an employee's stress levels. In particular, the HADS looks into the employee's Anxiety and Depression scores. Please follow the steps below in order to administer the test:

- ***Print the HADS questionnaire off (or see appendix C).***
- ***Ask the employee to complete the test.***

Discussing the employee's scores:

- Explain to the employee that the left hand column of the test gives an indication of the employee's anxiety scores.
- Explain to the employee that the right hand column of the test gives an indication of the employee's depression scores.
- Each column is discussed separately with the staff member.
- Each column has 7 questions. An employee can get a maximum score of 21 for each column.
- The higher scores point to higher distress levels in the employee.

It is helpful to discuss with employees why they think they obtained the scores they did. REMEMBER to discuss each column separately with the employee.

It is also helpful to point out that you recommend the following course of action when the employee obtains the following scores:

- A score of 0-7 in either the anxiety or depression column indicates that the employee falls into the normal range. This means that no further action is warranted.
- A score of 8-10 in either the anxiety or depression column indicates that the employee falls into the mild range. The employee might be encouraged to discuss why he or she feels this to be the case. No further referrals are recommended unless the employee feels it is necessary.

- A score of 11-14 in either the anxiety or depression column indicates that the employee falls into the moderate range. This means that the employee is asked to seriously consider taking steps to addressing his or her stress levels.
- A score of 14-21 in either the anxiety or depression column indicates that the employee falls into the severe range. In this instance, the employee is strongly urged to seek treatment for his or her anxiety/ depression. The manager is encouraged to seek advice and input from Employee Health [this advice can be anonymised and confidentiality is assured].

PLEASE NOTE: THE QUESTIONNAIRES CAN BE USED SEPARATELY BUT MORE CONCLUSIVE RESULTS ARE OBTAINED BY USING THEM IN CONJUNCTION.

THE QUESTIONNAIRES WILL TAKE APPROXIMATELY 20 MINUTES TO COMPLETE.

Helpful Questions:

1. Is there a correlation or connection between your scores in red [Indicator Tool] and your scores on the HADS?
2. How do you think your scores in red [Indicator Tool] could be improved?
3. What training or support do you need in order improve your coping; especially in the areas that came up in red or amber [Indicator Tool]?
4. How long have your feelings of anxiety or depression been having an impact on you? What sort of support do you need in order to restore previous levels of functioning?
5. What are your greatest challenges in dealing with the DEMANDS of your job [Indicator Tool]?
6. What type of SUPPORT do you need in order to better perform optimally at work [Indicator Tool]?
7. What would give you a greater sense of CONTROL at work [Indicator Tool]? In what areas of your work life do you need greater autonomy?
8. How well do your work ROLES match your career aspirations and/ or personality [Indicator Tool]?
9. RELATIONSHIPS are a very big part of the work experience. Do you need any help in this area of your work life [Indicator Tool]?
10. How do you feel you are coping with CHANGE [Indicator Tool]?
11. If the employee's HADS scores are in the moderate or severe range [in either the anxiety or depression column] it is appropriate to ask him or her if there is a danger of self-harm.

Appendix C: Hospital Anxiety and Depression Scale (HADS)

NAME:

DATE:

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your Clinician to know how you feel. Read each item below and then underline the reply, which comes closest to how you have been feeling in the past week. Ignore the numbers printed at the edge of the questionnaire.

Do not take too long over your replies; your immediate reaction to each item will probably be more accurate than a long, thought out process.

3	I feel tense or "wound up" Most of the time	I still enjoy the things I used to enjoy Definitely as much	0
2	A lot of the time	Not quite as much	1
1	From time to time, occasionally	Only a little	2
0	Not at all	Hardly at all	3
3	I get a sort of frightened feeling as if something awful is about to happen Very definitely and quite badly	I feel cheerful Never	3
2	Yes, but not so badly	Not so often	2
1	A little, but it does not worry me	Sometimes	1
0	Not at all	Most of the time	0
3	Worrying thoughts go through my mind A great deal of time	I can laugh and see the funny side of things A much as I always could	0
2	A lot of the time	Not quite as much now	1
1	Not too often	Definitely not so much now	2
0	Very little	Not at all	3
0	I get a sort of frightened feeling like "butterflies in the stomach" Not at all	I feel as if I am slowed down Nearly all the time	3
1	Occasionally	Very often	2
2	Quite often	Sometimes	1
3	Very often	Not at all	0
3	I feel restless as if I have to be on the move Very much	I look forward with enjoyment to things As much as I ever did	0
2	Quite a lot	Rather less than I used to	1
1	Not very much	Definitely less than I used to	2
0	Not at all	Hardly at all	3
0	I can sit at ease and feel relaxed Definitely	I have lost interest in my appearance Definitely	3
1	Usually	I do not take as much care as I should	2
2	Not often	I may not take quite as much care	1
3	Not at all	I take just as much care as ever	0
3	I get a sudden feeling of panic Very often indeed	I can enjoy a good book or radio or television programme Often	0
2	Quite often	Sometimes	1
1	Not very often	Not often	2
0	Not at all	Very seldom	3
TOTAL A:		TOTAL B:	

Appendix D: Compliance Monitoring Table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented (E.g. via an audit, KPIs)	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Results of Monitoring
Director of People	Level of sickness absence due to stress	Monthly sickness absence data and analysis	Monthly	Divisional Board and Performance Meetings	Anxiety/Stress/ Depression continues to be the reason for highest lost working days due to sickness
Director of People	Completion of stress risk assessments	Audit through HR Advisors	Annually	Workforce Committee	Ongoing identification of root causes by HR and line management
Employee Health	Activity supporting stress reported by staff	Reports to the Trust's Health and Safety Committee	Monthly	Trust Health and Safety Committee	Take up of individual therapy, group supervision sessions, resilience training, dedicated helpline, managing sickness absence
Director of People	Level of stress experienced by staff	Via Pulse and Staff survey	Quarterly and Monthly	ELT and Board	High levels affecting morale, wellbeing and service delivery.

Appendix E: Equality Impact Assessment

Stress Management Policy

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact, how we can reduce that impact.

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).	X			The Health and Safety Executive found that the 46-57 age group has higher incidents of work-related stress compared to other age groups (HSE, 2013)
People of different religions / beliefs		X		No differences due to person's religion or belief.
People with disabilities (physical, sensory or learning).	X			This policy will have a positive impact upon people with disabilities including mental health as it sets out a clear process for minimising the impact of stress.
People from different ethnic groups		X		No differences due to person's ethnicity.
Men or women	X			Male suicide rates are on average 3-5 times higher than female rates and men aged 30-44 are the group with the highest rate. therefore, there is a different impact based upon gender.
Transgendered people	X			The process of transitioning and undergoing gender reassignment will increase levels of stress for staff, so setting out a clear process for stress management will have a positive impact. This policy should be used alongside the Trans Equality Policy.
People who are gay, lesbian, and bi-sexual	X			Rates of attempted suicide more than double for lesbian, gay and bi-sexual people (LGB). They are at least 1½ times more likely to suffer from depression over 12 months or a lifetime (Stonewall 2012). This policy will support SGB to keep themselves mentally healthy by managing their stress effectively.

Refugees and asylum seekers	X			Many refugees and migrants will have experienced immense times of stress. Mental health problems amongst asylum seekers such as depression and anxiety are common and post-traumatic stress disorder is greatly under-diagnosed. Setting out a clear process for stress management will have a positive impact.
2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions. We have used national research from Stonewall for the statistics on LGB people.			
3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? N/A			
4.	Have you signed this off with the Equality and Diversity team? Yes			

Signed for team / working group:

Name: Liz Lubbock

Date: 16/06/17

Name: Leelasoma Balachandre, Equalities Lead for Unison

Date: 16/06/17

TITLE: TRANS EQUALITY POLICY
VALID FROM: FEBRUARY 2022
EXPIRES: FEBRUARY 2025
REFERENCE WFC 37

This procedural document supersedes the previous procedural Trans Equality Policy v2.0

Version:	3.0
Policy reference and description of where held.	WFC 37 Intranet – Policies
Title, name and contact details for author:	Judith Glashen Equality Diversity and Inclusion Lead clcht.editeamclch@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People Email: louella.johnson@nhs.net
Approved by originating committee	HR Policy Group (sub-group of Joint Staff Consultative Committee) 25 January 2022
Ratified by Policy Ratification Group:	14 February 2022
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	Review period begins August 2024 Expires February 2025
Target audience	All Staff

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	05.08.2018	Yasmin Mahmood	Archive	Changes made based on feedback from CLCH's Rainbow Network, revisions to Trans Policy 2015-18 and feedback from HR and OD Teams. Revisions based on feedback from the HR Policy group on 04/09/2018
2.0	22.10.2018	Kate Wilkins	Archive	Final minor formatting changes made post PRG approval.
2.1	07.02.2022	Judith Glashen	Draft	Review of policy content. Revised following feedback from HR Policy Group. Transferred to CLCH Policy Template 2021
3.0	23.02.2022	Oliver Cook	Final	Minor updates following Policy Ratification Group approval.

Contents

Section	Page
1. Introduction	4
2. Aims and Objectives.....	4
3. Definitions	5
4. Duties	6
5. Trans Equality	8
5.1 Legal Framework	8
5.2 Recruitment.....	9
5.3 Genuine Occupational Requirements	9
5.4 References.....	10
5.5 Qualification Certificates	10
5.6 Disclosure and Barring Service (DBS) Checks	11
5.7 Adjustment of Records.....	11
5.8 Privacy	12
5.9 Support for Employees Transitioning at Work.....	13
5.10 Changing Spaces and Toilets	15
5.11 Changing Information	16
5.12 Support for Trans Employees During Gender Transition	17
5.13 Ensuring Equality for Trans People	18
5.14 Support.....	19
6. Consultation Process	19
7. Approval and Ratification Process.....	20
8. Dissemination and Implementation	20
9. Archiving	20
10. Training Requirements.....	20
11. Monitoring and Auditing Compliance	20
12. Expiry and Review	20
13. Associated Documentation	20
14. References.....	21
15. Appendices	21
Appendix A: Compliance monitoring table	22
Appendix B: Equality Impact Assessment.....	24
Appendix C: Glossary of Terms	26

1. Introduction

Central London Community Healthcare (CLCH) NHS Trust is committed to promoting equality, diversity and inclusion amongst all groups of people as an employer, service provider and community leader.

In relation to trans equality, CLCH:

- Is committed to ensuring equality of opportunity for trans people throughout recruitment and employment, including supporting them through any transitioning process.
- Will not tolerate discrimination, victimisation or harassment on the basis of a person's gender identity, gender expression or trans status, and
- Aims to provide a supportive environment for trans staff and create a culture where they are able to thrive

The purpose of this policy is to assist managers, staff and trans employees with practical information on workplace support.

This policy must be read along with the Trust's Equality, Diversity and Inclusion (Staff) Policy and related policies that demonstrate its commitment to inclusion for all staff.

2. Aims and Objectives

The purpose of this policy is to ensure that CLCH is committed to ensuring that its working environment is fair and supportive to individual needs. CLCH expects that staff and potential staff who are 'transgender' or 'trans' or in the process of transitioning will receive the same respect and fairness in treatment as any other person.

The specific aims of this policy are to:

- Ensure that trans people are treated with fairness and respect throughout the employment lifecycle, from recruitment and selection, training and development and access to all benefits at the workplace.
- Provide guidance to managers and staff on best practice with regards to supporting trans staff, including staff in the process of transitioning.
- Ensure that staff understand the legal requirements on record keeping for trans employees.
- Provide trans staff access to support networks to ensure they have a safe space to voice concerns.

By making staff aware of the policy for working with trans staff, CLCH aims to ensure there is no direct or indirect discrimination towards staff sharing this protected characteristic.

All staff have a duty to adhere to this policy to ensure that trans staff are not treated less favourably. This includes ensuring employees are not treated less fairly if they are planning to transition to a different gender, choose not to transition, are undergoing the transitioning process and who have transitioned to their preferred gender identity.

Anti-trans propaganda, in the form of written materials, graffiti, music or speeches will not be tolerated. CLCH will remove any such propaganda whenever it appears – whether on our premises, partners' premises or sub-contractors' premises.

Diversity training for staff will include raising awareness on the needs of trans people and the barriers they face. CLCH recognises that stereotyped gender roles can be harmful to trans people and will seek to ensure that diverse and inclusive representations are incorporated within communications when engaging with people and about the services of the Trust.

Staff should respect and adopt the gender identity term/s used by trans people to describe themselves and CLCH encourages staff to share their pronouns for example within their email signatures.

Trans people should have equal rights and access to employment benefits, including equal recognition of their partner and family, and not be discriminated against on the grounds of gender identity or marital/civil partnership status.

3. Definitions

The term 'trans' or 'transgender' describes people whose gender identity differs from their sex assigned at birth. The term covers people who:

- Have a gender identity different from that which they were assigned at birth and are planning or have had medical interventions, such as hormones or surgery
- Have a gender different from that which they were assigned at birth, but are not planning any medical interventions
- Are non-binary – that is, they are not solely male or female. They may define themselves as both, neither, either or something entirely different. They may not have medical interventions to align their body with their non-binary gender identity

The above are not mutually exclusive and it is important that you check with the individual the terms they are comfortable with and how they wish you to refer to them.

‘Transitioning’ refers to the process undertaken by a trans person in order to bring their gender presentation in line with their gender identity. This often involves dressing differently, using a different name and personal pronoun (see www.mypronouns.org) (he/his, she/her or they/them) and changing official documentation. It may involve various types of medical or surgical treatment, although this is not the case for all trans people.

Gender identity refers to a person's internal, personal sense of being a man or a woman (or boy or girl.) For some people, their gender identity does not fit neatly into those two choices. For transgender people, the sex they were assigned at birth and their gender identity do not match.

Trans people describe themselves using one (or more) of a wide variety of terms, including (but not limited to) transgender, trans, transsexual and non-binary. It is important that staff and managers always use the term used by the person.

Transgender is an adjective and should never be used as a noun. For example, rather than saying "Max is a transgender," it is preferable to say "Max is a trans person" or "Max is a trans man." Transgender never needs an "-ed" at the end.

CLCH recognises that there is no right or wrong way to transition and is committed to supporting each individual in their personal decision.

See also **Appendix C: Glossary of Terms**.

4. Duties

4.1 Chief Executive

The Trust's Chief Executive has overall responsibility for ensuring that trans people have equal treatment, protection from discrimination and full support from the organisation in undergoing gender reassignment.

4.2 The **Director of People** is responsible for reviewing, updating and amending the policy and any procedure relating to it to reflect changes in legislation or employment practice.

4.3 The **Organisational Development and Culture Team** is responsible for supporting development of employment practices and programmes which support this policy.

The Equality Diversity and inclusion Lead, who is part of the OD and Culture Team, is responsible for developing this policy and facilitating working groups, forums and relevant training and development which support this policy.

4.4 The **Human Resources Business Partners and Human Resources Advisors** will support this policy by:

- Providing advice and assistance to managers and staff on the implementation of the policy

- Ensuring an employee's records are updated in a timely manner to coincide with the date on which the workplace transition begins, maintaining confidentiality at all times, including securing relevant files and documents
- Ensuring that records do not link back to the former name – this may entail a whole new email address rather than simply changing the name on the existing one
- Advising managers on the need to work with the employee to ensure that nothing is missed

4.5 The Recruitment Team is responsible for ensuring that recruitment and selection processes of trans people are fair and in line with this policy.

In particular, they must ensure that a person has no obligation to disclose their gender history or gender identity during the recruitment process. Nor is there any obligation for a trans person to disclose their gender identity as a condition of employment. If they choose to disclose, this in itself is not a reason for not offering employment, non-disclosure or subsequent disclosure, is not grounds for dismissal.

Recruiting managers, who become aware of a trans applicant are expected to maintain full confidentiality.

4.6 Managers need to ensure that:

- Colleagues are informed about an employee's transition in a manner that best suits the employee and only if the employee is in agreement with this information being shared
- Confidentiality is maintained at all times
- Instances of harassment, victimisation or discrimination by staff or service users are investigated thoroughly
- Trans employees are supported in any way necessary and appropriate

4.7 IT Department/Support Services will support trans employees by:

- Ensuring names, titles and pronouns on email and other systems are changed when a trans employee states their preferences, and
- Updating security passes and ID badges are issued

4.8 Learning and Development will provide trans equality training as a general part of the Induction of new staff and within statutory and mandatory training.

4.9 Trade Unions will:

- Support, advise and represent their members if they experience harassment, victimisation or discrimination
- Discuss and agree any changes to this policy

4.10 Staff have a duty to:

- Engage with managers and the HR and OD teams on matters related to employees transitioning in the workplace
- Report instances of harassment, victimisation, or discrimination

5. Trans Equality

5.1 Legal Framework

The Equality Act 2010 protects against discrimination because of gender reassignment in employment and service delivery. It bans direct and indirect discrimination, harassment and victimisation.

The Act makes it clear that it is not necessary for people to have any medical diagnosis or treatment to gain this protection. It is a personal process of moving away from the gender assigned at birth to the gender identified with.

People discriminated against because they are wrongly perceived to be trans, or who are associated with trans people or issues are also protected. It is a criminal offence for staff to disclose the gender history of a trans person without explicit consent.

The [Gender Recognition Act 2004](#) (GRA) gives legal recognition to trans people in their acquired gender. If an application to the Gender Recognition Panel is successful, the trans person's gender becomes for all purposes the acquired gender and they will receive a full Gender Recognition Certificate (GRC).

The GRC allows for the creation of a modified birth certificate reflecting the holder's new gender. In specified circumstances the GRA prohibits disclosure of the fact that someone has applied for a GRC or disclosure of someone's gender prior to the acquisition of the GRC. Such disclosure constitutes a criminal offence liable to a fine.

Employment rights do not depend upon whether a person has received a GRC. Managers/recruiting teams should not ask for a GRC and it should never be a pre-condition for employment or transitioning at work.

To make an application for a GRC, a person needs to show they have been living and working in that gender for at least 2 years. (see GOV.UK Gender Recognition Act 2004 <https://www.legislation.gov.uk/ukpga/2004/7/section/2>)

5.2 Recruitment

The gender identity of an individual has very little likelihood on their ability to do their job. CLCH is committed to ensuring that candidates are not discriminated against in the recruitment process on grounds of their gender identity. The Trust will provide applicants with its equality, diversity and inclusion statement to ensure that they are confident about its commitment.

CLCH will take a zero tolerance approach to discrimination, victimisation or harassment of trans staff or staff who are perceived to be trans.

It is appropriate under the Equality Act 2010 for data and monitoring purposes, to seek information on a person's Protected Characteristics. It is not appropriate or relevant to ask an applicant whether they are trans; although it maybe the perception that a person is trans, this may not be the case.

It should not be expected that applicants and interviewees for employment would necessarily wish to disclose their trans status. There is no obligation for a trans person to disclose their status as a condition of employment.

Unless there is genuine occupational requirement for a job to be carried out by a particular sex under the Equality Act 2010, it will not be necessary for a trans interviewee to disclose their status to the panel.

5.3 Genuine Occupational Requirements

In most cases, the gender of a person has no relevance to their ability to do a particular job. However, the Equality Act 2010 does allow for an exception, where being of a particular sex is 'an occupational requirement' (such as same-sex carers).

If this is the case for an employee transitioning at work, redeployment may be negotiated. In these circumstances, options should be discussed early to agree a satisfactory agreement. In the case of staff who have already transitioned and are living in the gender of their choice, this may not apply. As good practice, CLCH may want to discuss the matter with trans staff to get their views.

Other circumstances where Genuine Occupational Requirement apply, include if the job involves conducting personal searches pursuant to statutory powers. If the issue does arise then CLCH must consider whether tasks could be carried out by someone else.

It may be appropriate to undertake an Equality Analysis on the job requirement before the post is advertised, so that any requirement for trans people to self-disclose can be made clear in advance.

Any statement about the need for disclosure should be accompanied by the explicit reassurance that such information will be treated in absolute confidence, and that disclosure may not preclude eligibility for the post.

If someone has transitioned prior to joining CLCH and has disclosed this, the information must be kept confidential by all parties with knowledge of the fact. This includes internal staff appointed to a senior role through the recruitment process. Disclosure could constitute a criminal offence, regardless of whether trans staff have a Gender Recognition Certificate.

Any forms and documents relating to trans status that are provided during the interview and resulting procedures will be considered confidential and will not be accessible by anyone outside the interview panel, HR and the individual themselves.

For more information, please refer to CLCH's Resourcing and Recruitment Policy. For recruitment for specific vulnerable groups, such as ex-offenders, please refer to: Recruitment of Ex-Offenders: Use of Disclosure Barring Service policy.

5.4 References

Where a reference request is received for an existing employee who has transitioned, CLCH will respect the employee's privacy and only respond using the employee's preferred name and gender in the reference.

Disclosure on sickness absence will not include time off for medical appointments related to transition. This information is strictly confidential and managers must be very careful of any record keeping in this.

When CLCH requests a reference, the request will be made using the prospective employee's name since transitioning and will not mention previous names or gender identity, unless specifically asked to do so (in writing) by the trans person.

For information on references, please refer to the Trust's *References and Employment Checks Policy*.

5.5 Qualification Certificates

CLCH recognises that it can be difficult and expensive for trans people to change their qualification certificates. If these are in a former name then where possible a record will be made that the certificate has been seen, but a copy will not be taken. If it is absolutely necessary for CLCH to store a copy, they will be stored securely and only accessed by named persons.

5.6 Disclosure and Barring Service (DBS) Checks

A member of staff having contact with patients is likely to have to apply for a disclosure certificate through the Disclosure and Barring Service. Part of this process involves a strict requirement for applicants to state all previous names and aliases.

The form then has to be completed by the “Registered Person” who checks and verifies the contents and the evidence supplied. This means there can be some anxiety about the implications of this for trans applicants and existing staff. However, there is a special process which they can follow in order to avoid problems they would otherwise face in complying with the requirement to make truthful statements. Further information and more detailed steps are explained on the Disclosure and Barring Service (telephone 0151 676 1452 or email sensitive@dbb.gov.uk) website.

5.7 Adjustment of Records

CLCH respects any request for anonymity and confidentiality. It will ensure employment records are updated to include the chosen name and sex identified by the individual at an appropriate time.

If an employee is planning to undergo gender reassignment, and informs the manager of this, then the manager should meet with the employee to agree how he or she would prefer to handle the matter within the workplace. A process as to how it can be dealt with can then be agreed. Issues to consider include:

- The expected timescale of any medical or surgical procedures (if the individual is proposing to undergo surgery)
- The amount of time off that may be required for treatment and/or possible side effects or therapy arising from the transition
- The expected point or phases of change of name and personal details and gender
- Whether the employee wishes to inform colleagues themselves or would prefer the manager to do this
- Discussing with the employee changes to her/his records and systems
- What support/training/briefing others may need to understand the issue, at what point and by whom
- Use of single sex facilities such as toilets
- Whether the employee wants to stay in their current post or be redeployed where possible

- Involvement of Employee Health / wellbeing support needs

Trans people undergoing medical and surgical procedures may require time off from work and this will fall under the CLCH Sickness Absence Management Policy. Equally, they may choose to work flexibly to manage their transition in keeping with adjustments under this policy.

5.8 Privacy

The Gender Reassignment Act 2004 made it a criminal offence in respect of disclosing an applicant's gender history to somebody else. Section 22 of the Gender Recognition Act says that:

"It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person"

"Protected information" means information which relates to a person who has made an application under the Gender Recognition Act. This covers both the fact of the application itself and if the application was successful, the fact that the individual was previously of the opposite gender to the one in which they are now legally recognised.

A person acquires information in an "official capacity" if they are acting:

- As an employer, or prospective employer, of the person to whom the information relates or as a person employed by such an employer or prospective employer, or
- In the course of or in connection with the conduct of business or, the supply of professional services

It is **not** an offence to disclose information obtained in these circumstances if any of the following apply:

- The information does not enable the person to be identified
- That person has agreed to the disclosure of the information
- The person making the disclosure genuinely does not know
- The disclosure is in accordance with an order of a court or tribunal
- The disclosure is for the purpose of instituting proceedings before a court or tribunal
- The disclosure is for the purpose of preventing or investigating crime

- The disclosure is made to the Registrar General for England and Wales
- The disclosure is made for the purposes of the social security system or a pension scheme
- The disclosure is in accordance with provisions made through regulations which the Secretary of State is permitted to make under the Act

Employees at all levels of the organisation, who could learn about an individual's gender reassignment history in the course of their work, need to be very clear about the handling of this information. This could apply to:

- The information that can be entered into HR files where other staff might have access
- Discussion about an applicant's job interview
- The contents of Employee Health reports
- Information that can be passed from one medical professional to another during referral or when discussing a case
- Information stored in medical records where that data could be accessed by a member of staff

Details relating to an employee's gender transition or their trans status is likely to be considered within the "special category of personal data" under the General Data Protection Regulation (GDPR), which came into effect on 25 May 2018. This means that such data can only be processed in certain limited circumstances, such as where the employee gives explicit consent or where it is necessary for carrying out rights and obligations under employment law.

5.9 Support for Employees Transitioning at Work

Any member of staff who has taken the decision to go through the transition process can request a meeting with their line manager, the Equality Diversity and Inclusion Lead or a member of the HR team to inform them of their decision.

CLCH will not in any way penalise any member of staff for failing to make their trans or transitioning status known to colleagues or HR, or for any delays in making this information known.

Equally, the person transitioning should appreciate that they cannot expect CLCH to make reasonable adjustments without knowledge of their status.

The person undergoing transition will have the freedom to choose a date at which they expect CLCH's records to be changed. It may be the day after the first or second meeting, after they begin transitioning or after surgery. **A Gender Recognition Certificate is no longer a requirement to establish a person's preferred gender identity.**

Following their request, all CLCH's records will be changed, including personal files, sickness files, payroll details, paper files, and material held as paper or electronic database.

No changes will be made without prior request. No reasonable requests will be turned down. It should be agreed between the individual and their manager as to whether the individual or the manager will take responsibility for informing whoever needs to know. If the individual going through the process would prefer to do this, CLCH will just need to know when the disclosure is to take place and in what detail, so that they can agree and provide appropriate support.

Telling colleagues: Managers should not inform colleagues, patients and service users that an individual is intending to undergo or is undergoing, gender reassignment, without the individual's explicit agreement. It is never appropriate to inform colleagues, patients and service users an individual has previously undergone gender reassignment as this is a private matter.

The person undergoing transition will have the right to request a meeting with staff in their area of work at which their status as a transitioning person is explained. At this meeting (if it happens) an HR representative and/or Trade Union representative will be present to support the individual. The transitioning person may choose if they wish to answer questions from other members of staff.

If such a meeting takes place, then all those involved will be bound by the same rules of confidentiality given above. The status of the individual undergoing transition will not be discussed with any third party without the prior consent of the person who is transitioning gender.

If required, the trans staff may access Employee Health and/or the Rainbow Network for additional support.

Public Facing Roles: A staff member transitioning may be apparent to the public, especially in the early stages of gender transition. Although many people cease being visibly different as transition progresses, there are others for whom it will continue to be a reality.

Some staff may elect to move to another role during transition; however, they cannot be required to do so. Similarly, the way someone looks and the negative reactions this might be expected to elicit from certain members of the public must not be a barrier to recruitment for a public-facing role.

In these circumstances it is important that managers support the member of staff in a positive manner and listen to how they feel about things and how they feel they are coping. A public notice on zero tolerance of abuse or harassment of staff on any grounds may also be put up (see *Addressing Bullying and Harassment – A Framework for managing unwanted behaviour Policy*).

Those working alongside the person may also require training and support needs. It may be useful to look at these along two levels – specific issues regarding the employee to help people understand the needs of the person involved and broader information about gender reassignment.

At the point of change of gender, it is common for people to take a short time off work and return with a new name and gender identity. Time off work at this point is completely the choice of the staff member who is transitioning. This period could be used to brief other staff within the team, following agreement with the trans staff member.

5.10 Changing Spaces and Toilets

The manager and the employee transitioning should agree the point at which the use of facilities such as toilets and changing rooms should change from one sex to the other. This may be, for example, the point at which the individual begins to present permanently in the gender to which they identify.

The use of toilets and other gendered facilities can occasionally be an issue in the workplace, particularly during the early stages of transition if colleagues were familiar with the employee in their former gender role.

It is not acceptable to insist on a trans employee using separate facilities in the long term, for example, an accessible toilet for disabled people. However, this may be a practical and acceptable short-term option (if consented to by the trans employee) whilst they are going through the earlier stages of transition.

Alternatively, colleagues who may have strong objections to sharing facilities used by the trans employee could be allowed to use another set of facilities as a practical and acceptable option and compromise measure.

Following the transition, trans staff must be supported to use all facilities designated for other members of their acquired gender. It must be borne in mind that successful routine use of the appropriately gendered facilities is a part of what clinicians involved in supervising an employee's gender reassignment are expecting to see. This is considered a mark of the individual's social acceptance.

It is also important to appreciate that if anyone is likely to feel vulnerable in the toilet then it will most likely be the trans person. The trans staff is aiming to move away from their former

gender role; they are therefore not going to behave in any way that reminds them or anyone else of that background.

Where locker or shower facilities are open plan then it is good practice to review this and, at least, provide some provision (e.g. curtained spaces) where staff need not be in a state of undress in the presence of others. If it is genuinely impossible to adapt locker or shower facilities in order to accommodate a pre-operative member of staff in a state of undress then this is one very limited example of an instance where the law permits an employer to make separate arrangements. It is highly unlikely that the employee concerned would object to this.

A trans employee should be granted access to 'men only' or 'women only' areas according to the sex in which they permanently present. Under no circumstances should they be expected to use the facilities designed for members of their birth gender. Managers should allow flexibility in dress codes to accommodate the process of transition from one sex to another.

All trans employees can expect to have any requests treated in the utmost confidence, and CLCH will respond in confidence to any requests made. It is essential that the person grants permission before their status is discussed with any third party. Information made available on HR's Electronic System Record is anonymised and where it is broken down by service, information regarding trans staff would not be available.

5.11 Changing Information

Following the date chosen by the transitioning individual, any remaining information will be changed to reflect their new gender identity; staff lists, organisational charts, post trays, door signs, and all other relevant information will be changed.

The name of the individual who has undergone transition will not be inappropriately withheld from any list; omission can be embarrassing. There may also be a need to discuss identification passes, contact details, email addresses, formal records, website references, or any other matter raised by the person undergoing transition.

An Employee Personal Changes Form to change HR records will need to be completed via the HR E forms (<https://clch.zendesk.com/hc/en-gb/articles/4411254298769-Change-forms-explained-Which-change-form-should-be-used->) contact HR Admin team on clchservicedesk@capita.co.uk for further information.

CLCH will recognise all medical documents produced by any medical practitioner relating to the transition and will take the word of the person transitioning regarding their preferred gender identity. Medical verification is not required for the person transitioning to use their preferred gender identity. A request to change the sex/gender indicated on their medical records is not dependent upon having to wait for a Gender Recognition Certificate or an updated birth certificate (See General Medical Council 'Trans Healthcare')

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#confidentiality-and-equality>).

No attempt will be made to expect medical proof of conditions such as gender dysphoria. Nor will any person transitioning be subject to intrusive questioning by any CLCH representative. All Gender Recognition Certificates will be honoured, and employment rights will not be withheld in the absence of it.

Access to records showing the change of name and any other details associated with a person's trans status (i.e. records of absence for medical treatment) should be restricted to appropriate staff who 'need to know' for specific reasons.

This refers to those directly involved in the administrative process i.e., HR or Pensions Officer.

5.12 Support for Trans Employees During Gender Transition

The first stage of transition, under the supervision of a qualified medical practitioner, may take several months or years. Appointments may be required during normal working time and may involve the individual travelling long distances, and so are likely to be a day in duration each time.

Following this stage, there is typically a period of one or more years before the individual is accepted for reconstructive surgery. The time taken for this will vary greatly from two to around 12 weeks, depending on the nature of the surgery undertaken.

There is no specific minimum or maximum time managers should grant to a person undergoing medical and/or surgical treatment related to gender reassignment. Equally trans staff may not require surgical/medical treatment but may need access to counselling support within and outside the Trust as part of adjusting to their new identity.

A manager must not treat any less favourably a person absent while undergoing gender reassignment than they would treat, a person absent due to illness or for some other cause (e.g. arrangements to take leave, either paid or unpaid, to nurse a sick relative, or take a sabbatical).

In the latter case, the manager should act reasonably and have regard to all the circumstances. The manager should show the same flexibility as for someone undergoing any other serious operation or therapy.

When the individual is absent for treatment or surgery this should normally be dealt with under CLCH's Sickness Absence Management Policy unless another policy is more appropriate depending on the circumstances.

For individual appointments, employees should follow the normal policy for medical appointments. As a matter of good practice, managers should offer flexibility to individuals who take annual leave or rearrange working hours in order to attend additional appointments i.e., electrolysis.

Managers should remember that it would constitute unlawful discrimination if they treat an individual undergoing gender reassignment less favourably than someone who is absent for some other medical reason. Complications may arise as a result of medical treatment for gender reassignment resulting in prolonged incapacity for work.

As with any long-term illness, the individual will be supported and monitored by the manager with advice from the Employee Health Service and HR. If incapacity continues beyond normal expectations for the process undergone, the CLCH Sickness Absence Management Policy will give guidance to managers on how to proceed.

CLCH will provide support for employees returning after a break caused by medical and surgical treatment and will adopt a flexible approach which endeavours (whenever possible) to meet the individual needs of staff who are recuperating. For employees with significant medical and surgical treatment returning to work after an absence due to the above, the manager should treat sympathetically requests to job share or other flexible working requests in line with the Trust's Flexible Working Policy.

CLCH will ensure that all records of trans staff will not refer to a previous name, and any records made prior to a change of name or gender change will be updated at a mutually agreed date and time with the trans staff.

5.13 Ensuring Equality for Trans People

CLCH recognises that stereotyped gender roles can be harmful to trans people, who may feel constrained to behave in ways, or work in areas that are traditionally considered appropriate for their registered sex at birth (or appropriate for their role after gender transition). Encouragement and support will be given to any member of staff who is trying to step outside the constraints of stereotypes in any area of CLCH's work.

Staff should ensure that trans people are treated as being of the gender in which they live. Trans people should have equal rights and equal access to benefits, including equal recognition of their partner and family, and not discriminated against on the grounds of gender or marital/civil partnership. Benefits include:

- Parental and childcare leave
- State pensions (received at a date relating to their age and gender)
- Passing on pension rights to partners/children

- General employment related benefits such as membership of clubs and admissions to events

Dignity at Work: In order to ensure equality of opportunity and treatment for all staff, CLCH aims to eliminate discrimination in its employment policies, processes and practices as well as to encourage change in individual behaviour and attitudes.

Abuse, harassment or bullying (e.g. name calling, derogatory jokes, unacceptable or unwanted behaviour and intrusive questions) are serious disciplinary offences, and should be dealt with under the Addressing Bullying and Harassment Policy and/or Disciplinary Policy depending on the circumstances.

5.14 Support

5.14.1 Freedom to Speak up Guardians

Trans staff can access Freedom to Speak up (FTSU) Guardians, who have been given special responsibility and training in dealing with employee concerns. The guardians provide independent and impartial advice to staff at any stage of raising a concern, with access to anyone in the Trust, including the Chief Executive, or if necessary, outside the Trust.

Trans staff may contact the service through their email: clcht.ftsus.email@nhs.net

For more information, staff can also refer to the *Freedom to Speak Up: Raising Concerns Policy* and to the *Grievance Policy - A Framework for Resolving Differences*.

5.14.2 Mediation service

CLCH operates a mediation service for staff, managers and teams who require additional support. For more information, please refer to the *Grievance Policy - A Framework for Resolving Differences*

5.14.3 Staff Networks

Trans staff can access to CLCH's Rainbow Network for Lesbian, Gay Bisexual and Trans+ staff and their allies to share concerns and access additional support and guidance. For more information (see https://hub.clch.nhs.uk/section/Staff-Trust-Strategies/page/Staff-Networks/_0JL4M)

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate:

- HR Policy Review Group
- HR and OD Teams
- Staff Representatives
- RAINBOW LGBT+ Staff Equality Network

7. Approval and Ratification Process

The Trans Equality Policy was discussed at the RAINBOW Network meetings between June and December 2021. It has also been sent to the Rainbow Network mailing list and the HR and OD teams between June and December 2021 and comments received from them have been incorporated within this policy. The HR Policy Group approved the policy on 25 January 2022

Final approval was given by the Policy Ratification Group on 14 February 2022.

8. Dissemination and Implementation

This document will be placed on the intranet by the Quality & Learning Division (QLD) team. The QLD team will provide a reference number for the policy. It will therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore, the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

Summary information on the policy will be circulated to all staff through the CLCH websites for the public and CLCH staff Hub.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training Requirements

Training is provided on request. If training is required, the employee and/or manager should contact the CLCH Learning and Development Team, Academy or Equality Diversity and Inclusion Team.

11. Monitoring and Auditing Compliance

Please see table at **Appendix A**.

12. Expiry and Review

- The policy will expire in February 2025
- It will be reviewed six months prior to the expiry date in August 2024
- It will be reviewed by the Equality Diversity and Inclusion Lead

13. Associated Documentation

Associated Trust documents include, but are not limited to, the following:

- Addressing Bullying and Harassment – a framework for managing unwanted behaviour
- Annual Leave Policy
- Disciplinary Policy

- Employment Checks Procedure
- Equality, Diversity and Inclusion (Staff) Policy
- Flexible Working Policy
- Freedom to Speak Up (FTSU) Policy
- Grievance Policy - A Framework for Resolving Differences
- Recruitment of Ex-offenders and Use of Disclosure and Barring Service (DBS) Policy
- References and Employment History Checks Policy
- Resourcing and Recruitment Policy
- Shared Parental Leave and Pay Policy
- Sickness Absence Management Policy
- Special Leave Policy
- Training and Study Leave Policy

14. References

- Equality Act 2010
- Gender Recognition Act 2004
- Information from Gender Identity Research and Education Society
<https://www.gires.org.uk/>
- My Pronouns Matter
www.mypronouns.org
- Stonewall
<https://www.stonewall.org.uk/help-advice/glossary-terms>
https://www.stonewall.org.uk/sites/default/files/getting_it_right_with_your_trans_service_users_and_customers.pdf
- Unison – Trans equality guide and model policy
<https://www.unison.org.uk/about/what-we-do/fairness-equality/lgbt/>

15. Appendices

Appendix A: Compliance Monitoring Table
 Appendix B: Equality Impact Assessment
 Appendix C: Glossary of Terms

Appendix B: Equality Impact Assessment

PROCEDURAL DOCUMENT TITLE: Trans Equality Policy				
Who will be affected by implementation of the procedural document				
Staff				
Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
Age <i>Consider across age ranges on old and younger people.</i> People of different ages (e.g. Children, young or older people).		x		The policy applies to all staff regardless of their age. The Policy ensures equity and fairness of process and therefore should have no detrimental impact on staff / employees due to their age
Religion or Belief People of different religions / beliefs		x		This policy has a neutral impact for People of different religions / beliefs
Disability <i>Consider physical and social barriers.</i> People with disabilities (physical, sensory or learning).		x		This policy has a neutral impact for People with disabilities (physical, sensory or learning).
Race / Ethnicity People from different ethnic groups (including Travellers and Gypsies, Refugees and Asylum seekers and other migrant communities).		x		This policy has a neutral impact for People from different ethnic groups
Sex Men or women / People of any Sex / Gender identity	x			This has a positive impact for people with respect to their sex (gender)
Trans Transgender people / Staff	x			The policy provides positive impact and clear guidance for supporting transgender / trans staff.

Sexual Orientation People who are heterosexual, gay, lesbian, and bi-sexual		x		This policy will have a neutral impact on sexual orientation equality
Marriage and civil partnership	x			This policy has a positive impact for those who trans or who are married or in a civil partnership
Pregnancy and maternity		x		This policy has neutral impact on staff for pregnancy and maternity.
Carers (although not a protected characteristic, you may want to consider if the policy affects people with caring responsibilities)	x			This policy has a positive impact if a member of staff has sought asylum in the UK due to persecution in their country of birth / origin due to their need to undergo gender reassignment.
Any other group likely to be affected by this policy (e.g. people on low income, homeless etc.)		x		This policy has neutral impact
2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions or user groups.</p> <p>Policy reviewed by the Equality, Diversity and Inclusion Lead in consultation with HR and OD team members, Staff side, and members of the CLCH Staff Equality Networks</p>			
3.	<p>If negative impacts have been identified, please complete a full Equality Analysis, which will set out actions that need to be taken to mitigate those impacts.</p> <p>The Policy ensures equity and fairness of process and therefore should have no detrimental impact on staff / employees due to their Protected Characteristic of Trans / Transgender.</p>			

Signed for team / working group

Name: Aniko Schwarc, Staff Side

Date: 18 January 2022

Signed: Equality Diversity and Inclusion Lead

Name: Judith Glashen

Date: 18 January 2022

Appendix C: Glossary of Terms

Acquired Gender

This is a term used in the Gender Recognition Act 2004 to mean the gender role that a person has transitioned to live their life in and which matches their self-perceived gender identity. The acquired gender of a male-to-female trans woman is therefore female and the acquired gender of a female-to-male trans man is therefore male.

Androgyne or Polygender

These are terms used to describe people who find they do not feel comfortable thinking of themselves as simply either men or women. Instead they feel that their gender identity is more complicated to describe and non-binary. Some may identify their gender as being a form of combination between a man and a woman, or alternatively as being neither. Like transsexual people, some androgyne people and polygender people can experience gender dysphoria and may sometimes at least partially transition socially and may take hormone implants or have some surgery done.

Ally

A straight and/or cis person who supports members of the LGBT community.

Asexual (or ace)

Someone who does not experience sexual attraction.

Bi

Bi is an umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender.

Biphobia

The fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be bi.

Cisgender or Cis

Someone whose gender identity is the same as the sex they were assigned at birth.

Coming out

When a person first tells someone/others about their identity as lesbian, gay, bi or trans.

Cross-dressing

This is a term (whilst outdated) used to describe people who dress, either occasionally or more regularly, in clothes associated with the opposite gender, as defined by socially accepted norms. Cross-dressing people are generally happy with the gender they were labelled at birth and do not want to alter the physical characteristics of their bodies or change their legal gender. They may dress as the opposite gender for emotional satisfaction, erotic pleasure, or just because they feel more comfortable doing so.

Deadnaming

Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Gay

Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

Gender

Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity.

This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

Trans people usually experience intense gender dysphoria which is significantly reduced by transitioning to live as their self-identified gender.

Gender expression

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

A person's innate sense of their own gender, whether male, female or non-binary, which may or may not correspond to the sex assigned at birth. This is an individual's internal self-perception of their own gender. A person may identify as a man, as a woman or as androgyne / polygender.

Gender reassignment

Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice.

Gender Recognition Certificate (GRC)

This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport.

Gillick competence

A term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Heterosexual / straight

Refers to a man who has an emotional, romantic and/or sexual orientation towards women or to a woman who has an emotional, romantic and/or sexual orientation towards men.

Homosexual

This might be considered a more medical term used to describe someone who has an emotional romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Homophobia

The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Intersex

A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary.

LGBT

The acronym for lesbian, gay, bi and trans people.

Lesbian

Refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Outed

When a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Person with a trans history

Someone who identifies as male or female or a man or woman, but was assigned differently at birth. This is increasingly used by people to acknowledge a trans past.

Pan

Refers to a person whose emotional, romantic and/or sexual attraction towards others is not limited by sex or gender.

Passing

If someone is regarded, at a glance, to be a cisgender man or cisgender woman. Cisgender refers to someone whose gender identity matches the sex they were 'assigned' at birth. This might include physical gender cues (hair or clothing) and/or behaviour which are historically or culturally associated with a particular gender.

Pronoun

Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Queer

In the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.

Questioning

The process of exploring your own sexual orientation and/or gender identity

Sex

Assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'

Sexual orientation

A person's emotional, romantic and/or attraction to another person.

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, two-spirit, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transgender man

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman

A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this

involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transphobia

The fear or dislike of someone based on the fact they are trans, including the denial/refusal to accept their gender identity.

Transsexual

This was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

TITLE: TRAVEL AND EXPENSES POLICY
VALID FROM: OCTOBER 2018
EXPIRES: APRIL 2022
REFERENCE WFC25

This document expiry date has been extended to April 2022 as per approval by the Policy Ratification Group in January 2022.

This procedural document supersedes the previous Travel and Expenses Policy, version 4.0

Version:	5.0
Policy reference and description of where held.	WFC25 Intranet – Policies
Title, name and contact details for author:	Liz Lubbock, Policy, Projects and Engagement Lead. <i>Any questions should be directed to Workforce Business Partners or HR Advisors</i>
Title, name and contact details for responsible director:	Louella Johnson, Director of People and Communications
Approved by originating committee, executive or departmental management group	HR Policy Group on 04/09/18
Ratified by Policy Ratification Group:	Policy Ratification Group on 19/09/18
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	March 2021
Target audience	All employees and bank workers except medical and dental staff for whom separate national arrangements are in place.

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	18/07/2011	Maria Granata	Archived	Amalgamated policy produced from policies of legacy organisations.
2.0	21/12/2011	Maria Granata	Archived	Integration of CLCH and Barnet policies and update to take account of legal and organisation changes. Agreed in partnership and signed off by Policy Advisory Group.
3.0	July 2013 – Sept 2015	Maria Granata	Archived	Policy valid until June 2016. However, reviewed early to meet QIPP requirements and to support introduction of new e-Expenses system.
4.0	Sept 2015	Louise Malusky	Archived	Minor changes made post 8 September PRG.
5.0	Aug 2018	Liz Lubbock	Final	Policy reviewed. Few changes made.

CONTENTS:

Section	Page
1. Introduction	5
2. Aims and objectives	5
3. Definitions	5
4. Duties	6
5. Procedural document relating to travel and expenses	7
5.1 Making a claim	7
5.2 Permitted class of travel	7
5.3 Home to work travel	8
5.4 Travelling expenses incurred by working outside of normal hours	8
5.5 Expenses incurred by a change of base	8
5.6 Public transport	8
5.7 Major disruptions to travel services	9
5.8 Season ticket loans	9
5.9 Taxis and mini-cabs	10
5.10 Hire cars	11
5.11 Air fares	11
5.12 Subsistence allowance	11
5.13 Motorised vehicles	12
5.14 Other car-related expenses	15
5.15 Lease car scheme	16
5.16 London congestion charge	16
5.17 Pedal cyclists	17
5.18 Designated walkers	19
6. Consultation	20
7. Approval and ratification	20
8. Dissemination and implementation	20
9. Archiving	20
10. Training	20
11. Monitoring and auditing compliance with this document	21

Section		Page
12.	Review arrangements	21
13.	Associated documentation	21
14.	References	21
15	Appendices	21
	A: Annual season ticket loans	22
	B: Congestion charge reimbursement form	23
	C: Compliance monitoring table	25
	D: Equalities impact assessment	26

1. Introduction

This policy outlines the various travel options available to staff and indicates how the cost of travelling on behalf of the organisation might be reclaimed.

Central London Community Healthcare NHS Trust ('CLCH') recognises that the majority of staff will submit claims in line with the provisions of this policy. However, CLCH considers that any abuse of this policy to gain a pecuniary advantage may be considered fraudulent and will refer any instances to the Local Counter Fraud Specialist ('LCFS') in accordance with its Counter Fraud Policy and Response Plan. This may lead to an investigation under the Trust's Disciplinary Policy and potentially action up to and including dismissal for gross misconduct.

2. Aims and objectives

This policy aims to promote use of more "green" transport methods wherever practicable. It also guides staff to the correct ways to seek reimbursement of expenses and to advise how allowances and benefits may be obtained.

This Policy applies to all employees and bank workers working for CLCH with the exception of Medical and Dental staff for whom separate national arrangements are in place. Bank workers are able to claim via payroll by submitting either by post or email authorised copies of their claim forms along with any receipts to payroll.

Contractors and agency workers are not covered by this Policy; this group of staff would need to claim via petty cash or submit a bill directly to Finance. All employees must familiarise themselves with its requirements.

Staff based within external organisations, e.g. on secondment, but employed or working on behalf of CLCH, have a duty to comply with this policy.

3. Definitions

- **Travel and associated transport:** refers to the various options and way of travelling around from site to site, and further afield, on behalf of CLCH.
- **Oyster card:** Oyster is a smartcard which can hold pay as you go credit, Travelcard and Bus & Tram Pass season tickets. It can be used to travel on bus, Tube, tram, Docklands Light Railway (DLR), London Overground, TfL Rail and most National Rail services in London.
- **Contactless payment card:** contactless payments are usually made with debit, credit, charge or pre-paid cards for purchases under £30. There is no need for a PIN or signature, just touch your card on a contactless card reader.
- **Travelcard:** a Travelcard is a ticket that can be put on an Oyster card and gives the person freedom to travel as much as they like on bus, Tube, tram, DLR, London

Overground and National Rail services in London. It must cover all the zones travelled through. Oyster cards with added Travelcards cannot be used by anyone other than the registered owner.

- **Bus & Tram Pass:** A Bus & Tram Pass on an Oyster card allows the person to travel when and where they like, as much as they like, on bus and tram services across London. They are available as a 7-day, monthly or annual pass on Oyster and are valid on all tram services and the entire London bus network, including some sections outside Greater London.
- **Travel concessions for older and/or disabled people:** older people and disabled people can save money on travel by taking advantage of the free bus pass and other transport concessions, e.g. the London Freedom pass; Senior Railcard; Older and Disabled Persons Bus Pass. More information is available from local councils.
- **Intalink:** is the Hertfordshire Travel Information website provides the latest bus travel information in Hertfordshire, including timetables, ticket options and service disruptions. www.intalink.org.uk
- **National Rail Enquiries:** provides information on travel options, including train times and ticket purchasing. www.nationalrail.co.uk

More information on travel payment options are available from Transport for London or the relevant local transport provider.

4. Duties

4.1 All staff:

- To only claim expenses to which they are entitled as expressed in the following paragraphs.
- Expense claims must not be submitted for office expenses, e.g. stationery, catering, telephone calls.
- The Trust does not expect staff to pay for long distance train or hotels costs; this should be done in advance via the Procurement Team.
- To provide proofs of purchase with claims.
- To abide by the laws of the road and local councils.

4.2 Cost Centre Approvers: to ensure that claims are correctly completed and valid, with all proofs of purchase as required.

4.3 Payroll Department: to ensure that the payments authorised by managers under this policy are correctly processed.

- 4.4 Procurement:** The Trust Procurement Department offer a travel, hotel and flight booking facility via e-procurement. Staff requiring this service should contact them directly.
- 4.5 HR Policy Group/lead for HR policies:** to develop policies and procedures relating to HR. The lead for HR policies will have ongoing responsibility for this document and will carry out a review every three years, unless legislation or other circumstances require an earlier review.

5. Procedural document relating to travel expenses

5.1 Making A Claim

- In order for expenses to be approved on time and paid the following month, staff must submit expenses by the 3rd of the month and managers must authorise by the relevant payroll cut-off date. If managers reject or do not approve the claim, this must be done before the cut-off date to allow for a conversation with the member of staff. In exceptional circumstances, the manager may miss approving by the deadline, e.g. claim awaiting additional information from staff member.
- All claims by employees must be made on a monthly basis via the e-expenses Travel Claim systems.
- All claims **must** be made within 3 months of the date incurred. Claims submitted via the e-expenses system after 3 months have elapsed, **will not** be processed unless there are significant mitigating circumstances relating to late submissions of claims.
- Payments will only be made if the expenses were genuinely necessary and approval for the journey was given by the appropriate manager.
- Only out of pocket expenses are able to be reclaimed. The maximum that can be claimed is the actual amount spent.
- Travel expenses are not part of pensionable pay.
- Receipts or other evidence of expenditure must support all travel and expense claims, otherwise they will not be processed.
- It is expected that staff using public transport will use season tickets / travel card / freedom pass (where they have them) when travelling on CLCH business, assuming the ticket covers the journey. Staff cannot claim expenses for business journeys which are covered under their season ticket / travel card / freedom pass.

5.2 Permitted Class of Travel

All staff are expected to travel standard or economy class and to take advantage of any special offers or reduced fare offers.

5.3 Home to Work Travel

Staff cannot claim the cost of their journey from home to their normal place of work. Where staff travel directly from home to other sites, additional costs incurred can be claimed.

5.4 Travelling Expenses Incurred by Working Outside of Normal Hours

Staff are entitled to the cost of any additional fares which are incurred if they have to attend (or return to) work outside their normal working hours. Examples of these circumstances would be additional journeys incurred by having to return to work or higher cost journeys arising from having to pay peak fares as off-peak fares are not available, e.g. when on-call.

5.5 Expenses Incurred by a Change of Base

5.5.1 Temporary Change

Staff who are required to work temporarily at a different place of work from normal, or to attend a course or conference, are entitled to claim for any additional travel expenses incurred, i.e. over and above what they pay to travel from home to their normal place of work. This will be at Reserve Rate or Public Transport rate as appropriate.

5.5.2 Permanent Change

Details of provisions for claiming additional travel expenses for staff who are asked to change their work base on a permanent basis are set out in the Trust's Protection of Pay Policy.

5.6 Public Transport

Staff will be reimbursed for travel on underground, overland trains and buses when on CLCH business as agreed by their line manager. This reimbursement will be paid at Oyster Card / Contactless payment card rates only.

Staff who have purchased weekly, monthly or annual travel (Oyster / season tickets) cards for travel from home to and from work, are not eligible to claim for

travel in the zones for which the travel card has been purchased as no additional costs have been incurred.

If using prepaid Oyster Card, the Trust strongly recommends that you sign up to receive your journey history statement. Alternatively, you may request a print out of your travel from London Underground as proof of travel.

Entitlements for reimbursement are as follows:

Reimbursement	Eligibility for Claims	Evidence Required
Travel using a travel card or Oyster or other, purchased to travel to work. (This includes Day, Weekly, Monthly, Yearly, Travel cards or Oyster card.)	No	N/A
A single/return trip using Oyster pre-paid card (pay as you go) for a work-related journey.	Single individual journeys on bus or tube will be reimbursed up to the total cost of a daily travel card.	Log of Oyster card journey.

When claiming for these fares, staff should record details of the journey and attach the ticket/statement to the Travel e-Expenses travel claim

5.7 Major Disruptions to Travel Services

Where travel is disrupted, e.g. due to adverse weather or strikes, staff and managers should refer to the provisions of the Trust's Adverse Weather Conditions and Severe Travel Disruptions Policy.

5.8 Season Ticket Loans

5.8.1 Criteria for Claiming an Annual Season Ticket Loan

- The annual season ticket loan for yearly rail and bus travel is an interest free loan for all permanent Trust staff, whether full time or part time, regardless of whether they are required to travel on CLCH business for work purposes or not.
- Staff who are on Fixed Term contracts with at least one year remaining are also eligible.

- The cost of the ticket must not exceed £10,000.
Details of the scheme and application are included in appendix A.
- A new loan cannot be granted to an employee if there is already an existing one which has not yet been fully repaid.

5.8.2 Claiming the Season Ticket Loan

- Staff should complete the electronic application for the train season ticket loan available on the Hub and read the season ticket loan agreement.
- For staff wishing to apply for an annual season ticket for buses only, a form is available on the intranet.
- Note: These loans are granted strictly for the purchase of annual season tickets used for travel to work.

5.8.3 Repayment

- Repayment of the loan will be made by 10 monthly deductions, deductible from the staff member's salary. Deductions will commence from the first available salary from the loan being made.
- Should an employee leave before the loan has been repaid in full, the balance outstanding will be deducted from final salary payment. Where there is not enough salary to deduct the balance, this will be invoiced and must be repaid immediately.
- If, for whatever reason, the loan repayments do not commence being deducted from the employee's salary as scheduled, the onus is on the employee to inform the Payroll Department immediately of this. CLCH will agree repayment arrangements with the aim of ensuring that the total amount of the season ticket loan is repaid without causing undue financial hardship.
- The Finance Department reserve the right to change any of the above stated conditions relating to season ticket loans, at any time without any notice. Please see the Trust's Overpayments and Underpayments Policy.

It should be noted that, when a yearly ticket is cashed in, the train company work out the refund on a monthly cost. The benefit of 2 free months is lost.

Refunds are calculated from the date the Season Ticket is handed back. It will be the difference between the price paid and the cost of a ticket or tickets for the period for which the staff member has actually used the ticket, plus an administration charge.

5.9 Taxis and Mini-Cabs

- Staff can only use taxis or licensed minicabs for CLCH business with prior approval from their line manager. Prior to arranging a taxi, staff should check with the site administrator or manager for details of the transport organisations and the process for requesting these taxis.
- CLCH currently has a sole contract for taxi services with **Olympic South**. To access this service you must have the relevant cost centre.
- Circumstances in which line managers may approve use of taxis or licensed minicabs include:
 - When public transport is not available;
 - Staff who have a disability (Access to Work can fund taxis);
 - Where this is the most efficient use of resources (e.g. the cost of parking a private car exceeds the cost of a taxi or licensed minicab);
 - When transporting bulky heavy equipment.

This is not an exhaustive list and CLCH managers may use their discretion in the authorisation of use of taxis, at all times considering cost, efficiency and staff safety.

In exceptional circumstances, e.g. for areas not covered by Olympic South, when taxis cannot be booked, claims for the cost of taxis should be made via the CLCH e-expenses travel claim.

- Note: Payments will not be made without appropriate receipts. If these conditions are not met, staff will be reimbursed at the 'reserve mileage rate' as detailed in the Terms and Conditions of Service.

5.10 Hire Cars

All Hire Cars should be booked in advance through the Procurement Team.

5.11 Air Fares

All air fares should be booked in advance through the Procurement Team.

5.12 Subsistence Allowance

The following allowances are payable to staff:

- if they have been away from home on official NHS Business, more than 5 miles away from their base, and
- when they have necessarily spent more on a meal than would have been spent at their place of work and
- appropriate free meals and refreshments were not provided.

Excess expenditure may be claimed.

Day meals subsistence allowances	Rate Payable
Lunch allowances (more than 5 hours away from base including 12.00pm – 2.00pm)	£5.00
Evening meal allowance (more than 10 hours away from base and return after 7.00pm)	£15.00

More detail is included within the NHS Terms and Conditions of Service.

5.13 Motorised Vehicles

5.13.1 Car Users

Staff who use their own vehicles (including motorcycles) for travelling on CLCH business will be entitled to claim mileage allowance.

5.13.2 Passenger Allowance

CLCH encourages car-pooling and shared use of pool or hire vehicles in line with the Trust's sustainability strategy. With the exception of lease car pool or hire vehicle drivers, staff who take passengers are entitled to a passenger allowance if the passenger would have otherwise taken his or her own car, or used public transport on official business. Passengers must therefore be CLCH staff who would otherwise have been able to claim travel expenses in accordance with this Policy. The name, mileage (for the duration of the lift only) and purpose of the journey for each passenger must be shown on the e-Expenses Travel Claim.

5.13.3 Mileage Rate Allowances

These rates do not apply to those who have lease cars.

To claim for mileage allowances, an employee must provide the following documents:

- Driver's Licence Log Book (V5);
- Insurance Certificate including cover for business use;
- MOT certificate if the vehicles is over 3 years old.

These documents must also be provided if the employee changes his/her vehicle in order to register the new vehicle.

For claiming mileage, full details of the vehicle i.e. make model and CC and registration number must be supplied. These details are required to ensure the correct details are submitted to the tax office at the end of the financial year.

The actual amounts and rates are those set out in the NHS terms and conditions of service handbook and are subject to periodic reviews.

- **Reserve Rate**

If staff travel by car when they could have undertaken the same journey by public transport, or if they have unreasonably declined to use a lease /pool car, they are entitled to the Reserve Mileage Rate (rather than the Standard reimbursement rate). In determining reasonableness, the employer and employee should seek 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 employer will be considered including an employee's personal need for a particular type of car and the employer's need to provide a cost effective option for business travel.

- **Eligible Miles**

Eligible miles are the appropriate mileage of the official journey(s) made which commences and subsequently finishes at the work base. To claim mileage, it is imperative to record the dates and full details of each journey travelled accurately; giving postcodes of sites visited completing a separate line of the e-expenses travel claim for each journey. An example is supplied below:

Eligible Mileage – Illustrative Example

In this example, the distance from the employee's home to the agreed base is 15 miles.		
Journey (outward)	Distance	Eligible Miles
Home to base	15 miles	None
Home to first call	Less than 15 miles	Eligible mileage starts after

		15 miles have been travelled.
Home to first call	More than 15 miles	Eligible mileage starts from home, less 15 miles.
Journey (return)		
Last call to base		Eligible mileage ends at base.
Last call to home	Less than 15 miles	Eligible mileage ends 15 miles from home.
Last call to home	More than 15 miles	Eligible mileage ends 15 miles from home.

- **Journeys Between Home and Work**

Journeys from home to the usual place of work are not journeys for which a mileage allowance can be claimed. Staff who drive from home to a site that is not their usual place of work can claim for the distance:

- that would have been travelled if the journey had started and ended at the usual place of work; or
- actually travelled, whichever is the least.

The most direct route must be taken. Where this has not been possible, e.g. due to road works; this must be approved by the manager.

- **Attendance on Training Course, Conferences or Events**

The standard reimbursement rate applies to travel costs incurred by the employee, if approved, when they attend courses, conferences and events **at the Trust's request.**

Subject to prior agreement with his/her manager, travel costs for attending training courses, conferences and events that are **not required by the Trust**, may be reimbursed at the reserve rate in line with the rules on eligible mileage. (See section 17.18 and 17.19 in the NHS Terms and Conditions of Service handbook.)

Approval must be obtained in advance.

- **Making Claims**

Staff should complete the electronic application for car users allowance available on the Hub. Following that all claims for mileage must be made via the Trust's e-expenses process.

- **Parking**

- **Pay and Display:** Before parking in pay and display meters staff should make themselves aware of the local council rules. If required to park off site away from the work base on a work assignment, staff are eligible to claim for parking meter fees on production of a receipt or ticket. Staff are not eligible to claim for meter fees for parking at their work base.
- **Parking for the Disabled:** CLCH aims to have disabled parking facilities at all CLCH sites. Staff who are disabled, whether permanently or temporarily, should contact their manager to discuss their needs and the manager will endeavour to make arrangements to assist.
- **Parking on CLCH Sites:** The procedure for issuing parking permits is the responsibility of the department CBU Manager / Divisional Director to decide who is eligible to receive a parking permit for use on CLCH sites. The essential criteria in use are staff who:
 - Travel in excess of 3,000 miles on Trust business
 - Regularly have to carry heavy or bulky packages
 - Work out of hours, or need the security of vehicles
 - May need to make emergency trips at short notice.
 - Have a disability

If staff meet the above criteria then they may apply for a permit. Permit application and renewals which have not been authorised and countersigned by a CBU Manager / Divisional Director will not be processed and will be returned. Full details of any conditions linked to the issue and use of a parking permit will be provided to staff whose applications are successful.

- **Parking Fines:** Staff have a responsibility to be aware of, and abide by, the local council's rules. Parking fines incurred will be paid by the member of staff.

5.14 Other Car-Related Expenses

Car Users who necessarily incur charges in the performance of their duties and for whom regular travel in a motor vehicle is an essential part of their duties, shall be refunded expenses in relation to reasonable toll and ferry charges, on production of receipts or proof of expenditure. This does not include reimbursement of parking charges incurred as a result of attendance at the employee's normal place of work. Receipts must be produced in all cases.

5.15 Lease Car Scheme

CLCH offers a Car Lease Scheme under an agreed salary sacrifice. For information, refer to www.nhsfleetsolutions.co.uk (you can register on the website using VPD 824) or 0844 811 82 28 or enquiry@nhsfleetsolutions.co.uk. Information is also available on the intranet.

There are some existing staff who have lease car arrangements outside the above scheme, that will cease when the staff member terminates their employment with CLCH. Some Departments have separate arrangements for lease cars that are used by the Department alone.

5.16 The London Congestion Charge

Employees undertaking certain operational journeys on behalf of the NHS inside the congestion charging zone will be eligible for a 100% reimbursement of the congestion charge. These are:

- A vehicle used by an NHS employee in the course of their operational duties to carry:
 - Bulky, heavy or fragile equipment of supplies;
 - Patient notes of other clinically confidential material;
 - Controlled drugs
 - Clinical waste, radioactive materials, contaminated sharps or non-medical poisons;
 - Prescription only medicines or waste medicinal products; or
 - Clinical specimens, body fluids, tissues or organ
- A vehicle used by an NHS employee when on call and responding to an emergency.
- Other legitimate duties carried out by an employee on behalf of the NHS and approved by CLCH. Eligible workers include doctors, nurses, GPS, consultants, support staff, locum and agency staff.

CLCH can recover the cost of reimbursement from Transport for London for category 1 and 2 journeys only. Therefore approval for category 3 journeys must be obtained before the journey is undertaken.

Further details about travelling in the congestion zone are available at www.tfl.gov.uk/roadusers/congestioncharging

Reimbursement from home to work travel is not available.

5.17 Pedal Cyclists

A member of staff is regarded as a designated bicycle user if:

- they have agreed with their line manager that cycling will be their main method of transport for work;
- they travel on a regular basis on CLCH business - a minimum would be an 'average' of two journeys per day.

Final decisions on eligibility lies with the line manager and in the event of the member of staff's frequency of travel reducing, eligibility for payment of the allowances listed below may be reviewed.

The bicycle is the only mode of transport to be paid by CLCH for that individual, except under circumstances agreed with the manager e.g. exceptional weather, conferences, the need to carry equipment etc.

All bicycle users must maintain a record of miles travelled.

The line manager is responsible for maintaining local records to ensure that any payments to staff comply with this policy. Further clarification of this policy should be sought in the first instance from the HR Department.

- **Allowances**

A designated bicycle user with their own bicycle is entitled to claim either:

- £150 cycle allowance per year, pro rata for part time staff, towards maintenance and upkeep, or
- CLCHs cycling mileage rate for eligible miles.

Staff who cycle to work but do not travel regularly on CLCH business can claim the mileage rate for any journeys made on behalf of the Trust.

The cycling mileage rate cannot be claimed for journeys from home to an employee's normal place of work. Staff who cycle from home to a site that is not their usual place of work can claim for:

- the distance that would have been travelled if the journey had started and ended at the usual place of work, or
- the distance actually travelled,

whichever is the least.

The most direct route must be taken.

Part-time staff will receive the £150 allowance on a pro rata basis e.g. an employee employed to work half the full-time hours for a post would be entitled to claim £75 per year.

Bank staff who are designated bicycle users will be entitled to claim CLCH's cycling mileage rate for eligible miles only.

- **Bicycle Purchase Allowances**

Staff without their own bicycle or who wish to change their existing bicycle can apply for a tax free lump sum to pay for the cost of purchasing a bicycle and safety equipment to go with it.

This works by locating your local partner shops at www.cyclescheme.co.uk/551350 . Once you have visited a shop and chosen your bike and safety equipment you will be given a paper quote, which you then enter online at the above electronic address.

The HR Department will check your eligibility and ask you to complete and sign a Hire Agreement. Following receipt of this you will be sent a secure voucher for you to redeem at the designated bike shop.

The bike is paid for over 12 monthly instalments by salary sacrifice, e.g. via deductions from your salary. This is done prior to tax and national insurance being deducted so making a saving. There is also a small final payment to be made at the end of the 12 months to allow you to take ownership of the bike.

The bicycle is the property of the employee who takes all responsibility for maintenance, safety and insurance.

- **Bicycle Insurance**

The employee is strongly advised to have adequate insurance cover.

If a bicycle is stolen it is the responsibility of the owner to replace it. Cyclists are advised to check the conditions of their insurance policies.

If a bicycle is stolen from CLCH property or whilst on CLCH business the employee must inform the police and complete an incident form.

- **Making Claims**

Claims for the mileage should be made via the Trust's e-expenses travel claim process. Claims as designated bicycle user should be made using the application available on the hub (Designated Bicycle User Application). The £150 cycle allowance would be paid in 12 monthly instalments into the salary and is subject to tax and national insurance deductions, at source. In the event of the member of staff's frequency of travel reducing, payments of the cycle allowance may be reviewed.

5.18 Designated Walkers

A member of staff is regarded as a designated walker if:

- they have agreed with their line manager that walking will be their main method of transport for work;
- they travel on a regular basis on CLCH business - an average of two journeys a day for work purposes.

Final decisions on eligibility lies with the line manager and in the event of the member of staff's frequency of travel reducing, eligibility for payment of the allowance may be reviewed.

The walking allowance is the only mode of transport to be paid by CLCH for that individual, except under circumstances agreed with the manager e.g. exceptional weather, conferences, the need to carry equipment etc.

- **Allowances**

A designated walker is entitled to claim £150 per year, pro rata for part-time staff, subject to tax and National Insurance deductions.

The process is based on wte therefore as Bank staff are zero hours the system will not allow for it to be processed.

- **Making Claims**

Complete the Regular Walkers' Application electronic form available on the Hub.

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate:

Capita HR Solutions
Interim Director of HR & OD
Workforce Business Partners and HR Advisors
Managers
Staff representatives

7. Approval and Ratification Process

The previous policy was sent to managers, HR and Capita HR Solutions, for comments and learning on 16 March 2018. The initial draft of the new policy was sent to Head of Workforce Information and HR Systems, Capita HR Solutions and a CBU Manager for comments on 14 May 2018. The final version of the new policy was agreed with staff representatives at the HR Policy Group meeting on 4 September 2018.

Final approval was given by the Policy Ratification Group on 19 September 2018.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy. It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

None required.

11. Monitoring and Auditing Compliance with the Procedural Document

See compliance monitoring table, appendix C.

12. Expiry and review dates

The policy will expire in September 2021.

It will be reviewed six months prior to the expiry date, in March 2021.

It will be reviewed by the Head of Human Resources or designated person.

13. Associated Documentation

Overpayments and Underpayments Policy

Freedom to Speak Up: Raising Concerns Policy

14. References

Employment Rights Act 1996.

NHS Terms & Conditions of Service

15. Appendices

Appendix A: Annual season ticket loans

Appendix B: Congestion charge reimbursement form

Appendix C: Compliance monitoring table

Appendix D: Equalities impact assessment pro forma

Annual season ticket loans

Terms and Conditions

- Only employees of CLCH NHS Trust may make applications.
- Employees on a fixed term basis must have more than 12 months left of their contract to be eligible to apply.
- To apply, the cost of the season ticket must NOT be less than £650.00.
- The loan granted will be the whole cost of the season ticket, is interest-free and is strictly for the purchase of annual season tickets used for travel to work. Loans cannot be given for any other purpose.
- Repayments are made by 10 monthly deductions from the employee's salary, commencing from the first available month following that in which the loan was made. Should an employee leave before the loan has been repaid in full, the outstanding balance must be repaid immediately and will be deducted from final salary payment.
- It is part of the employee's responsibilities to contact HR on 020 7798 1340 to notify your intention to leave if more than one instalment is outstanding at the time of your resignation.
- If for whatever reason, deductions from the employee's salary do not commence as scheduled, the onus is on the employee to inform immediately the Payroll Department. If the employee keeps silent in such a case, the repayments will be increased in amount null over a shorter period to ensure the loan is still fully repaid on time.
- A new loan CANNOT be granted if there is already an existing one which has not yet been FULLY repaid.
- HR will seek the applicant's immediate line manager's authorisation to the loan requested. The request will then be processed by trainline.com
- HR reserves the right to change any of the above stated conditions at any time without any formal notice.
- You are advised to apply at least 15 working days before the expected date of commencement of the ticket.
- For season tickets delivered at your address of choice a charge of £6.00 will be applicable. This will be added to the amount of the loan and made repayable over the 10 monthly deductions.

Appendix B:

Congestion charge reimbursement form

NAME		PERSONAL EMPLOYEE NO	
DEPT/SECTION		WORK TEL NO	
Are you a regular, standard or other user? (Please tick accordingly)	Standard :	Regular:	Other/Lease

Do you live within the congestion charging zone?	Yes / No
If you do live within the zone, do you have exemption from the full cost of the charge?	Yes / No
Are you a Blue or Orange Badge holder exempt from the charge?	Yes/No

Details of congestion charging claim:

CAR REG NUMBER:	:				
DATE:	PURPOSE OF JOURNEY (please see guidance notes attached)	WHAT IF ANYTHING, WERE YOU TRANSPORTING ON THIS JOURNEY (please see guidance notes attached):	CONGESTION CHARGE CODE (please see guidance notes attached)	RECEIPT NUMBER (this will be issued by Transport for London when paying the charge)	TOTAL:
<i>Example 17 Feb 2010</i>	<i>Example Home visit to patient</i>	<i>Example Patient Notes</i>	<i>Example K2</i>	<i>Example 123456</i>	<i>Example £8</i>
TOTAL:					

(Please copy this sheet if further space is needed for claims)

I hereby certify that all the above entries are correct and that the amount claimed on this form has been necessarily incurred by me on official business:

Claimed by:.....Signature:.....Date:.....

I certify that to the best of my knowledge and belief, the claimant was engaged on the service or business stated on the dates shown, and that where car allowance is claimed, travel by public service was inappropriate.

Certified by :Signature:Date:.....
 (Manager's name in capitals)

CONGESTION CHARGING ZONE - GUIDANCE NOTES:

- **Reimbursement from congestion charging may only be claimed by employees undertaking certain operational journeys on behalf of the NHS inside the congestion charging zone. If you fall into these categories you will be eligible for a 100% reimbursement of the congestion charge. These are summarised below:**

A vehicle used by an NHS employee in the course of their operational duties to transport:	Congestion charging code (to be inserted onto travel claim)
Bulky, heavy or fragile equipment or supplies	K1
Patient notes or other clinically confidential material	K2
Controlled drugs	K3
Clinical waste, radioactive materials or waste medicinal product, contaminated sharps, prescription only medicines, or non-medicinal waste products,	K4
Clinical specimens, body fluids, tissues or organs	K5
A vehicle used by an NHS employee when on call and responding to an emergency	K6
Special Kensington and Chelsea Locality (CLCH) exemption (not transporting any of the above)	KC1

Compliance monitoring table

Policy lead	Element(s) to be monitored	How will you ensure that the policy is being implemented (E.g. via an audit, KPIs)	How often will you monitor that the policy is being implemented	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)
Director of People and Communications	Time taken from claim submission to claim sign off.	<ol style="list-style-type: none"> 1. Reports from Capita HR Solutions. 2. Informal feedback from staff representatives at the Joint Staff Consultative Committee. 	<ol style="list-style-type: none"> 1. Annually 2. Ad hoc 	Workforce Committee and JSCC
Director of People and Communications	Grievances related to implementation of the Travel and Expenses Policy	Employee Relations Report	4-monthly	Workforce Committee

Appendix D:

Equalities impact assessment pro forma

Travel and Expenses Policy

CLCH as a public authority has a legal requirement to analyse the impact of the policy on the protected characteristics of staff and patients. This helps us to check if there is a negative impact, how we can reduce that impact.

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
People of different religions / beliefs		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
People with disabilities (physical, sensory or learning).	X			For staff who have a disability or a mobility issue, short or long term, these are treated on an individual basis (Access to Work can fund taxis). The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
People from different ethnic groups		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
Men or women		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
Transgendered people		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
People who are gay, lesbian, and bi-sexual		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
Refugees and asylum seekers		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.

Marriage, same sex marriage and civil partnership		X		The Trust will monitor the application of this policy and will consider the action needed to address any adverse impacts.
Pregnancy and maternity	X			For staff who have a disability or a mobility issue, short or long term, these are treated on an individual basis
2	Please describe engagement and consultation process and the key feedback. E.g. with teams, unions. See section 6 of the policy			
3.	If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed? No			

Signed for team / working group:

Name: HR Policy Group

Date: 04/09/18

TITLE: UNIFORM AND DRESS CODE POLICY

VALID FROM: August 2020

EXPIRES: July 2022

REFERENCE WFC21

This procedural document supersedes the previous procedural document, Uniform and Dress Code Policy, version 6.0

Version:	7.0
Policy reference and description of where held.	WFC21 Intranet – Policies
Title, name and contact details for author:	Liz Lubbock: Policy, Projects & Engagement Lead, Organisational Development Team Any questions to be directed to Workforce Business Partners and HR Advisors: http://thehub/ourteams/hr/Pages/home.aspx
Title, name and contact details for responsible director:	Emily Boynton, Director of Human Resources & Organisational Development
Approved by originating committee, executive or departmental management group and date.	Version 5.0 agreed at the HR Policy Group meeting on 06/03/17. Subsequent updates agreed at HR Policy Group meetings on 07/08/17 and 06/11/17.
Ratified by Policy Ratification Group:	10 August 2020
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	January 2022
Target audience	All staff, temporary and agency workers, contractors, volunteers, students and those on work experience.

Version Control Sheet

Version	Date	Author	Status	Comments
1.0	April 2011	HR Business Partner	Final	First CLCH Uniforms and Work Wear Policy.
2.0	January 2012	HR Business Partner	Final	Integration of CLCH and Barnet policies.
3.0	April 2014	Liz Lubbock	Final	Policy reviewed and updated.
3.1	July 2014	Liz Lubbock	Draft	Updated in response to comments received.
4.0	August 2014	Kate Wilkins	Final	PRG approved changes
5.0	March 2017	Liz Lubbock	Final	Policy reviewed and updated.
6.0	November 2017	Liz Lubbock	Final	Changes made, particularly re footwear, jewellery and lanyards.
7.0	August 2020	Holly Ashforth	Final	Changes made to reflect dress code for remote working

Contents

1.	Introduction.....	
2.	Aims and objectives.....	
3.	Definitions.....	
4.	Duties.....	
	4.2 Managers.....	
	4.3 Staff.....	
5.	Procedural document for uniforms and dress code.....	
	5.1 Cleanliness and maintenance.....	
	5.2 Off site.....	
	5.3 Dress code for remote/ virtual working.....	
	5.3.1 For clinical staff.....	
	5.3.2 For Trust formal business meetings and external meetings.....	
	5.4 Infection prevention and control (Clinical Staff).....	
	5.5 Personal appearance (all staff).....	
	5.5.1 Inappropriate clothing.....	
	5.5.2 Warm weather clothing.....	
	5.5.3 Religious clothing.....	
	5.6 ID badges and lanyards.....	
	5.7 Health and safety considerations.....	
	5.8 Tax relief for uniforms.....	
6.	Consultation Process.....	
7.	Approval and Ratification Process.....	
8.	Dissemination and Implementation.....	
9.	Archiving.....	
10.	Training requirements.....	
11.	Monitoring and Auditing Compliance with the Procedural Document.....	
12.	Review.....	
13.	Associated Documentation.....	
14.	References.....	
15.	Appendices.....	
	Appendix A: EQUALITIES IMPACT ASSESSMENT PRO FORMA.....	

1. Introduction

This document outlines the existing legal requirements for staff and employers pertaining to uniforms and work wear. This policy is essential in setting out the Central London Community Healthcare NHS Trust (CLCH) standards for staff in relation to the upkeep of their uniforms, work wear and CLCH standards in relation to personal appearance whilst at work.

Uniforms and clothing must be compatible with safe handling and moving, and appropriate to the sphere of work undertaken and be able to be laundered at the appropriate temperature. In addition, whether staff are in direct patient contact or not, all staff are ambassadors for Central London Community Healthcare NHS Trust ('CLCH') during working hours and are therefore expected to present a positive image of the organisation.

CLCH recognises the diversity of cultures and religions of its staff and will take a sensitive approach when this affects uniform, dress or work wear. However, priority will be given to health and safety, welfare, security and infection control consideration at all times.

2. Aims and objectives

This policy applies to all staff working for CLCH, regardless of whether or not they come into contact with patients in the course of their work. It equally applies to temporary and agency workers, contractors, volunteers, students and those on work experience. All staff must familiarise themselves with its requirements and those of related policies and guidelines.

Staff based within external organisations but employed, or working on behalf of, CLCH have a duty to comply with the uniform and work wear dress code policies and related health and safety/ infection control guidelines of the host organisation. Capita and other staff must adhere to the CLCH dress code whilst on trust premises or undertaking Trust business regardless as to whether this is face to face or virtually.

Clinical staff must still comply with the Uniform and Work Wear Policy, i.e. bare below the elbows.

This Policy covers uniforms and personal work wear worn by staff members' whilst at work. The use of gloves and aprons worn for patient care, and other work-related activities is covered by the Infection Prevention and Control Policy (IPC01).

3. Definitions

Uniform: an identifying outfit or style of dress worn by members of a particular profession or service.

Work wear: any clothing worn by staff whilst at work.

Dress code: dress and appearance standards.

Protective Clothing: worn by staff, in addition to their uniform or normal clothing, to protect both the patient and staff member from infection.

Personal Protective Equipment (PPE): PPE is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets and hard hats, gloves, eye protection, high-visibility clothing, safety footwear and harnesses. Uniform and work wear must not be regarded as PPE because they do not provide the wearer any protection against identified workplace hazards.

4. Duties

4.1 Central London Community Healthcare NHS Trust

CLCH recognises the diversity of cultures and religions of its employees and will take a sensitive approach when this affects uniform, dress or work wear. However, priority will be given to health and safety, security and infection control considerations. Any concerns or queries should be raised with the line manager in the first instance.

4.2 Managers

Managers are responsible for:

- Implementing this policy within their service and ensuring their staff abide by the relevant requirements
- Must, where a uniform is required, order it well in advance of a new member of staff joining the Trust
- Have the discretion to instruct staff to cease wearing clothes, jewellery, accessories or hair styles which are clearly inappropriate for work, are potentially unsafe or potentially offensive to patients, visitors or other staff. A careful balance must be struck between the interests and reputation of CLCH and the personal freedom of the staff member.
- Ordering uniforms for staff

4.3 Staff

All staff must:

- Abide by the requirements of this policy, seeking clarification from their line managers or the Human Resources Department if uncertainty exists
- Wear a Trust identity card / badge at all times whilst on duty or when acting in an official capacity representing CLCH, except where it presents a health and safety risk
- Maintain a personal professional image

- Wear the complete uniform as agreed, in situations where uniforms are required. Customising the uniform, or additions to it, are not acceptable as they are intended to provide information to patients and ensure that health and safety requirements are met.
- All work clothing must be clean and appropriate to the work setting
- Staff are advised that where it is perceived there may be a requirement for the supply and wearing of PPE over and above that which is in general circulation or use, that they are responsible for conducting a risk assessment of the tasks they will be undertaking. The aim of the assessment being to identify what, if any additional or higher standards PPE, are needed for the activity.

5. Procedural document for uniforms and dress code

5.1 Cleanliness and maintenance

Uniforms of clinical staff must be changed daily and washed separately from other items. Sufficient uniforms must be provided by the Trust to allow for this. Uniforms must be processed on a cycle which reaches 71° (for not less than 3 minutes) or 65° (for not less than 10 minutes) which is sufficient to remove most micro-organisms. Any remaining micro-organisms are likely to be destroyed by tumble drying and ironing.

If a uniform becomes contaminated with blood or body fluid, it must be changed for a clean one as soon as possible. The contaminated item must be washed separately from other items. Manual soaking of soiled items must never be carried out. A sluice cycle or cold prewash must be used for heavily soiled items and care should be taken not to overfill the washing machine.

The above principles also apply to the laundering of healthcare workers' own clothing if worn for clinical work. Clothing should be worn that can withstand domestic laundering at 60° - 65°. Clothes that can only be hand-washed, dry cleaned or washed at a low temperature are not recommended for clinical work.

If a member of staff is attending to a patient who is heavily soiled, incontinent or infested, they must assess the risk of transmission of micro-organisms to their clothing and skin by patients' blood and body fluids, secretions or excretions' and don whatever protective clothing is necessary (aprons, gloves, facemasks, and overshoes, TYVEK suits) in order to prevent their personal clothing from becoming contaminated.

For more information, refer to the Infection Prevention and Control Policy (IPC01).

5.2 Off site

Wherever possible (where staff work at just one location and there are changing facilities available), staff should change into their uniforms on arrival at work and change out of them before going home. Where designated changing facilities are available they should be used to

minimise cross infection. Staff are discouraged from using staff or public toilet areas as changing areas.

Staff travelling on public transport between patients' homes or clinical sites must cover their uniform with Trust issued over garments where provided, e.g. jacket, coat, fleece or cardigan. If not provided, uniforms must still be covered whilst travelling.

5.3 Dress code for remote/ virtual working

5.3.1 For clinical staff

With the increasing requirement to work virtually and remotely, when undertaking clinical contacts CLCH staff are expected to comply with the uniform policy as much as reasonably practicable. In addition, staff should:

- Be presentable
- Have clear shaven or neat facial hair
- Have visible Trust Identification and ensure that formal introductions are made at the beginning of all consultations outlining place of work, name and role and the purpose of the contact
- Jeans / T shirts / Vest tops are not acceptable

(Whilst not necessarily a uniform issue, staff should consider location / background visual during virtual meetings as these may become a distraction and affect level of engagement.)

5.3.2 For Trust formal business meetings and external meetings

A standard of appearance must be maintained which reflects the correct professional image and meets the expectations of the public. When attending formal trust meetings or external meetings, it is important that staff dress in a professional manner and in a way that does not cause offence or embarrassment to others with whom they come in to contact.

Staff members who wear their own clothes should ensure their suitability for work purposes (that they are clean and in a good state of repair) and that they look professional at all times. This includes:

- Being presentable
- Men must wear a top with a collar (shirt or Polo is acceptable)
- Jeans / T shirts / Vest tops are not acceptable

5.4 Infection prevention and control (Clinical Staff)

Clinical staff should wear the appropriate uniform where supplied/required. Non-surgical scrub suits are acceptable for clinical work however surgical scrubs should only be worn in appropriate settings which require these, for example whilst undertaking minor surgical work. Non-surgical scrubs should be laundered as per policy.

Neck ties and necklaces must not be worn by staff in direct patient contact, as these have been shown to become colonised by pathogens. Neck ID badges are not suitable for clinical staff as they hang down and can become contaminated.

Following the Department of Health “Bare below the elbows” initiative, to promote good infection control practice and reduce the risk to the patient from contact with contaminated cuffs, wrist watches or jewellery, staff in patient contact should observe the following requirements:

- Sleeves should be short, elbow length, or capable of being rolled up to the elbow to facilitate good hand hygiene. White coats must not be worn.
- Finger nails should be kept short, clean and free from nail polish, false nails and nail extensions.
- All wrist and hand jewellery should be removed. If wedding rings cannot be removed, they should be moved along the finger to allow thorough washing and drying of the skin underneath.
- Where, for religious reasons, member of staff wish to cover their forearms or wear a bracelet when not engaged in patient care, sleeves or bracelets must be able to be pushed up the arm and secured in place for hand washing and direct patient care activity. *(Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand-washing and direct patient care activity. Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed (DH.2010 and RCN.2013))*
- The wearing of personal alcohol hand gel dispensers is allowed and encouraged
- Long hair should be tied back off the collar
- Earrings should be plain studs when working in clinical areas or with patients
- In other areas, jewellery should not be excessive
- There may be, at times, exceptions to the rules related to jewellery for clinical staff that need to be discussed with the manager and agreed with the Divisional Associate Director of Quality. However, it should never affect compliance with infection control principles or those related to health and safety.

5.5 Personal appearance (all staff)

- Earrings should be plain studs when working in clinical areas or with patients.

5.5.1 Inappropriate clothing

The following are examples of inappropriate clothing and must not be worn under any circumstances:

- Jeans (*smart chinos are acceptable*)
- Clothing with wording that is counter to the Trust's values and behaviours
- Very short skirts and shorts
- Excessively low neck lines
- Bare midriff
- Crocs, UGGs, shoes with a heel with a height in excess of 3 inches/7.5cm etc. (Clinical staff may wear leather training shoes if required as part of their role).
- Open toed sandals cannot be worn by clinical staff, for whom footwear must be waterproof. Non-clinical staff may wear open toed sandals but they must not be backless nor breach the heel height (bullet point above)
- Sports wear
- Any jewellery or piercings worn must not be excessive (see section 5.3)
- Hair, beards and moustaches must be kept neat and tidy
- Tattoos which may be perceived as offensive by service users, the public or line managers, should be covered
- Trainers are permitted but must be smart

CLCH does not support "dress down Friday" or other similar principles and staff should adhere to the dress code at all times.

5.5.2 Warm weather clothing

- All staff, including clinical staff and staff wearing uniform, may wear smart or tailored knee length shorts during warm weather
- For clinical staff, shorts should be navy, dark grey or black
- Clinical staff who wear uniform may wish to wear a CLCH polo shirt during warm weather
- Staff do not need to seek permission to do this

5.5.3 Religious clothing

If staff wear full face veil (niqab) for religious reasons, line managers need to consider the practical reasons why they should remove their veil whilst on duty (e.g. security or communication).

Hijabs and Jilabs should be permitted provided they do not prevent the staff member from doing their job effectively.

Turbans, kippahs and veils should be supported on religious grounds unless there are reasons why this is not possible, for example, infection prevention, health and safety. If it is decided that a turban, headscarf or other similar item is acceptable, for clinical staff or staff wearing uniform, it must be plain in colour and match the uniform if worn.

5.6 ID badges and lanyards

Lanyards **must not be worn** whilst undertaking direct patient care.

Clinical staff should wear a name badge as well as trust ID. The photographic ID remains a staff member's "official" means of identifying them as a CLCH employee and it needs to be kept immediately accessible in addition to wearing the name badge.

Whilst travelling, badges should be covered. Badges should only be displayed while engaging with clients, their family members, colleagues or those who need to know the staff member's identity.

The lanyards can be cleaned with a detergent wipe. Dispose of any lanyard that is contaminated with blood or bodily fluid and request a new one. Lanyards (used to display your ID badge) should not be used when providing patient care due to risk of contamination and for other safety reasons.

Lost or misplaced badges must be reported on Datix, the Trust's incident reporting system, by the staff member. They must also inform their manager.

When leaving the Trust, the staff member must return their ID badge and name badge to their manager.

Any additional name badges, including replacement badges for lost or misplaced badges, can be ordered from the divisional or departmental personal assistant.

5.7 Health and safety considerations

- Pens should be carried in hip pockets, rather than breast pockets, to avoid patient injury
- Closed foot and toe shoes should be worn in clinical and healthcare areas or when lifting heavy loads to reduce any risk from sharps or spillage. Where carrying out duties in patients' homes, shoes should not be removed unless the following circumstances apply and the member of staff carries out a brief on-site risk assessment:
 - The family, because of cultural or religious reasons, requests the clinician to remove their shoes and failure to comply would lead to a breakdown of the relationship with the patient; or

- Clinically it is not appropriate to wear shoes as it would limit the effectiveness of the task, e.g. when it is necessary to work with a patient on the floor.
- An alternative for consideration would be the wearing of plastic overshoes.
- Where applicable, posters or other methods may be used to inform patients and their families what each uniform means to enable them to identify who they wish to speak to.

5.8 Tax relief for uniforms

An employee may be able to apply for tax relief on the cost of repairing, cleaning or replacing a uniform. Information is available on HM Revenue and Customs website at <https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools>

6. Consultation Process

The following stakeholders were consulted in the creation of this policy and comments incorporated as appropriate:

- Director of Nursing and Therapies
- Head of Employee Health Services
- Head of Equality and Diversity
- Senior Infection Prevention Nurse
- Fire, Health and Safety Manager
- Managers
- Staff Representatives
- Human Resources Team
- Organisational Development

7. Approval and Ratification Process

The initial draft of this procedural document was addressed at the HR Policy Group meeting on 5 December 2016. The final version of the Uniform and Dress Code Policy was agreed at the HR Policy Group meeting on 7 March 2017. The Policy Ratification Group ratified this version on 10 August 2020.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy.

It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore, the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

None required.

11. Monitoring and Auditing Compliance with the Procedural Document

Implementation of, and adherence to, this policy, will be carried out by staff and managers in CLCH.

The effectiveness of this policy will be monitored by assessing the number of formal applications of the policy through the Human Resources quality metrics, e.g. disciplinary action, audited by the Assistant Director of HR, on a quarterly basis. These metrics are reported to the workforce committee.

Equality Impact Assessments on the application of the policy will be carried out when the policy is being reviewed.

12. Review

This procedural document will be reviewed in 2½ years' time in January 2022. It will be reviewed by the lead for HR policies.

13. Associated Documentation

- No Smoking Policy
- Freedom to Speak Up: Raising Concerns Policy
- Infection Prevention and Control Policy (IPC 01)

14. References

Department of Health, 2010. Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers. Available at

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114754.pdf

Royal College of Nursing, 2013. Guidance on uniforms and work wear. Available at:

http://www.rcn.org.uk/_data/assets/pdf_file/0010/78652/002724.pdf

15. Appendices

Appendix A: Equality impact assessment

Appendix A: EQUALITIES IMPACT ASSESSMENT PRO FORMA

UNIFORM AND DRESS CODE POLICY

Equality Analysis for Policies – Screening form

1. Protected characteristic	Positive impact	Neutral Impact	Negative Impact	Reason for impact and action required.
People of different ages (e.g. Children, young or older people).		X		
People of different religions / beliefs			X	Flexibility and sensitivity is required. For religious observance, if staff wish to cover their forearms or wear a bracelet when not engaged in patient care, sleeves or bracelets must be able to be pushed up the arm and secured in place for hand washing and direct patient care activity. See section 5.3 for further infection control advice on religious dress.
People with disabilities (physical, sensory or learning).		X		
People from different ethnic groups		X		
Men or women			X	It is possible that women would be adversely affected if their religious belief required them to cover their arms and the 'bare below the elbows' is relevant.
Transgendered people			X	Staff who are undergoing gender reassignment are entitled to dress as their chosen gender including any uniform.
People who are gay, lesbian, and bi-sexual			X	
Refugees and asylum seekers		N/A		

2	<p>Please describe engagement and consultation process and the key feedback. E.g. with teams, unions. See section 6 in the policy.</p>
3.	<p>If there are negative impacts upon people's protected characteristics. Does the policy in its current form need a full Equality Analysis Assessment to be completed?</p> <p>A line manager must try to accommodate individual preference due to a staff member's protected characteristic such as religion or belief unless there are legitimate health and safety issues, including infection control, or in situations where communication with patients may be adversely affected.</p> <p>We would expect line managers to discuss the situation with the member of staff and to be as flexible as possible to accommodate religious and cultural requirements. The manager should seek the advice and support of the Equality & Diversity team in the first instance.</p>
4.	<p>Have you signed this off with the Equality and Diversity team? Yes</p>

Signed for team / working group:

Name: Liz Lubbock

Date: 15/12/16

TITLE: Validation and Ongoing Monitoring of Professional Clinical Registration Policy.

VALID FROM: February 2019

EXPIRES: May 2022

REFERENCE WFC 03

This document expiry date has been extended to May 2022 as per approval by the Policy Ratification Group in January 2022.

This procedural document supersedes the previous procedural document, Validation and Ongoing Monitoring of Professional Clinical Registration Policy, version 4.0.

Version:	5.0
Policy reference and description of where held.	WFC 03 Intranet – Policies
Title, name and contact details for author:	Mark Handley, Head of Human Resources Mark.Handley@nhs.net
Title, name and contact details for responsible director:	Louella Johnson, Director of People and Communications
Approved by originating committee, executive or departmental management group	Agreed at the HR Policy Group meeting on 08/01//2019 (a sub-group of the Joint Staff Consultative Committee)
Ratified by Policy Ratification Group:	11 th February 2019.
Review date: 2 years maximum for clinical guidelines 3 years maximum for other documents	August 2021
Target audience	All staff

Version Control Sheet

Version	Date	Author	Status	Comments
3.0	March 2013 – March 2016	Liz Lubbock		Policy updated
3.1	February 2016	Liz Lubbock		Policy reviewed and updated, e.g. to take account of responsibilities moving to Capita HR team; introduction of revalidation process.
4.0	February 2016	Liz Lubbock		Minor changes made post 9 th Feb. 2016 PRG.
5.0	February 2019	Bill Davies		Policy reviewed and updated

CONTENTS:

Section		Page
1.	Introduction	4
2.	Aims and objectives	4
3.	Definitions (explanation) of terms used.	4
4.	Duties	5
5.	Procedural document – Insert core element of policy, procedure or guideline here.	6-11
6.	Consultation	11
7.	Approval and ratification	11
8.	Dissemination and implementation	11
9.	Archiving	12
10.	Training	12
11.	Monitoring and auditing compliance with this document	12
12.	Review arrangements	12
13.	Associated documentation	12
14.	References	12
15.	Appendices	12
	Appendix A: Compliance monitoring table	13
	Appendix B: Equality impact assessment tool	14
	Appendix C: Verification of present employee's registration	17
	Appendix D: Verification of registration on recruitment flowchart	21
	Appendix E: Re-verification of registration flowchart	22

1. Introduction

Central London Community Healthcare NHS Trust ('CLCH') has a responsibility to ensure that it does not employ or contract health professional staff who are not currently registered with their particular regulating body. It is the responsibility of all health professional staff to maintain registration with their relevant regulating body. This requirement is included as part of each employee's Principal Statement of Terms and Conditions of Employment.

This includes doctors, dentists, qualified nurses and nursing associates, allied health professionals, pharmacists, and technicians and relates to the expectation that the professional bodies have on the individual practitioner to register.

2. Aims and objectives

The aim of this Policy is to outline the responsibilities and to set out the steps for Human Resources, line managers and employees to take as measures to enhance patient safety in relation to:

- checking the registration status on recruitment of potential employees and
- the subsequent monitoring and re-verification of this throughout employment.

The Trust complies with the NHS Employment Check Standard for Professional Registration and Qualification Checks.

3. Definitions and explanation of any terms used.

3.1 Healthcare professionals, for the purposes of this Policy, refers to any employee who, to undertake their job, is required, by law, to register with a statutory registration body for their profession. In specific professions, an employee must have successfully completed a recognised or accredited training programme and applied to the relevant professional registration body in order to be registered as able to practice.

3.2 Professional registration bodies administer the registration of a person who is a care professional or other professional, to enable them to practice their profession, for example, the General Medical Council. This registration is recorded by a professional registration for each professional registration type held by the employee. A professional registration has to be maintained on a regular basis, in line with the requirements of the professional registration body.

3.3 Revalidation: to declare valid again. Revalidation is a process that all doctors, nurses, midwives and nursing associates need to engage with in order to demonstrate that they practice safely and effectively throughout their career. This

is covered by the Medical Appraisal and Revalidation Policy for doctors and by the Nursing Revalidation Policy for nurses.

4. Duties

4.1 The **Capita HR team** will:

- be responsible for managing a system for the initial verification of registration on recruitment, and
- the subsequent ongoing monitoring and re-verification of the professional registrations of all health care professionals employed by CLCH;
- record and keep up-to-date employee professional registration details on the Electronic Staff Record (ESR) database.
- where it is identified that a professional body is not able to verify the registration of an employee, inform the manager and HR Advisor that the employee cannot work;
- review any GMC and NMC interface mismatches as provided by those professional bodies to ensure that ESR is updated automatically and accurately.

4.2 **Chair of recruitment interview panel**, in the case of nurse or midwife recruitment, must ask about upcoming revalidation dates (within 3 months) and take advice and action to ensure that, on employment, a candidate will be registered to work.

4.3 **Line managers** must:

- ensure that staff within their direct line management responsibilities have valid and contemporaneous clinical registration (*this includes acting as a confirmer for the revalidation process for nurses, midwives and nursing associates where they manage nurses*).
- where it has been identified that a health care professional has been working without registration or has received a caution or sanction, refer the matter to their Workforce Business Partner or HR Advisor. The staff member will not be able to work clinically until registration status is satisfactorily resolved. An incident form must be submitted using the Datix system.
- On being made aware that the registration of a staff member has lapsed, ensure they are supported as part of the process in establishing the reason for this and actions to resolve this.

4.4 All **clinical staff** employed by CLCH have a responsibility to:

- ensure they have evidence to confirm continued registration with an appropriate professional body.
- ensure they engage with the revalidation process where this is in place.

- ensure that the professional body and the Trust has an accurate record of their personal details (including address) and are notified immediately of any changes.
- pay registration fees to their professional body on or before the deadline specified by the professional body.
- notify their line Manager and their Workforce Business Partner or HR Advisor immediately should they experience problems with the renewal of their professional registration.
- inform their line manager if they have received a caution or a sanction, e.g. as a result of a Health and Care Professions Council (HCPC) or Nursing and Midwifery Council (NMC) investigation.
- read and understand this document and work within its framework.

4.5 HR Advisors

- Provide line managers and staff with advice on the implications and required steps required when the registration of the staff member has lapsed, been suspended, or restrictions have been placed onto their registration.

4.6 Procurement Team must ensure that agencies and individuals providing services used by the Trust have in place appropriate procedures to ensure health professionals are registered with their professional bodies and to assure the Trust.

5. Procedural document on for validating and ongoing monitoring of professional clinical registration

5.1 Verification of registration on recruitment

Prior to the appointment of a health professional, the Capita HR team will check the registration of the prospective employee with the relevant professional body and confirm:

- that the applicant is appropriately registered;
- that the registration covers the duties to be undertaken;
- that any qualified nurse, midwife or nursing associate who is to revalidate within the following 3 months is on course to do so;
- that the registration is subject to any current restrictions; and
- whether the applicant is the subject of any fitness to practise investigations which the regulatory licensing body has a duty to disclose.

All newly qualified staff will be paid at the lower Band until their PIN is received, e.g. community staff nurses and international nurses who will be paid as for HCAs. On receipt, their pay will be back-dated to the date of registration as confirmed on the relevant professional register.

Further guidance may be found in the CLCH Employment Checks Procedure.

5.2 Professional Registration Bodies

The table below sets out the current professional bodies relating to the main professional groups employed by CLCH.

Professional Group	Professional Body	Frequency
Medical Staff	General Medical Council	Annually
Nursing & Midwifery Nursing Associates	Nursing and Midwifery Council (NMC)	Annually
Physiotherapists Podiatrists Occupational Therapists Dietitians Speech and Language Therapists Orthoptists	Health and Care Professions Council	Bi-Annually
Pharmacists Pharmacy Technicians	General Pharmaceutical Council	Annually
Osteopaths	General Osteopathic Council	Annually
Dentists Dental Technicians Other Dental Care Professionals	General Dental Council	Annually
Opticians	General Optical Council	Annually

CLCH NMC revalidation guidance is available on the intranet and outlines what this entails. Guidance for Medical Staff can be found on the GMC website.

Please see the Trust's Employment Checks Procedure and Appendices A and B for further information on the process to be followed for the verification of registration on recruitment.

5.3 Process for re-verification of registration

The Workforce team will produce monthly reports using the ESR system to identify the names of those healthcare professionals whose registration expires over the forthcoming three months and for whom their position requires registration for their role. These reports will include revalidation dates as stored on ESR via the NMC interface.

The Capita HR team will:

- ensure that staff receive the appropriate reminder advising them when registrations are due and the action that will be taken by CLCH if they fail to re-register;
- where it is identified that a professional body is not able to verify the registration of an employee, inform the manager and HR Advisor that the employee cannot work;
- use the relevant registration confirmation service to check that the healthcare professionals whose registrations were due to expire have renewed these by the deadline set by their professional body; and
- update the registration details on the ESR system where the interface has not updated the system automatically.

Please see Appendix D which sets out the process to be followed for re-verification of registration.

5.4 Failure to produce evidence of registration

5.4.1 Working whilst not professionally registered is serious, is putting both the employee and CLCH at risk by continuing to practise with an expired registration, and may lead to employment being terminated. However, there are steps that need to be followed first.

5.4.1.1 The employee must be transferred into an unqualified role until proof of re-registration is available. Throughout this period, the employee will be paid the corresponding salary for the unqualified role. In most cases, it is expected that the employee will re-register immediately.

5.4.1.2 If an employee is found to have been practising whilst not registered, there may be an investigation that could result in formal action being taken.

5.4.1.3 If the failure is due to the re-registering process within the professional body, supporting evidence will be required from that body.

5.4.2 Line managers are responsible for meeting with employees who fail to renew their registrations to inform them:

- of the seriousness of the situation;

- that they will not be able to work in their professional role until confirmation is obtained from the relevant professional organisation that the registration is valid and proof of re-registration has been received by the Capita HR team.

5.4.3 Nursing and Midwifery Council Registration: If a registered nurse or midwife does not submit their documentation or fees before their due date, their registration will automatically lapse and the employee will be unable to practice. Should registration lapse, the only way to regain registration would be by applying for readmission. That process can take two to six weeks, depending on circumstances. The nurse would be unable to practise clinically during that period and would be placed into a non-clinical role within the service they work in. This will be Band 4 or Band 3 depending on what roles are available in the service.

5.4.4 General Medical Council Registration: If a registered Doctor does not submit their fees and/or does not have a designated body before their due date, the GMC will notify them of the risk to their registration. If they do not engage with this process, their registration will lapse and the employee will be unable to practice. Should registration lapse, the only way to regain registration would be by applying for restoration to the register. This process can take up to three months, depending on circumstances. During this time the Doctor would be unable to undertake any direct clinical care (DCC) duties and would be placed onto non-clinical duties, i.e. supporting professional activities (SPA). If there are not sufficient non-clinical duties they would be required to undertake duties that do not require professional registration and be paid at the appropriate rate for these, i.e. Band 4 or Band 3 depending on what work is available.

5.4.4 The appropriate professional body may take further action against staff.

5.5 Removal from a professional register

Where a practitioner is suspended or removed from a professional register, or has conditions imposed upon their practice, details of these removals are circulated in writing to all NHS employers. The central point for receipt of these notifications will be the Director of Human Resources and Organisational Development.

The Director of People and Communications and Medical Director will circulate the information to the relevant Capita HR team.

The Capita HR Team will check the list against all staff names to ensure there is no match against any removal or suspension on the notifications list. Details of all

prospective employees who have been offered posts will be checked against the list.

Any matches will be notified to the Head of Human Resources and the appropriate manager who will discuss action to be taken.

In the event of any difficulties with a registration, i.e. restrictions, the relevant professional lead will be consulted for professional advice.

Each case will be individually reviewed and treated appropriately on its merits. Should an employee be removed from the professional register during their employment, the matter will be dealt with under the Trust's Disciplinary Policy and may result in dismissal due to a 'statutory bar' to employment.

5.6 Temporary workers

CLCH has an internal Bank of Temporary Workers. The NHS Employers' Employment Checks Standards set out in this document are mandatory for all appointments to the staff bank. Compliance is monitored by external audit.

There are national agency frameworks for medical locums, AHPs and non-medical posts and a London Agency framework for nursing posts. If the Bank is unable to fill a shift with a bank worker they will cascade the booking details to agencies from the appropriate framework. As part of the framework agencies are required to ensure all required pre-employment checks are completed and this would include ensuring ongoing professional registration. CLCH will only seek to use framework agencies.

On the rare occasion where temporary workers require registration and are self-employed or off agency framework, the recruiting manager in conjunction with the Temporary Staffing Team must check that the appropriate registration status is in place.

5.7 Advice and representation

At any stage, staff can seek advice and support from union representatives and/or Human Resources where they have questions regarding their registration. In the first instance this would be the Capita HR Administration team. If there are further queries which require further HR advice, these can be supported by the HR Advisor for the Division in which the member of staff works.

5.8 Referral to Professional Body

Where appropriate, a referral will be made to the relevant professional body. The Chief Nurse/Director of Nursing and Therapies or Medical Director must agree all referrals made by the Trust prior to submission.

A central log of professionally registered staff whom the Trust has referred for misconduct or who have been referred from elsewhere, will be maintained by the Head of Human Resources.

The Associate Directors of Quality/Head of Human Resources must ensure the Chief Nurse/Director of Nursing and Therapies or Medical Director are informed of any new cases.

6. Consultation Process

Medical Director
Director of Nursing and Therapies (Patient Experience and Education)
Professional Leads
Associate Directors of Quality
Staff and Union Representatives
Workforce Business Partners
HR Advisors
HR Service Delivery Manager – Capita
Head of Strategic Procurement, Category and Supplier Management (acting)
Counter Fraud Specialist

7. Approval and Ratification Process

The initial draft of this policy was discussed at the HR Policy Group meeting on 3rd December 2018.

Final approval was given by the Policy Ratification Group on 11th February 2019.

8. Dissemination and Implementation

This document will be placed on the intranet by the QLD team. The QLD team will provide a reference number for the policy. It will be therefore be available to all staff via the CLCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

In addition to this, this document will be shared with the Capita HR Team who undertake a key part of the process.

9. Archiving

The QLD team will undertake the archiving arrangements.

10. Training requirements

No specific training would be required for application of this policy. Coaching and advice will be provided to managers and staff by the HR Administration Team and HR Advisors as and when issues arise regarding the registration of staff they have responsibility for.

11. Monitoring and Auditing Compliance with the Procedural Document

Please see Appendix A

12. Expiry and review dates

This policy expires on XX February 2022. Therefore the review date will be 6 months before this which will be XX August 2021.

13. Associated Documentation

Employment Checks Procedure
Medical Appraisal and Revalidation Policy
Nursing Revalidation Policy
Disciplinary Policy

14. References

NHS Employers' Employment Check Standard for Professional Registration and Qualification Checks: <https://www.nhsemployers.org/your-workforce/recruit/employment-checks/professional-registration-and-qualification-checks>

15. Appendices

Appendix A: Compliance monitoring table
Appendix B: Equality impact assessment tool
Appendix C: Verification of present employee's registration
Appendix D: Verification of registration on recruitment flowchart
Appendix E: Re-verification of registration flowchart

**Appendix A
Monitoring table**

Policy Lead	Element(s) to be monitored	How will you ensure that the policy is being implemented For example via an internal or external audit, KPIs, surveys or any other evidence?	How often will you monitor that the policy is being implemented For example will the KPIs be looked at annually/quarterly	Reporting arrangements (Which committee or group will the monitoring of the policy be reported to?)	Date and results of monitoring?
Louella Johnson	% of new staff recruited who had had their registration checked and verified before starting	External Audit	Annually	Workforce Committee	Requested from Capita - tbc
Louella Johnson	% of employed health professional staff who are registered.	Monthly workforce KPI report	Monthly	Monthly Performance Meetings	The November 2018 Board Workforce KPI Report confirmed that the % workforce compliance rate - % of professional registrations compliant = 99.29%

Validation and Ongoing Monitoring of Professional Clinical Registration Policy

Manager's name	William Davies
Division	Human Resources and Organisational Development
Date	XX February 2019
Function, policy or service	Human Resources - Validation and Ongoing Monitoring of Professional Clinical Registration Policy
Main aims, purpose and outcomes of the function, policy, service or work	<p>The aim of this Policy is to outline the responsibilities and to set out the steps for Human Resources, line managers and employees to take as measures to enhance patient safety in relation to:</p> <ul style="list-style-type: none"> • checking the registration status on recruitment of potential employees and • the subsequent monitoring and re-verification of this throughout employment. <p>The Trust complies with the NHS Employment Check Standard for Professional Registration and Qualification Checks.</p>
<p>How will these aims affect our statutory duty to:</p> <p>Advance equality of opportunity?</p> <p>Eliminate unlawful discrimination, harassment and victimisation?</p> <p>Foster good relations between different groups?</p>	<p>It is likely to support these through enhancing safety of staff as well as patients.</p>
Associated frameworks/NHS Operating Framework mention e.g. national targets NSFs	NHS Employment Check Standard for Professional Registration and Qualification Checks
Who does it affect? <i>e.g. staff, patients, carers</i>	All Registered staff groups and patients who receive care from these staff
Engagement and consultation process carried out (<i>state who was involved, how and when they were engaged and the key feedback</i>)	The policy was developed through consultation with union representatives, professional leads, operational leads and the HR specialist teams who support application of the process
What aspects of the policy, including how it is delivered, or accessed, could	Overall there are no clear areas where the process may contribute to equality as all clinical staff are

contribute to inequality?	required to ensure their registration is up to date. In addition to this, through undertaking these checks it supports protecting patients and colleagues from any individual who should not be registered.
What different needs, experiences or attitudes are particular communities or groups likely to have in relation to this policy?	None identified.

Please complete the screening assessment grid below for equality groups listed within the Equality Act (2010) and highlight the evidence underlying your assessment.

Equality group	Positive impact	Neutral impact	Negative impact	Reason/comment/evidence/necessary action planning following equality analysis screening
Age <i>Consider across age ranges on old and younger people.</i>	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Disability <i>Consider physical and social barriers.</i>	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Gender Reassignment <i>Consider impact on transgender and transsexual people.</i>	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Marriage and civil partnership	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Pregnancy and maternity	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Race	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Religion/belief (including lack of belief)	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Sex (i.e. gender)	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Sexual Orientation <i>(heterosexual people as well as lesbian, gay and bi-sexual people)</i>	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.
Others (e.g. carers, homeless people, sex workers)	X			Enhances safety of staff as well as patients. The policy will be reviewed as and when necessary.

Appendix C: Verification of Present Employees' Registrations

Guidance note

The Central London Community Healthcare NHS Trust's (CLCH) Validation and Ongoing Monitoring of Professional Clinical Registration Policy confirms that Human Resources is responsible for ensuring that registrations are valid on appointment and are renewed throughout employment with CLCH. Additionally, this data is recorded on the ESR HR/payroll system. Line managers are responsible for managing the situation arising if a member of staff allows their registration to lapse.

This document sets out the process, and gives guidance on, checking registration renewals for present employees.

Process

Human Resources will review monthly reports which will show those staff whose registration is due to lapse/lapsed. Human Resources will check registration details with the relevant professional body and will inform the line managers if an employee's registration has lapsed. The line manager will discuss this with their member of staff immediately to ensure registrations are renewed.

Confirming Registrations

Each professional body has their own renewal timescales and procedures. All professional bodies notify practitioners of the need to renew their registration prior to expiry dates. All practitioners have a responsibility to ensure that they renew their registrations and should ensure that their professional body has an accurate record of their personal details (including home address) and is notified immediately of any changes.

For Doctors, Dentists, Nurses, Osteopaths and Pharmacists, registration is renewed every year. For Allied Health Professionals, registered with the Health Professions Council, registration renewal is every two years.

Nursing and Midwifery Council (NMC)

Registered Nurses, Midwives and Health Visitors and Nursing Associates have to register with the Nursing and Midwifery Council (NMC), and are allocated a 'pin number' that is valid for a period of one year. The registration details are recorded on a pin number membership card. From 1st April 2016, Nurses, Midwives and Health Visitors need to provide evidence that they have worked 450 hours and undertaken 35 hours of Continuous Professional Development (CPD) over the previous 3 years along with 5 pieces of feedback and reflections in order to revalidate and be allowed to re-register (see separate CLCH Revalidation guidance).

Re-registration takes place every year on the anniversary of an individual's initial registration date. Members will receive notification for payment of their fees 45 days before their registration expiry date.

To check registration on the NMC website:

The website address is www.nmc-uk.org. Follow the link “search the register”. An account, username and password are no longer required. When the NMC pin number is entered please note that the number format is alphanumeric e.g. 94G1978C. Once the information has been entered, click ‘submit’ and the site will return the staff member’s registration details, which should be printed for our records.

Health and Care Professions Council (HPC)

Allied Health Professionals, such as Physiotherapists, Occupational Therapists, Dietitians, Radiographers, Speech and Language Therapist, Podiatrists, Podiatrists/Chiropractors, Clinical Psychologists etc., are required to register with the Health and Care Professions Council (HPC).

For all staff the renewal of registration takes place every two years but is staggered for different professions covered within the HPC. The HPC will write to members informing them that their profession is requiring renewal and send them a registration renewal form, which needs to be returned to the HPC, along with a signed declaration, confirming that they continue to meet the relevant HPC standards for that profession. The staff member will be given a final deadline by which they need to get their registration renewed.

To check registration on the HPC website:

The website address is www.hcpc-uk.org. Follow the link on the home page, ‘check the register’, and enter the profession and either surname or registration number. ‘The statement of entry on the register should be printed for our records.’

General Pharmaceutical Council (GPhC)

The GPhC was formerly known as the Royal Pharmaceutical Society of Great Britain. The vast majority of Pharmacists and Pharmacy Technicians are required to renew their registration by 31 October, two months ahead of their registration expiry date on 31 December. Pharmacy professionals who do not renew their registration will be removed from the register the day after the expiry date and will not be able to practise.

To check registration on the RSPGB website:

The website address is www.pharmacyregulation.org/registers. Follow the link on that page to check either pharmacists or pharmacy technicians.

General Osteopathic Council (GOsC)

Osteopaths are required to register with the General Osteopathic Council (GOsC). Under the Osteopathic Act 1993 it is illegal to practice as an osteopath, or imply anything to do with osteopathy, unless you are registered.

Osteopaths are required to register annually. They are issued with an annual certificate allowing them to practice for the next twelve months, once they have provided evidence of their Professional Indemnity Insurance Policy, and declared that they continue to be of

good health, and have not been charged with, or convicted of, any criminal offence or been party to any civil proceedings.

To check registration on the GOsC website:

The website address is www.osteopathy.org.uk. Follow the link 'search the register'. There are two options either to search by location or by practitioner's name. When you search by the practitioner's name the site will return results showing information about the practitioner. This is an indication that, at the time of the check, the practitioner's registration is up to date. If you cannot locate the practitioner ensure that the name/surname is spelt correctly. If, after this has been checked, and you cannot find your practitioner this may mean that they are not registered. Assuming the registration is renewed, a copy should be printed for Trust records.

General Medical Council

Doctors have to register with the General Medical Council (GMC) and are given a certificate confirming their registration number and expiry date. Doctors coming from abroad may be given 'limited registration' which will specifically state in what areas they are allowed to practice e.g. they may not be able to work in Accident and Emergency departments as part of their duties. Any limitations on registration need to be noted very carefully.

General Practitioners/Doctors can also be checked online. Information for checking renewals or registrations can be found on the website www.gmc-uk.org

A new interface is available that allows the GMC to send files to the Electronic Staff Record (ESR) HR/payroll database to update the professional registration details of its members. An automatic update only occurs when the professional registration number matches an active employee and the first name and surname of the employee also matches the information held on the GMC register. Where a matching registration number is found, but the employee name is not an exact match, Human Resources will be asked to confirm whether the registration details update is appropriate for the employee.

Licence to Practice

The GMC introduced the licence to practise on 16 November 2009. Licensing was the first step towards the introduction of 'revalidation'.

To practise medicine in the UK doctors, by law, need to be both registered and hold a licence to practise. This applies to doctors practising full-time, part-time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

Doctors will need a licence if they undertake any form of medical practice for which UK law currently requires them to hold GMC registration. These include, but are not limited to, writing prescriptions, holding a post as a doctor in the NHS, and signing death and cremation certificates.

A Doctor's licence to practice will be checked by querying the GMC online register at www.gmc-uk.org.

General Dental Council

Dentists, Dental Therapists and Dental Nurses have to register with the General Dental Council (GDC) and are given a certificate confirming their registration number and expiry date.

Dental Professionals' registrations can be checked online. Information for checking renewals or registrations can be found on the website <http://www.gdc-uk.org>

Failure to Renew Registration

The procedure for managing staff who fail to renew their registration can be found under section 5 of this policy. Please notify the Capita Human Resources Administration team and your line manager immediately if this occurs.

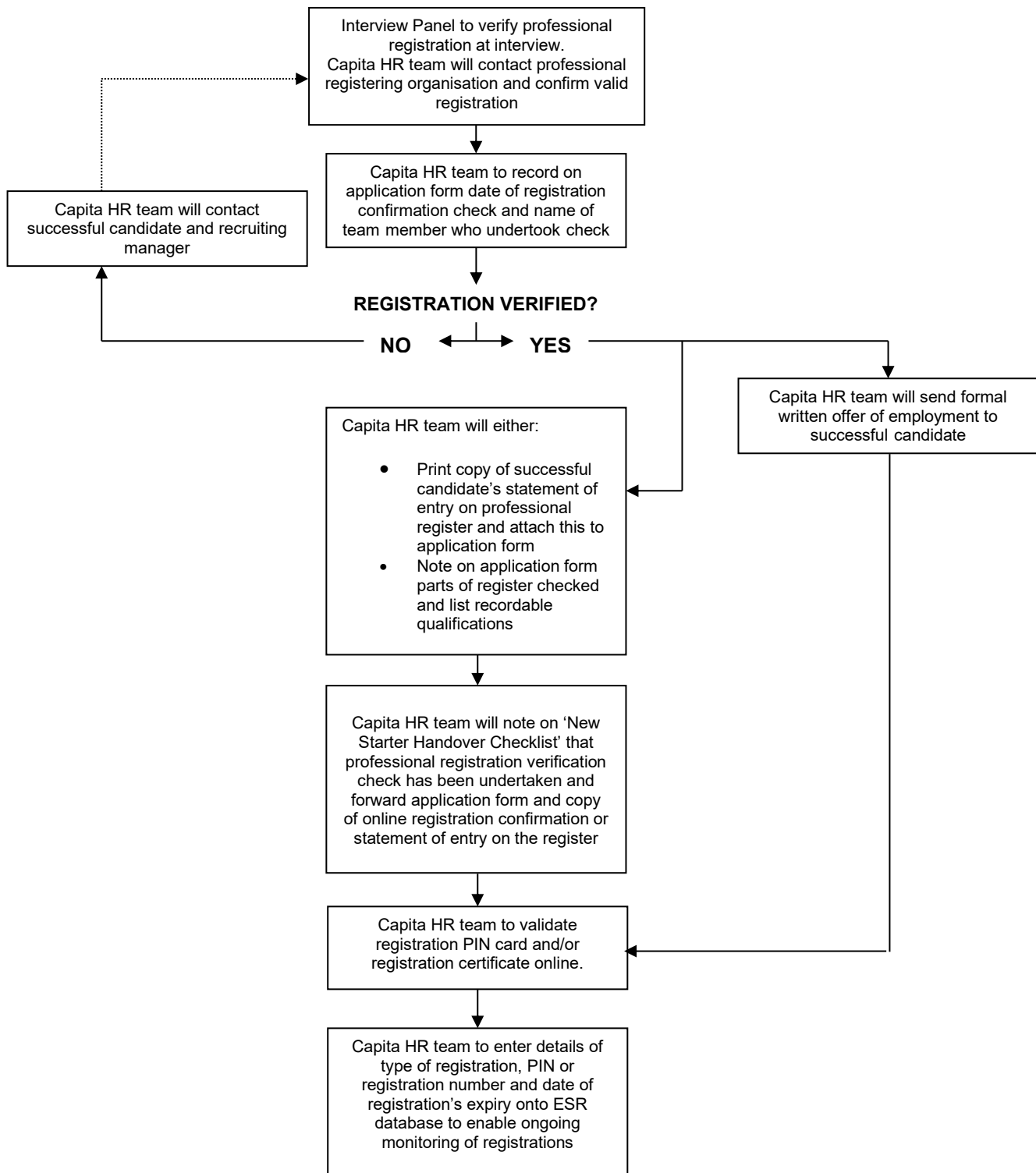
Human Resources

If you have any queries or concerns with checking or re-checking registration please do not hesitate to contact the HR Administration team within Human Resources who can advise and help with your queries. Their contact number is 03300240330 (option 5).

Professional Bodies Contact Details

NMC	www.nmc-uk.org
HPC	www.hcpc-uk.org
GPhC	www.pharmacyregulation.org
GOSC	www.osteopathy.org.uk
GDC	www.gdc-uk.org
GMC	www.gmc-uk.org

Appendix D: Verification of Registration on Recruitment



Appendix E: Re-Verification of Registration

