



**The Newcastle Upon Tyne
Hospitals NHS Foundation
Trust**

Policies M-Z

The Newcastle upon Hospitals NHS Foundation Trust

Employment Policies and Procedures

Relationships and Professional Boundaries Policy

Version No.:	5.0
Effective From:	27 July 2023
Expiry Date:	27 July 2026
Date Ratified:	17 July 2023
Ratified By:	Heads of HR

GENERAL POLICY STATEMENT

To ensure Trust business is conducted in a professional and proper manner it is necessary to recognise and give guidance regarding personal and professional relationships between staff and patients and relationships between colleagues as these may overlap.

This policy should be read in conjunction with the Trust's [Standards of Business Conduct policy](#).

This policy applies to all managers, Staff , contractors, agency staff, bank workers, students, honorary contract holders and anyone else engaged to work in the Trust, as well as, volunteers and those who have been granted clinical access or observer status. This group will all be referred to as staff throughout this policy.

The policy applies to existing relationships formed outside of work, which may in the future impact on the workplace, as well as those which are formed whilst working for the Trust.

1 Aims

- 1.1 To highlight that staff should not allow a personal relationship with a patient in their care to develop. This applies also to a patient's relatives and/or carer.
- 1.2 To highlight that staff must not use their status/position to instigate a personal relationship with a patient in their care. This applies also to a patient's relatives and/or carer.
- 1.3 To give guidance to staff about issues they should consider if they are involved in a relationship with a colleague or potential colleague.

2 Duties (roles and responsibilities)

- 2.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 2.2 Directors of Operations , Heads of Service and Clinical Board Chair are responsible to the Executive Team for ensuring policy implementation.

2.3 Managers are responsible for ensuring policy implementation and promoting awareness of this policy amongst their staff.

2.4 Staff are responsible for complying with policy.

3 Definitions

For the purposes of this policy, a personal relationship is defined as a:

- business/commercial/financial relationship
- family/close personal relationship, this includes
 - a. spouse/partner/former spouse/partner
 - b. parents (including in-laws and step-parents)
 - c. children (including in-laws and step-children)
 - d. siblings
 - e. grandparents, grandchildren
 - f. aunts, uncles & cousins
- sexual/romantic relationship

4 General principles

Employee and Patient relationships

4.1 It is unacceptable for a personal relationship to develop in any way between staff and patients, and/or staff and the relative/carer of a patient who is in their care. This includes via electronic communication such as e-mail or social networking sites.

4.2 Staff who have a personal relationship with a patient or their relative or carer should not be involved in their care, diagnosis or accessing their information.

4.3 Staff must declare their personal relationship with a patient or their relative or their carer when the person attends the area where they work. If staff cannot be exempted from the care team, the relationship should be recorded in the patient notes, or they should be moved to another area department if possible/appropriate.

4.4 In the case of an emergency, staff shall not be excluded from the situation unless it is safe to do so with due consideration for the health, safety and welfare of the patient concerned.

Relationships between colleagues

4.5 It is acknowledged that relationships may pre-exist and/or can develop at work between staff. Where this occurs, the individuals concerned must be mindful of the impact it can have on others. Individuals should disclose the relationship to their line manager who will record the relationship on the contacts page in ESR. Where the relationship is with the line manager, the line manager should inform their manager at the earliest opportunity. Staff

should also inform their line manager if the relationship ends. The information declared will be treated in strict confidence.

- 4.6 Transparency is an expectation of all staff in the undertaking of their duties. It is not acceptable for a manager to authorise payments, leave of absence of any kind or appraisals for staff with whom they are in a relationship with, nor is it acceptable for any staff to provide a reference for someone they are in a relationship with – see policy on giving references.
- 4.7 Situations where one person in a relationship has managerial authority over the other should be avoided. The Trust reserves the right to consult with both parties to reach a satisfactory resolution.
- 4.8 Relationships between staff must not be detrimental to working relationships, discharging duties and responsibilities, service delivery or harmony within the workplace.
- 4.9 The Trust's [Standards of Business Conduct policy](#) must be observed when involved in introducing or negotiating contracts with external companies or suppliers.
- 4.10 Professionally registered staff must adhere to the requirements of their professional code of conduct when it comes to maintaining professional boundaries.

5 Procedure for declaration

- 5.1 The line manager should:
 - deal with any declaration sensitively
 - maintain confidentiality at all times
 - inform others on a 'need to know' only basis
- 5.2 Professionally registered staff must adhere to the requirements of their professional code of conduct in respect of declaring a relationship.

6 Breach of the policy

- 6.1 Staff who do not declare a personal relationship or fail to maintain clear professional boundaries, risk compromising their role and responsibilities and/or a claim of professional/personal misconduct. This could also affect the credibility and reputation of other members of staff and the Trust.
- 6.2 A breach of this policy may lead to action under the Trust's Disciplinary Policy and Procedure.

7 Training

Further advice and guidance will be available from the Human Resources Department.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

9 Monitoring compliance with the policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reporting of information from ESR to ascertain the number of investigations conducted as a result of a breach of this policy	Reporting of information from ESR	Chief People Officer	Heads of Human Resources Meeting	Annually

10 Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

11 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources department.

12 Additional documents

- [Disciplinary Policy and Procedure](#)
- [Email and Electronic Communications Policy](#)
- [Social Media Policy](#)
- [Standards of Business Conduct Policy](#)

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 7th July 2023

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Relationships and Professional Boundaries Policy (Maintaining Professional Boundaries Policy)

3. **Name and designation of author:**

Christine Mann, Head of Workforce Advisory Services

4. **Names & Designations of those involved in the impact analysis screening process:**

EPPCG / HR Heads

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

To highlight that employees must not allow to develop, or use their status/position to instigate a personal relationship with a patient in their care; or the parent / carer of a patient.

To give guidance regarding the considerations staff must make if they are involved in a relationship with a colleague or potential colleague.

7. **Does this policy, strategy, or service have any equality implications? Yes No**

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

See below

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	This policy applies to all staff. The Trust is committed to ensuring that no employee should be treated less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity / expression, marriage and civil partnership or pregnancy and maternity.		
Sex (male/ female)	As above		
Religion and Belief	As above		
Sexual orientation including lesbian, gay and bisexual people	As above	Evidence suggests that some LGBT people feel they can't be open about their sexuality and therefore the requirements to disclose a sexual/romantic relationship may cause some distress to them. This policy states employees must declare if they have a personal relationship as per terms of policy; personal relationship is not solely related to sexual/romantic relationship as outlined in Section 3 of policy. This policy also clearly states that information declared will be treated in strict confidence.	LGBT Staff Network

Age	As above		
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above		
Gender Identity / Expression	As above		
Marriage and Civil Partnership	As above		
Maternity / Pregnancy	As above		

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No X

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Signature of Author

C Mann

Print name

C Mann

Date of completion

7th July 2023

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Mandatory Training Policy

Version No.:	13.0
Effective Date:	24 November 2022
Expiry Date:	24 November 2025
Date Ratified:	14 November 2022
Ratified By:	Heads of HR

1.1 Introduction

- 1.1.1 This policy sets out those training requirements determined by the Trust as being mandatory (i.e. training which must be completed by staff), the staff and workers to whom training applies, the frequency with which training must be undertaken and the responsibilities of those involved.
- 1.1.2 Statutory and Mandatory training is that which is required of particular staff groups and which has been mandated by legal or national statute, by an appropriate regulatory body or by the Trust, partner or national/international authority in accordance with its guidance or requirements.

1.2 Statutory and Mandatory training required by all staff

- 1.2.1 Statutory and Mandatory topics differ in terms of frequency of renewal, delivery method, and the depth of knowledge required to undertake a specific role within the organisation.
- 1.2.2 Core mandatory training are topics that all staff must complete. A complete list is available within the Trust Training Needs Analysis (TNA).

1.3 Role essential training

- 1.3.1 Role essential training (known as mandatory role specific training) is also compulsory for staff to complete, and specific to the needs of identified staff groups, job roles, or duties. This can vary by both the subject, or the level or depth of a subject.
- 1.3.2 All mandatory role specific training will be reported and monitored in the same manner as core mandatory training.

2 Scope

- 2.1 The Trust is responsible for ensuring that all staff and all workers, (hereby known as 'staff'), are appropriately trained. This is to enable them to undertake their duties and responsibilities, meet health and safety requirements, protect their own wellbeing and help ensure patient safety. The specific mandatory training requirements for staff by role are set out in the Trust TNA

- 2.2 There are some alternative arrangements for staff either based on our sites but not employed by us and/or employed by us but not based on our sites and these can be found in section 6 of this policy.
- 2.3 Identification of new mandatory training requirements from policy/legislation or locally identified need must be discussed with the Associate Director of Education and Workforce Development in the first instance prior to agreement by the Trust Learning and Education Group (LEG).
- 2.4 The Trust's mandatory training year runs from 1st April to 31st March. The Trust has a compliance target of 95% for all statutory and mandatory training subjects and all staff groups throughout the training year.

3. Definitions

3.1 Clinical staff

Clinical staff are defined as doctors, dentists, nurses, midwives, visitors, health care assistants, allied health professionals (including helpers), pharmacists, scientists, psychologists, physicians and other person's e.g. mandatory training educators who are involved in the direct care or provision of clinical services to patients.

3.2 Clinical support staff.

Clinical support staff includes porters and technical support where indicated. This is not a definitive list.

3.3 Non – clinical staff.

All other staff, including volunteers, are defined as non-clinical.

3.4 Line Manager

A line manager shall be defined as a person with direct responsibility for authorising the attendance of staff on mandatory and non-mandatory training.

3.5 Blended Learning.

Blended training refers to training which can be undertaken using a variety of delivery methods, including face to face training, e-learning packages, live streamed sessions (such as via MS Teams, or via a combination of these methods).

3.6 E-learning and virtual learning.

E-learning is short for electronic learning and refers to the delivery of education and training through digital resources such as online training packages or hosted videos via a platform such as the Learning Lab Virtual learning is defined as training delivered as a live session, including Teams delivered lectures, workshops and webinars.

4 Duties – roles and responsibilities

4.1 Trust Learning and Education Group (LEG)

- 4.1.1 LEG are responsible for overseeing and monitoring the quality and compliance of mandatory training
- 4.1.2 LEG will report routinely to the Board on compliance and areas of escalation/concern.
- 4.1.3 LEG will oversee progress against the corporate mandatory training action plan led by the Workforce Development Manager (Learning and Development), including receiving updates from the Statutory and Mandatory Training Group regarding any Directorate or subject specific action plans to ensuring oversight where performance is below defined standards.
- 4.1.4 LEG will ensure the Education and Workforce Development (E&WD) Department are supported with the means by which to identify and provide Mandatory Training on behalf of the Trust.
- 4.1.5 Any requests for addition to the Trust Mandatory Training programme must be submitted to LEG for consideration and approval

4.2 Trust Statutory and Mandatory Training Group

- 4.2.1 The Trust Statutory and Mandatory training group is responsible for the monitoring, review, and continuous improvement of the quality and compliance of statutory and mandatory training provision. The group provide a forum for operational training updates to support mandatory training plans.
- 4.2.2 The group membership is formed from the designated subject matter experts / training leads for each of the mandatory training subject areas, E&WD, Workforce Information, Patient Relations, Equality and Diversity. Group membership is reviewed on a regular basis to ensure Trustwide representation and strengthen oversight of the delivery of the training.
- 4.2.3 The Group reports to the Associate Director – Education, Training & Workforce Development who will escalate issues, where appropriate, through the People Committee to the Learning and Education Group (LEG).

4.3 Directorate Managers (DM), Clinical Directors (CD) and Heads of Department (HoD)

- 4.3.1 DM's, CD's and HoD's are responsible for ensuring compliance with this policy in all areas for which they are accountable and must complete the following roles and responsibilities thereby facilitating staff to fulfil their responsibilities.
- 4.3.2 Ensure that staff are allocated time to attend mandatory training or complete via e-Learning including those identified by risk assessments where appropriate

- 4.3.3 Ensure that applications for funding to attend external training events are not submitted to Education and Workforce Development (EWD) for approval without checking that mandatory training has been completed, or training dates allocated.
- 4.3.4 Will identify department/directorate mandatory training requirements using the Training Needs Analysis (TNA) and ensure compliance is met at all times. This includes the provision of core and role specific training requirements.
- 4.3.5 Are responsible for following up Did Not Attend (DNA) notifications within their service, ensuring the relevant staff attend the required training and for taking appropriate action where staff fail to attend in line with the appropriate Trust policies. The Learning Lab has the reporting facility for managers to view course attendances within their areas.
- 4.3.6 Are responsible for monitoring compliance with this policy using information from Business Intelligence. Power BI Dashboards are available to Heads of Service, DM's and CD's providing 'real time' data regarding compliance of individuals and teams in their directorates.
- 4.3.7 Are responsible for ensuring registers of mandatory training carried out in the ward/department (by cascade trainers or others) within five days of the training taken place) are recorded within the Learning Lab or provided to HR Training Administration for recording if they do not currently have the required access so that central staff training records can be accurately recorded. In advance of any locally provided training, a completed training pro-forma should be sent to HR Training Administration who will then set up a class electronically and check with the course facilitator that all aspects of the course were completed when multiple competencies are involved.
- 4.3.8 Are responsible for ensuring that mandatory training requirements and completion of these are agreed and documented as part of the staff annual appraisal process and an unsatisfactory appraisal is recorded in the event staff do not maintain their mandatory training.
- 4.3.9 Are responsible for delivery and implementation of action plans where compliance is below agreed compliance targets.

4.4 Line managers

- 4.4.1 Are responsible for ensuring the profiles/training requirements for each staff member is correct based on the TNA at commencement of employment.
- 4.4.2 Are responsible for ensuring staff have time allocated to complete their mandatory training within four weeks of joining the Trust, ahead of their annual appraisal and in line with their renewal frequencies.

- 4.4.3 Are responsible for ensuring staff are clear on the mandatory training they require each year, and this is discussed and documented (along with progress) as part of the annual appraisal process.
- 4.4.4 Are responsible for ensuring all new staff to the Trust receive a corporate and local induction and all staff new to role receive a local induction as appropriate (i.e. new place of work).
- 4.4.5 Are responsible for ensuring that local induction is recorded via designated electronic HR form accessible through the Trust intranet
- 4.4.6 Are responsible for ensuring registers of mandatory training carried out in the ward/department (by cascade trainers or others within five days of the training taken place) are recorded within the Learning Lab or provided to HR Training Administration for recording if they do not currently have the required access.
- 4.4.7 Are responsible for working with the Education and Workforce Development team to ensure compliance with mandatory training and to ensure accurate recording and reporting of compliance data.
- 4.4.8 It is the responsibility of line managers to notify the Workforce Information team with any changes to their service hierarchy i.e., staff directly reporting to them.

4.5 Staff

- 4.5.1 Are responsible for ensuring they undertake mandatory training required for their role. In circumstances where staff are unable to attend sessions, the member of staff (or line manager) must inform HR Training Administration as soon as non-attendance is known. Staff must contact HR Training Administration to re-book a place on the next available session.
- 4.5.2 Are responsible for ensuring mandatory training is renewed in a timely fashion to ensure that they remain compliant.
- 4.5.3 Staff new to the Trust should attend corporate induction on commencement of employment or at the next available date (please refer to the Trust Induction Policy). Staff and managers should liaise with E&WD for an alternative date should they be unable to attend the original booking.
- 4.5.4 Postgraduate Doctors will complete their mandated training within four weeks of joining the Trust. Senior Doctors employed in the Trust will attend corporate induction in line with other staff groups.
- 4.5.5 Staff must complete all statutory and mandatory training relevant to their role, including both core and role specific training.
- 4.5.6 Staff who are based on non-Newcastle Hospitals premises should complete statutory and mandatory training in accordance with the Trust and the local

policies of their place of work. These staff must be able to confirm compliance with all mandatory training relevant to their role if required.

4.6 Trust Education and Workforce Development Department (E&WD)

- 4.6.1 Education and Workforce Development (E&WD) are responsible for the development of the annual Corporate Training Needs Analysis (TNA) and for updating and maintaining this document as part of the Mandatory Training Policy.
 - 4.6.2 E&WD are responsible for supporting statutory and mandatory training opportunities for staff and for maintaining accurate records of all staff completing mandatory training; by working with subject matter experts to provide appropriate training space; developing e-learning resources and access; practical teaching skills and resource development; and through provision of information, advice and guidance to staff.
 - 4.6.3 E&WD, with the support of Workforce Information Department, are responsible for providing summary reports to the Trust Executive. Data to Directorates is accessible via Power Business Intelligence and/or from Workforce Information Department. This data is the only source data to be used for Directorate Quarterly Performance Reviews (QPR's) and quarterly reports to the Trust Learning and Education Group, People Committee, Trust Executive and Trust Board.
 - 4.6.4 All statutory and mandatory training will be recorded using the Learning Lab and areas of concern will be escalated to the Trust Learning and Education Group (LEG) and considered through the Quarterly Performance Reviews (QPR).
 - 4.6.5 E&WD will work with Senior Managers to co-design solutions to non-compliance with mandatory training and support Directorates to achieve full compliance.
 - 4.6.6 E&WD will coordinate the scheduling of all centrally provided mandatory training and the annual Trust Training Directory.
 - 4.6.7 E&WD will ensure all new starters are inducted in line with the Trust Induction Policy, which includes completion of online statutory and mandatory training modules as part of the Trust Corporate Induction programmes.
 - 4.6.8 E&WD will work with course facilitators to set up dates and classes for course bookings in advance of training and check with the facilitator that all aspects of the course were completed when receiving course registers. Registers will be shared with the Subject Matter Experts in advance of the training to ensure consistency in training when delivered by cascade trainers.
- #### **4.7 Statutory and mandatory training providers, including subject matter experts (SME's)**
- 4.7.1 Statutory and Mandatory training providers are responsible for ensuring that accurate registers are maintained for all staff in attendance at training.

- 4.7.2 Training registers should be recorded directly into the Learning Lab unless the required training and access has not taken place, in which case they should be returned to HR Training Administration by the training provider within five working days of the training event taking place to ensure accurate and timely recording of training by E&WD along with a request for training and access to the Learning Lab.
- 4.7.3 Statutory and mandatory training providers and subject matter experts (SME's) will provide E&WD with an annual schedule of provision of mandatory training (including cascade training) as detailed in the Training Needs Analysis
- 4.7.4 Queries regarding the content or specific elements of specific Trust Statutory and Mandatory Training programmes should be directed to the subject matter expert in the first instance.

5 Transfer of mandatory training competencies

- 5.1 Staff joining the Trust from other NHS organisations are able to transfer mandatory training competencies which align to the Core Skills Training Framework (CSTF) via an Inter Authority Transfer (IAT). IATs are initiated internally by the HR recruitment team and should happen as part of the recruitment process. The training record will then be updated within the Learning Lab.
- 5.2 Local competencies specific to Newcastle Hospitals and expired mandatory training will still need to be completed in accordance with this policy. Details of National and Local mandatory training competencies are detailed within the Trust Training Needs Analysis.

6. Reciprocal Training Agreements

- 6.1 Individuals who are not employed by the Trust but who work on our premises must be compliant with the statutory and mandatory training equivalent to Newcastle Hospitals staff holding similar roles.
- 6.2 Where National or Regional reciprocal agreements apply for transferable statutory and mandatory training based on the Core Skills Training Framework (CSTF), such agreements will be ratified by E&WD, and course subject matter expert (SME) on an individual basis. Training under these agreements must either comply with a national syllabus or meet the CSTF.
- 6.3 Non-Trust staff who are based on Trust premises may count any external training which follows a national syllabus or CSTF towards their compliance. It is the responsibility of the individual to be able to provide evidence of their current compliance.
- 6.4 All individuals working on Trust premises must undertake the following training relevant to their location (e.g. acute/community)
- Fire Safety Training
 - Infection Prevention and Control
 - Data Security Awareness (Formerly IG)

- Local Induction

7 Staff unable to attend training (DNA)

- 7.1 Staff must provide a minimum of 24 hours' notice to HR Training Administration should they wish to withdraw from a class. Any member of staff who does not attend, or fails to adhere to the notice period, will be recorded as DNA on the register.
- 7.2 Using a weekly Business Intelligence report, HR Training Administration will monitor DNA rates. Staff will be notified, via email, of their DNA status and be requested to rebook on to a future session. To assist, the HR training administration team will include proposed dates.
- 7.3 Staff will be asked to comment on their reason for non-attendance. Barriers to attending are identified and regularly reviewed by E&WD to support statutory and mandatory improvement and shared with SME's to co-design action plans and target areas of low compliance such as the provision of alternative methods to undertake the training and the use of reminders.

8 Study leave

Staff who are not fully compliant and up to date with their statutory and mandatory training will not be eligible for study leave. This includes conferences, and internal or external development programmes. The individual authorising a study leave request should seek confirmation of evidence of statutory and mandatory training compliance and not through self-declaration.

9 Appraisal and job planning

9.1 Non-Medical Appraisal

A staff member cannot have met nor exceeded their performance objectives if they have not evidenced their own compliance nor their teams against the 95% target. Pay progression may not occur in the event of failure to complete all mandatory training requirements.

9.2 Job Planning Policy and Guidance

It is a requirement for clinicians to evidence that they are compliant with their statutory and mandatory training requirements.

10 Training

Training on this policy and how it is to be used will be provided by the Human Resources Directorate to managers following implementation of the policy. Education and Workforce Development provide a number of policy-based training programmes, an e-mail inbox and supported telephone queries, and

can provide bespoke training on an individual and departmental level on request.

11. Equality and Diversity

- 11.1 The Trust is committed to ensuring that the way services are provided to the public and the staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups on any grounds.
- 11.2 Where it is identified that an individual requires a reasonable adjustment due to a disability, training/delivery access will be amended to meet the identified sensory or physical impairment, as required, on an individual basis.
- 11.3 E-learning provided for the purposes of mandatory training meets web content accessibility guidelines including subtitles and transcripts.
- 11.4 Reasonable adjustments will be provided for all subjects to enable staff to access mandatory training.
- 11.5 This policy has been assessed accordingly

12. Links to other policies

Please consider this policy is read in conjunction with:

- Appraisal Policy
- Induction Policy
- Study Leave Policy

13 Links to the Trust Training Needs Analysis (TNA)

A copy of the Trust TNA will be made available here (insert hyperlink)

14. Monitoring compliance with the policy

Standard/Process/Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitor DNA's and ensure staff have rebooked or attended within specified time	Automated report generators. Check 1% sample of DNA staff per month to ensure letters are sent in time and staff have rebooked or attended within time. Escalate non-	Senior Workforce Development Officer	LEG	Quarterly

	compliance to TEG			
Production of monthly DNA reports for directorate monitoring	Internal check monthly to ensure no data set is missing	Senior Workforce Development Officer	LEG	Monthly
Monitoring of reports including compliance rates for Directorate Monitoring	Business Intelligence Data	Workforce Information	LEG	Monthly
Review of mandatory training needs, refresh and update TNA and associated documentation	Report to Trust Education Group	Workforce Development Manager	LEG	Annual

Author: Senior Workforce Development Officer (Learning and Development)

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 27/04/2022

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Mandatory Training Policy

3. **Name and designation of author:**

Paul Young – Senior Workforce Development Officer

4. **Names & Designations of those involved in the impact analysis screening process:**

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

The mandatory training policy sets out those training requirements determined by the Trust as being statutory or mandatory (i.e. training which must be completed by staff), the employees and workers to whom training applies, the frequency with which training must be undertaken and the responsibilities of those involved.

Statutory and Mandatory training is that which is required of particular staff groups and which has been mandated by legal or national statute, by an appropriate regulatory body or by the Trust, partner or national/international authority in accordance with its guidance or requirements.

Intended outcomes are understanding of the requirements of individuals, departments, and subject matter specialists to undertake statutory and mandatory training, and provide a robust governance framework that supports equality of access to training and drives improvement.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	<p>The policy is clear that it does not discriminate on the grounds of race/ethnic origin, sex, religion and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and maternity and pregnancy.</p> <p>The requirement of mandatory training as a driver for safe working incorporating the requirement for all staff to complete a national equality, diversity and inclusion training package.</p> <p>Analysis of mandatory training undertaken has identified that at the time of analysis in March 2022, Trust compliance stood at 88.19%.</p> <p>When considering Race, the Trust total compliance for those staff who identify as BAME staff was 86.75%.</p>	<p>Individual analysis by Directorate and by staff group may identify further reporting and areas for intervention in training approaches.</p> <p>BAME staff compliance rates are slightly below the Trust percentages</p>	<p>Race Equality Staff network could provide an engagement platform for the development of new resources, and to review updated content.</p> <p>The existing equality, diversity and inclusion package completed by staff is a National package, but scope remains to create a local package, provide local updates to the National training, or consider key opportunities such as the Trust Corporate induction programme.</p>

Sex (male/ female)	Analysis of mandatory training undertaken has identified that at the time of analysis in March 2022, Trust compliance was at 88.19%, when considering sex, percentage compliance of those who identify as male staff was 85.30%, and 89.04% by those who identify as female. Where sex was classed as other or left blank, compliance was 74.16%	As above	
Religion and Belief			
Sexual orientation including lesbian, gay and bisexual people		As above	<p>The Trusts Pride staff network provides an engagement platform for the development of new resources, and to review updated content.</p> <p>The existing equality, diversity and inclusion package completed by staff is National, but scope remains to create a local package, as above</p>
Age	<p>Analysis of mandatory training undertaken has identified that at the time of analysis in March 2022, Trust compliance was at 88.19%.</p> <p>When considering compliance by age, staff aged 20 years and under have a compliance level of 84.25%; staff aged 21-25 is 89.83%; staff aged 26-30 is 88.80%; staff aged 31-35 is 88.37%; staff aged 36-40 is 87.04%; staff aged 41-45 is 87.50%; staff aged 46-50 is 87.85%; staff aged 51-55 is 88.36%; staff aged 56-60 is 89.22%; staff aged 61-65 is 87.69%; staff aged 66-70 is 85.49%; and staff aged 70 years and over have a compliance level of 79.58%.</p>	As above	
Disability – learning difficulties,	As above – The policy is clear that reasonable adjustments will be made to either the training	As above	E-learning provided for the purposes of mandatory training

<p>physical disability, sensory impairment and mental health. Consider the needs of carers in this section</p>	<p>itself or access to training, where a sensory or physical impairment is identified. This includes the provision of training taking place via e-learning, face to face, or in a blended model.</p> <p>Compared to the overall Trust compliance level of 89.19% as of March 2022, and the compliance completion level of staff reporting a disability is at 86.18%.</p> <p>Further reporting has been undertaken as specific categories showing compliance figures for hearing (81.82%); learning disability (89.29%); mental health condition (88.36%); physical impairment (94.07%); and sensory impairment (87.69%).</p>	<p>Compliance rates for staff who have hearing impairments are lower</p>	<p>meets web content accessibility guidelines including subtitles and transcripts.</p> <p>The Enabled staff network provide lived experience and insight into barriers that they have encountered with access to mandatory training.</p>
<p>Gender Identity / Expression</p>	<p>The policy is clear that it does not discriminate on the grounds of gender identity / expression.</p>	<p>As above</p>	
<p>Marriage and Civil Partnership</p>	<p>The policy is clear that it does not discriminate on the grounds of marriage and civil partnership</p>	<p>As above</p>	
<p>Maternity / Pregnancy</p>	<p>The policy is clear that it does not discriminate on the grounds of maternity and pregnancy.</p>	<p>As above</p>	

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Signature of Author

Print name

Paul Young

Date of completion

27/04/2022

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Human Resources Policies & Procedures

Maternity Support (Paternity) Leave and Pay Policy

Version No.:	7.0
Effective From:	19 May 2021
Expiry Date:	19 May 2024
Date Ratified:	10 May 2021
Ratified By:	Executive Group

1 General Policy Statement

The policy sets out the Trust's provisions for leave and related entitlements. Maternity support is the term used to reflect the entitlement is not limited to male partners and fathers. The term maternity support incorporates paternity leave and pay. Any reference to maternity support and paternity within this policy should be read as interchangeable throughout as some statutory rights retain the use of the term paternity i.e. statutory paternity pay. This policy reflects current legislation and NHS terms and conditions of service.

This policy applies to all eligible staff regardless of gender. Staff may also wish to refer to the Shared Parental Leave and Pay Policy to consider all available options open to them.

No staff member will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity/expression, marriage and civil partnership or pregnancy and maternity.

2 Duties (roles and responsibilities)

- 2.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 2.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
- 2.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 2.4 Staff are responsible for complying with policy.

3 Definitions

- 3.1 For the purposes of this policy "partner" in relation to a child's parent/adopter, means a person whether of the same or opposite sex, who lives with the parent and the child in an enduring family relationship but is not an immediate relative.

- 3.2 For the purposes of section 6 of this policy, a person has a “qualifying relationship” with a pregnant person or their expected child if:
- a) the person is the spouse, civil partner or partner of the child's birth parent or;
 - b) the person is the birth parent of the expected child or;
 - c) the person is a parent of the expected child by virtue of section 42 or 43 of the Human Fertilisation and Embryology Act 2008 or;
 - d) the person is a potential applicant for a parental order under section 54 of the Human Fertilisation and Embryology Act 2008 in respect of the expected child.
- 3.3 Adoption from overseas means the adoption of a child who enters the UK from outside the UK in connection with, or for the purposes of, adoption that does not involve the placement of the child for adoption under the law of any part of the UK.
- 3.4 Official notification means written notification, issued by, or on behalf of the relevant domestic authority, that it is prepared to issue a certificate to the overseas authority concerned with the adoption of the child, or has issued a certificate and sent it to that authority, confirming the adopter is eligible to adopt and has been assessed and approved as being a suitable adoptive parent.
- 3.5 Statutory Paternity Leave and Pay means the entitlement to leave and pay set out under statute and subject to relevant qualifying criteria.
- 3.6 Occupational Maternity Support Leave and Pay means any entitlement in addition to the statutory entitlement, again which is subject to relevant qualifying criteria.

4 Time off work to accompany to ante-natal appointments

- 4.1 A member of staff who has a qualifying relationship with a pregnant person or their expected child is entitled to take time off on up to two occasions, during their working hours in order that they may accompany the person to an appointment for ante-natal care. Each occasion must not exceed six and a half hours.
- 4.2 Time off to accompany to ante-natal appointments is unpaid.
- 4.3 A member of staff is only entitled to time off for the purpose described in 6.1 above, if the appointment is made on the advice of a registered medical practitioner, registered midwife or registered nurse, involved in the care of the pregnant staff.
- 4.4 A member of staff wishing to exercise the right to take time off to accompany to ante-natal appointments must complete the declaration available on the

intranet: Declaration to take [time off work to accompany to ante-natal appointments.](#)

- 4.5 Managers should record this time off as unpaid leave in ERA / ESR as appropriate.

5 Occupational Maternity Support Leave and Pay

- 5.1 A member of staff working full or part-time is entitled to occupational maternity support leave and pay to attend their child's birth, provide comfort and support to their partner immediately following birth or placement, and share the responsibility of childcare in the first eight weeks subject to the following:

- a) Having twelve months continuous service with one or more NHS employers either at:
 - i. **Birth** – the beginning of the week in which the baby is due
 - ii. **Adoption** - ending with the week in which the child's adopter is formally notified by an approved adoption agency that they have been matched with the child
 - iii. **Overseas adoption** –
 - a. ending with the week official notification of the adoption was sent (this will outline that the relevant UK Authority has issued a Certificate of Eligibility to the overseas authority involved in adoption that they are eligible to adopt a child from overseas) or;
 - b. by the time Occupational leave is to commence, commencing with the week in which his or her NHS employment began (to accommodate the possibility that the official notification may have been received a year or more before the child enters the UK and recognising the staff may have changed employer in this time)
- b) Having or expecting to have responsibility for the child's upbringing being the child's biological parent or if not the child's biological parent the persons spouse, civil partner or partner (whether opposite or same sex) and have or expect to have the main responsibility (apart from any responsibility of the birth parent) for the child's upbringing (regardless of gender). In the case of adoption, is married to or is the civil partner or partner of the child's adopter and has or expects to have the main responsibility (apart from any responsibility of the adopter) for the child's upbringing, but are not an immediate relative.
- c) Taking time off work to support the birth parent (or partner) or care for the child
- d) Formally notifying the Trust of the date on which they intend to take paternity leave and where applicable have produced evidence supporting the claim

5.2 Subject to fulfilling the criteria in paragraph 5.1, staff will be entitled to receive two weeks *full pay less any statutory paternity pay receivable.

(*Calculated on the basis of the average weekly earnings rule used for calculating occupational maternity pay/occupational adoption pay).

5.3 Occupational leave can be taken as either one week or two consecutive weeks, but not as odd days and not separately. A week can start on any day, for example Wednesday to Tuesday.

5.4 Staff not eligible for paid occupational paternity leave and pay may be entitled to two weeks ordinary statutory paternity leave and pay as outlined below.

6 Statutory Paternity Pay

6.1 A member of staff will be entitled to Statutory Paternity Pay subject to the following:

a) Having 26 weeks continuous employment with the Trust:

- i. **Birth** – by the end of the 15th week before the week that the baby is due (or would have satisfied the condition but for the fact that the child was born before the end of the 15th week or was stillborn after 24 weeks of pregnancy or has died) and they continue to work for the Trust up until the date the baby is born
- ii. **Adoption within the UK** – by the end of the week in which the child's adopter is formally notified by an approved adoption agency that they have been matched with the child for adoption and they continue to work for the Trust up until the date the child is placed with the adopter
- iii. **Adoption overseas** – by the end of the week in which the child's adopter received "official notification" from the relevant domestic authority, or by the time they want to commence their OSPP period, whichever is later (to accommodate the possibility that the official notification may have been received a year or more before the child enters the UK). They must continue to work for the Trust up to the date the child enters the UK

b) Having or expecting to have responsibility for the child's upbringing being the child's biological parent or if not the child's biological parent the persons husband, civil partner or partner and have or expect to have the main responsibility (apart from any responsibility of the birth parent) for the child's upbringing (regardless of gender). In the case of adoption, is married to or is the civil partner or partner of the child's adopter and has or expects to have the main responsibility (apart from any responsibility of the adopter) for the child's upbringing but are not an immediate relative

c) Taking time off work to support the birth parent or partner or care for the child

d) Formally notifying the Trust of the date on which they intend to take maternity support leave and where applicable have produced evidence supporting the claim

6.2 Subject to satisfying the conditions outlined in paragraph 8.1, ordinary Statutory Paternity Pay will be payable for up to two weeks at a flat-rate sum or 90% of average weekly earnings if that is less.

6.3 Staff who have average weekly earnings below the lower earnings limit for national insurance purposes will not qualify for ordinary Statutory Paternity Pay. Staff who do not qualify may be able to claim income support while on paternity leave.

7 Notice of intention to take ordinary statutory/occupational maternity support leave

a. Birth

A member of staff must inform their line manager of their intention to take maternity support leave by completing the application form: [Application for Ordinary Occupational Maternity Support/Statutory Paternity Pay](#) by the end of the 15th week before the week in which the baby is due. In doing so the staff must provide confirmation of:

- a) the expected week of childbirth (or in exceptional circumstances, if the birth has already occurred, the date of the child's birth)
- b) their intention to take one week or two weeks' leave
- c) the intended start date
- d) their relationship to the child and the child's birth parent
- e) that they have or expect to have responsibility for the child's upbringing
- f) that they will take time off work to support the person or care for the child
- g) If the individual's right to work is via a Certificate of Sponsorship they must also notify the Human Resources Department of this in order that they can ensure compliance with UKBA regulations during any period of maternity support leave.

In addition the staff must:

- h) complete form [SC3](#) 'ordinary statutory paternity pay/ordinary paternity leave - becoming a parent' at least 28 days before the intended start date
- i) supply a copy of form Mat B1 confirming the expected week of childbirth; where this is not available, written confirmation of the expected week of birth should be provided

b. Adoption within the UK

A member of staff must inform the line manager of their intention to take maternity support leave by completing the application form in at 9(a) above

no later than seven calendar days after the date on which the adopter is notified by an approved adoption agency that they have been matched with a child for adoption (or if not reasonably practicable to give notice within the seven day period, as soon as is reasonably practicable). In doing so the member of staff must provide confirmation of:

- a) the date the adoption agency told the adopter that they had been matched with the child
- b) the date the child is expected to be placed with the adopter (or, if placement has already occurred, the date of the placement)
- c) their intention to take one week or two weeks' leave
- d) the intended start date
- e) their relationship to the child and the adopter and provide confirmation that they have or expect to have responsibility for the child's upbringing
- f) that they have chosen not to receive statutory adoption pay
- g) that they will take time off work to support the person adopting the child or to care for the child
- h) complete form [SC4](#) 'ordinary statutory paternity pay/ordinary paternity leave - becoming an adoptive parent' at least 28 days before the intended start date
- i) supply a copy of the original matching certificate
- j) If the individual's right to work is via a Certificate of Sponsorship they must also notify the Human Resources Department of this in order that they can ensure compliance with UKBA regulations during any period of paternity leave.

c. Adoption from overseas

A member of staff must inform the line manager of their intention to take paternity leave by completing the application form in appendix 2 within 28 calendar days of the date the official notification that the relevant UK authority has issued a Certificate of Eligibility to the overseas authority involved in the adoption confirming they are eligible to adopt a child from overseas, or if the member of staff has not completed 26 weeks continuous service when official notification is received, within 28 days of the Sunday of their 26 working weeks continuous employment with the Trust, whichever is later. In doing so the member of staff must provide confirmation of:

- a) the date on which the child's adopter was sent the "official notification" from the UK authority and the date the adopter received this
- b) the date on which the child is expected to enter the UK (they must also inform the Trust of the date the child enters the UK within 28 days of that date)
- c) their relationship to the child and the adopter and provide confirmation that they have or expect to have responsibility for the child's upbringing
- d) that they have chosen not to receive statutory adoption pay

- e) that they will take time off work to support the person adopting the child or to care for the child

The member of staff must then (or subsequently) notify their line manager giving at least 28 days' notice of:

- f) their intention to take one week or two weeks' leave
- g) the intended start date
- h) complete Form [SC5](#) 'ordinary statutory paternity pay/ordinary paternity leave when adopting from abroad
- i) If the individual's right to work is via a Certificate of Sponsorship they must also notify the Human Resources Department of this in order that they can ensure compliance with UKBA regulations during any period of paternity leave.

Where a new staff member has already received official notification from the relevant UK authority before they commence with the Trust, the staff member may still qualify provided they complete 26 weeks continuous employment before they want their pay period to start and satisfy all other conditions outlined in paragraph 8.1

- 7.1 Maternity support leave will be recorded on the Electronic Staff Record (ESR) and subsequently the Electronic Rostering and Attendance system (ERA) by the HR department.

8 Notice of actual date of birth/placement

- 8.1 The staff member is responsible for notifying both their Manager and their Senior HR Advisor or the Assistant HR Advisor of the actual date of birth/placement, as soon as is reasonably practicable after the birth/placement.
- 8.2 Once notification is received, the Assistant HR Advisor will record the actual dates on ESR and ERA, to ensure relevant payment is made.

9 Timing of statutory paternity/occupational maternity support leave

a. Birth

Leave must be taken within eight weeks of the child's date of birth (the period of leave must end by the 56th day after the date of birth), or if the child is born prematurely, up to eight weeks after the Sunday of the week in which the child was due. In such circumstances the staff may choose to begin the leave from the date of the child's birth, or from a chosen number of days or weeks after the date of the child's birth or from a predetermined date.

b. Adoption within the UK

Leave must be taken:

- within eight weeks of the date on which the child was placed for adoption with their partner or;
- within eight weeks of the day after that, if they were at work that day (the period of leave must end by the 56th day after the child is placed with the adopter).

In such circumstances the staff member may choose to begin their period of leave from the date of the child's placement with the adopter, or from a chosen number of days or weeks after the child's placement or from a predetermined date.

c. Adoption from overseas

Leave must be taken within eight weeks of the child's entry into the UK (the period of leave must end by the 56th day after the child's entry into the UK). In such circumstances the staff may choose to begin their period of maternity support leave from the date of the child's entry into the UK or from a chosen date after the child's date of entry.

10 General guidance relating to Maternity Support Leave

- 10.1 Maternity Support leave can be taken as either one week or two consecutive weeks, but not as odd days. Weeks can start on any day, for example Wednesday to Tuesday.
- 10.2 A week is based on the staff members usual working pattern.
- 10.3 Only one period of maternity support leave is available, even if more than one child is born as a result of the same pregnancy or if more than one child is placed with an individual or couple for adoption under the arrangement.
- 10.4 If the staff member leaves the employment of the Trust before the date of birth of the child, the date of placement or the date the child entered the UK there is no entitlement to occupational maternity support pay or statutory paternity pay.
- 10.5 If the staff member leaves the Trust after the date of birth/date the child was placed there is an entitlement to statutory paternity pay only. This will be paid the day after their last day of employment. SPP will be paid provided the individual:
 - a) was eligible for the payment of statutory paternity pay
 - b) does not start working for a new employer
 - c) had notified the manager of their intention to take leave with 28 days prior notice, where they can. Where the staff had not stated how many weeks leave they intended to take, only one week's SPP will be paid.

11 Shared parental leave

- 11.1 Whereas maternity support leave can be taken prior to the right to Shared Parental Leave being exercised, it cannot be taken after the right to take

shared parental leave has been exercised. Please refer to the [Shared Parental Leave and Pay Policy](#).

12 Disrupted adoption

- 12.1 If an adoption arrangement fails this can be a traumatic time for a staff member to deal with.
- 12.2 In the case of a child adopted within the UK, if, after the adopting parent has begun his or her adoption leave or the staff has begun additional paternity leave/maternity support leave the expected placement does not occur, or, once the child has been placed, it dies or is returned to the adoption agency, the leave will end eight weeks after the end of the week in which:
- a) the adopter is notified that the placement will not be made
 - b) the child dies
 - c) the child is returned

In the case of a child adopted overseas, the leave will end after the end of the week in which:

- d) the child dies
 - e) the child ceases to live with the adopter
- 12.3 In such circumstances the manager will need to discuss and agree with the staff member what arrangements can be made for their return to work.

13 Return to work

- 13.1 A member of staff who returns to work after a period of maternity support leave that was an isolated period of leave, or the last of two or more consecutive periods of statutory leave, that did not include a period of parental leave of more than four weeks, is entitled to return to work to the job in which they were employed immediately before the absence unless a redundancy situation arose during the period of parental leave or there is some other reason why it is not reasonably practicable to return to the original job.
- 13.2 Where the additional maternity support leave does not fall into the above description, the staff member is entitled to return to the job they held immediately before the period of leave began, or if this is not practicable, to another job that is both suitable and appropriate.

14 Early return to work

- 14.1 Where a member of staff intends to return to work earlier than the end of their maternity support leave period, they must give the line manager at least six weeks' notice of the date on which they intend to return.
- 14.2 Where the staff member notifies the Trust of an early return date, but subsequently changes their mind about returning on this date (having followed the process in 18.1), they must notify their line manager at least six weeks

before the date on which they now intends to return or the date on which they had intended to return whichever is the earlier.

- 14.3 If the staff member fails to give the correct notice of an early return, return may be delayed to allow six weeks' notice to be achieved.

15 Returning late from maternity support leave

- 15.1 If a member of staff wishes to return to work later than the expected return to work date, they should either:
- a) request parental leave in accordance with the [Special Leave Policy](#) giving at least 21 days' notice before the end of their paternity leave. Parental leave is unpaid.
 - b) request unpaid leave. This will only be approved at the discretion of the Trust
 - c) request shared parental leave. Further information is available in the [Shared Parental Leave and Pay Policy](#).
- 15.2 If a member of staff is unable to return to work on the expected date due to illness or injury, this will be regarded as sickness absence and will fall under the [Staff Wellbeing Policy](#).
- 15.3 In any other case, a late return may be treated as unauthorised absence and may be dealt with under the [Disciplinary Policy](#).

16 Accrual of annual leave/public holidays

- 16.1 Annual leave/public holidays will continue to accrue during maternity support leave and where possible should be taken during the relevant holiday year, in accordance with the [Annual leave and General Public Holidays policy](#).
- 16.2 The amount of annual leave/public holidays an staff wishes to carry over must be approved by the line manager before the maternity support leave period starts. The amount of accrued annual leave/public holidays an staff can carry over to the next annual leave year should not normally exceed 37.5 hours i.e. one working week (pro-rata for part-time staffs).
- 16.3 Where a change to contracted hours is agreed, reference should be made to the Trust's [Annual Leave and General Public Holidays Policy](#) to resolve how any annual leave/public holidays outstanding/overtaken at the date of change should be managed.
- 16.4 Maternity support leave, whether paid or unpaid, will count as service for the purposes of any service qualification period for additional annual leave.

17 Keeping in touch days

- 17.1 Subject to agreement by the line manager a member of staff may undertake up to ten days work for the Trust during the additional maternity support leave period without losing entitlement to maternity support pay and without bringing it to an end. Any days of work will not extend the maternity support leave period.
- 17.2 Before going on maternity support leave the manager and the staff should agree any voluntary arrangements for keeping in touch during the staff member's maternity support leave including:
- a) any voluntary arrangements that they may find helpful to help them keep in touch with developments at work and, nearer the time of their return, to help facilitate their return to work
 - b) keeping the manager in touch with any developments that may affect their intended date of return
 - c) confirming how the staff member will be informed of any pay rises, bonuses and job vacancies which occur during their period of maternity support leave
 - d) Discussion of whether the member of staff wishes to receive Trust communications such as In Brief and the Chief Executive Newsletter whilst on leave
- 17.3 To facilitate the process of 'keeping in touch' (KIT) days, it is important that the manager and staff member have an early discussion to plan and make arrangements before the staff member's maternity support leave takes place.
- 17.4 To enable a member of staff to have KIT days the Trust will consider the scope of reimbursement of reasonable childcare costs or the provision of childcare facilities where necessary.
- 17.5 KIT days may or may not be consecutive and can include training (including the completion of mandatory training) or other activities which enable the staff member to keep in touch with their workplace.
- 17.6 Any such work must be by agreement and neither the Trust nor the staff member can insist on it.
- 17.7 The staff member will be paid a proportion of their basic daily rate for the actual hours worked less appropriate maternity support leave payment for KIT days worked.
- 17.8 Working for part of any day will count as one KIT day.

18 Returning on flexible working arrangements

- 18.1 There is no legal right to return to a job on a part-time basis. However, a member of staff may request flexible working and the Trust has a duty to consider it – please refer to the [Flexible Working Arrangements Policy](#) for further information
- 18.2 If it is agreed that the staff member can return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period, this must be clearly confirmed via the Human Resources Department. This will not affect the staff member's right to return to their job under their original contract at the end of the agreed period.

19 Increments

Maternity Support leave, whether paid or unpaid, will count as service for annual increments.

20 Salary sacrifice schemes

- 20.1 There may be implications for a member of staff if they participate in a salary sacrifice scheme. Implications can include effect on calculation of occupational maternity support pay, and eligibility to remain in the scheme during additional maternity support leave when in reduced pay and/or on unpaid paternity leave.
- 20.2 A member of staff should check the terms of their salary sacrifice arrangements for further details and contact the Staff Benefits team for advice and information.
- 20.3 Staff members who have a salary sacrifice arrangement(s) remain responsible for payments during periods of unpaid leave. They must contact the Staff Benefits team for advice and information on how to setup payments, if they are approaching a period of unpaid leave; Benefits.everyone@nuth.nhs.uk.

21 Professional registration

A staff member is responsible for ensuring that they maintain their competence and professional registration (where applicable) at all times during their paid and unpaid maternity support leave.

22 Working whilst on Maternity Support Leave

Any staff member considering undertaking **any** paid work, excluding KIT days (in accordance with section 21 above) whilst on maternity support leave must contact payroll to ascertain what impact this may have on the maternity support pay they receive.

23 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and

does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

24 Monitoring compliance with the policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reporting of information for the purposes of assessing the number and nature of any complaints relating to Paternity Leave and Pay	Reporting of information held in ESR	Director of Human Resources	Heads of Human Resources Meeting	Annually

25 Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

26 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

27 References

- 1) SC3 form available at <http://www.hmrc.gov.uk/forms/sc3.pdf>
- 2) SC4 form available at <http://www.hmrc.gov.uk/forms/sc4.pdf>
- 3) SC5 form available at <http://www.hmrc.gov.uk/forms/sc5.pdf>
- 4) SC7 form available at <http://www.hmrc.gov.uk/forms/sc7.pdf>
- 5) SC8 form available at <http://www.hmrc.gov.uk/forms/sc8.pdf>
- 6) SC9 form available at <http://www.hmrc.gov.uk/forms/sc9.pdf>

28 Additional Documents

- [Annual Leave and General Public Holidays](#)
- [Disciplinary Policy and Procedure](#)
- [Staff Wellbeing Policy Incorporating Absence Management Procedure](#)
- [Flexible Working Arrangements Policy](#)
- [Shared Parental Leave Policy](#)
- [Special Leave Policy](#)
- [Declaration to take time off work to accompany to ante-natal appointments](#)
- [Application for Ordinary Occupational Maternity Support/Statutory Paternity Pay](#)

Author: Employment Policies and Procedures Consultative Group

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	<p>The policy makes clear that no employee should be treated less favourably in terms of any organisational change or redundancy process on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity, marriage and civil partnership or pregnancy and maternity.</p> <p>Further the Trust's local data demonstrates that this entitlement has been taken up by and is granted to people of all ethnic origins who request this.</p>	No	Local data will continue to be collected and reviewed.
Sex (male/ female)	As above and further, the policy is clear that it is inclusive of all people who apply for this leave regardless of their sex, provided they meet the criteria which is applied to everyone and there is no indication that this criteria disproportionately affects either sex.	No	As above
Religion and Belief	As race above	No	As above
Sexual orientation including lesbian, gay and bisexual people	As race and further, the policy specifically confirms that this entitlement is granted to same sex parents regardless of sexual orientation. Again the Trust's local data suggests that this entitlement is applied for and is granted to, those who identify as LG or B.	No	As above
Age	As race above	No	As above
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As race above	No	As above
Gender Re-assignment	As race, there is no local data available in relation to gender identity, gender identity is not currently monitored. The policy is applicable to all employees of the Trust irrespective of their gender identify when the eligibility criteria is met.	No	As above
Marriage and Civil	As race and further, the policy is clear that it is inclusive	No	As above

Partnership	of all family arrangements including both civil partnerships and marriage.		
Maternity / Pregnancy		No	No

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No, no negative impact envisaged and the policy makes adjustments where a potential equality impact has been highlighted.

PART 2

Name:

Victoria Usher

Date of completion:

30 December 2020

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospital NHS Foundation Trust

Human Resource Policies and Procedures

Medical and Dental Junior Doctors Recruitment Request & Staffing Establishment Changes Procedure

Version No.:	5.0
Effective Date:	27 January 2023
Expiry Date:	27 January 2026
Date Ratified:	16 January 2023
Ratified by:	Heads of HR

1 Introduction

1.1 The procedure has been developed to assist directorates wishing to request recruitment within their junior medical and dental staffing establishment or to alter existing staffing establishments, whether on a temporary or permanent basis. The process will ensure that the financial implications of each proposal are fully considered before a formal decision is made. The aim is to ensure consistency, the provision of a clear audit trail and ensure decisions are fully informed.

The procedure will cover the following areas;

- Requests to recruit to existing posts within the staffing establishment to backfill vacancies (to both Trust-employed junior doctor posts or to trainee gaps from the Lead Employer Trust)
- Requests to increase current staffing establishments on a permanent or temporary basis
- Requests for agency/locum cover e.g. maternity/sick leave
- Conversion of posts, e.g. ST1 to ST4 following a review of skills
- Requests to place University employees on an on-call rota
- Requests to 'host' doctors from overseas who come with external funding.

2 Scope

The policy applies to those involved in altering staffing establishments on either a temporary or a permanent basis.

3 Aim of Policy

The policy provides a system for the Trust to monitor and approve changes to its junior doctor staffing establishment and for directorates to request changes to their existing staffing establishments, either on a temporary or permanent basis. The policy sets out the process and aims to ensure the process is consistently applied and ensure that the financial implications of each proposal are fully considered before a formal decision is made.

4 Duties – Roles and responsibilities

- 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. Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 4.3 Staff are responsible for complying with policy.

5 The Junior Doctor Staff List

- 5.1 The Junior Doctor Staff List is an integral part of the Trust's Business Plan. It shows the junior doctor staffing establishment of each department, by directorate, in terms of job titles, grades, number of posts, post funding and whole time equivalents (WTEs), along with details of the post holders occupying each post on a monthly basis throughout the course of the year. It also indicates where there are staffing gaps through vacancies.
- 5.2 HR Medical and Dental will be responsible for administering variations to the Junior Doctor Staff List, in conjunction with the Finance Department, in accordance with the Trust's management accounting and budgetary control arrangements.
- 5.3 Within a financial year it may become necessary to amend/vary the Junior Doctor Staff List on either a temporary or permanent basis in order to meet changes in service provision, short-term unexpected needs, or to spend additional funding. Any request to vary the staffing establishment must be formally approved under this procedure.

6 Application Process

- 6.1 Any request to vary the staffing establishment must be sent to the HR Medical & Dental team, using the 'Recruitment Request Form – Junior Medical Staffing', outlining details of the recruitment request/requested change, the reason(s) for the request, and must include details of the anticipated funding stream and a statement of relevant costs. The relevant budget holder must sign this to confer agreement.
- 6.2 Managers, in conjunction with HR Medical and Dental and the Finance Department, must ensure all proposed variations are within available funding or have a viable plan to accommodate the change with a cost neutral impact within an agreed period of time.

- 6.3 Any requests which commit the Trust to additional expenditure must have a clearly identifiable funding source, e.g. a vacant post in the current staffing establishment or additional monies from within the departmental budget or written approval from the relevant organisation in the case of rechargeable or externally funded posts.
- 6.4 The 'Recruitment Request Form – Junior Medical Staffing' must be submitted to HR Medical and Dental, for review and consideration by the Senior HR Manager (Medical HR) on behalf of the Junior Doctor Recruitment and Education Group (JDREG) in the first instance
- 6.5 The Junior Doctor Recruitment and Education Group (JDREG) is made up of representatives from Finance, HR Medical & Dental, Medical Education and is chaired by the Director of Medical Education. The Junior Doctor Recruitment and Education Group (JDREG) meets monthly
- 6.6 The information from each 'Recruitment Request Form – Junior Medical Staffing' will be recorded centrally by the HR Medical and Dental team on the 'JDREG Junior Doctor Recruitment Request Log' and will be allocated a unique reference number for identification purposes.
- 6.7 The HR Medical & Dental team will also centrally store a copy of the 'Recruitment Request Form – Junior Medical Staffing' and any additional pertinent information about the request in a central file annotated with the unique reference number.
- 6.8 Any requirement to recruit or alter staffing levels as a result of establishment changes must not be actioned until this process has been completed.
- 6.9 Proposals that can be funded from available funding should be presented to HR Medical and Dental three months prior to the proposed date of commencement. Those requiring additional expenditure must be presented four months prior to the proposed date of commencement.
- 6.10 The Finance Department will provide directorates with monthly budget statements showing monthly and cumulative staff costs of actual staff in post.

7 Requests to Place a University Employee on the On-Call Rota

- 7.1. Unless there are exceptional circumstances any request to add a University employee to the on-call rota will only be approved where there is an actual Trust requirement to increase numbers from a service EWTD perspective.
- 7.2 No doctor should be added to the on-call rota without authorisation. All requests must be made via the process outlined and subject to central approval at the Junior Doctor Recruitment and Education

Group (JDREG) .

8 Requests for Agency Locums

8.1 The use of a locum doctor via an agency should be reviewed within the department prior to a request being made. The use of locum staff should not be regarded as a matter of routine. For longer term gaps, requests to backfill should always be made for fixed-term Trust-employed doctors in the first instance. Where a Trust-employed doctor cannot be appointed, the Clinical Director must forward a case of need by email to the Medical Director for consideration. Where approval is given by the Medical Director, this will be within the agreed capped agency rates of pay. Specialty managers, heads of departments, clinical directors must ensure at all times that the use of locum staff is justified in terms of service provision, quality assurance and risk management.

8.2 Prior to submitting a request under this procedure the clinical director must;

- Assess if the absent doctor's duties can be prospectively covered by internal colleagues. In such circumstances, cover arrangements should not cause those providing cover to exceed the contractual duty periods of the hours limits of the European Working Time Directive or by the 2016 Junior Doctors Terms and Conditions of Service.
- If the absence is as a result of annual leave or study leave, then the doctors' colleagues are contractually required to provide prospective cover. In all but exceptional circumstances there should be no requirement for a locum.
- Assess whether the absent doctors' duties can be covered by others means or deferred until the doctor returns to work. It should be noted that the terms and conditions advise that all practitioners must be prepared to perform duties in occasional emergencies and unforeseen circumstances though such circumstances will be exceptional, and practitioners will not be required to undertake work of this kind for prolonged periods

9 Responsibility for Arranging Locums

9.1 Following approval from the Medical Director, it should be noted that the HR Medical and Dental team are responsible for arranging locum cover. Departments should not engage with locum agencies directly to arrange cover.

9.2 As with all locum requests, CVs must be approved by the Clinical Director or nominated deputy, at which time the HR Medical and

Dental team will ensure all appropriate pre-employment checks are in place, and will book the locum through their agency.

10 Doctors-in-Training

10.1 It should be noted from August 2007 the Trust has not been responsible for appointing Doctors-in-Training. All proposals to change trainee staffing establishments on either a temporary or permanent basis must be approved within the Trust in the first instance. Subject to approval it will be the responsibility of the Junior Doctor Recruitment and Education Group to discuss the feasibility of the change with Health Education England (North East & Cumbria) and the relevant programme director. Under no circumstances must the department enter into separate discussions. This is to ensure that the implications relating to funding and staffing are fully considered and appropriately notified.

11 Decision Making Process

The Senior HR Manager (Medical Staffing) will assess all requests received in conjunction with the Corporate Finance Manager (Modernisation). Departments will be notified of the outcome of this review as soon as practicable following receipt of the request. A decision will be taken on each request and notified to the relevant department following the assessment by the Senior HR Manager (Medical Staffing) and Corporate Finance Manager (Modernisation). It may be necessary to seek additional information in relation to requests before confirming a decision. Once approved, the HR Medical and Dental team will liaise with the department to initiate the recruitment process. Details of all requests reviewed each month are discussed at the monthly Junior Doctor Recruitment and Education Group (JDREG) meeting, and any approvals in-month are ratified by the group.

12 Agreement by the Executive Team

If a proposal has a significant cost implication, for example due to the requirement for additional funds or the conversion of non-medical posts, the request will be reviewed by the Junior Doctor Recruitment and Education Group (JDREG) and once provisionally agreed, will be forwarded to the Executive Team for formal consideration and approval.

13 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been properly assessed.

14 Monitoring Compliance with the Policy

Standard/ Process/ Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitor the number of requests made, approved and denied.	Annual Audit	Head of Medical, Dental Planning and Reward	Medical Directors Advisory Group	Annually

15 Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group.

16 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** _December 2022_____

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Medical and Dental Junior Doctors Recruitment Request & Staffing Establishment Changes Procedure

3. **Name and designation of author:**

Medical HR – Tracy Mitchell

4. **Names & Designations of those involved in the impact analysis screening process:**

Gail Haigh, Senior HR Manager EPPCG, HR Heads

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**

(These can be cut and pasted from your policy)

The procedure has been developed to assist directorates wishing to request recruitment to fill gaps in their staffing establishment or to alter existing staffing establishments, whether on a temporary or permanent basis.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

The policy relates solely to the filling of posts and the process for making any changes and arranging cover of vacant posts.

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	The policy focusses on posts required and ensuring correct staffing levels for the needs of the service, rather than individual post holders. Staff are all subject to mandatory EDHR training. Staff can join the Race Equality Staff Network within the Trust.	No	Ensure equality data is monitored, HR Medical and Dental Staffing.
Sex (male/ female)	As above	No	As above
Religion and Belief	As above In addition, the Chaplaincy Team is available for advice and support.	No	As above
Sexual orientation including lesbian, gay and bisexual people	As above, in addition the Trust has a Pride Staff Network	No	As above
Age	As above	No	As above

Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above, and the Trust also has a Enabled Staff Network.	No	As above
Gender Re-assignment	As above. The Trust has a gender identity group who can provide advice and support	No	As above
Marriage and Civil Partnership	As above	No	As above
Maternity / Pregnancy	As above	No	As above

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

Monitoring of data going forward will help to identify any gaps.

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No x

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No, no negative impact is envisaged.

PART 2

Name of author:

Victoria Usher and Gail Haigh

Date of completion

19/06/2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Notice Periods Policy

Version No.:	5.0
Effective From:	04 June 2020
Expiry Date:	04 June 2023
Date Ratified:	09 March 2020
Ratified By:	Heads of HR

1. Introduction

This policy sets out the length of notice required from the Trust and staff respectively when notice is given to end a contract of employment.

2. Scope

2.1 This policy applies to all staff.

2.2 This policy does not apply to:

- a) staff whose contract was terminated due to summary dismissal (without notice or pay in lieu of notice)
- b) those 'working' within the Trust, but not employed by the Trust

3. Aims

To clarify responsibilities in relation to notice periods.

4. Duties (roles and responsibilities)

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.

4.3 Managers are responsible for ensuring policy implementation and promoting awareness of this policy amongst their employees.

4.4 Employees are responsible for complying with this policy

5. General Principles

5.1 Existing staff will retain the period of notice stated in their current contract of employment or any subsequent notification of variation. However, should an employee move of their own volition, (e.g. through the recruitment process), to

a different post, or their post is re-banded (when the review is requested by the employee), the relevant notice period for the new, or rebanded post shall apply.

- 5.2 Staff are required to work their contractual notice.
- 5.3 Staff who continue to work during their period of notice will receive normal pay and benefits, including any 'cost of living', or pay progression for that period in line with their contract of employment.
- 5.4 Where the Trust changes contracts of employment under the [Organisational Change and Redundancy policy](#), there will be no change to existing contractual notice periods where staff remain at the same band.
- 5.5 Staff cannot withdraw their notice once it is given.
- 5.6 Managers are not obliged to, but have discretion if they wish to:
 - a) accept a shorter period of notice
 - b) allow staff to withdraw their notice

6. Table of periods of notice required from employees

The period of notice required by the Trust from employees who wish to terminate their employment is contained in the following table:

BAND	PERIOD OF NOTICE TRUST REQUIRES FROM EMPLOYEES
1	6 weeks
2	6 weeks
3	6 weeks
4	6 weeks
5	6 weeks
6	10 weeks
7	10 weeks
8	12 weeks
9	12 weeks

STAFF GROUP	PERIOD OF NOTICE TRUST REQUIRES FROM EMPLOYEES
Foundation Programme Year 1	1 month
Foundation Programme Year 2	1 month
Trust Doctor (SHO Level)	6 weeks
SHO (Dentistry)	6 weeks
Trust Grade Dental Practitioner	10 weeks
Trust Doctor (SpR level)	3 months
Staff Grade	3 months
Specialty Doctor	3 months
Locum Specialty Doctor	3 months
Associate Specialist	3 months
Consultant	3 months
Locum Consultant	3 months

7. Notice required to be given by the Trust

The required notice period to be given by the Trust is in accordance with the Employment Rights Act 1996 and is dependent upon the employee's length of continuous employment with the Trust

LENGTH OF CONTINUOUS EMPLOYMENT WITH THE TRUST	PERIOD OF NOTICE TO BE GIVEN BY THE TRUST
One month but less than two years	One week
Two years but less than 12 years	One week for each year of continuous service
12 years or more	12 weeks

8. Training

Training will be provided by the Human Resources department to managers where requested.

9. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

10. Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reporting of information from ESR for the purpose of ascertaining: ▪ The number of breach of contract legal cases instigated by the Trust because employees have failed to give the required period of notice.	Reporting of information on from ESR	Director of Human Resources	Heads of Human Resources Meeting	Annually

11. Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

12. Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources department.

13. References

- 1) Employment Rights Act 1996 available at <http://www.legislation.gov.uk/ukpga/1996/18/contents>

14. Additional documents

- [Organisational Change and Redundancy Policy](#)

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

20 December 2019

2. **Name of policy / strategy / service:**

Notice Periods Policy

3. **Name and designation of Author:**

Ms Karen Pearce, Senior HR Manager

4. **Names & designations of those involved in the impact analysis screening process:**

Natalie Cowan, HR Manager – Projects

5. **Is this a:**
- | | | | | | |
|------------------------|-------------------------------------|---------------|-------------------------------------|-----------------|--------------------------|
| Policy | <input checked="" type="checkbox"/> | Strategy | <input type="checkbox"/> | Service | <input type="checkbox"/> |
| Is this: | New | Revised | <input checked="" type="checkbox"/> | | |
| Who is affected | Employees | Service Users | <input type="checkbox"/> | Wider Community | <input type="checkbox"/> |
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

This policy sets out the notice which both the Trust and its employees are required to give to terminate a contract of employment.
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7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

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8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups on any grounds.	There is no local data to suggest areas of direct or indirect discrimination	
Sex (male/ female)	As above	As above	
Religion and Belief	As above	As above	
Sexual orientation including lesbian, gay and bisexual people	As above	As above	
Age	As above	As above	
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above	As above	
Gender Re-assignment	As above	As above	
Marriage and Civil Partnership	As above	As above	
Maternity / Pregnancy	As above	As above	

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

PART 2

Name:

Natalie Cowan, HR Manager– Projects

Date of completion:

20/12/2019

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Human Resources Policies and Procedures

Organisational Change and Redeployment policy

Version No.:	9.1
Effective Date:	20 May 2022
Expiry Date:	14 April 2025
Date Ratified:	20 May 2022
Ratified by:	Employment Policies & Procedures Group

1 General policy statement

The Trust continually strives to improve patient care and respond to budget, workforce and other pressures by carrying out programmes of change.

The statutory and best practice framework in managing change is complex and this policy is designed to help the Trust achieve transition and make required change as smoothly as possible.

The policy outlines the processes, responsibilities and timescales involved to give clarity and reassurance that where change is needed it is being dealt with effectively and fairly.

Principles

- The Trust will strive to manage organisational change in accordance with best practice principles and processes.
- The processes involved in managing change are designed to be fair and transparent while ensuring security of employment where possible.
- Where practicable, compulsory redundancy will be avoided and alternative solutions found.

2 Duties (Roles and responsibilities)

- 2.1 The Trust aims to ensure that this policy is followed where organisational change is required and that managers are aware of their responsibilities.
- 2.2 The Executive Team will oversee implementation of the policy within the Trust and monitor compliance and effectiveness.
- 2.3 Managers leading a change process should follow the principles and processes within this policy and ensure a representative of Human Resources is engaged.

2.4 Trade unions and managers will work together to ensure any change process is managed in a fair and consistent manner. They will also offer representation and support to staff as required.

2.5 Staff should engage positively in the organisational change process.

3.0 Definitions

3.1 **“At risk”** – staff are considered formally “at risk” at the end of a consultation period and when notice of redundancy is served.

3.2 Suitable alternative employment

In determining whether an alternative role is suitable, a range of factors should be considered, including skills, nature of the duties, banding, earnings, hours of work, location and personal circumstances

4.0 Organisational change

4.1 Rights of representation

Staff have the right to be accompanied/represented by a trade union representative or work colleague at any stage.

4.2 Process overview

4.2.1 Step 1: Workforce planning

The need for change affecting the workforce may be identified through regular workforce planning and/or in response to a specific situation.

4.2.2 Step 2: Consultation

The Trust will consult with recognised trade unions or professional bodies and with staff directly (and indirectly) affected by proposed organisational change.

Consultation should start at the earliest opportunity and throughout the process – the extent will depend upon the timing and availability of information. It will take place for at least 30-days unless a shorter period is agreed and is compliant with employment legislation.

In undertaking consultation, managers should ensure:

- meaningful consultation with those affected is held as early as possible, while proposals are still formative
- information is given regarding the rationale for the proposed change, indicative timescales and possible options
- staff affected by the proposed change can contribute to the thinking around any options and suggest alternatives

- staff are assured that appointments to a new structure will be completed in accordance with due process as quickly as possible and will have regard for issues of fairness, equality and transparency

Managers should be mindful of the stress and anxiety staff may experience at times of change. They should seek to ensure a supportive climate that promotes positive outcomes and minimises unnecessary anxiety.

While group meetings may be appropriate to discuss change plans, all individuals directly affected by change are entitled to a one-to-one meeting to discuss their personal circumstances, any preferences for roles they may have and possible alternative options, either internally or externally, including retirement. Expressions of interest at this stage will not commit either party to that action.

Further information about consultation where there is a potential for redundancies is given in Section 7.

4.3.3 Step 3: HR processes

Where changes to the workforce are required the following HR processes should be used:

4.3.3.1 Automatic slot-in

Where the responsibilities of a post in the new structure represent at least 70% of a current role, staff should automatically slot-in to that post provided the number of staff who qualify under this criteria is not greater than the number of posts available.

4.3.3.2 Competitive slot-in

If the number of posts in the new structure is less than the number of staff who meet the 70% slot-in criteria, a competitive selection process should apply. The process should consist of an interview and any other selection exercise(s) felt appropriate. Please note that staff on maternity leave should be given priority and offered posts where there is more than one potential candidate.

4.3.3.3 Redeployment

If there is no post in the new structure where staff fulfil at least 70% of the duties, they should enter the Trust's redeployment pool – section 5.

HR will support the staff member to look for roles within and outwith the Trust. The staff member is also responsible for looking for suitable alternative employment. If it is considered that a staff member has failed to carry out a reasonable job search or has unreasonably refused suitable alternative employment they may lose their entitlement to a redundancy payment.

4.3.3.4 Ring-fencing for at risk staff

All vacant posts within the Trust that are considered as suitable alternative employment will be ring-fenced for one week for staff who are formally at risk of redundancy. If there is no interest, posts will be released to the wider redeployment pool.

Option one

- Where only one staff member expresses an interest in a post and they meet the essential criteria there should be a meeting with the manager of the post to discuss their suitability.

Option two

- Where more than one staff member expresses an interest in a post, a competitive interview process will take place.
- A trial period in a job can apply under option one or two.
- If a job is fixed term, it can be used to extend the employment of an at risk person with no loss of redundancy payment.

5.0 Redeployment pool

5.1 Matching process

- 5.1.1 Staff in the redeployment pool should attend a redeployment meeting with their manager and HR which will explain the process to be followed. This meeting should take place as soon as possible after it is identified that redeployment is required. A record will be held by HR.
- 5.1.2 The types of roles available to the staff member will be discussed. Details will be obtained of their knowledge, skills, experience and qualifications (their manager will also be asked to provide a summary of their skills) using the skills audit form (see appendix 1).
- 5.1.3 Staff in the redeployment pool are entitled to reasonable time off to attend internal and external interviews.
- 5.1.4 The HR team will regularly undertake a matching process to identify any suitable vacancies and any posts identified will be emailed or posted to the individual as required. The staff member is also expected to participate in identifying vacancies. Regular communication should take place about the suitability of roles identified by the individual and/or the HR team. Staff are expected to cooperate at all stages of the process.

5.2 Health conditions and disabilities

5.2.1 In cases of redeployment on health grounds, Occupational Health will be engaged to provide advice on deployment including job suitability and workplace adjustments.

5.3 Application process

5.3.1 Staff will be considered for suitable vacancies within the Trust providing they meet the essential criteria for the role.

5.3.2 Once a post is identified the individual will be invited to attend an informal meeting with the line manager to discuss their potential suitability. If more than one staff member is potentially suitable all eligible staff will be interviewed formally.

5.3.3 Where the line manager cannot agree suitability they will inform the candidate and provide reasons/feedback.

5.3.4 Where a staff member declines an offer they must give reasons. If the individual is thought to have unreasonably declined an offer, their employment status will be reviewed. Their employment may be terminated and they may forfeit their entitlement to a redundancy payment.

5.5 Redeployment pool duration

5.5.1 Staff can remain on the register for up to eight weeks. If they have not been redeployed within that time their employment will be terminated. Any period of notice due at the end of 8 weeks will be paid in lieu.

5.5.2 If staff are redeployed to a temporary role, they will still remain in the Redeployment Pool.

5.6 Certificate of sponsorship

If staff affected by organisational change are employed under a Certificate of Sponsorship, advice must be sought from the HR Department at the earliest opportunity to ensure compliance with UK visa and immigration regulations.

6.0 Trial period

6.1 Staff who are redeployed will be offered a trial period of 4 weeks. Any extension to this will be by exception and at the absolute discretion of the Trust.

6.2 The manager should engage with the staff member at regular intervals to provide support, assess progress and address any issues.

6.3 If the trial is successful, the staff member will be confirmed in post.

6.4 If the trial is unsuccessful, the staff member will remain on the redeployment register until their 8 weeks have expired – once expired their employment will be terminated.

6.3 During the trial period the staff member will remain employed under (and charged to) their substantive contract of employment. The manager hosting the trial will take over the person's day-to-day management including all activity in relation to Allocate (e.g. rostering, pay, time and attendance).

6.4 The Registration Authority (RA) manager must be informed by HR if a staff member is undertaking a trial period or if a trial is unsuccessful. This is to ensure appropriate access to relevant systems is setup and removed as necessary.

7.0 Redundancies

7.1 Avoiding compulsory redundancies

The Trust is committed to avoiding compulsory redundancies and will use reasonably practicable measures to try and protect the employment of staff, including:

- vacancy control procedure
- natural turnover
- reducing overtime as far as possible
- limiting usage of temporary staff
- viewing the existing and proposed use of service level agreements and of external consultants
- voluntary reductions in hours worked
- use of flexible working options, to include job share, job transfer and career breaks
- temporary use of supernumerary posts
- any other creative approaches to reduce the risk of compulsory redundancy.

Staff considered potentially at risk of redundancy should be identified as soon as possible and steps taken to secure an alternative role within the Trust through prior consideration for suitable vacancies.

Human Resources will maintain an "at risk" register and ensure staff who have been served notice are given prior consideration for a suitable vacancy.

Staff will not be served notice of redundancy until consultation has ended.

The policy seeks to highlight and address the measures which will be considered or taken to avoid or minimise the need for potential redundancies

and to mitigate their impact should redundancies become unavoidable. It may need to be adapted where exceptional circumstances demand. The Trust reserves the right to amend and/or change the policy following appropriate consultation.

7.2 Voluntary redundancy

Requests for expressions of interest in voluntary redundancy may be sought from staff with a view to minimising compulsory redundancies.

Acceptance of an expression of interest is at the absolute discretion of the Trust and staff have no right of appeal – the decision will be final.

7.4 Procedure in respect of redundancies

Where there is a potential risk of redundancies, the Trust will ensure that as part of the consultation process the appropriate information is provided in writing to staff and their representatives. This will include:

- reasons for any proposed redundancies
- numbers of staff and descriptions of posts affected
- proposed method of selecting the staff who may be dismissed on grounds of redundancy
- proposed method of carrying out the dismissals, taking account of any agreed procedure, including the period over which the dismissals will take effect
- how redundancy payments will be calculated

Consultation should take place with a view to reaching agreement with the appropriate staff/trade union representatives in respect of:

- measures to minimise or avoid redundancies
- measures for reducing the numbers to be dismissed
- mitigating the consequences of any redundancies

The Trust will fulfil its legal obligations in managing redundancies, namely:

- any employer proposing to dismiss as redundant at least 20 employees within 90 days or fewer must consult with appropriate representatives of affected staff. Consultation must begin at least 30 days before the first dismissal takes effect
- where it is proposed to dismiss more than 100 employees, consultation must begin at least 45 days before the first of the dismissals takes effect.

The timescales above reflect current statutory requirements and will automatically be updated to reflect any statutory changes.

Staff will be granted paid time off to attend interviews by arrangement with their line manager. The Trust will facilitate the early release of staff successfully securing alternative employment without loss of pay. All staff affected by redundancy will have access to Human Resources during this process.

Human Resources can provide support including:

- interview technique
- completing application forms and writing CVs
- career coaching
- information on job opportunities
- signposting to counselling services
- training and personal development

7.5 Selection for redundancy

Selection for redundancy should be fair and include consideration of some or all of the following:

- the need to ensure selection of the right people into the right posts and to minimise redundancy by encouraging flexible approaches to retaining staff
- whether applicants for voluntary redundancy can be drawn from the identified redundant posts/functions or from other posts within the Trust that would afford relevant redeployment opportunities for those staff identified as being at risk of redundancy
- whether there are staff who meet the qualifying criteria and want to take advantage of flexible retirement arrangements within the NHS Pension Scheme
- disciplinary record
- knowledge, skills, experience and qualifications
- standard of work performance

Any other criteria should be consulted upon with trade unions.

7.6 Redundancy payment

To qualify for redundancy payment staff must have at least two years' continuous NHS employment.

Redundancy payments will be calculated in accordance with NHS Terms and Conditions of Service in operation at the time.

8.0 Training

Key changes to policies and procedures are notified to managers via email circulation and are available on the Trust intranet. Training can be provided upon request.

9.0 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

10.0 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
<ul style="list-style-type: none">• Analysis of staff dismissed due to redundancy and reason(s) for redundancy• Number of appeals against redundancy	Reporting of Information on ESR	Director of Human Resources	HR Performance Review Meeting	Annually

11 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group.

12 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

13 References

- [NHS Terms and Conditions of Service Handbook](#)
- [Terms and Conditions – Consultants \(England\) 2003](#)
- [Employment Rights Act 1996](#)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Redeployment - Skills Audit

Name of Employee

Date of Meeting

Name of HR Representative conducting meeting
.....

Name and job title of Line manager, in attendance
.....

Name of Staff Representative, if in attendance
.....

Current Position

Job title

Band.....

Contractual Hours

Normal working hours/shift

Hospital/Base

Ward/Directorate

3 Employment History (last 10 years)
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.....

4 Qualifications/Previous Training Courses Attended

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5 Skills

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Redeployment opportunities

6 What areas/types of work have Occupational Health recommended (if applicable)?

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7 What areas/type of work have Occupational Health recommended as unsuitable? (if applicable)

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.....

.....

8 What areas/types of work would you consider as suitable?

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9 What type of work would you consider as unsuitable? (reasons why)

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.....

10 Future training and development requirements to assist you (reason why)

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.....

11 Number of contractual hours/shift patterns you are able to consider working (reasons why)

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.....

12 Any hours/shift patterns you are unable to work i.e. weekends, night shift (reasons why)

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.....

13 Any site/department you are unable to work at (reasons why)

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14 Any additional information

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15 HR representative Comments

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Employee Signature Date

HR Advisor/Senior HR Advisor Signature Date

Staff representative/companion Signature Date

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

**ARRANGEMENTS FOR PROTECTION OF PAY
AND CONDITIONS OF SERVICE**

1. Introduction

These arrangements apply to any permanent staff who as a consequence of organisational change (including workforce re-profiling):

- are required by the Trust to move to a new post , or
- suffer a permanent change in working pattern (which results in a reduction in earnings) worked within the standard working week, or
- have to change jobs permanently to a lower paid position due to a work-related injury, illness and/or other health condition.

This arrangement does not apply to staff who request a move, or who are moved because of unsatisfactory work performance, health grounds or as a disciplinary measure.

2. Definitions

2.1 Organisational Change/Redundancy/Re-profiling

A change initiated by the Trust to the organisation of its services which affects the pay and/or earnings of staff.

2.2 Basic Salary

The monthly sum due in respect of contracted basic hours worked within the standard working week on the day immediately preceding the first day of employment in the new post. It would also include any distinction awards for as long as these were due within the protection period.

(Any payments made on a temporary basis, for example, acting allowance are excluded).

2.3 Earnings

Remuneration received from contracted earnings in respect of the following:

- a) Unsocial hours
- b) On-call availability (earnings from on-call work done are excluded)
- c) Contractual overtime
- d) Recruitment and Retention Premia (RRP)

Protected earnings will be calculated as a monthly average over the 3 months immediately preceding the first day of employment in the new post.

2.4 Mark-time

Protected basic salary and/or earnings will be 'frozen' and not subject to increase during the period of protection (for example, due to incremental progression and/or cost of living uplift).

2.5 Lower banded post

One where the salary maximum of one post is lower than the salary maximum of another.

3. Protection of Earnings

- 3.1 Earnings protection will be calculated as a monthly average of the earnings received in the 3-month period immediately preceding the day on which an organisational change takes effect, and will be paid on a mark-time basis in accordance with the following table:

<u>Continuous Service in the NHS</u> (completed years)	<u>Protected Period</u>
1-2 years	3 months
3-5 years	6 months
6-9 years	9 months
10 years +	12 months

- 3.2 Earnings protection will continue until:

- a) the period of protection expires, OR
- b) if prior to the end of the protected period:
 - staff leave the Trust
 - staff are appointed to a post where earnings are equal to or exceed the protected earnings
 - staff voluntarily move to a lower paid post
 - the incremental scale on the new band exceeds protection

4. Protection of Basic Salary and Other Terms Where Down Banding is Involved

- 4.1 Staff who – as an alternative to redundancy or re-profiling (where down banding is involved) – are offered a lower banded post will receive protection of their basic salary in accordance with the table below (protection will not apply to annually earned pay):

<u>Continuous Service in the NHS</u> (completed years)	<u>Protected Period</u>
1-2 years	4 months
3-5 years	12 months
6-9 years	18 months
10 years +	24 months

4.2 The following terms will also be protected (where applicable) during the period of protection:

- a) subsistence and travelling allowance
- b) period of notice

At the end of protection, terms applicable in the new post will apply.

4.3 Protection of basic salary and the applicable terms will continue until:

- a) the end of the protection period, or
- b) staff are appointed to a post in which the normal basic salary is equal to or greater than their salary plus protection in the post to which they were transferred, or
- c) staff voluntarily move to a lower banded post, or
- d) staff leave the Trust, or
- e) staff refuse to accept or apply for suitable alternative employment within the Trust without an acceptable reason

5. Conditions of Protection

5.1. Staff will be entitled to basic salary or earnings protection only. The Trust will confirm the final arrangement to the employee.

5.2 Basic salary or earnings protection are conditional upon staff undertaking any overtime, shift work or other additional duties that may be required to meet the exigencies of the service.

5.3 Basic salary or earnings protection will be offset against basic salary and earnings in the new post, including earnings from overtime, shift work or other additional duties that may have been worked. In any month during the period of protection where basic salary and earnings in the new post exceed protection, protection will not be paid.

5.4.1 Staff in receipt of excess travel reimbursement must inform their manager of any change of address immediately. Should the new address reduce the amount of excess travel, then the employee must reduce their claim for reimbursement accordingly. Should the new address increase the amount of excess travel, reimbursement must only be claimed at the rate applicable from the old address. Failure to make a claim correctly will be regarded as a serious offence and will be dealt with in accordance with the Disciplinary Procedure. In circumstances where the employee chooses to apply for a new

post during the period of protection the entitlement to excess mileage will automatically cease.

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**
- | | | | | | |
|------------------------|-------------------------------------|---------------|-------------------------------------|-----------------|--------------------------|
| Policy | <input checked="" type="checkbox"/> | Strategy | <input type="checkbox"/> | Service | <input type="checkbox"/> |
| Is this: | New | Revised | <input checked="" type="checkbox"/> | | |
| Who is affected | Employees | Service Users | <input type="checkbox"/> | Wider Community | <input type="checkbox"/> |
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	<ul style="list-style-type: none"> – The Trust will strive to manage organisational change in accordance with best practice principles and processes. – The processes involved in managing change are designed to be fair and transparent, while ensuring security of employment where possible. – Where practicable, compulsory redundancy will be avoided, and alternative solutions found. – Trade unions and managers will work together to ensure any change process is managed in a fair and consistent manner – Redundancy Criteria - WRES data continues to show that BAME staff are less likely to be subject to disciplinary processes than white staff 	None	
Sex (male/ female)	As above		
Religion and Belief	As above		
Sexual orientation including lesbian, gay and bisexual people	As above		
Age	As above		
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<p>As above</p> <p>5.2 covers redeployment on health grounds and indicates that occupational health will be engaged to provide advice on deployment including job suitability and workplace adjustments.</p>		<ul style="list-style-type: none"> – Selection for redundancy - Absence has been removed as a category from the selection criteria for redundancy – In cases of redeployment on health grounds, Occupational

	When considering whether posts are suitable for staff with a disability, consideration will be given to whether the role would be suitable with reasonable adjustment made.		Health will be engaged to provide advice on deployment including job suitability and workplace adjustments.
Gender Re-assignment	As above Absence has been removed as a category from the selection criteria for redundancy. Wellbeing policy allows managers to categorise absence due to gender reassignment as a reasonable adjustment	As above	
Marriage and Civil Partnership	Policy confirms staff on maternity leave should be given priority and offered posts where there is more than one potential candidate	As above	
Maternity / Pregnancy	As above Absence has been removed as a category from the selection criteria for redundancy	As above	

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?

Yes

No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No, no negative impact envisaged and the policy makes adjustments where an equality impact has been highlighted.

PART 2

Name:

Tor Metcalfe-Meggison

Date of completion:

22/02/2022

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies & Procedures

Pregnancy, Maternity Leave and Pay

Version No.:	11.1
Effective From:	31 October 2022
Expiry Date:	14 April 2025
Date Ratified:	31 October 2022
Ratified By:	Employment Policies & Procedures Consultative Group

GENERAL POLICY STATEMENT

This document sets out the Trust's provisions for maternity leave and related entitlements.

This policy applies to all workers within the Trust who are pregnant, or who have recently been pregnant (including those who are seconded out to another organisation);

The health and wellbeing of pregnant workers is of the utmost importance and staff are recommended to inform their manager of their pregnancy as soon as possible to ensure the relevant risk assessments are carried out.

The Trust will ensure that any actions arising from this policy are made objectively and are free from unlawful discrimination. No employee will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity/expression, marriage and civil partnership or pregnancy and maternity.

1 Duties (Roles and responsibilities)

- 1.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 1.2 Directorate managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.
- 1.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 1.4 Staff are responsible for complying with policy.

2. Health and Safety - Pre and Post Birth

- 2.1 Where staff are either pregnant, have recently given birth (within 6 months) or are breastfeeding, a risk assessment of their working conditions should be carried out. This includes staff working on a KIT day. Staff are responsible for triggering the risk assessment by notifying their manager of their circumstances as soon as possible, taking into consideration factors such as their working environment, health and other, unforeseen factors such as pandemics. The manager is then responsible for ensuring the risk assessment is undertaken as soon as possible.
- 2.2 If it is found following risk assessment, taking into account any certified medical statement from a medical practitioner or a midwife, that staff or their child would be at risk were they to continue with normal duties, the manager should arrange suitable alternative work. Whilst undertaking alternative work, staff will receive normal pay.
- 2.3 The above provisions also apply to staff who are breastfeeding if it is found that their normal duties would prevent them from successfully breastfeeding their child.
- 2.4 For further information please refer to the [Pregnant Workers Policy](#) and the [Supporting Staff who are Breastfeeding Policy](#).

3 Notification of Pregnancy

- 3.1 Pregnant staff should notify their manager, their Directorate Human Resources Advisor and the Health and Safety Department of their pregnancy in writing as soon as possible to allow relevant support to be put in place to ensure their wellbeing.
- 3.2 Upon receipt of a staff notification:
 - a) the manager will arrange for a risk assessment to be carried out
 - b) The Human Resources Advisor will forward a maternity pack to the employee (a meeting with HR will only be arranged if requested).
- 3.3 Staff must submit their maternity leave and pay application form, accompanied by a MATB1 form, by the end of the week 15th week before the expected date of confinement (i.e. the 'Notification Week') and this will constitute formal notification. If this is not possible, it should be made as soon as is reasonably practicable as any delay could affect maternity pay. The notification will include the expected week of confinement (EWC), the date on which it is intended to start maternity leave and if the staff member has a right to work under a Certificate of Sponsorship.
- 3.4 Once the HR Department has received the Maternity Leave and Pay application form they will:
 - a) arrange to:

- i. process the [Maternity Leave/Pay Application Form](#) and inform Payroll
 - ii. process the MAT B1 form – see paragraph 13.1 below
 - iii. ensure UK Visas and Immigration are notified of the staff member's maternity leave
 - iv. ensure that the manager has arranged a risk assessment
 - b) give written confirmation of the following:
 - i. paid and unpaid leave entitlement under this policy (or statutory entitlements if staff do not qualify)
 - ii. unless an earlier return date has been given, the staff member's expected return date based on their 52 weeks' paid and unpaid leave entitlement under this policy
 - iii. the need for staff to give at least eight weeks' notice if they wish to return to work before the expected return date or if they are not planning to take the full 52 weeks' leave.
- 3.5 Staff and their manager should discuss and make arrangements for using annual leave accrued in the current leave year prior to maternity leave where this is possible. They should also agree the length of any period of accrued annual leave/public holidays where it has been agreed that this may be taken following the end of the formal maternity leave period.
- 3.6 If staff wish to change the date they intend to start maternity leave, they should notify their manager and the HR Department, in writing, at least 28 days in advance of the revised date. If this is not possible, then it must be made as soon as is reasonably practicable.

4 Antenatal Care

- 4.1 Pregnant staff have the right to paid time off for antenatal care if this occurs within their normal working hours. This includes relaxation and parent-education classes (but does not include aqua natal swimming classes) as well as appointments for antenatal care.
- 4.2 All requests for time-off for antenatal care are subject to prior approval from the manager and should be made with as much notice as possible to enable any necessary cover to be arranged. They should be supported by the following:
- a) a certificate from a registered medical practitioner, registered midwife or registered health visitor confirming the pregnancy, and
 - b) an appointment card, or some other document showing that an appointment has been made
- 4.3 Time off for antenatal care should be recorded by the manager in ESR/ERA.

5. Notification of Commencement of Maternity Leave

- 5.1 To process a Maternity Leave/Pay Application Form, staff must provide a MAT B1 form from their medical practitioner or registered midwife. This is normally issued from week 20 of pregnancy onwards.
- 5.2 Staff should submit their MAT B1 form to the HR Department as soon as they receive it and not later than four weeks before maternity leave is due to start.

Timing of Maternity Leave and Related Matters

6. Commencement and Duration of Leave

Staff can start maternity leave at any time between eleven weeks before the EWC and the EWC provided they give the required period of notice – see paragraphs 8.1, 8.2 and 8.4 above.

7. Sickness Prior to Childbirth

- 7.1 If staff are off work ill, or become ill with a pregnancy-related illness during the last four weeks before the EWC, maternity leave will normally commence at the beginning of the fourth week before the EWC, or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the expected week of confinement, supported by a medical statement of incapacity for work, or a self-certificate, shall be treated as sickness absence in accordance with normal leave provisions.
- 7.2 An odd day of pregnancy-related illness in the last four weeks before the EWC will be disregarded for the purposes of commencing maternity leave.

8. Pre-term Birth

- 8.1 Where staff give birth prematurely, they are entitled to the same amount of maternity leave and pay as if their baby was born at full term.
- 8.2 In the event of a premature birth, staff should notify their manager and the HR Department of the actual date of birth as soon as possible. This must be confirmed in writing by a midwife or medical practitioner.
- 8.3 Where a baby is born before the 11th week before the EWC and staff have worked during the actual week of childbirth, maternity leave will start on the first day of absence.
- 8.4 Where a baby is born before the 11th week before the EWC and staff have been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of the birth.
- 8.5 Where a baby is born before the 11th week before the EWC and the baby is in hospital, staff may split their maternity leave entitlement to take a minimum of two weeks immediately after childbirth and the remainder following the baby's

discharge from hospital. (This will not affect OMP, but may affect SMP. Any queries should be handled by Payroll).

- 8.6 Where a baby is born after the 11th week before the EWC but before the intended date notified to start maternity leave, and staff have worked during the actual week of childbirth, maternity leave will start on the first day of absence.

9 Still Birth

Staff who suffer a still birth after the completed 24th week of pregnancy will be entitled to the same amount of maternity leave and pay as outlined in sections 12 and 13.

10 Miscarriage

Staff who have a miscarriage before the end of the 24th week of pregnancy, normal sick leave and/or compassionate leave provisions will apply as necessary.

11. Maternity Leave

- 11.1 Staff are entitled to 26 weeks' ordinary maternity leave followed by 26 weeks' additional maternity leave, amounting to a maximum of 52 weeks in total subject to providing notice in writing before the end of the 15th week before the expected date of childbirth (or if this is not possible, as soon as is reasonably practicable thereafter):

- i. of their intention to take maternity leave
- ii. of the date they wish to start maternity leave (but see paragraph 8.4 below)
- iii. including provision of a MAT B1 form from their midwife or medical practitioner stating the EWC

- 11.2 The two weeks immediately after the birth of the baby will constitute compulsory maternity leave. An employee may not work during compulsory maternity leave.

12 Contractual Maternity Pay

Eligibility

- 12.1. Staff working full or part-time are entitled to paid and unpaid maternity leave under the NHS contractual maternity pay scheme if:
- a) they have twelve months' continuous service with one or more NHS employers (see section 23. below) at the beginning of the 11th week before the expected week of confinement (EWC)
 - b) they notify their employer in writing before the end of the 15th week before the expected date of confinement (or if this is not possible, as soon as is

reasonably practicable thereafter);

- i. of their intention to take maternity leave
- ii. of the date they wish to start maternity leave (but see paragraph 8.4 below)
- iii. that they intend to return to work with the same or another NHS employer for a minimum period of three months after maternity leave has ended
- iv. and provides a MAT B1 form from their midwife or medical practitioner stating the EWC

Amount of Pay – Staff Who Notify Intention to Return to Work

12.2 Staff who satisfy the eligibility criteria in paragraph 5.1 above and intend to return to work, will be eligible to receive Occupational Maternity Pay (OMP) as follows:

- a) first eight weeks of absence: full pay, less any *Statutory Maternity Pay (SMP) or Maternity Allowance (MA) (including any dependents' allowances) receivable;
- b) next 18 weeks: half of full pay, plus any SMP or MA (including any dependents' allowances) receivable, providing the total receivable does not exceed full pay;
- c) next 13 weeks: SMP or MA only.

(*For details concerning SMP and MA, see section 6. below)

12.3 By prior agreement, OMP can be paid in a different way, for example a fixed amount spread equally over the 39 week paid maternity leave period.

Amount of Pay – Staff Not Returning to Work

12.4 Staff who do not intend to return to work, either for the Trust or another NHS employer for a minimum period of three months after maternity leave has ended, are entitled to pay equivalent to SMP – see section 7 below.

Amount of Pay – Staff Undecided Whether to Return to Work

12.5 Staff who are undecided whether they will return to work after maternity leave can opt to receive SMP only. This decision can only be taken prior to the start of maternity leave.

12.6 If staff choose not to receive OMP during maternity leave, they will receive their entitlement (less SMP) after they have returned to work for the Trust or another NHS employer for a minimum period of three months.

- 12.7 If staff subsequently decide not to return and gives due notice (as defined in their contract of employment), there will be no liability to refund OMP as only SMP was paid.

Amount of Pay – Staff Fail to Return to Work

- 12.8 If staff who have notified their intention to return to work for the Trust or another NHS employer in accordance with paragraph 6.1 b) iii above, fails to do so within 15 months of the beginning of their maternity leave, they will be liable to refund the whole of their maternity pay, less any SMP, received. Repayment must be made within one month of notification.

Calculation of Maternity Pay

- 12.9 Full pay will be calculated using the average weekly earnings rules used for calculating SMP entitlements (generally this is an average of earnings received between the 17th and 25th week of pregnancy), subject to the following qualifications:
- a) In the event of a pay award or annual increment being implemented **before** the paid maternity leave period begins, the maternity pay will be calculated as though the pay award or annual increment had effect throughout the entire SMP calculation period. If such a pay award is agreed retrospectively, the maternity pay should be re-calculated on the same basis
 - b) In the event of a pay award or annual increment being implemented **during** the paid maternity leave period, the maternity pay due from the date of the pay award or annual increment will be increased accordingly. If such a pay award is agreed retrospectively, the maternity pay should be re-calculated on the same basis
 - c) In the case of an employee on unpaid sickness absence, or on sickness absence attracting half pay during the whole part of the period used for calculating average weekly earnings in accordance with the earnings rules for SMP purposes, average weekly earnings for the period of sickness absence shall be calculated on the basis of notional full sick pay
 - d) For staff in a salary sacrifice arrangement, maternity pay is calculated based on the amount of gross pay left after salary sacrifice deductions have been taken. For more information, please see section 25. below.

13 Employees Not Eligible For Contractual Maternity Pay

Statutory Maternity Pay

- 13.1 Staff who do not satisfy the conditions in paragraph 6.1 above may be entitled to SMP.
- 13.2 Staff are entitled to a maximum of 39 weeks' SMP if they satisfy the following conditions:

- a) they have worked for the Trust continuously for at least 26 weeks up to the notification week (15th week before the EWC), and
- b) their average weekly earnings have been at least equal to the lower earnings limit for National Insurance contributions (although they do not have to have paid any contributions)

13.3 SMP is paid at 90% of average weekly earnings for the first six weeks of maternity leave, then a flat-rate sum or 90% of average weekly earnings if this is less, for the following 33 weeks.

Maternity Allowance

13.4 If staff earnings are too low to qualify for SMP, or they do not qualify for another reason, for example they do not have 26 weeks continuous service by the 'Notification Week' (i.e. the 15th week before the EWC), they should be advised to claim Maternity Allowance (MA) from their local Job Centre Plus or Social Security office.

13.5 MA is paid at a flat-rate sum for 39 weeks.

Miscellaneous

13.6 Any entitlement to SMP will be paid regardless of whether the conditions in paragraph 6.1 are satisfied.

13.7 Staff who fall under this section and intend to return to NHS employment are also entitled to a further period of 13 weeks' unpaid maternity leave.

13.8 Where staff are having an IVF procedure, under sedation, authorised absence will be granted. Any subsequent absence due to being unwell will be considered sickness absence. All other IVF appointments (i.e. routine check-ups without sedation) will be treated as hospital appointments, in accordance with the Special Leave policy.

13.9 In the case of IVF, following implantation, staff will be treated as being pregnant. A pregnancy test is taken two weeks after implantation; if the test is negative, staff will be protected as pregnant for a further two weeks. If the test is positive, but the pregnancy is not successful (e.g. due to miscarriage), protection will end two weeks after the end of the pregnancy.

14 Keeping in Touch

14.1 Subject to agreement with their manager, staff can work up to 10 Keeping in Touch (KIT) days (i.e. equivalent to two working weeks in total) during their paid and/or unpaid maternity leave without losing entitlement to maternity pay and without bringing maternity leave to an end. Any days of work will not extend the maternity leave period.

- 14.2 Before going on maternity leave, managers and staff should agree any voluntary arrangements for keeping in touch during maternity leave, including:
- a) any voluntary arrangements that staff may find helpful to help them keep in touch with developments at work and, nearer the time of their return, to help facilitate their return to work
 - b) keeping the manager in touch with any developments that may affect their intended date of return
 - c) confirming how staff will be informed of any pay rises, bonuses and job vacancies which occur during their period of maternity leave
- 14.3 To facilitate the process of KIT days it is important that managers and staff have an early discussion to plan and make arrangements for KIT days before maternity leave starts.
- 14.4 To enable staff to take up the opportunity, the Trust will consider reasonable requests for support, such as reimbursement of childcare costs.
- 14.5 Staff may not work during the two weeks of compulsory maternity leave immediately after the birth of their baby.
- 14.6 KIT days can be consecutive days or separate, and can include training (including the completion of mandatory training) or other activities which enable staff to keep in touch with their workplace.
- 14.7 Any such work must be by agreement, and neither the Trust nor staff can insist on it.
- 14.8 Staff will be paid a proportion of their basic daily rate for the actual hours worked, less appropriate maternity leave payment for KIT days worked.
- 14.9 Working for part of any day will count as one KIT day.

15 Postnatal Care and Breastfeeding Employees

- 15.1 Staff who have recently given birth are entitled to paid time off for post-natal care e.g. attendance at health clinics.
- 15.2 All requests for time-off for postnatal care are subject to prior approval from the manager and should be made with as much notice as possible to enable any necessary cover to be arranged. They should be supported by an appointment card, or some other document showing that an appointment has been made.
- 15.3 The Trust has a duty under health and safety to undertake a risk assessment and to provide breast-feeding staff with suitable rest facilities. The Health and

Safety Executive also encourages employers to provide breastfeeding staff with suitable access to a private room to express and store milk.

- 15.4 For additional information regarding the provisions available for Breastfeeding with the Trust please refer to the [Supporting Staff who are Breastfeeding Policy](#).

16 Shared Parental Leave

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth, providing parents with additional flexibility. Please see the Shared Parental Leave [Policy](#) for further information.

17 Return to Work

- 17.1 Staff who have notified of their intention to return to work at the end of their full maternity leave (i.e. after 52 weeks) or whose expected return date has been based on their 52 weeks' paid and unpaid leave entitlement, are not required to give any further notification of their return unless they wish to return early, in which case they are requested to give at least eight weeks' notice.
- 17.2 Staff have the right to return to their job under their original contract and on no less favourable terms and conditions unless a redundancy situation arose during the period of maternity absence, or there is some other reason why it is not reasonably practicable to return to their original job.
- 17.3 Staff wishing to change their return to work date should notify their manager in writing at least eight weeks' in advance as it could affect them receiving their pay on time. The manager should copy the documentation to the HR Department (within two working days) who will up date ESR and forward the documentation to Payroll.
- 17.4 Should staff take their full maternity leave and return after 52 weeks, no formal notification of return is required, however, staff should contact their manager to confirm the arrangements for their return and the manager will then contact HR to advise of this no later than four weeks before the return date. The HR Department will confirm the details of the return to work with Payroll. If staff are not physically returning to work, for example, due to annual leave, the manager must still send notification of this to HR to ensure staff are paid correctly and on time. The HR Department will confirm the return to work details with Payroll.
- 17.5 Where staff are absent for 12 months or more, managers may wish to consider attendance at corporate induction.

18 Returning on Flexible Working Arrangements

- 18.1 There is no legal right to return to a job on a part-time basis, however, staff may apply for flexible working and the Trust has a duty to consider such requests. This can be done through the Flexible Working Policy.

- 18.2 If it is agreed that staff can return to work on a flexible basis, including temporary changes, this must be notified to the HR Department without delay to ensure staff are paid correctly and on time.
- 18.3 Staff who return to work whilst breastfeeding should refer to the [Supporting Staff who are Breastfeeding Policy](#) for details of support available.

19 Returning Late from Maternity Leave

- 19.1 If staff wish to return to work later than the expected return to work date they should either:
- Request parental leave in accordance with the Special Leave Policy, giving at least 21 days' notice before the end of their maternity leave. Parental leave is unpaid.
 - Request unpaid leave in accordance with their contract of employment. This will only be approved at the discretion of the Trust.
 - Request a career break in accordance with the Flexible Working Arrangements Policy.

If such leave is approved immediately following maternity leave (i.e. the employee does not physically return to work for three months in accordance with paragraph 6.1 b) iii)), the requirement to repay contractual maternity pay, less any SMP, in addition to the full amount of Employer's National Insurance Contributions for the period of paid leave will be deferred until the end of the career break. If staff subsequently fail to return on the date agreed, they will be liable to repay the full amount.

- 19.2 If staff are unable to return to work on the expected date due to illness or injury, this will be regarded as sickness absence and will be dealt with in line with the Wellbeing Policy.
- 19.3 In any other case, a late return will be treated as unauthorised absence and will be dealt with in line with the Disciplinary Policy.

20 Sickness Following the End of Maternity Leave

In the event of illness from the intended return to work date, normal sickness absence pay and provisions will apply.

21 Fixed-Term Contracts or Training Contracts

- 21.1 Staff subject to a fixed-term or training contract which expires after the 11th week before the EWC will have their contract extended so as to allow them to receive the 52 weeks' contractual maternity leave. If they satisfy the conditions in paragraphs 6.1 a) and b) i, ii, and iv, this will include paid

contractual leave, SMP and a remaining 13 weeks' unpaid leave as set out in paragraph 6.2.

- 21.2 Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment will not constitute a break in service.
- 21.3 If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred, the repayment provisions set out in paragraph 6.8 above will not apply
- 21.4 Staff on a fixed-term contract who do not meet the twelve months' continuous service condition set out in paragraph 6.1 a) above, may still be entitled to SMP – paragraph 7.2.

22 Rotational Training Contracts

- 22.1 Where staff are on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, they 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 and childbirth had not occurred.
- 22.2 In such circumstances, the contract of employment will be extended to enable the practitioner to complete the agreed programme of training.

23 Increments

- 23.1 Maternity leave, whether paid or unpaid, will count as service for annual increments.
- 23.2 Staff on Maternity Leave will be expected to comply with the Trust's Appraisal Procedures in the same way as other staff. Managers should take reasonable steps to ensure they are able to give consideration to staff pay progression on the relevant date. This may include a review of:
 - a) Previous records
 - b) Progress towards meeting their PDP
 - c) Notes of any relevant meetings
 - d) Performance and development before planned absence starts

24 Accrual of Annual Leave/Public Holidays

- 24.1 Annual leave/public holidays will continue to accrue during maternity leave and where possible should be taken during the relevant holiday year.
- 24.2 The amount of accrued annual leave/public holidays staff can carry forward to the next annual leave year should not normally exceed 5 days i.e. one working week (pro-rata for part-time and full time staff who work their shifts over less than 5 shifts per week). The amount of annual leave/public holidays staff wish to carry over must be approved by the line manager before the maternity leave period starts.

- 24.3 Where a change in contracted hours is agreed, reference should be made to the Annual Leave and General Public Holidays Policy to resolve how any annual leave/public holidays outstanding/overtaken at the date of change should be managed.
- 24.4 Maternity leave, whether paid or unpaid, will count as service for the purposes of any service qualification period for additional annual leave.

25 Pension

- 25.1 Pension rights and contributions will be dealt with in accordance with the provisions of the NHS Pension Scheme.
- 25.2 Pension contributions accrue, but are not payable, during periods of unpaid maternity leave. As a result, the amount of accrued contributions will be deducted from salary when staff return 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 return to work.
- 25.3 These pension contributions are calculated from the pay received on the last day of paid leave before unpaid leave commenced.
- 25.4 The above deductions are in addition to the contributions payable by staff from the date they return to work.
- 25.5 Any queries should be dealt with by a Pensions Officer in Payroll.

26 Continuous Service

- 26.1 For the purposes of calculating continuous service with one or more NHS employers as set out in paragraph 6.1 a) above, the following applies:
- a) NHS employers include health authorities, NHS Boards, NHS Trusts, Primary Care Trusts and the Northern Ireland Health Service
 - b) A break in service of three months or less will be disregarded (though not count as service)
- 26.2 The following breaks in service will also be disregarded (though not count as service):
- a) employment on an honorary contract
 - b) employment as a locum with a general practitioner for a period not exceeding twelve months
 - c) 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 specialty concerned

- d) 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 Trust
- e) absence on an employment break scheme – see Flexible Working policy
- f) absence on maternity leave (paid or unpaid) as provided for under this policy

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

27 Salary Sacrifice Schemes

- 27.1 There can be implications for staff if they are participating in a salary sacrifice scheme. These implications can include: effect on calculation for maternity pay; and eligibility to remain in the scheme during maternity leave when in reduced pay and/or on unpaid maternity leave.
- 27.2 For staff in a salary sacrifice arrangement, maternity pay is calculated based on the amount of gross pay left after salary sacrifice deductions have been taken.
- 27.3 Staff should check the terms of their salary sacrifice arrangements for further details and/or contact the Staff Benefits team and/or Payroll Services for further information.
- 27.4 Staff who have a salary sacrifice arrangement(s) remain responsible for payments during periods paid and unpaid maternity leave. Staff should contact the Staff Benefits team (nuth.Benefits.everyone@nhs.net) and/or Payroll Services for further information.

28 Professional Registration

Staff are responsible for ensuring that they maintain their competence and professional registration (where applicable) at all times during their paid and unpaid maternity leave.

29 Working whilst on maternity leave

Staff considering undertaking **any** paid work, excluding KIT Days (in accordance with paragraph 14 above) whilst on maternity leave should contact HR in order to inform them of any secondary employment/self-employed work/working on the Trust bank or any other staff bank and Payroll to ascertain what impact this may have on the maternity pay they receive.

30 Training

Key updates following review will be available to staff and managers. Training will be provided by the HR Department on request from managers.

31 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

32 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reporting of information for the purposes of assessing the number and nature of any complaints relating to Maternity Leave and Pay	Reporting of information held in ESR	Director of Human Resources	Heads of Human Resources Meeting	Annually

33 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

34 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the HR Department.

35 References

1. Information about all maternity rights can be found on the Department of Trade and Industry (DTI) web-site at: www.dti.gov.uk/employment/workandfamilies/
2. Further information on Statutory Maternity Pay and Maternity Allowance can be found on the Department for Work and Pensions (DWP) web-site at: www.dwp.gov.uk/lifeevent/famchild/
3. Further information on new and expectant mothers at work can be found on the Health & Safety Executive (HSE) web-site at: www.hse.gov.uk/mothers

36 Additional Documents

- [Annual Leave and General Public Holidays](#)
- [Employee Wellbeing Policy Incorporating Absence Management Procedure](#)
- [Flexible Working Arrangements Policy](#)
- [Pregnant Workers Policy](#)
- [Special Leave Policy](#)

- [Standards of Business Conduct for Staff Policy](#)
- [Supporting Staff who are Breastfeeding Policy](#)
- [Maternity Leave/Pay Application](#)
- [Maternity FAQ's](#)

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**

Policy	<input checked="" type="checkbox"/>	Strategy	<input type="checkbox"/>	Service	<input type="checkbox"/>
Is this:	New	Revised	<input checked="" type="checkbox"/>		
Who is affected	Employees	Service Users	<input type="checkbox"/>	Wider Community	<input type="checkbox"/>
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (<i>by whom, completion date and review date</i>)	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (<i>by whom, completion date and review date</i>)
Race / Ethnic origin (including gypsies and travellers)	<p>Policy includes the following statement and applies to all protected characteristics</p> <p>The Trust will ensure that any actions arising from this policy are made objectively and are free from unlawful discrimination. No employee will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity/expression, marriage and civil partnership or pregnancy and maternity.</p>	No	No
Sex (male/ female)	<p>Policy uses gender neutral pronouns</p> <p>Reference is also made to shared parental leave provisions.</p>	No	No
Religion and Belief		No	No
Sexual orientation including lesbian, gay and bisexual people	Policy uses gender neutral pronouns in doing so	No	No
Age		No	No
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section		No	No
Gender Re-assignment	<p>Policy uses gender neutral pronouns in doing so the policy recognises that an employee who identifies as male could require use of the policy</p> <p>Policy also recognises that not all staff identify on a binary scale</p>	No	No

Marriage and Civil Partnership	As above	No	No
Maternity / Pregnancy	This policy is aimed at providing a fair and efficient process and remuneration package for staff in this category and stipulates the Trust's obligations as well as an employee's rights (and responsibilities)	No	No

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

PART 2

Name:

Date of completion:

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Prevention of Illegal Working Policy

Version No.:	9.0
Effective From:	19 October 2021
Expiry Date:	19 October 2024
Date Ratified:	06 September 2021
Ratified By:	Employment Policies & Procedures Consultative Group

1 General Policy Statement

As an employer, the Trust has a responsibility to prevent illegal migrant working in the UK. As part of an ongoing strategy to improve the way in which illegal working is addressed, the Government changed the law on employing illegal workers in 2008. The law on the prevention of illegal migrant working is set out in the Immigration, Asylum and Nationality Act 2006 (referred to in this policy as the '2006 Act') and became effective from 29 February 2008. This policy should be read in conjunction with the Trust's Recruitment and Selection Policies and applies equally to all employees and prospective employees of the Trust.

This policy applies to all staff and prospective staff of the Trust.

The Trust will ensure that any actions arising from this policy are made objectively and are free from unlawful discrimination. No individual will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender expression/identity, marriage and civil partnership or pregnancy and maternity.

The arrangements covered by this policy are:

- Those for new starters and the associated pre-employment checks required.
- Ongoing requirements for those staff who have been granted leave to enter or remain in the UK for a limited period of time.

The aim of the policy is to ensure:

- All staff new into post continue to meet the requirements of legislation and the NHS Employment Check Standards.
- All staff removed from employment for reasons related to entitlement to live and/or work in the UK are reported to the Home Office.

2 Duties (Roles and Responsibilities)

- 2.1 The Executive Team is accountable to the Trust Board for ensuring Trustwide compliance with policy.
- 2.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.
- 2.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 2.4 Staff are responsible for complying with policy.

3 Definitions

At 11pm on 31 December 2020, freedom of movement between the UK and the EU ended. From this point, the new points-based immigration system applies to EU as well as non-EU citizens. Most new recruits who are not UK citizens will need to come within one of the categories below to have permission to work in the UK.

Main immigration categories	Key details
EU settlement scheme	<p>Application deadline: 30 June 2021.</p> <p>Eligibility criteria apply, including individual must be resident in the UK by 31 December 2020 (with limited exceptions for certain family members arriving at a later date).</p> <p>Those already resident in the UK for five years will get settled status.</p> <p>Those who have lived in the UK for less than five years will get pre-settled status and can apply for settled status when they have five years' residence.</p> <p>Individuals with settled or pre-settled status can work for any employer in the UK.</p>
Student route (previously called tier 4)	<p>Individuals with a student visa can usually work for up to 10 or 20 hours per week in term time (depending on their course).</p> <p>Individuals can work full time during non term time and from the end of their course to their visa expiry date (provided this is permitted by their</p>

Main immigration categories	Key details
	<p>visa).</p> <p>Individuals cannot work as a doctor or dentist in training (unless studying for a recognised foundation programme), a professional sportsperson (including a sports coach) or an entertainer.</p> <p>Individuals must not be self-employed or engaged in business activity.</p> <p>The student should not undertake more than their visa states.</p>
Graduate route	<p>Two-year visa for graduates, available from summer 2021.</p> <p>Graduates who have obtained their degree in the UK will be able to stay in the UK and work for any employer at any skill level for up to two years from the end of their degree (three years for PhD students).</p> <p>Visa is non-extendable and does not lead to indefinite leave to remain.</p> <p>Individuals will be able to switch to a skilled worker visa from within the UK if the job meets the relevant requirements.</p>
Skilled worker route (previously tier 2 (general))	<p>A route to indefinite leave to remain after five years, subject to meeting the qualifying criteria.</p> <p>Employers need a sponsor licence to employ an individual under this category if they do not already have one.</p> <p>Skill and salary thresholds apply for job to be eligible for sponsorship. (Jobs have a minimum salary threshold and must meet the "going rate" for the role, if higher. Reduced salary thresholds apply to "new entrants ", which includes new</p>

Main immigration categories	Key details
	<p>graduates.)</p> <p>Key changes from tier 2 (general):</p> <p>No resident labour market test - the process to sponsor is quicker.</p> <p>Cap on the number of migrants who can be granted a visa under this route has been suspended.</p> <p>Increased in-country switching provisions.</p> <p>Reduced skill threshold - now RQF level 3 (broadly A-level).</p> <p>Reduced overall salary threshold.</p> <p>Cooling-off period and six-year limit in category removed.</p>
<p>Intra-company transfer routes (previously tier 2 (intra-company transfer))</p>	<p>For overseas employees of linked overseas entities.</p> <p>Includes intra-company transfer and graduate trainee sub-categories.</p> <p>No significant changes from tier 2 (intra-company transfer), although the cooling-off period is relaxed and it is now possible to switch into the skilled worker route from within the UK.</p> <p>No route to indefinite leave to remain.</p>
<p>Family routes (for more than 6 months)</p>	<p>For spouses, civil partners and unmarried partners of: British citizens; settled persons; and EU, European Economic Area (EEA) and Swiss nationals living in the UK before 1 January 2021.</p> <p>Other family members are also eligible for a family visa.</p> <p>Individual can work for any employer, although there are some restrictions on family</p>

Main immigration categories	Key details
	<p>members of: migrants with permission to work under the points-based system; skilled worker migrants; and intra-company transfer migrants.</p> <p>Route to indefinite leave to remain after five years.</p>
<p>UK Ancestry visa</p>	<p>For Commonwealth citizens with a UK-born grandparent.</p> <p>Five-year visa with a route to settlement.</p> <p>Individual can work for any employer without restriction and set up in business.</p>
<p>British national (overseas) (BN(O)) visa</p>	<p>A new category for Hong Kong and BN(O) nationals and certain family and household members available from 31 January 2021.</p> <p>Five-year visa with a route to settlement.</p> <p>Individual can work for any employer.</p>
<p>Youth mobility scheme visa (T5)</p>	<p>For nationals aged 18 to 30 of <u>eligible countries</u>.</p> <p>Individual can work for two years for any employer and set up in business (if certain conditions are met).</p> <p>Does not provide a route to settlement but individuals can switch to the skilled worker route from within the UK.</p>
<p>Temporary worker - Government authorised exchange visa (T5) (one of six temporary worker categories)</p>	<p>For internships of up to 12 months or 24 months, depending on the scheme.</p> <p>Sponsor is a government-approved overarching body.</p> <p>Individual can complete an internship only where this has been pre-approved by the</p>

Main immigration categories	Key details
	<p>sponsor.</p> <p>Does not provide a route to settlement but individual can switch to the skilled worker route from within the UK.</p>

4. Sponsorship Management System (SMS)

4.1 The SMS is a secure IT system which enables licensed sponsors to manage their licence. The Trust has been awarded a Category A Sponsorship Licence enabling the Trust to issue Certificates of Sponsorship under the Skilled Worker (previously tier 2 (general)) and Defined routes of the Points Based System. From 6 April 2011 the Trust is only permitted to issue 'unrestricted' Certificates of Sponsorship i.e. to those who currently hold a Work Permit/Certificate of Sponsorship or those who currently hold a visa in a category where it is permitted to transfer to Skilled Worker, such as Health and Care Visa or Student (which replaced tier 4(general)). For those who do not currently hold such right to work documents an application must be made by the Trust directly to the Home Office for a 'restricted' Certificate of Sponsorship – such applications are considered by the Home Office on a monthly basis. If granted, the defined certificate is added to the Trust's allocation to be assigned through the SMS. A defined certificate can only be assigned to the post for which it is granted. A certificate of sponsorship is not an actual certificate or paper document like a work permit. It is a unique reference number that is issued to the migrant worker to enable them to apply for permission to enter if outside the United Kingdom (known as 'entry clearance'), or permission to stay if inside the United Kingdom (known as 'leave to remain').

4.2 What is the Sponsorship Management System used for?

- to manage users of the system and to log changes in the Organisation's circumstances
- view all certificates of sponsorship;
- create and assign certificates of sponsorship;
- comply with sponsorship duties such as reporting migrant activity and withdrawing certificate of sponsorship
- pay for certificates of sponsorship
- for the Trust to apply for renewal of the licence and defined certificates of sponsorship.

5. Documents That Show a Person's Entitlement to Work

The documents that establish someone's entitlement to work are split into two lists. These documents are checked by the Human Resources Department prior to agreeing a start date. The latter is to ensure originals are copied, signed, filed on the employee's personal file and the appropriate data entered into Electronic Staff Record system (ESR).

In 2014 the Home Office reduced the list of acceptable documents for right to work checks, including the removal of travel documents, work permits and general Home Office letters. All documents (for the purposes of pre-employment checks) which contain an expiry date must now be current except those showing that the holder is a British Citizen, a citizen of the UK and Colonies having the right of abode/indefinite leave to remain or an Irish Citizen or their family members with permanent residence.

The documents that are acceptable to prove an individual's right to work are set out in two lists – List A and List B; which can be found [here](#).

- 5.1 List A documents show that the holder is not subject to immigration control, or has no restrictions on their stay in the UK. If the prospective or existing staff member produces a List A document (or one of the combinations of documents specified), they can work for an indefinite period. When the appropriate checks on List A documents have been carried out, the Trust will have a statutory excuse against liability to pay a civil penalty.
- 5.2 If a staff member provides a document or documents from List A, no further checks are necessary for the duration of employment in the post to which they have been appointed. If further internal recruitment activity takes place all documents must be rechecked. Please refer to '6.6 follow up checks' below for more details on what repeat checks are required and when.
- 5.3 List B documents demonstrate that the person has been granted leave to enter or remain in the UK for a limited period of time. If the prospective or existing staff member provides documents from List B, further follow-up checks must be undertaken by the Human Resources Department before the expiry date. There is a requirement to carry out repeat checks in order for the Trust to have an excuse against liability to pay a civil penalty whenever List B documents are provided.
- 5.4 The arrangements for establishing the excuse only apply to staff who started working for the Trust on or after 29 February 2008.
- 5.5 **Biometric residence permits (BRPs).**

Biometric Residence Permit cards are issued where previously vignettes (or stickers) were placed in passports, although some vignettes are still issued whilst

awaiting a BRP (UK Entry Clearance only). This only applies to foreign nationals of countries outside the EEA and Switzerland who are granted leave to remain in the UK or to those granted Settlement Status under the EU Settlement Scheme. The card is proof of the holder's right to stay, work or study in the UK. These cards were also issued to migrant workers sponsored under Tier 2 and Tier 4, prior to 30 December 2020.

6 Complying with the Document Checks

6.1 Undertaking the necessary checks will ensure that the Trust's recruitment practices comply with legislation covering the employment of migrant workers, and ensure the Trust will not be liable for payment of a civil penalty for employing or continuing to employ person(s) illegally.

6.2 Step 1 - Provision of Information

A prospective employee (or existing employee, if carrying out repeat checks in the case where a member of staff has temporary leave to remain) must provide:

- one of the single documents, or two of the documents in the specified combinations given, from List A; or,
- one of the single documents, or two of the documents in the specified combinations given, from List B.
- The offer of employment may be withdrawn if the prospective staff member cannot demonstrate an entitlement to work legally within 8 weeks of the verbal offer of employment being made. An extension of the timescale will normally be given where a longer period is required for migrant workers coming to work in the UK to obtain registration with their professional body.
- Employment will be withdrawn for a prospective employee, or terminated in the case of an employee, if the individual cannot demonstrate an entitlement to work legally in the UK.

6.3 Only original documents will be accepted. Temporary measures to facilitate normal check requirements in response to the Covid19 pandemic have been in place since 30 March 2020. These do not negate the need to ultimately view the original documents, albeit this may be at a later date. Information can be found at <https://www.nhsemployers.org/covid19/assurance/preemployment-checks/right-to-work-checks>.

6.4 Step 2 – Validation of Information

The Recruiting Manager and Human Resources must;

- take all reasonable steps to check that the documents are current and valid.
- satisfy themselves that the prospective employee or current staff member is the person named in the document.
- check that the documents will allow them to do the work in question.

For each document presented, prior to a start date being agreed, the Human Resources Department must:

- check all photographs are consistent with the appearance of the applicant.
- check all dates of birth listed are consistent across all documents and satisfy themselves that photographs correspond with the appearance of the applicant.
- check that the expiry dates of any limited leave to enter or remain in the UK have not passed.
- check any UK Government endorsements (stamps, visas, etc.) to ensure the prospective or current employee is able to do the type of work being offered or undertaken.
- ensure the documents are valid and genuine, have not been tampered with and belong to the holder. Where applicable, a translation of the document may need to be obtained for pre-employment check purposes although this is not a requirement of the UKVI.
- seek further documentation if the employee or prospective employee has provided two documents which have different names. (The further document could be a birth certificate, marriage certificate, a divorce decree, a deed poll or statutory declaration).
- cross reference dates on work permits and identity documents or confirm dates by contacting the appropriate embassies and consulates

6.5 Step 3 – Copying of Information

The Human Resources Department will be responsible for ensuring a copy is taken, with a record made of by whom and the date on which the document was seen, placed on the individual's personal file of the relevant page or pages of all documents presented prior to a start date being agreed. The Human Resources Department will also be responsible for ensuring that the individual's ESR record is updated. In the case of a passport or other travel document, the following parts must be photocopied or scanned:

- a copy must be taken of any page that provides details of nationality, photograph, date of birth, signature, date of expiry, entry clearance or biometric details.
- any page containing UK Government endorsements indicating that the applicant has an entitlement to be in the UK and is entitled to undertake the work in question.
- All other documents should be copied in their entirety (including the front and back of cards).

A record must be kept of every document copied on the individual's personal file and ESR must be updated. Copies of the documents will be kept securely for the duration of the individual's engagement on their personal file, and must be kept in accordance with the Trust's Non Health Related Records and Documents Retention Schedules after they cease employment with the Trust.

If the Steps 1 – 3 have been carried out, as detailed, and the Trust is not satisfied that the prospective employee is the rightful holder of the documents they have produced, then the Trust will withdraw the offer of employment.

If there are concerns about the validity of the documents presented a member of the Human Resources Department should contact the UKVI Employers Helpdesk for further advice.

See Appendix B for further details regarding the copying and storing of documents.

6.6 Follow up checks

The acceptable documents for right to work checks set out in List B provide a statutory excuse for a limited period of time. This list has been separated into Group 1 and Group 2 to clearly distinguish the frequency of repeat checks required depending on the document presented. List B – Group 1 contains the documents for which a repeat check is required when the employee's permission to be in the UK and do the work in question expires. Group 2 contains those documents for which checks are required after 6 months with the Home Office Employer Checking Service.

7 Skilled Worker Sponsorship

If, as result of recruitment activity, the applicant requires a Certificate of Sponsorship, (CoS) provided that the position meets the requirements of the skilled worker route; i.e. it is at the required skill level and is at the applicable minimum salary threshold, the Human Resources Department will either raise an 'unrestricted' certificate of sponsorship for the applicant or apply to the Home Office for a 'restricted' Certificate of

Sponsorship. Since 1 December 2020, all migrants applying for leave to enter the UK from overseas must be coming to fill a vacancy that is at or above RQF3 (A-Level or equivalent) and must meet the minimum salary threshold, which is the higher of; the general salary threshold of £25,600 or the 'going rate'. . If the salary is lower than the minimum salary requirement, but no less than £20,480, the applicant may still be eligible under this route if they have a job offer in a specific shortage occupation, a PhD in a STEM subject relevant to the job, or a PhD that is relevant to the job but not in a STEM subject, in which case the salary must be no less than £23,040.

From 4 August 2020, eligible health workers who have been trained to a recognised standard can apply for the health and care visa. The visa is part of the skilled worker route and will require meeting the criteria outlined above.

The CoS and leave to remain is unique to the organisation, the post and individual, if an employee changes employers they may require a new certificate of sponsorship.

8 Extension of Leave to Enter/Remain

Migrants already sponsored under the tier 2 (general) route prior to 1 December 2020 and their sponsors, are not required to take any action in relation to their existing sponsorship. Should sponsored migrants seek to extend their tier 2 (general) visa prior to its expiry, they can do so under the skilled worker route subject to meeting the eligibility criteria at the time of their application.

It is the individual's responsibility to apply to extend their leave to remain.

Where the Trust wishes to extend the contract of an existing employee, a new CoS must be assigned to allow the individual to extend their leave to remain.

Individuals can usually apply to extend a Skilled Worker visa or a Tier 2 (General) work visa if all of the following are true:

- the individual has the same job as when they were given their previous permission to enter or stay in the UK
- their job is in the same [occupation code](#) as when they were given their previous permission to enter or stay in the UK
- they're still working for the employer who gave their current certificate of sponsorship
- the post falls within the salary threshold

A migrant's permission to stay will only be granted up to the maximum time allowed under the relevant visa. The Trust will not, therefore, be able to assign a CoS the Skilled Worker Route beyond this maximum time limit.

9 Employment of Postgraduate Doctors and Dentists

Students may take up a recognised foundation programme as a postgraduate doctor or dentist in the UK under the Student Route (previously Tier 4 (General)). For postgraduate doctors the only sponsor is the UK Foundation Programme Office (UKFPO).

For postgraduate dentists there are two sponsors, the Yorkshire and Humber Strategic Health Authority and the South London Local Education and Training Board (also known as South London Health Education England).

10 Employing Nationals from the European Economic Area (EEA)

- 10.1 Prior to the end of the Brexit transition period at 11pm on 31 December 2020, the main provisions of EU law on freedom of movement remained in force. Citizens of any country in the EEA and Switzerland exercising their EU Treaty rights were entitled to enter the UK to work without the need for sponsorship under the points-based system. The Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020, which received Royal Assent on 11 November 2020, ended free movement so that EEA and Swiss citizens and their family members entering the UK from 11pm on 31 December 2020 are subject to immigration control. However, the immigration status of Irish citizens is protected.
- 10.2 EEA and Swiss citizens (and their family members) exercising their EU Treaty rights and resident in the UK by 11pm on 31 December 2020, retain the right to work in the UK provided that they apply for settlement under the EU settlement scheme.
- 10.3 From 1 January 2021, EEA and Swiss nationals (with the exception of Irish citizens) who were not living in the UK by 11pm 31 December 2020 will be required to provide evidence of their right to work in the UK when applying for a new job. From 1 July 2021, a job applicant's right to work can be checked online using a share code and their date of birth.

You do not need to retrospectively check the status of any EU, EEA, or Swiss citizens you employed before 1 July 2021.

The countries detailed in the list below are part of the EEA.

Austria	Belgium	Bulgaria	Cyprus	Czech Republic
Denmark	Estonia	Finland	France	Germany
Greece	Hungary	Iceland	Irish Republic	Italy
Latvia	Liechtenstein	Lithuania	Luxembourg	Malta

Netherlands	Norway	Poland	Portugal	Romania
Slovakia	Slovenia	Spain	Sweden	Croatia

10.4 As defined by the Home Office, “family members” are:

- your husband, wife, civil partner or unmarried partner;
- your children or grandchildren (or the children or grandchildren of your husband, wife or civil partner) under 18
- child, 18 or older, born on or after 1 July 1997 (and their partner or child under 18)
- the parents, grandparents, brothers, sisters, or children of you and your husband, wife, civil partner or unmarried partner, over the age of 18, if they live with and are very dependent on you for their care.

(If the EEA or Swiss National is a student, only their husband, wife, or civil partner and dependent children have a right of residence.)

Other relatives - including extended family members such as brothers, sisters and cousins - do not have an automatic right to live in the UK. To be considered, they must be able to show that they are dependent on the EEA or Swiss National.

10.5 The deadline for applications to the EU Settlement Scheme for those resident in the UK by 31 December 2020 has now passed. Anyone who submitted a valid application by 30 June and who is still waiting for a decision on their application will be issued with a certificate of application which they can use to prove their right to work through the online checking service.

There may be situations in which it's identified that an EU citizen in the workforce has not applied to the EU Settlement Scheme by the deadline and does not hold any other form of leave in the UK. It should be noted that there is no requirement to cease employment at the time this is identified if the transitional measure, outlined below, applies.

The Trust will have a continuous statutory excuse against a civil penalty if an initial right to work check was carried out in the prescribed manner as set out in legislation and guidance that applied at the time the check was completed, such as where an EEA citizen provided their passport or national identity card to prove their right to work prior to 30 June 2021.

Transitional measure for EEA citizens employed prior to 30 June 2021

This transitional measure is to provide additional flexibility, and may be followed until 31 December 2021.

In order to benefit from this transitional measure, the EEA citizen must have been employed by The Trust, prior to the end of the prior to the end of the grace period (30 June 2021).

1. The individual should be advised that they must make an application to the EU Settlement Scheme (EUSS) within 28 days and provide you with a Certificate of Application (CoA). If they do not make an application to the EUSS within 28 days, the Trust must take steps to cease their employment in line with right to work legislation.

<https://www.gov.uk/settled-status-eu-citizens-families/applying-for-settled-status>

2. Once a CoA has been provided, the Trust must then contact the [Home Office Employer Checking Service \(ECS\)](#) to confirm the individual has applied.

3. Where an application has been made, the ECS will provide a Positive Verification Notice (PVN). Retaining the PVN and a copy of the individual's CoA will then provide the Trust with a statutory excuse against a civil penalty for six months. This allows sufficient time for the application to be concluded and enables the individual to maintain their employment during that time.

4. Before the PVN expires, the Trust must do a follow-up check with the ECS in order to maintain its statutory excuse against a civil penalty. If the individual has been granted status before the PVN expiry date, they can prove their right to work using the Home Office right to work online service.

5. If the follow-up check confirms that the application is pending, the Trust will be given a further PVN for six months and would then repeat step 4 until such time as the application has been finally determined. If the follow-up check confirms the application has been finally determined and refused, the Trust will not be issued with a PVN and must take steps to cease the individual's employment.

11 Employment of Refugees and Asylum Seekers

11.1 An asylum seeker is a person who has made an application for asylum but whose application is yet to be decided upon. Asylum seekers do not normally have the right to work in the UK, though they are encouraged and permitted to volunteer

11.2 Only a very small number of asylum seekers will have the right to work, in such cases it will state 'employment permitted' or 'allowed to work' on their Application Registration Card (ARC). To establish a statutory excuse the Human Resources Department must verify an 'employment permitted' ARC or 'work allowed' with the Employer Checking Service. This is a List B document.

- 11.3 Employers must seek a Positive Verification Notice from the Home Office to confirm the asylum seeker's status and right to work in the UK before they can be allowed to start work. This can be done by going to the online Employer Checking Service portal, which can be found [here](#). It is employers' responsibility to inform prospective or current employees when they are carrying out a check with the service.
- 11.4 Asylum seekers who are successful in their asylum claim are awarded Refugee Status.
- 11.5 A refugee is a person who has had a positive decision on their claim for asylum under the 1951 United Nations Convention Relating to the Status of Refugees (the Refugee Convention). Individuals who do not meet the Refugee Convention's criteria for Refugee status may qualify either for Humanitarian Protection (granted for five years) or Discretionary Leave to Remain (granted for up to three years). In the UK, refugees have the right to work and are able to move and reside freely. Refugees with Humanitarian Protection or Discretionary Leave to Remain are entitled to apply for further leave before their current leave expires; they continue to be entitled to work during this period of awaiting the decision on their application.
- 11.6 Refugees are unlikely to have a passport or copies of other official documentation, such as a birth certificate or drivers licence. They are not a part of the points-based immigration system. If granted leave to remain in the UK, a refugee will be issued with a Home Office Immigration Status document [ISDI] which will indicate their refugee status. Documents used to evidence a refugee's entitlement to work in the UK are outlined in lists A and B, which can be found [here](#).

12 Employing Turkish workers already residing in the UK

- 12.1 The European Community Association Agreement (ECAA) was set up under the Ankara Agreement on 12 September 1963 with the general aim of promoting economic relations between Turkey and the European Community and the eventual accession of Turkey to the Community. Prior to 11pm GMT on 31 December 2020, the UK was a signatory to the ECAA as part of its membership of the EU and the transition period agreed under the EU Withdrawal Agreement. The (ECAA) with Turkey provides Turkish nationals who are already working legally in the UK with certain rights when they need to extend their stay in the UK.
- 12.2 Following the UK's departure from the EU, and the ending of the transition period on 31 December 2020, the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020 disapplied certain directly effective immigration rights under EU law including provisions within the ECAA between the EU and Turkey. Turkish nationals and their family members who already have or applied for (and

were subsequently granted), leave under the ECAA on or before 31 December 2020 will be able to apply to extend their stay under transitional rules within Appendix ECAA Extension of Stay.

- 12.3 If the individual meets the criteria, the Home Office will grant them permission to stay as a Turkish ECAA worker and they will be issued with a vignette in their passport and receive a letter confirming their status. As paragraph 5.5 above, some individuals will have been granted indefinite leave to remain and will require a BRP.
- 12.4 The Human Resources Department must retain a copy on the employee's personal file. The Trust will be able to use this documentation to check a potential or existing employee's right to work in the UK. A Turkish ECAA worker visa does not give the individual an automatic right to apply for indefinite leave to remain and any application to the Home Office for indefinite leave to remain will be rejected. The duration of leave granted to an individual will be between 12 and 36 months. At the end of the granted period, another application must be made if a further extension is required. A Turkish worker will, however, be eligible to apply for indefinite leave to remain after they have legally resided in the UK for a period of ten years.

13 Employment of Students

- 13.1 International students studying at UK educational institutions and who have a student visa can work in the UK, subject to certain restrictions. No specific permission is required to be able to work but students must not:
- work for more than 10 or 20 hours per week, depending on their course and when they made their application for a student visa;
 - work on a self employed basis; or
 - seek to pursue their career by filling a permanent vacancy
- 13.2 Students at college, whether the college is privately or publicly funded, are not permitted to work in the UK.
- 13.3 Short-term study visas are issued to international students undertaking short courses of study for up to six months. Students with a short-term study visas are not permitted to undertake employment or a paid or unpaid work placement as part of their course.
- 13.4 The onus remains on the student, as it does for all prospective employees, to demonstrate that they are able to work legally. The following paperwork must be obtained prior to the student commencing employment:
- A letter from the Student's education sponsor confirming:

- That the individual is a student with them
 - When the individual commenced with them as a student
 - Confirmation of the term and vacation dates for their particular University
- The individual's passport and visa – a copy of the passport and visa must be taken for the individual's personal file.

14 Medical Training Initiative (MTI)

- 14.1 The MTI is designed to allow Doctors to enter the UK from overseas to benefit from training and development in NHS services. The scheme is designed to allow overseas Doctors to undertake up to two years of training and experience in the UK.
- 14.2 The Government Authorised Exchange (GAE) is a sub-category of the temporary worker visa route of the Home Office immigration rules. The Medical Training Initiative (MTI) scheme for doctors falls within the temporary worker sub-category of GAE. It covers all schemes and arrangements sponsored or administered by the medical Royal Colleges and similar organisations for the training of overseas doctors and dentists.
- 14.3 NHS Employers is not responsible for administering the MTI scheme. The Academy of Medical Royal Colleges (AoMRC) are the national sponsor of the scheme and is responsible for issuing of Certificates of Sponsorship for immigration purposes. The Home Office (Visas and Immigration) has authorised the Academy to undertake this role and it is the responsible body for recording, reporting and storing the documentation relating to MTI doctors in accordance with the duties of holding a sponsorship licence. The Academy also acts as a national portal for the MTI and promotes the operation of the scheme. The individual employer cannot provide CoS to individuals on the MTI scheme.
- 14.4 Doctors' participation in the MTI is not intended to lead to settlement in the United Kingdom. MTI permits will be granted for the period of training and experience to a maximum period of 24 months, after which the individual will be encouraged to return overseas.
- 14.5 Managers recruiting under this scheme need to contact Human Resources at the outset.

15 Clinical Attachment (Access) / Observership

From time to time approval will be given for individuals from overseas to undertake a Clinical Attachment or Observership within the Trust. It is important that managers work closely with Human Resources to ensure that the individual concerned obtains the correct visa and observes the constraints placed on them by their visa and by the

Trust's Work Experience (Clinical Access or Observer) and Honorary Contract (including Letter of Access) Policy.

16 Honorary Staff

Individuals from overseas who come to work in the UK for an approved sponsor can also hold an honorary contract with the Trust. The individual **must** provide evidence of their right to work in the UK and a copy must be retained in the individual's file. An individual from overseas who holds an honorary contract with the Trust will be subject to the supplementary work provisions of the Home Office whereby:

- They are either in a job on the Shortage Occupation List **or** in the same sector and at the same professional level as the work for which their Certificate of Sponsorship was assigned, and
- They work no more than 20 hours per week, and
- Their work is outside of the normal working hours for which their Certificate of Sponsorship was assigned.

In addition, they must continue to work for the sponsor in the job recorded on their Certificate of Sponsorship.

An exception to these provisions will be Doctors employed under the Medical Training Initiative whereby placements in the MTI scheme might be funded by alternative sources such as the employer or government from the MTI Doctor's home country.

17 Transfer of Undertakings

17.1 If the Trust acquires staff as a result of a Transfer of Undertakings (Protection of Employment) (TUPE) transfer a grace period of 60 days is granted from the date of the transfer of the business to correctly carry out the first statutory document checks in respect of these new employees.

Checks made by the previous employer **must not** be relied upon, as they will not provide the Trust with a statutory excuse in the event that any workers acquired are working illegally.

17.2 There is no such grace period for the follow-up checks undertaken to retain the statutory excuse.

17.3 The Trust must notify the home office, within 20 days, of any changes to the organisation in respect of a merger, takeover or change in ownership. If migrant employees are transferred to the Trust, the Trust must notify the Home Office within 20 working days and apply for the relevant sponsorship licence (if different to the skilled worker licence that the Trust already has).

18 Reporting Migrant Activity

As a licensed sponsor, the Trust must report information or events to the Home Office, within the time limits specified by them. The Home Office will use this information to decide on enforcement action against the migrant worker or the Trust.

It is important that any changes are therefore recorded in ESR.

There are additional Trust management arrangements to be observed for doctors appointed to stand alone posts on the Foundation Programme and doctors appointed to the VTS Scheme who require a Certificate of Sponsorship and will rotate outside of the Trust during their employment with the Trust. In such circumstances the Trust is required to report through the SMS that the migrant will temporarily be working at a different address for the defined period. In such circumstances Medical HR will confirm a named contact within each external organisation and ensure the contact is aware of the Trusts responsibilities in reporting migrant activity.

Other occasions where the Trust has a legal responsibility to report to the Home Office within 10 working days are when:

- Migrant Does Not Arrive for Employment

The migrant worker's salary reduces below the level stated on their Certificate of Sponsorship (other than organisation-wide reductions defined as acceptable in the Sponsor Guidance, or reductions due to maternity or adoption leave), the Trust is required to update the Sponsor Management System (SMS) with a sponsor note, they have a change in duties/job title or the location of their job changes.

- If employment is effected by TUPE
- Migrant has Unauthorised Absence (report within 10 working days of the 10th day of absence)If the Trust stops sponsoring a worker for any other reason – for example:
 - their application for entry clearance or permission is refused
 - the Trust becomes aware the worker has moved on to an immigration route that does not need a sponsor
 - they are absent from work without pay for more than 4 weeks (cumulative) per year and this absence is not covered by any of the exceptions;
 - statutory maternity leave
 - statutory paternity leave
 - statutory parental leave
 - statutory shared parental leave
 - statutory adoption leave
 - sick leave
 - assisting with a national or international humanitarian or environmental crisis, provided you agreed to the absence for that purpose

- taking part in legally organised industrial action
- Employment of a migrant is terminated (by either party) or professional registration ends.
NB. Where there is a suspicion that an employee does not hold appropriate right to work, it is important that no action is taken until the issue is appropriately investigated in accordance with the Trust's Disciplinary procedure. Managers must seek advice from the appropriate Senior HR Manager in these instances.
- In the case of organisational change which affects a migrant worker, advice must be sought from the appropriate Senior Human Resources Manager.

In all of the circumstances above, it is expected that the employee will notify their line manager in the first instance and it is the responsibility of the line manager to then inform Human Resources of the change in status as soon as they become aware, as well as maintaining ESR to ensure accuracy. In the case of medical staff, employees should notify the medical staffing team in Human Resources via the appropriate email address or telephone number. The Human Resources Department will then take appropriate action to ensure that the Home Office is informed accordingly.

19 Sponsor Circumstances

As a licensed sponsor, it is the responsibility of the Human Resources Department on behalf of the Trust to inform the UKVI of any significant changes to the organisation's circumstances within 20 working days. This would include:

- Changes to the size or status of the organisation
- Changes to individuals holding areas of responsibility, i.e. Authorising Officer, Key Contact, , Level 1 and 2 Users
- Changes to the name of the organisation or any branches
- sell all or part of the business
- are involved in a merger or are taken over
- stop trading or go into an insolvency procedure
- substantially change the nature of the business

20 Training

Training will be provided by the Human Resources Department to managers following implementation of the policy and procedure.

21 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and

does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

22 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring to identify: a) all appointments are made in accordance with the necessary Right to Work checks required in this policy and documentary evidence is recorded on ESR and in the personal file b) the number of dismissals due to failure to renew right to work documentation within the required timescales	Reporting on ESR information	Director of Human Resources	Heads of Human Resources meeting	Annually

23 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

24 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

25 References

- Right to work checklist [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774286/Right to Work Checklist.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774286/Right_to_Work_Checklist.pdf)
- Medical Training Initiative (MTI) <https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/the-new-points-based-immigration-system/recruitment-into-medical-and-dental-posts/medical-training-initiative>
- NHS Employers Right to Work Check Standard <https://www.nhsemployers.org/-/media/Employers/Publications/employment-check-standards/Right-to-work-checks.pdf?la=en&hash=FD5DC49F6DD37B01D3C03D9E8E846FF3FD99FF7A>
- Workers and Temporary Workers: guidance for sponsors Part 3: Sponsor duties and compliance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946060/2020-12-17_Sponsor-guidance-Part-3-compliance-12-20_v1.0.pdf

- Permission to work and volunteering for asylum seekers
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945926/permission-to-work-and-volunteering-for-asylum-seekers.pdf
- Appendix ECAA Extension of Stay guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946527/turkish-ecaa-extension-v1.0ext.pdf

26 Additional Documents

- [Dignity and Respect at Work Policy](#)
- [Disciplinary Policy/Procedure](#)
- [Employee Wellbeing Policy Incorporating Attendance Management Procedure](#)
- [Equal Opportunities and Diversity Policy](#)
- [Recruitment and Selection \(Non-medical\) policy](#)
- [Recruitment and Selection Policy \(Junior Medical and Dental Trust Doctor Posts\)](#)
- [Recruitment and Selection Policy \(Senior Medical and Dental Staff\)](#)
- [Work Experience \(including Clinical access and Clinical Observer\) and Honorary Contracts \(including Letter of Access\) policy](#)

Author: Employment Policies and Procedures Consultative Group

Copying and Storing of Documents

All documents provided must be photocopied and retained on file to provide an ongoing defence against a penalty.

A copy must be made of the relevant page or pages of the document in a format that cannot be subsequently altered, for example a photocopy or scan. In the case of a passport or other travel document, the following parts must be photocopied or scanned:

- For passports and travel documents, a copy should be taken of any page containing the holder's personal details. In particular, a copy should be taken of any page that provides details of nationality, his or her photograph, date of birth, signature, date of expiry or biometric details
- Any page containing UK Government endorsements, noting the date of expiry and any relevant UK immigration endorsement that allows the prospective or current employee to do the type of work offered.
- Other documents should be copied in their entirety. Where a BRP card has been provided, both sides of the card should be scanned.

A record should be kept of every document copied. The copies of the documents should be kept securely for the duration of the individual's employment and for a further two years after their employment has ceased.

In all cases, the person taking the copy must document either on the copy or in trac recruitment system the name of the person who saw the original and the date the original document was seen

Although the Trust may request to see and take copies of other documentation of an individual's identity, only those from lists A and B in this document will be eligible for submission to establish a statutory excuse against a civil penalty.

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 18/8/2021

2. **Name of policy / strategy / service:**

Prevention of Illegal Working Policy

3. **Name and designation of Author:**

Karen Pearce, Head of EDI (People)

4. **Names & Designations of those involved in the impact analysis screening process:**

Natalie Cowan, HR Manager (Projects), Employment Policies and Procedures Consultative Group, HR Heads

5. **Is this a:** Policy Strategy Service

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

The policy sets out the responsibilities of the Trust to prevent illegal migrant working when recruiting, retaining and employing it's workforce.

This policy is intended to demonstrate the Trust's commitment to tackling discrimination and promoting diversity in its workforce.

7. **Does this policy, strategy, or service have any equality implications?** Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality fact files available via the link below	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The policy now makes clear that the any actions taken as a result of this policy will be objectively justified and free from unlawful discrimination. All employees and prospective employees are required to produce documentation which evidences their right to work – documentation will vary according to the individual’s nationality.	Legislation stipulates which documents provide the right to work Temporary measures to support recruitment during restrictions imposed during Covid pandemic are available and referenced	Policy does make reference that it has a commitment to ensuring there is no unlawful discrimination and reference is made to the Trust’s Equal Opportunities and Diversity Policy, and also the Dignity and Respect Policy.
Sex (male/ female)	The policy now makes clear that the any actions taken as a result of this policy will be objectively justified and free from unlawful discrimination		
Religion and Belief	As above		
Sexual orientation including lesbian, gay and bisexual people	As above	The policy makes reference to ‘immediate family members’ of EEA nationals being able to work without restriction and defines who this applies to (which includes husband, wife and civil partner).	
Age	As above		
Disability – learning difficulties, physical disability, sensory	As above.		

impairment and mental health. Consider the needs of carers in this section			
Gender Re-assignment	The policy now makes clear that the any actions taken as a result of this policy will be objectively justified and free from unlawful discrimination		
Marriage and Civil Partnership	As above	The policy makes reference to 'immediate family members' of EEA nationals being able to work without restriction and defines who this applies to (which includes husband, wife and civil partner).	
Maternity / Pregnancy	As above		

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No ✓

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

As before, all employees and prospective employees are required to produce documentation which evidences their right to work – documentation will vary according to the individual's nationality - Legislation stipulates which documents provide the right to work

PART 2

Signature of Author

Print name

Natalie Cowan

Date of completion

18/6/2021

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Procedure for Managing Probationary Periods

Version No.:	8.1
Effective From:	20 November 2020
Expiry Date:	28 July 2023 (extended to 30 November 2023)
Date Ratified:	21 October 2020
Ratified By:	HR Heads

General Policy Statement

Even the most effective recruitment processes cannot predict how well a candidate is likely to integrate into a job with the Trust and perform. A probationary period helps the Trust to ensure the correct decision has been made in appointing staff. In simple terms, it helps ensure the person is right for employment with the Trust and the job, and the job and employment with us is right for the person.

In the unfortunate event that a new appointment is not a good match for a job, the probationary period enables action to be taken more quickly to give staff the best possible chance to try and change things if they can and/or find a replacement.

We recognise that our staff come from a range of backgrounds with different cultures, beliefs, abilities and sexual orientations. We will ensure that any action taken under this policy considers these differences so that we do not knowingly treat any staff on probation less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender reassignment, marriage and civil partnership or pregnancy and maternity.

New staff on a permanent contract will be eligible to participate in Trust salary sacrifice schemes. It is important that they are fully aware that should their employment be terminated they will be required to repay the Trust in full for any monies outstanding.

1 Scope

The procedure applies to all new appointments to and within the Trust, including those appointed to temporary contracts of employment, both medical and non-medical.

2 Aims

The aim of this policy is to ensure probationary contracts are issued appropriately and that staff are supported throughout to meet the requirements expected of them.

3 Duties (roles and responsibilities)

- 3.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 3.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
- 3.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 3.4 Staff are responsible for complying with policy.

4 Definitions

A probationary period is a period of time for staff who are new into post to demonstrate their suitability for the role.

5 Length of probationary period

- 5.1 The Trust's standard probationary period is six months. Managers have discretion to extend this if it would provide the best possible chance for a person on probation who is not meeting requirements or expectations to try and change things if they can.
- 5.2 During a probationary period, employment may be ended by staff or the Trust with due notice under the terms of the person's contract of employment.

6 Potential reasons for an unsuccessful probation include (this list is not exhaustive):

- a) incompetence
- b) misfit with organisational ethos
- c) failure to achieve an acceptable standard of the Trust's professional and leadership behaviours
- d) unwillingness to follow reasonable instructions
- e) complaints received from patients or colleagues
- f) failure to meet targets
- g) inaccurate completion of work
- h) failure to meet required standard of work, meet deadlines or complete tasks
- i) not able to work effectively independently or as part of a team
- j) not adhering to local/departmental procedures or SOP's
- k) attendance (persistent lateness, unsatisfactory sickness absence levels, unauthorised absence)
- l) rudeness to patients, colleagues, visitors
- m) poor relationships with colleagues
- n) failure to follow the rules, regulations, policies and procedures of the Trust

Medical and Dental Staff – where concerns relate to clinical performance and/or capability, this policy should be read in conjunction with the Trust's

Capability Procedure to address concerns regarding competence of medical and dental staff.

7 Structuring a probationary period

7.1 Induction

Staff who are new into post should receive Trust induction and/or departmental induction as necessary. Managers should record local induction within four weeks of the start date using the [online portal](#).

7.2 Training

7.2.1 A training plan should be agreed at the beginning of the probationary period which covers primary job functions and how and when progress and performance will be assessed.

7.3 Structured probation programme

The programme should include:

- a) standards of performance and how this will be measured/assessed
- b) regular monitoring of performance through progress meetings;
- c) identification and discussion of any problem areas at the earliest possible time;
- d) the provision of regular constructive feedback;
- e) supervisory support and guidance;
- f) the provision of any necessary training and coaching;
- g) clear objectives;

- h) any agreed development activities;
- i) a description of any relevant standards of behaviour, for example, in relation to liaison with patients and colleagues

All Healthcare Assistants who are new into post will participate in the Healthcare Academy. Those undertaking the Care Certificate/Trust Knowledge pack should also complete an observational assessment.

8 Planned progress meetings

8.1 Monthly meetings are recommended throughout the probationary period to review performance and provide feedback on progress.

8.2 At each meeting, managers should:

- a) highlight areas where staff are doing well;

- b) explore the learning from successes and from areas where performance could be improved
- c) listen to feedback;
- d) explain any areas where performance is below what is required/expected;
- e) discuss and resolve whether or not any specific training or coaching is required;
- f) discuss any other relevant matters, such as timekeeping, attendance, general conduct or attitude;
- g) deliver any necessary criticism in a constructive way;
- h) avoid assuming that unsatisfactory performance is caused by something within the staff member's control;
- i) invite staff to comment on issues such as the extent to which they have integrated into their team;
- j) give staff an opportunity to ask questions or raise concerns

8.3 Progress meetings should be **two-way** and afford managers and staff the opportunity to openly discuss progress in a safe and confidential space. Actions identified from meetings should be documented by the manager and shared with staff for future reference, for example, a summary in an email.

8.4 Managers should ensure that staff on probation who need to improve have the best possible chance to try and change things if they can, and that such staff are aware that their employment is at risk if the required improvement is not achieved.

9 Three-month interim review

9.1 After three months, the manager should arrange a formal review meeting to discuss progress. Discussion should include exploring anything which may have contributed to the level of progress in terms of what is going well and not as well as hoped. A record, including any action plan, should be made and shared. In the case of Consultants and Specialty Doctors this meeting should fit in with the three month post-appointment job plan review.

9.2 Staff have no legal right to be accompanied at the meeting, but any request should be considered.

9.3 For those undertaking the Care Certificate, demonstration of progress and achievement of role related competence and qualifications in line with the job description should be considered.

9.4 The possible outcomes of the review meeting are:

- a) Good/satisfactory – person on track to successfully complete their probation.
- b) Requires improvement – person needs to address certain areas for improvement to be on track to successfully complete their probation.

- c) Unsatisfactory – person at risk of their employment ending if no immediate change is made to address areas for improvement.

10 Formal end of probation review

- 10.1 Approximately eight weeks before the end of the probationary period, managers need to consider the following:
 - a) Has timekeeping been satisfactory?
 - b) Has attendance been satisfactory?
 - c) Has the employee completed their induction (local and Trust)?
 - d) Is mandatory training up to date?
 - e) Have personal objectives been identified and agreed?
 - f) Has a personal development plan been agreed?
 - g) If they are a Nursing Health Care Assistant, have they completed the Care Certificate or Trust Knowledge Pack?
- 10.2 The formal end of probation review meeting should be held at least two weeks before the end of the probationary period.
- 10.3 Staff has no legal right to be accompanied, but any request should be considered.
- 10.4 In advance of the meeting, managers should collate evidence of the employee's work, including feedback from others.
- 10.5 The completion of either the Care Certificate or Trust knowledge pack for Healthcare Assistants should be recorded on ESR as a competence by the manager.
- 10.6 Managers should take staff through a review of their performance during the probationary period and give them an opportunity to respond, explore or challenge before giving them the outcome.
- 10.7 Probation completed successfully – manager will inform the staff member and complete the [online portal](#) probationary period form. The HR Department will update ESR.
- 10.8 Probation to be extended – managers should consult with the relevant professional lead and the HR Department before communicating their decision. An extension should normally only occur once and be for no longer than three months. In the event of absence for whatever reason (including sickness absence, maternity leave) during the probationary period, the probationary period should be suspended until the employee is able to return to work, at which point the probationary period will re-commence to ensure that a full six months of work is measured. Managers will confirm the decision in writing (including reasons, requirements/ expectations and how these will be assessed) with a copy to the HR Department (a template letter is available [here](#)) and **record the outcome in ESR.**

(Medical and Dental staff. Where concerns relate to clinical performance and/or capability and staff are being actively managed through the Trust's Capability Procedure, the probationary period will be extended at three monthly intervals until the conclusion of the capability process).

- 10.9 Probation not acceptable – managers should consult with the relevant professional lead and the HR Department before communicating their decision. After giving staff their decision, managers should record the outcome in the online portal and arrange another meeting to decide the question of whether employment should be ended. This meeting should be arranged before the probationary period ends. Managers will inform staff that they may be accompanied by a work colleague or a trade union representative if they wish. If it is decided to end employment, staff will be informed in person and the decision will be confirmed in writing without delay. The manager will complete and submit a Leavers Form to the HR Department to update ESR. Staff will have the right of appeal to the Senior HR Manager. The appeal must be made in writing within 14 days of the original decision and set out the grounds of appeal. An appeal hearing will be arranged without undue delay and will be heard by an Officer of Higher Authority. The process for an appeal hearing is at Appendix 1.

11 Ending a probationary period early

Where ending a probationary period early is considered necessary because performance is unsatisfactory, the provisions in section 11.10 will be followed. Any recommendation to end employment should be made to the Directorate Manager or Head of Department who will make a decision in conjunction with the relevant professional lead with supported from the HR Department. Should it be considered that a registered healthcare professional poses a threat to patients, staff or others, the following action should be taken:

- a) a request for an Alert Notice to be issued should be raised (see Alert Notices Procedure),
- b) a referral to the individual's professional body should be made
- c) a referral to the Disclosure and Barring Service should be made if the individual was employed in 'regulated activity' (this may also apply to non-registered staff). See [Disciplinary Policy and Procedure](#), Appendix E – Referral to the Disclosure and Barring Service.

In the case of Medical & Dental staff, any decision to terminate employment should be in accordance with the Trust's [Capability Procedure to address concerns regarding competence of medical and dental staff](#).

12 Existing employees who move to a new role

- 12.1 If staff move to a different position within the Trust during the first 24 months of their employment, the new managers should decide whether a new probationary period is necessary. If it is determined a new probationary period is not required, and subsequently performance concerns arise, these will be managed in accordance with the Capability procedure.
- 12.2 If staff who are new into post have more than two years continuous employment with the Trust (one year for employees with an employment start date before 6 April 2012) any issues about performance should be dealt with under the Capability Procedure.

13 Performance appraisal

Probationary period reviews will form part of assessment for the purposes of the Trust's appraisal process.

14 Job plan reviews

In respect of Consultants and Specialty Doctors the probationary period reviews should be managed in conjunction with the job plan review undertaken three months post appointment.

15 Serious misconduct

Acts of serious or potential gross misconduct during probationary periods will be handled under the Disciplinary Policy/Procedure.

16 Training

The Human Resources Department will notify managers of the key changes to policies by email following a review. Training may be arranged upon request.

17 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

18 Monitoring compliance with the policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reviewing on: <ul style="list-style-type: none">probationary contracts issued in accordance with	Annual report	Director of Human Resources	Heads of Human Resources Meeting	Annually

<p>policy</p> <ul style="list-style-type: none"> • number of employees successfully completing probationary period • number of employees extended under the process • number of employees failing the probationary period 				
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19 Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

20 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

21 Additional documents

- [Appraisal Policy – Senior Medical and Dental Staff](#)
- [Capability Procedure](#)
- [Capability Procedure to address concerns regarding competence of medical and dental staff](#)
- [Disciplinary Policy and Procedure](#)
- [Induction Policy](#)
- [Staff Appraisal Non Medical](#)

Author: Employment Policies and Procedures Consultative Group

Example Procedure for the Conduct of an Appeal under the Terms of the Probationary Policy

The person conducting the appeal hearing will:

- 1) introduce those present
- 2) explain the purpose of the appeal hearing and how it will be conducted, including the use of adjournments
- 3) explain what powers the appeal panel has
- 4) establish whether there is any new evidence and, if so, make a judgment on whether to allow it
- 5) where new evidence is allowed, ensure all parties have an opportunity to examine it and comment

The Case Against Staff:

- a) Management shall state their case in the presence of the appellant and their representative and may call witnesses.
- b) The appellant or their representative shall have the opportunity to ask questions of management and their witnesses.
- c) The person or persons hearing the appeal shall have the opportunity to ask questions of the management or their witnesses.
- d) Management shall have the opportunity to re-examine their witnesses on any matter referred to in their examination by the person or persons hearing the appeal, the appellant or their representative.

The Case For Staff:

- e) The appellant or their representative shall put their case in the presence of management explaining their grounds for appeal and may call witnesses. Any evidence to support the appeal, including relevant witness statements, should ideally be provided at least five working days before the Appeal hearing.
- f) Management shall have the opportunity to ask questions of the appellant, their representative and their witnesses.
- g) The person or persons hearing the appeal shall have the opportunity to ask questions of the appellant, their representative and their witnesses.
- h) The appellant or their representative shall have the opportunity to re-examine the witnesses on any matter referred to in their examination by the person or persons hearing the appeal or management.

Summing Up the Case:

- i) Management and the appellant or their representative shall have the opportunity to sum up their case if they so wish, the appellant or their representative shall have the right to speak last. In their summing up, neither party may introduce any new matters.
- j) Nothing in the foregoing procedure shall prevent the person or persons hearing the appeal from inviting either party to clarify or amplify any statement they may have made; or from asking them such questions as may be necessary to ascertain whether or not they propose to call any evidence in respect of any part of their statement, or alternatively whether they are in fact claiming that the matters are within their own knowledge, in which case they will be subject to examination as a witness under (b) or (f) above.
- k) The person or persons hearing the appeal may, at their discretion, adjourn the appeal in order that further evidence may be produced by either party to the dispute or for any other reason.
- l) The person hearing the case shall ask the employee if they feel they have had a fair hearing. If the employee feels they have not, the person hearing the case shall ask them for details and address the issues.
- m) Management, the appellant and their representative shall withdraw.
- n) The person or persons hearing the appeal with the officer who has been charged with providing secretarial and procedural assistance shall deliberate in private, only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary, both parties shall return, even when only one is concerned with the point giving rise to doubt.

Communicating the Decision

- o) No statement of previous acts of misconduct by the employee or the issue of a formal warning or warnings unrelated to the alleged offence(s) on which the disciplinary action is based shall be made until after the person or persons hearing the appeal have reached a decision on the appeal.
- p) The employee will be informed in writing of the results of the appeal hearing as soon as possible, after the meeting. The person (s) hearing the appeal will advise those present of the timescale. The decision reached at this stage will be final.

IMPORTANT NOTE

Management in the context of this procedure may be the 'dismissing officer' i.e. the officer who was authorised to dismiss. Alternatively, the case may be presented by the Human Resources Officer involved and they will call the 'dismissing officer' as a witness at the appeal hearing; where this occurs, the 'dismissing officer' will have no additional rights and privileges as a witness in the context of the appeals hearing procedure.

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / strategy / service:**

3. **Name and designation of Author:**

4. **Names & designations of those involved in the impact analysis screening process:**

5. **Is this a:**
Policy Strategy Service
Is this:
New Revised
Who is affected
Employees Service Users Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

7. **Does this policy, strategy, or service have any equality implications?** Yes No
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	<p>The policy makes clear that no employee should be treated less favourably in terms of the management of their probationary period on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender reassignment, marriage and civil partnership or pregnancy and maternity.</p> <p>The Trust also has a BAME staff network all staff are advised of the staff network at corporate induction.</p>		
Sex (male/ female)	As above		
Religion and Belief	As above		
Sexual orientation including lesbian, gay and bisexual people	<p>As above</p> <p>The Trust also has an LGBT staff network all staff are advised of the staff network at corporate induction.</p>		
Age	As above		
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<p>“A Perfect Partnership”, the EHRC’s report revealed that employers are sometimes unsure of what support disabled workers might require. All new employees to the Trust are reviewed by occupational health who advise the recruiting manager where appropriate of any reasonable adjustments that may be required.</p> <p>A key theme of the report was the scope for line managers to make a difference to the working lives of disabled people, participants stressed that the individual line manager’s conduct, approach to communication, and people skills was influential. The policy applies a requirement for a manager to have a monthly meeting with staff during their probationary period to set objectives, monitor progress and identify any problems or difficulties. For all staff but particularly those with a disability this provides a structured, managed, regular arrangement.</p>		

	The Trust also has a disability staff network where general concerns about any adverse effects of the application of policy may be raised, all staff are advised of the staff network at corporate induction.		
Gender Re-assignment	As initial point		
Marriage and Civil Partnership	As initial point		
Maternity / Pregnancy	As initial point		

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No there is no evidence of a negative impact.

PART 2

Name:

Natalie Cowan

Date of completion:

19/3/2020

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Professional Registration

Version No.:	13.1
Effective From:	10 November 2021
Expiry Date:	05 July 2024
Date Ratified:	06 September 2021
Ratified By:	Heads of HR

1 General Policy Statement

- 1.1 Statutory regulation of healthcare professionals exists to ensure standards of practice by regulated practitioners and to protect the public as far as possible against the risk of poor practice.
- 1.2 It works by setting agreed standards of practice and competence by registering those who are competent to practice and restricting the use of specified titles to those who are registered. It can also apply sanctions, such as removing any practitioner whose fitness to practice is impaired from the register.
- 1.3 The Trust recognises its duty of care to patients and will verify the professional registration of all employees and Staff Bank workers covered by this policy, both before appointment and at regular intervals thereafter. Records of professionally registered staff will be maintained on ESR by the HR Department and Staff Bank (pre-employment checks), and by managers/Staff Bank thereafter (ongoing employment).
- 1.4 The Trust has a duty to ensure that registration is current however employees are responsible for maintaining their own professional registration.

2 Scope

- 2.1 This policy applies to all employees who are required to hold appropriate professional registration as part of their employment with the Trust, excluding doctors and dentists (see [Maintenance of General Medical/Dental Council Registration Policy](#))
- 2.2 The policy also applies to Staff Bank workers, Agency Staff, Contractors and Self-Employed practitioners engaged to work in roles which require professional registration with a regulatory body.
- 2.3 The table below shows the staff groups covered and the relevant regulatory body:

Staff Covered	Regulatory Body
Dental Hygienists, Dental Nurses, Dental Technicians, Clinical Dental Technicians, Orthodontic Therapists, Dental Therapists	General Dental Council (GDC)
Art Therapists, Biomedical Scientists Chiropodists/Podiatrists, Clinical Scientists, Dietitians, Hearing Aid Dispensers, Occupational Therapists, Operating Department Practitioners, Orthoptists, Prosthetists, Orthotists, Paramedics, Physiotherapists, Practitioner Psychologists, Radiographers, Social Workers in England, Speech & Language Therapists	Health & Care Professions Council (HCPC)
Nurses, Midwives and Specialist Community Public Health Nurses and Nursing Associates	Nursing & Midwifery Council (NMC)
Pharmacists and Pharmacy Technicians	General Pharmaceutical Council (GPhC)
Registered Optometrist, Dispensing Optician (including students)	General Optical Council (GOC)
Health Play Specialists	National Association of Health Play Specialists (NAHPS) Healthcare Play Specialist Education Trust (HPSET)

- 2.4 The Trust will ensure that any decisions to take action under this policy are made objectively and are free from unlawful discrimination. No employee will receive less favourable treatment on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender Identity/expression, marriage and civil partnership or pregnancy and maternity.

3 Duties (Roles and responsibilities)

- 3.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 3.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.
- 3.3 All employees covered under Section 2 above are responsible for maintaining their professional registration and for ensuring that they comply with its requirements. This includes notifying their regulatory body of any changes in their circumstances, particularly a change of address.

3.4 Human Resources Department

The Human Resources Department is responsible for carrying out pre-employment checks on all qualified recruits to ensure they hold appropriate professional registration for their employment and are not currently subject to action which may affect their appointment e.g. restrictions, fitness to practice investigation, suspension.

3.5 Directorates/Departments

a) Employed Staff

Managers are responsible for ensuring that staff are competent to practice at all times and maintain the necessary professional registration and fitness to practice for their employment. Managers have a responsibility to implement an appropriate process in order to monitor professional registration renewal dates for staff and to verify they have renewed registration at the appropriate time. Once the manager has verified the renewal they must input the new expiry date to ESR, unless there is an electronic interface in place between the professional body and ESR (GDC, NMC and HCPC).

b) Agency Workers

Authorised Bookers within the Staff Bank are responsible for verifying that an agency has carried out pre-engagement checks on the individual workers booked to work in the Trust to ensure they hold appropriate professional registration for the role they are required to undertake and that they are not currently subject to action which may affect their ability to work within the Trust (e.g. restrictions, fitness to practice investigations, suspension).

The Authorised Booker must undertake a check of HPAN list prior to the worker commencing work in the Trust. If a worker's professional registration expiry date falls within the period of their placement with the Trust, the Authorised Booker should assure themselves that the workers' registration has been renewed in the same way they would with an employee.

3.6 Agency Worker Suppliers

- a) Agencies are responsible for ensuring the professional workers they supply are subjected to pre-employment checks; are competent to practice at all times; and maintain their professional registration and fitness to practice at all times.

- b) Agencies have a responsibility to implement an appropriate process in order to monitor the professional registration expiry dates of their workers and to verify registration is renewed at the appropriate time.

4 Process for Checking – Pre-Employment

- 4.1 The HR Department is responsible for verifying the professional registration of new recruits, and existing staff when appointed to a new position, before they start work. The relevant HR Administrator will evidence the individual's professional registration on-line via the relevant regulatory body's website both prior to the offer letter being sent and prior to the individual's commencement of employment, and place a copy of the details in the individual's personal file. Fitness to practice checks will be undertaken via the appropriate processes for each regulatory body both prior to the offer letter being sent and again prior to the commencement of their employment, and a record of the check retained on the individual's personal file.
- 4.2 The HR Department will perform a check against information received via practitioner lists from professional bodies and the NHS Healthcare Professional Alert Notice (HPAN) process.
- 4.3 The HR Department will state the employee's professional registration number and expiry date in their Principal Statement of Main Terms and Conditions of Employment – Schedule of Particulars.
- 4.4 The HR Department will record the professional registration number, registration expiry date and revalidation date (where appropriate) and the date the checks were verified in ESR.
- 4.5 A copy of the Schedule of Particulars will be sent to the manager to record the expiry date for monitoring purposes. Where professional registration details are not available when the Schedule is produced (e.g. newly qualified staff), it is the responsibility of the employee to provide their registration details to their manager and the relevant HR Administrator as soon as possible.

5 Process for Checking – During Employment

Managers are responsible for checking professional registration expiry dates for all professionally registered staff within their area(s) of responsibility.

Directorate/Departmental level information on registrations is available to Managers through ESR Business Intelligence and it is expected that Managers access this on a regular basis (i.e. monthly) to check registration status. Managers are responsible for taking appropriate action in respect of these reports, including action to prevent a registration lapse. Whilst managers may have processes in place to remind staff that

their registration renewal is due, it remains the employee's responsibility to renew their registration.

When checks are carried out a record must be made as follows (for Staff Bank Workers see section 8):

Check	Record
Online (via the professional body's employer checking service where this is available e.g. NMC)	Held on the professional body's website
ESR (and Staff Bank booking system if applicable)	Record renewal date (not required for NMC and HCPC renewals which have been confirmed via the electronic interfaces)

Professional body lists and HPANs will also be used to check that they do not relate to existing employees or Staff Bank workers. This is the responsibility of the HR Department. Any matches will be notified immediately for action to the Head of HR Advisory Service and the relevant HR Advisor or Staff Bank Manager as appropriate and:

- GDC – Directorate Manager
- GOC – Directorate Manager
- GPhC – Director of Pharmacy
- HCPC – Directorate Manager
- NMC – Associate Director of Nursing

5.1 Nursing & Midwifery

- a) Professionally registered employees are contractually required to ensure they maintain their professional registration at all times. Managers should be aware of the risks (as should individual practitioners) associated with a lapse in registration, therefore, they should ensure checks are undertaken as detailed in section 4 above to prevent a lapse occurring.
- b) The NMC has a *public register* and an *employer confirmation service*. Checks must only be made using the employer confirmation service as the public register does not show a full registration history, or details of any cautions or suspensions issued as a result of fitness to practise proceedings.
- c) To check an employee's registration using the employer confirmation service you will need:
 - A caller code and pass number, and
 - Employee's pin number and date of birth

- d) Each Directorate within the Trust has been allocated a unique caller code and pass number by the NMC. These are confidential for use by authorised individuals only and are available from Matron or the HR Department.
- e) A record of registration checks should be retained locally and ESR should be checked to ensure it is up to date.
- f) The NMC regularly issues details highlighting changes to the register in respect of individual practitioners. For example, a practitioner may be removed or suspended from the register, or have conditions imposed on their practice. The HR Department is responsible for checking these details and alerting the appropriate Associate Director of Nursing, cc Deputy Chief Nurse, and the Head of Workforce Advisory Service if an employee is listed. Where an employee is listed, an Associate Director of Nursing or the Deputy Chief Nurse in conjunction with the HR Department will ensure appropriate action is taken to safeguard patients.
- g) An electronic interface exists between the NMC register and ESR. The interface alerts the registrant's manager (i.e. the identified ESR First Level Supervisor) that registration will expire in three months. A reminder is sent one month before the expiry date. If the first level supervisor is not responsible for recording professional registrations, then local management arrangements should be communicated to ensure the notifications are forwarded to the appropriate manager. Once registration has been renewed, the interface automatically updates ESR and notifies the manager. It should be noted that this notification does not inform of any fitness to practice issues or restrictions imposed by the NMC, therefore the manager must still undertake a check of registration via the employer confirmation service as detailed in 5.1b) – 5.1d) above

5.2 All Other Staff Groups

Managers are responsible for records and checking as described in 4 above.

- 5.3 ESR will automatically provide a notification to all first level supervisors one month prior to an employee's registration renewal date.
- 5.4 If the first level supervisor is not responsible for recording professional registrations, then local management arrangements should be communicated to ensure the notifications are forwarded to the appropriate manager.

6 Registration Renewal Process

6.1 Health and Care Professions Councils (HCPC)

- a) The HCPC requires registrants to renew their registration every two years. They must pay a fee and complete a form including a declaration.
- b) The current renewal of registration dates for each of the professions currently covered by the HCPC can be found [here](#)
- c) The HCPC sends a registrant a renewal notice 3 months and *14 days (*if not renewed by then) before registration renewal is due. The registrant is responsible for completing a form and payment to the HCPC in time to enable renewal to occur before the expiry date.
- d) If registration lapses, the registrant will be removed from the register and will not be able to practice using a protected title.
- e) A registrant's details can be checked online at: www.hcpc-uk.org/ Search the relevant professional group by entering the registrant's surname or their registration number (this is up to 6 numbers long and starts with 2 letters e.g. PH123456).
- f) Contact HCPC on Tel 0845 3004472
- g) An electronic interface exists between the HCPC register and ESR. The interface alerts the registrant's manager (i.e. the identified ESR First Level Supervisor) that registration will expire in three months. A reminder is sent one month before the expiry date. Once registration has been renewed, the interface automatically updates ESR and notifies the manager. It should be noted that this notification does not inform of any fitness to practice issues or restrictions imposed by the HCPC, therefore the manager must still undertake a check of registration.

6.2 Nursing & Midwifery Council (NMC)

6.2.1 Renewing your registration

There is a requirement to renew registration with the NMC annually. In addition every three years there is a requirement to take part in revalidation.

The fee expiry date is the deadline for paying the annual fee in order to renew registration.

Please note the fee, and submission of all renewal information must be actioned, before the registration due date or registration will automatically lapse. If this happens, the only way registration can be regained is to apply for readmission. This process can take two to six weeks, depending upon the circumstances. Employees whose registration lapses are unable to practise as Registered Practitioners and will be required to work in a non professional (unqualified)

position such as a Health Care Assistant until Registration is renewed. Pay will be adjusted accordingly as set out in paragraph 8(c) below.

6.2.2 Revalidation

There is a requirement to revalidate every three years. It is the responsibility of all nurses or midwives to revalidate every three years and ensure registration is renewed.

The revalidation application date is the deadline for submitting the revalidation application. The revalidation application date is the first day of the month in which registration expires; therefore, if the renewal date is 30 April, the revalidation application date will be 1 April.

The renewal date is the date on which your registration will be renewed if you have successfully completed your revalidation application. This is the last day of the month in which your registration expires.

Further information can be found on the NMC revalidation [microsite](#).

- a) Line managers have a continuing responsibility to prevent a lapse in registration using the systems referred to in this policy (see sections 5 and 5.1 for further information). HR Workforce Services will check ESR 'notification of changes to the register' on a daily basis (excluding weekends and Public Holidays). The notifications show employees that have been removed or suspended from the register, and employees where there is a 'mis-match' in their data held on the NMC register and ESR.
 - i. If an employee has been removed or suspended from the register, the line manager will be notified immediately by their HR Advisor with a copy to the appropriate Associate Director of Nursing and Head of Workforce Advisory Service. The line manager is responsible for ensuring that appropriate action is taken without delay in accordance with this policy.
 - ii. If an employee's record 'mismatches', the line manager will be notified immediately to:
 - investigate;
 - resolve matters so that the NMC and ESR records match; and
 - notify HR Workforce Services of the outcome (who will record on the employee's personal file)
- b) If registration lapses, the NMC will write to the registrant after their registration expiry date to inform them of the lapse. Failure to renew registration will not result in the individual being removed from the register, but it will show them with an expired registration date.
- c) A registrant's details can be checked on-line using the [employer confirmation service](#) at– see section 5.1 above.

6.3 General Pharmaceutical Council (GPhC)

- a) The GPhC requires registrants to renew their registration every year. Registration is effective from the 1st or 15th of any month and is valid for 12 months from the re-registration date. Registrants must renew their registration two months before the expiry date – the renewal deadline will be clearly shown in the renewal notice issued by GPhC. Failure to renew by that deadline will result in the individual being removed from the register. Registrants must pay a fee and either complete the renewal process online or follow an automated telephone process – both involve making a declaration.
- b) A registrant's details can be checked [online](#)
- c) Contact the GPhC on Tel: 020 33653400.

6.4 General Optical Council (GOC)

- a) The GOC requires registrants to renew their registration every year on 1 April (GOC call this 'retention'). They must pay a fee and complete a form including a declaration. In December/January each year, the GOC sends individuals notification of retention which stipulates all applications for retention should be submitted by the annual deadline of 15 March. Registrants who fail to submit an application and pay the retention fee by the deadline are removed from the register.
- b) A registrant's details can be checked [online](#).
- c) Contact the GOC on Tel: 020 75803898.

6.5 General Dental Council (GDC)

- a) Annual Renewal for Dental Care Professionals (DCP) takes place in the weeks leading up to 31 July. Registrants will receive a letter ahead of the deadline with information about how they can make their Annual Renewal, which includes an annual renewal fee (ARF). If a registrant doesn't pay the ARF, they may be removed from the register and will be required to pay a restoration fee to re-join.
 - b) A registrant's details can be checked [online](#)

7 Action to be taken if registration is not maintained

- a) An employee who is aware that their registration has lapsed, been revoked or suspended or of any other sanctions imposed upon their fitness to practice must notify their manager immediately. Failure to do so will result in adjustment to the employee's pay, to that of a non-professional (non-registered) position (see section 8c for further information), backdated to the date that the Trust is notified

of the registration lapse. Furthermore, knowingly practicing whilst unregistered or subject to a fitness to practice investigation will place the Trust at a significant risk and such conduct will be considered in accordance with the disciplinary procedure.

- b) On notification (or discovery) the manager must inform the HR Department and the Staff Bank Manager if the employee is also registered with the Staff Bank.
- c) Where a lapse has occurred, the individual will be required to work with immediate effect in a non-professional [un-registered] position; i.e. physiotherapist to physiotherapist assistant, and their pay will be adjusted accordingly (also with immediate effect) i.e. to the maximum of the lowest band for the particular staff group. For example, a Nurse will be required to work as a Health Care Assistant (payment at Band 2 or 3 will be dependent upon whether the ward/department can accommodate an HCA at Band 3) a Biomedical Scientist will be required to work as a Healthcare Science Assistant.
- d) Paragraph c) above will apply regardless of whether the employee continues to work, or is absent for any reason including, for example, annual leave, sickness absence, special leave and/or study leave.
- e) Anyone found to be practicing whilst unregistered may be subject to prosecution by their professional body and a possible fine.

8 Voluntary Registration

- 8.1 Where a voluntary register exists for a particular professional group (e.g. Clinical Perfusionists, Genetic Counsellors, Clinical Physiologists) a decision must be made at the point of advertising the post whether such registration is essential or desirable.
- 8.2 Supervision should be determined by the manager with due consideration to a practitioner's relevant experience, training and competence and will be considered as part of the supervision and appraisal processes. A manager may determine that an employee does not require supervision as they are a long standing practitioner who can clearly demonstrate they possess the required level of training and competence to practice. In such cases, the manager should document their decision on the practitioner's personal file.
- 8.3 Areas of concern regarding a practitioner (e.g. conduct or professional matter) should be referred to the voluntary registering body by the Trust in accordance with the Disciplinary Procedure. If the individual is removed from the register then a note will be placed on the register. If an individual requests to be removed from the register in circumstances where concerns have been raised, the registering body will make a note on the register.

- 8.4 In some cases, employers can also make a referral of individuals who are not registered and a note can be placed on the 'refused registration' page of the relevant body's website – in all cases information should be sought from the relevant body regarding this.
- 8.5 As registers are voluntary, the registering bodies are unable to formally impose restrictions on individuals' fitness to practice and can only alert practice concerns via the register or a letter to the Chief Executive Officer.
- 8.6 Pre-employment checking of individuals where voluntary registration is an essential requirement of the role will be carried out as per section 4 via the appropriate arrangements of the body e.g. via an on line register, email or telephone.
- 8.7 Registration renewal requirements differ between the various bodies. Managers should ensure they are aware of each employee's renewal date and carry out ongoing checks during employment as per section 5.

9 Bank Workers

- a) The Staff Bank is responsible for all matters relating to professional registration checks for Bank workers.
- b) The Staff Bank will carry out all pre-employment checks as well as checks during employment for Bank workers

The Staff Bank will ensure a monthly report is actioned from the bank booking system showing registrations that are due to expire within the following month. The Staff Bank Manager is responsible for taking appropriate action in respect of these reports to prevent a registration lapse.

Online registration checks will be undertaken on the last working day before the worker's registration is due to expire. Where the worker's registration has not been renewed on the relevant register, they will be sent a text message via the Staff Bank's automated system informing them they will not be permitted to undertake any work after this date until evidence of renewed registration is provided. The Staff Bank will check any such registrations again on the next working day and if they are not evidenced as having been renewed the worker will be suspended from the Staff Bank register via the Bank booking system.

The Bank booking system will not allow work to be booked for any Bank worker if their registration is recorded as expired.

The Staff Bank will send a letter to the worker informing them that their registration has lapsed and that if confirmation of registration renewal is not

received within 28 calendar days, the worker will be removed from the Bank register. If the worker also holds a substantive post within the Trust, the Bank will inform the Line Manager (or the relevant HR Advisor if the Line Manager is not apparent to the Staff Bank Manager) of the situation regarding the worker's registration.

- c) A worker who is aware that their registration has lapsed, been revoked or suspended or of any other sanctions imposed upon their fitness to practice must notify the Staff Bank Manager immediately.
- d) Where registration has lapsed, been revoked or suspended, the worker will not be allowed to work in any capacity until confirmation of satisfactory registration is received by the Staff Bank.
- e) Any worker who fails to provide evidence that their registration has been renewed within 28 calendar days of the expiry date will be removed from the Staff Bank register.

10 Self-Employed

- a) Managers who use any self-employed professionals who fall within the remit of this policy must check and verify their professional registration and fitness to practice before they start work in accordance with the procedural steps in section 4 above.
- b) Depending on the duration of the individual's engagement and/or when their registration is due to expire, managers must ensure they verify the practitioner's re-registration and fitness to practice each time it is renewed in accordance with section 5 above.

11 Training

Training will be provided by the Human Resources Department to managers following implementation of the procedure.

12 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

13 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency

<ul style="list-style-type: none"> • That a professional registration check was completed for all new starters and internal appointments prior to commencement. • Whether any lapses in registration occurred and how they were dealt with. • The number of referrals to professional bodies made by the Trust. 	Audit of ESR Records and personal files.	Director of Human Resources and Staff Bank Manager	HR Heads of Department	Annually
<ul style="list-style-type: none"> • The number of lapses in registration. 	Report form ESR	Director of Human Resources	Trust Board	Quarterly

14 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group.

15 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

16 References

- 1) NHS Employment Check Standards available at [Employment Check Standards](#)
- 2) Nursing and Midwifery Council <https://www.nmc.org.uk/registration/>
- 3) Health and Care Professionals Council <http://www.hcpc-uk.org/>
- 4) General Pharmaceutical Council <https://www.pharmacyregulation.org/>
- 5) General Optical Council <https://www.optical.org/>

17 Additional Documents

- [Recruitment and Selection \(Non Medical\) Policy](#)
- [Staff Bank and Agency Workers Policy](#)
- [Alert Notices policy](#)

Author: Employment Policies and Procedures Consultative Group

Flowchart for Nursing & Registration Checks

Midwifery Online

Manager to remind employee of their registration renewal prior to its expiry

No later than 2 calendar days after expiry date, in normal circumstances, manager to:

Log on to NMC employer confirmation service on-line at: www.nmc-uk.org/employer-confirmations/

Input
Trust caller code*
- Trust pass no.*
- Employee's pin number
- Employee's date of birth
*obtainable from the Recruitment Team

Registration valid?

No

Yes

Inform line manager (where they have not undertaken the check) and Human Resources Department. Meet with employee and follow procedural steps in policy

Ensure ESR is up to date

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The policy makes clear that no employee should be treated less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity/expression, marriage and civil partnership or pregnancy and maternity. The policy is necessarily applied objectively and fairly to all staff who are subject to professional registration requirements.	No, all staff in posts which have a professional registration requirement are subject to this policy.	N/A
Sex (male/ female)	As above	As above	N/A
Religion and Belief	As above	As above	N/A
Sexual orientation including lesbian, gay and bisexual people	As above	As above	N/A
Age	As above	As above	N/A
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above	As above	N/A
Gender Re-assignment	As above	As above	N/A
Marriage and Civil Partnership	As above	As above	N/A
Maternity / Pregnancy	As above	As above	N/A

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No, no gaps have been identified.

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

There is no negative impact envisaged from this policy.

PART 2

Name:

Natalie Cowan

Date of completion:

27/1/2021

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Procedure for the Payment of Recruitment & Retention Premia

Version No.:	5.0
Effective From:	30 July 2020
Expiry Date:	30 July 2023 (extended to 30 November 2023)
Date Ratified:	17 July 2020
Ratified By:	Heads of HR

General Policy Statement

This policy covers the application and procedure of provisions for the payment of RRPs on a short-term and long term basis.

It applies to all posts within the Trust covered by NHS Terms and Conditions of Service.

The purpose of this policy is to ensure consistency in the application and payment of RRPs within the Trust.

1 Introduction

- 1.1 An RRP is an addition to the pay of an individual post, or specific group of posts where market pressures would otherwise prevent the Trust from being able to recruit, or retain staff in sufficient numbers for the post(s) concerned, at the normal salary for the job(s) of that weight.
- 1.2 An RRP is paid in addition to the pay the post holder receives by virtue of their position on their pay band, any high cost area supplements, or any payments for unsocial hours or on-call cover.
- 1.3 RRPs can be awarded on a local basis.
- 1.4 Where an RRP is agreed for a particular group, employees within the Trust in the particular group concerned will receive the specified amount.
- 1.5 Where an RRP is awarded locally (i.e. by the Trust) the level of payment will be set by the Trust following consultation with Staff Side and due consideration of any national guidance/recommendations from the NHS Pay Review Body.
- 1.6 An RRP should not normally exceed 30% of basic salary except where it is justified having followed the procedure and applied the criteria contained within this policy.
- 1.7 An RRP applies to an individual post, or specific group of posts, not to employees. Where an employee moves to a different post that does not

attract an RRP, either within the Trust or elsewhere in the NHS, their entitlement to any previous RRP will cease.

- 1.8 An RRP should not be regarded as the only means of resolving recruitment and retention problems. Non-pay benefits could help, therefore, before considering an RRP, steps should be taken to ensure benefits, such as childcare support and training and development opportunities, are sufficiently well developed.

2 Duties (Roles and responsibilities)

- 2.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 2.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
- 2.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 2.4 Staff are responsible for complying with policy.

3 Definitions

3.1 Short-Term RRPs

3.1.1 A short-term RRP may be awarded where labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future.

3.1.2 Short-term RRPs:

- a. may be awarded on a one-off basis or for a fixed-term
- b. will have their value regularly reviewed (i.e. at least annually)
- c. may be withdrawn, or have the value adjusted subject to notice of six months
- d. are not pensionable, or counted for purposes of overtime, unsocial hours payments or any other payments linked to basic pay

3.1.3 It is envisaged that short-term RRPs would normally only apply to problematic situations likely to last between six months and three years.

3.2 Long Term RRPs

3.2.1 A long term RRP may be awarded where labour market conditions giving rise to recruitment and retention problems are more deep-rooted and the need for the premium is not expected to vary

significantly in the foreseeable future.

3.2.2 Long term RRP:

- a. will be awarded on a long term basis
- b. will have their values regularly reviewed (i.e. at least annually)
- c. may be awarded to new employees at a different value to that which applies to existing staff
- d. are pensionable and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay
- e. may be withdrawn, or have the value adjusted subject to notice of not less than six months

3.2.3 It is envisaged that long term RRPs would normally apply to problematic situations likely to last three years or more.

4 Procedure

4.1 Recruitment

4.1.1 All vacancies should be advertised in relevant local, regional, national and/or professional media.

4.1.2 Where an advert has produced no suitable applicants a review of the process and outcome should be undertaken to consider/establish the reason(s). The manager and relevant Senior Human Resources Advisor with input, as appropriate, from a relevant Staff representative, should normally undertake this review.

4.1.3 Account should be taken of:

- a. the number of applicants
- b. relevant national vacancy data
- c. local labour market information
- d. the media used
- e. any non-pay improvements that could be made to the employment package (e.g. training and development opportunities, childcare, relocation)
- f. any expected increase in the supply of suitable staff

4.1.4 If it could be reasonably assumed that the vacancy could be filled through, for example, advertising in different media, or by waiting for an expected increase in supply (for example, from new trainees), then the post should be re-advertised.

4.1.5 If, following the review, it is decided that the most effective way to recruit to the vacancy is only through the payment of an RRP, the manager must make an application to pay an RRP – see 6.3 below.

4.1.6 If the problem is likely to be resolved in the foreseeable future (i.e.

within three years), the request should be for a short-term RRP.

- 4.1.7 If the problem is likely to continue indefinitely (i.e. longer than three years), the request should be for a long term RRP.

4.2 Retention

4.2.1 Before consideration is given to paying an RRP to increase the retention of employees, managers should ensure non-pay benefits are sufficiently developed e.g. flexible working arrangements, childcare support, training and development opportunities.

4.2.2 Where possible, local turnover rates should be compared with national rates.

4.2.3 Account should also be taken of other relevant available information, such as the findings from the annual staff attitude survey, exit interviews and survey reports, and staff experience interviews.

4.2.4 If, following the above actions, it is decided that the most effective way to retain employees is only through the payment of an RRP, the manager must make an application for an RRP – see 6.3 below.

4.2.5 If the problem is likely to be resolved in the foreseeable future (i.e. within three years), the request should be for a short-term RRP.

4.2.6 If the problem is likely to continue indefinitely (i.e. longer than three years), the request should be for a long term RRP

4.3 Application Process

4.3.1 All applications to pay an RRP must be made using the pro-forma at Appendix 1.

4.3.2 All requests will be considered by the Employment Partnership Forum (EPF). The EPF will consist of:

Management Side

Director of Human Resources

Head of HR Services

Senior HR Manager

Deputy Chief Nurse

Director of Estates and Facilities (or nominated deputy)

A Payroll Representative

Staff Representatives

4.3.3 The EPF will meet on the third Wednesday of each month. A minimum of two Management and two Staff representatives must be present to consider an application for RRP.

- 4.3.4 The EPF will then make a recommendation to the Executive Team.
- 4.3.5 The final outcome of an RRP application will be communicated to the manager in writing by the Chair of EPF within 10 working days.
- 4.3.6 Decisions will be final unless circumstances have changed since the application was made, or new information is available that would have a significant impact on the ability to recruit and/or retain staff. Where either applies, the manager must submit a written request to the EPF for the changed circumstances, or new information to be considered.

5 Review of RRP Payments

- 5.1 A review will be carried out annually by the EPF who will consider evidence concerning the need (or otherwise) for the continuation, adjustment or withdrawal of an RRP.
- 5.2 In preparation for reviews, managers will be asked to submit information for the EPF to consider. The EPF will then make a recommendation to the Executive Team.
- 5.3 The final outcome of the review will be communicated to the manager in writing by the Chair of EPF within 10 working days.

6 Training

Training will be provided by the Human Resources Department to managers where requested.

7 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

8 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Audit of reviews submitted to the EPF on an annual basis to identify the number agreed and denied	Audit	Director of HR	EPF	Annually

9 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

10 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

Author: Employment Policies and Procedures Consultative Group

**The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Request for the Payment of Recruitment & Retention Premia**

To be completed by the recruiting manager in conjunction with their Human Resources Officer.

1. Post Details

1.1	Job Title	
1.2	Band	
1.3	Hours	
1.4	Ward/Department	
1.5	Directorate	
1.6	Site	
1.7	Number of these posts within Dir/Dept	
1.8	Number of these posts within the Trust	

2. Request Details

2.1	Short-term or long term RRP	
2.2	Reason (i.e. problem is recruitment, retention or both)	
2.3	How much and why	
2.4	Effective date from and to	<u>From:</u> <u>To:</u>
2.5	Staff groups/specific posts affected	
2.6	Effect if RRP not payable e.g. inability to meet key target(s)	
2.7	How will RRP be funded	
2.8	Financial position	<u>Overall position as at</u> (month): £

		<u>Staff budget total:</u> £
		<u>Staff budget over/under spend:</u> £
2.9	Are any cost savings likely to be achieved e.g. reduction in agency costs	
2.10	What measures will be taken to address the need to pay an RRP	

3. Action Taken to Recruit

3.1	Date(s) advertised	
3.2	Media used	
3.3	Number of Enquiries	
3.4	Number of Applicants	
3.5	Reason(s) for difference between number of enquiries and actual applicants	
3.6	Number of shortlistable applicants	
3.7	Number invited for interview	
3.8	Number interviewed	
3.9	Number of Offers Made	
3.10	Reason(s) for difference between number invited for interview and those who turned up	
3.11	Reason(s) for declining offer	
3.12	Reason(s) for not re-advertising	
3.13	Have non-pay benefits been highlighted in the advert. If not, would this make a difference – please give reasons	

4. Details of Recruitment / Retention Problems

4.1	Number of vacant posts of the type this request relates to within the work area and within the Trust	<u>Work area:</u> <u>Trust:</u>
4.2	Length of time posts have been vacant and reason(s)	
4.3	Number of attempts recruitment has actively been pursued if different to above? Please provide details	
4.4	Turnover rate for these posts within the work area and within the Trust	<u>Work area:</u> <u>Trust:</u>
4.5	External factors affecting recruitment e.g. lack of appropriately qualified/trained individuals, better terms and conditions offered by other Trusts/private health care/private industry. Please give details including how terms and conditions are more favourable and how long these factors are expected to continue	

5. Other Factors

5.1	Average sickness absence rate in last 12 months	
5.2	Evidence of well developed non-pay benefits e.g. childcare support, flexible working, training and development. Please give details	
5.3	Relevant feedback from exit interviews/surveys. Please give details	
5.4	Are there any other RRP's currently applied? Please	

	give details	
--	--------------	--

Signed: _____

Print Name: _____

Designation: _____

Date: _____

Send form to: Head of HR Services, Human Resources Department, Regent
Point, Regent Farm Road, Gosforth

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (<i>by whom, completion date and review date</i>)	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (<i>by whom, completion date and review date</i>)
Race / Ethnic origin (including gypsies and travellers)	<p>100% of those in receipt of RRP payments are white. However an RRP applies to an individual post, or specific group of posts, not to employees. The approval process is based upon evidence of inability to recruit prior to an appointment being made.</p> <p>Where an employee moves to a different post that does not attract an RRP, either within the Trust or elsewhere in the NHS, their entitlement to any previous RRP will cease.</p> <p>All requests will be considered by the Employment Partnership Forum</p>	No – although 100% if those in receipt identify as white for the reasons outlined there are no concerns relating to direct or indirect discrimination	<p>Full consideration is given to the following before a decision to award RRP payments is made;</p> <ul style="list-style-type: none"> - actions taken to recruit – detailed analysis - details of recruitment / retention problems - vacancies - turnover rates - no of attempts to recruit - media used
Sex (male/ female)	90.91% (10/11) of staff in receipt of RRP are female, compared to the workforce as a whole which is made up 78% female, 22% male	No – although 91% of those in receipt identify as female. For the reasons outlined there are no concerns relating to direct or indirect discrimination	As above
Religion and Belief	72% of staff in receipt of RRP are Christian, compared to 28% who have chosen to not say or data is not recorded.	No – although the majority of those in receipt are Christian. For the reasons outlined there are no concerns relating to direct or indirect discrimination.	As above
Sexual orientation including lesbian, gay and bisexual people	72% of those in receipt of payments are Heterosexual and 9% identify as LGBT. This compares favourably to staff in post figures of 71% and 2% respectively	No	As above
Age		No	As above
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	0% of staff in receipt of RRP have declared a disability.	No – although none of those in receipt have declared a disability. For the reasons outlined there are no concerns relating to direct or indirect discrimination.	As above
Gender Re-assignment	Figures are not available in relation to this PC as data is not captured.	No	As above

Marriage and Civil Partnership		No	As above
Maternity / Pregnancy	Those in receipt of payments have their maternity entitlements calculated on the payments received in the 'relevant period'. If RRP payments fall within this period maternity pay will be based upon the higher payment	No	As above

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name:

Natalie Cowan

Date of completion:

20 December 2019

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Employment Policies & Procedure

Redeployment Policy

Version No.:	5.0
Effective Date:	27 July 2023
Expiry Date:	27 July 2026
Date Ratified:	17 July 2023
Ratified by:	Heads of HR

General Policy Statement

This policy outlines the redeployment process, the roles and responsibilities of those involved, and the approach for supporting staff during this process.

This policy shall apply to all staff, including those seconded to other organisations. It does not apply to staff seconded into the Trust (they are the responsibility of their substantive employer), contractors and agency workers.

1. Aims

1.1 The policy aims to ensure the Trust meets its legal obligations in the following circumstances:

1.1.1 When, by reason of disability and/or other medical reason, the individual is no longer able to continue in their current role, despite consideration of reasonable adjustments to that role (i.e. staff who are disabled, or who have become disabled in the course of their employment (see [Equal Opportunities and Diversity Policy](#)))

1.1.2 Where, as a result of organisational change (including redundancy), the individual's job no longer exists in its current format ([Organisational Change and Redundancy Policy](#)). Redeployment will run alongside notice of redundancy.

1.2 Employment legislation may require that specific categories of staff are considered for redeployment opportunities before consideration of other redeployment candidates.

2 Duties – roles and responsibilities

Role	Responsible for
The Executive team	The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.

Role	Responsible for
Individuals subject to redeployment	<ul style="list-style-type: none"> • Putting themselves forward for suitable vacancies • Considering reasonable changes in working arrangements, pay and responsibilities • Preparing for interviews • Not unreasonably turning down an offer of alternative positions
Director of Operations/Heads of Department	<ul style="list-style-type: none"> • Director of Operations and Heads of Service are responsible to the Executive Team for ensuring policy implementation • Providing support to individuals undergoing the redeployment process • Seeking appropriate opportunities to support individuals undergoing the redeployment process into alternative posts within the directorate/department • Accepting corporate responsibility for Trust staff by responding positively to requests to consider staff undergoing redeployment
Recruiting managers	<ul style="list-style-type: none"> • Short listing redeployment candidates against the essential criteria for the post • Arranging to interview redeployment candidates at the earliest opportunity • Assessing candidates against the essential criteria for the post as detailed in the job description and person specification • Providing feedback when redeployment candidates do not meet the essential criteria for the role • Determining suitability of the new appointee during a trial period
HR Department	<ul style="list-style-type: none"> • Advising staff on the redeployment process, as appropriate • Maintaining a register of staff undergoing redeployment • Notifying redeployment candidates of forthcoming vacancies • Determining the eligibility of redeployment candidates for specific posts • Liaising with the recruiting manager to ensure prior consideration for vacant posts • Ensuring UKVI are informed of the redeployment or termination of contract of any employee whose right to work is via a Certificate of Sponsorship and completing appropriate documentation in a timely manner

3 Redeployment procedure

3.1. Wherever possible, the Trust will seek to maintain individuals in employment and in work of a broadly comparable nature. An audit of the staff member's skills will be completed by a Senior HR Advisor in conjunction with the staff

member using the Skills Audit Form (Appendix 1). The line manager will be in attendance at this meeting and the staff member will be entitled to request to be accompanied by a colleague or Trade Union representative.

- 3.2 The following criteria will be used to help determine the jobs of a broadly comparable nature:
- a) Nature of work
 - b) Qualifications, knowledge, skills and experience
 - c) Individual's aptitude and/or capability
 - d) Working arrangements (e.g. hours of work, shift arrangements, etc.)
 - e) Level of responsibility
 - f) Band and pay
 - g) Location
- 3.3 Opportunities for redeployment will normally start with posts at an individual's existing band/level of responsibility. Posts at other bands/levels of responsibility may also be explored. A post at a lower band/level of responsibility will not normally include pay protection.
- 3.4 Staff who are undergoing the redeployment process will be added to the Trust's redeployment register which is maintained by the HR Department. The HR Department will review staff on the register against vacancies (and approved RCG requests) on a weekly basis to determine potential redeployment opportunities. These will be brought to the attention of the relevant staff accordingly.
- 3.5 In addition, staff will be given information regarding where to find vacancies and will be asked to identify any preferences. A record will be kept by the HR Department of all vacancies brought to the attention of staff and what the outcome was – see the form at Appendix 2.
- 3.6 Eligibility for redeployment will cease on expiry of a fixed-term contract or the expiry of notice issued in relation to redundancy or ill-health. Individual employees should therefore put themselves forward for consideration for any suitable vacancies prior to expiry of their notice period.
- 3.7 Staff will usually remain on the register for a maximum period of eight weeks, after which a formal review meeting will be held, in accordance with the appropriate policy/procedure. At this meeting, termination of their contract may be considered. Notice of a provisional date of a formal review meeting will be given as soon as practicable, but no later than as defined in the appropriate policy/procedure. Where redeployment has not been successful for staff at risk of redundancy, management of their employment will return to that under the Organisational Change policy.
- 3.8 In the event of staff being added to the register at the same time as being given their statutory notice to terminate employment and where the notice

period is longer than eight weeks, the maximum period on the register will be extended to reflect the period of notice.

- 3.9 Line managers should identify opportunities for redeployment within their own department. A competitive process should be undertaken where more than one individual on the redeployment register wishes to be considered for a position. Priority will be given to staff who have a disability or who have been served notice of redundancy and a competitive process will not take place unless there is more than one person on the register who meet this criteria, as per section 3.
- 3.10 Staff undergoing redeployment are required to advise their Senior HR Advisor if they wish to be considered for a vacancy within five working days of receiving information about it. If the vacancy is open to a competitive process staff will be required to submit an application form. The application form/skills audit form will be forwarded to the recruiting manager who will assess the candidate against the essential criteria for the post. Where staff meet the essential criteria for the post, they will be guaranteed an interview.
- 3.11 If the vacancy is not open to a competitive process, a meeting should be arranged between the individual and recruiting manager to discuss the role and suitability.
- 3.12 Where staff accept redeployment, they will be entitled to a trial period of up to four weeks. Any pre-employment checks that are required will be completed as necessary by the HR Department. The trial will be on the pay and contractual terms of the staff member's substantive post.
- 3.13 For the purposes of managing staff during the trial period, the individual should be transferred to the new position in ESR and Health Roster Record. The manager hosting the trial will fund the position as they hold the vacancy. If the trial is unsuccessful, responsibility for the employee's salary will return to the substantive manager.
- 3.14 Managers should meet with staff, on a weekly basis, during the trial period to discuss how it is going and resolve any issues. Meetings should be documented and signed by the manager and employee.
- 3.15 The Registration Authority (RA) Manager must be informed by the HR Advisor if the staff member is undertaking a trial period or if a trial is unsuccessful. This is to ensure appropriate access to relevant systems is setup and removed as necessary.
- 3.16 If a trial period is not successful, staff will return to their substantive post. If this is not possible, alternative options will be explored.

- 3.17 Once redeployment is confirmed, the HR Advisor will inform the Recruitment team who will confirm the individual in post. A new/revision to existing contract will be issued.
- 3.18 If a staff member is undertaking a trial period at the end of the maximum period, arrangements for a final meeting will be deferred until the outcome of the trial period is known.

4. Staff who have a disability or who are at risk of redundancy

- 4.1 Staff who are likely to be considered to have a disability, as defined by the Equality Act and/or staff deemed to be at risk of redundancy, will be given prior consideration for a post provided they meet the essential requirements. Prior consideration is where staff who meet the essential criteria for a post will be considered for appointment before other internal or external candidates.
- 4.2 With regards to disabled staff, advice should be obtained from Occupational Health, as necessary.
- 4.3 Staff who are at risk of redundancy will be offered a trial, without an application process, if a post is considered a Suitable Alternative and there are no additional staff meeting the criteria for priority consideration (see 2.9).

5. UK Visas and Immigration

- 5.1 If redeployment is being sought for staff whose right to work is via a Certificate of Sponsorship, advice must be sought from the HR Department to ensure UKVI regulations are met.

6. Support

Where it is practicable and reasonable, the Trust will provide training and development, or other forms of support to help staff adjust to change and prepare for redeployment within or out with the Trust.

7. Requests for redeployment

There may be occasions when staff wish to request redeployment within the Trust. There is no obligation on the Trust to support or facilitate such requests, managers may wish to accommodate them where possible. Advice should be obtained from the HR Department as necessary before a request is facilitated.

8. Training

Training will be provided by the Human Resources Department to key staff following implementation of the policy.

9. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on any grounds. This policy has been properly assessed.

10. Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
a. Ascertain the number of staff redeployed within the Trust in the last 12 month rolling period and the reasons for redeployment	Reporting of information from the redeployment register and ESR	Chief People Officer	Heads of Human Resources Meeting	Annually
b. Ascertain the number of staff who were not successfully redeployed within the Trust in the last 12 month rolling period and the reasons why suitable redeployment could not be found				

11. Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

12. Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

13. References

- 1) Equality Act 2010
Available at www.legislation.gov.uk/ukpga/2010/15/contents
- 2) NHS Jobs Available at www.jobs.nhs.uk

14. Additional Documents

- [Capability policy and procedure \(medical and dental\)](#)
- [Capability policy and procedure \(non-medical\)](#)
- [Dignity and Respect at Work policy](#)

- [Disciplinary policy and procedure](#)
- [Employee Wellbeing policy](#)
- [Organisational Change and Redundancy Policy](#)
- [Recruitment and Selection Policy \(Junior Medical and Dental Trust Doctor posts\)](#)
- [Recruitment and Selection Policy \(Non -Medical\)](#)
- [Recruitment and Selection Policy \(Senior Medical and Dental Staff\)](#)
- Recruitment Control Group Constitution and Terms of Reference

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Redeployment - Skills Audit

Name of Staff Member

Date of Meeting

Name of HR Representative conducting meeting
.....

Name and job title of Line manager, in attendance
.....

Name of Staff Representative, if in attendance
.....

Current Position

Job title

Band.....

Contractual Hours

Normal working hours/shift

Hospital/Base

Ward/Directorate

Reason for re-deployment

Employment History (last 10 years)
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.....
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Qualifications/Previous Training Courses Attended

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.....
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Skills

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.....

Redeployment opportunities

What areas/types of work have Occupational Health recommended?

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.....
.....

What areas/type of work have Occupational Health advised as not suitable, and why?

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.....
.....

What areas/types of work would you consider as suitable?

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.....
.....

What type of work would you consider as unsuitable? (Reasons why)

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.....
.....

Future training and development requirements to assist you (reason why)

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.....

Number of contractual hours/shift patterns you are able to consider working (reasons why)

.....
.....

Any hours/shift patterns you are unable to work i.e. weekends, night shift (reasons why)

.....
.....

Any site/department you are unable to work at (reasons why)

.....
.....

Any additional information

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HR Advisor Comments

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.....
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.....
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Employee Signature Date

Line Manager..... Date.....

HR Advisor Signature Date.....

Staff representative/companion Signature Date

The Newcastle upon Tyne Hospitals NHS Trust

Redeployment Pro Forma

Staff Details	ESR ASSIGNMENT NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TITLE FORENAME SURNAME
	JOB TITLE BAND
	WARD/ DEPARTMENT HOSPITAL/ COMMUNITY BASE
	DOES THE EMPLOYEE CURRENTLY HOLD A CERTIFICATE OF SPONSORSHIP? YES/NO

Skill Audit form completed YES/NO

Date Completed.

Date placed on Redeployment Register

ate termination notice issued.

Notice

Expiry Date

Condition falls under remit of Equality Act YES/NO

Posts Identified

Post Details/RCG Ref No	Date allocated	HR Advisor	Date employee advised posts available	Posts employee pursuing	Outcome *

*Offered Interview, Trialled Job, Offered Post, Unsuccessful

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 7th July 2023 _____

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Redeployment Policy

3. **Name and designation of author:**

Christine Mann, Head of Workforce Advisory Service

4. **Names & Designations of those involved in the impact analysis screening process:**

HR Heads, EPPCG

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**

(These can be cut and pasted from your policy)

This policy outlines the redeployment process and the roles and responsibilities of those involved.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

See 8 below.

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	The policy is clear that no employee should be treated less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity, marriage and civil partnership or pregnancy and maternity. The purpose of the policy is to set out the process for redeployment when this arises and the roles and responsibilities associated with this. The Trust has a Race Equalities Staff Network which supports staff at work and supports the Trust’s equality agenda, aims and objectives.	There is little equality data currently available to demonstrate whether there are any equalities implications arising either before or during the process.	It would be useful for the General HR team to collate the equalities data of all staff undergoing the redeployment process, at the same time as they record the data which is currently collected. This would allow for a more thorough analysis and assessment of any impact in order that they can be mitigated.
Sex (male/ female)	As above	As above	As above
Religion and Belief	As above and in addition, the Chaplaincy Team is available for advice and support.	As above	As above
Sexual orientation including lesbian,	As above. In addition the Trust has an Pride Staff Network which supports staff at work and	As above	As above

gay and bisexual people	supports the Trust's equalities agenda, aims and objectives.		
Age	As above	As above	As above
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above. In addition the policy provides support for staff who are no longer able to continue in their current role due to a disability or long term health condition and where reasonable adjustments have been unable to facilitate this. Where a person is unable to continue in their role due to being a carer they may also be redeployed via this process. The Trust has a Enabled Staff Network which supports staff at work and supports the Trust's equalities agenda, aims and objectives.	As above, however the policy aims to support people with disabilities or long term health conditions and those who are carers.	As above
Gender Re-assignment	As above. The policy is gender neutral.	As above	As above
Marriage and Civil Partnership	As above	As above	As above
Maternity / Pregnancy	As above	As above	As above

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

Yes, there is insufficient data held regarding the protected characteristics of the staff who are redeployed, which would enable a full analysis to be undertaken. This will need to be collated together with the usual information so that it can be analysed accordingly.

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement Yes No x

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No negative impact is envisaged.

PART 2

Name of author:

Christine Mann

Date of completion

25/7/23

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Retirement Policy and Procedure

Version No.:	15.1
Effective Date:	04 May 2023
Expiry Date:	09 February 2026
Date Ratified:	26 April 2023
Ratified by:	Heads of HR

1. Introduction

- 1.1 The Trust is committed to creating a positive and inclusive environment, respecting equality and diversity, and encouraging good relations between people of all ages. We recognise the valuable contribution made by staff of all ages and will work towards eliminating prejudice and discrimination irrespective of age.
- 1.2 We recognise that staff are no longer required to retire at a specific age. This policy is to enable us to manage retirements and help staff better understand their options in relation to retirement. It reflects ACAS best-practice guidance.
- 1.3 This policy should be read in conjunction with the Trusts Equal Opportunities Policy, Flexible Working and Capability policies.

2. Scope

- 2.1 The arrangements covered by this policy are:
 - retirement
 - flexible retirement, including: ‘wind down’; ‘step down’; ‘draw down,’ ‘retire and return to the NHS,’ ‘late retirement enhancement’ and ‘early retirement reduction buy out.’ (see 7.2)
- 2.2 In addition, the Trust’s Working Flexibly Policy contains details of flexible working arrangements which staff may wish to consider as part of their request to work beyond retirement age.
- 2.3 Unless it has been agreed otherwise, staff who are retiring are expected to work their contractual notice period.
- 2.4 Staff considering retirement should ensure they understand the associated processes and financial implications before submitting their formal notice”.

3. Aims

This policy is intended to demonstrate the Trust's commitment to tackling age discrimination in retirement and promoting age diversity in its workforce. It is also intended as a guide to help managers and staff understand the retirement process and what flexible retirement arrangements may be considered so that they can:

- identify the range of options that are available
- consider the implications for the department and service
- plan ahead
- support preparation for the transition of employees from work to retirement

4. Duties and Responsibilities

4.1 The Trust Board has overall responsibility for ensuring this policy is applied fairly and consistently.

4.2 Line managers, leaders and clinical leaders are responsible for ensuring the practical application of this policy.

4.3 Staff considering retirement should ensure they understand the associated processes and financial implications before submitting their formal notice.

5. General Principals

5.1 Line managers, Leaders and Clinical Leaders should have regular conversations with staff about their expectations, development needs and future plans, including through their annual appraisal review.

5.2 Staff can indicate a date at which they plan to retire from NHS service (their "indicated retirement date"). Where staff have indicated a date and subsequently change their mind the change of date will be accommodated, where possible.

5.3 Should a member of staff decide to retire, they must at least give their contractual notice in writing. However, if they wish to receive their NHS pension payments immediately upon retiring, it is advised that a minimum of six months' notice is given.

5.4 Once a member of staff has given formal notice to leave, we are under no obligation to agree if they subsequently wish to withdraw their notice.

5.5 For staff who are retiring, the manager must obtain confirmation in writing from them and notify the Human Resources Department immediately by completing a [Leaver's Checklist Form](#). Completed forms should then be emailed to: nuth.hr.leavers@nhs.net from the Trust's email address book.

- 5.6 On receipt of the Leavers Checklist the HR Department will arrange completion of all the necessary internal paperwork for terminating the staff member's employment. The individual, in conjunction with the Payroll Department, must arrange completion of the necessary forms for release of pension (where payable), for example, [form AW8](#)
- 5.7 Any untaken annual leave that is paid to a member of staff when they retire will extend their end date for pension purposes. If they intend to return to work after their required break but have annual leave that exceeds this period they cannot return to work until the annual leave has been taken.
- 5.8 In exceptional circumstances, staff may be asked to retire if it can be shown that they can no longer undertake their role.

6. Return to Work

- 6.1 Staff who are considering retirement but want to return on reduced hours to their previous area of work should discuss the possibility of doing so with their line manager. Please note, however, that there is no automatic right to return to work.
- 6.2 The NHS Pension Scheme requires members who have requested payment of their pension to have a 24-hour break from NHS employment. This will ordinarily be the day following their last day of employment.
- 6.3 Immediately following retirement staff must have a break from the Trust of at least 14 continuous calendar days. This requirement is separate to the 24-hour break required by the Pensions agency though staff can choose to include the 24-hour break within the 14-day break if they wish.
- 6.4 Staff wishing to return to work at the Trust within three months of their retirement will undergo our internal recruitment process.
- 6.5 Staff wishing to return to work at the Trust after three months of their retirement date should apply through the normal processes outlined in our Recruitment and Selection Policy
- 6.6 Before applying to return to work staff should consider the implications of any future earnings on their pension payments.

7. NHS Pension Scheme

- 7.1 The NHS Pension Scheme is subject to change therefore staff should refer to a Pensions Officer at Payroll and or the [NHS pensions](#) website for more information. Information is also available on the [Trust intranet](#) pages.

7.2 Special Class Status - '[Special Class](#)' status is applicable to members of the 1995 section of the NHS pension scheme who work as a nurse, midwife, physiotherapist or health visitor. Qualification is dependent upon having been awarded special class status on or before 6 March 1995 and at no time following have had a break in pensionable employment of 5 years or more. In addition, members must have special class status at retirement and have had this status for five years leading up to retirement.

7.3 Mental Health Officer Status - [Mental Health Officers](#) (MHOs) who were members of the 1995 section of the Scheme on or before 6 March 1995 with at least 20 years MHO membership may retire with benefits from age 55 provided they remain in a MHO job and may count each year of MHO membership over 20 years as two years for benefit purposes.

8. Flexible Retirement

8.1 Flexibilities within the NHS Pension Scheme can enable members to take a different approach to retirement, by working to a later age in a way that can meet their needs and those of the Trust.

8.2 The NHS Pension Scheme offers members a number of options when thinking about or approaching retirement:

Wind Down	Defer retirement by reducing the number of hours worked and continue to build pension entitlement.
Step Down	<p>'Step down' to a different role, perhaps with less responsibility, whilst remaining in NHS employment.</p> <p>Members of the 1995 section of the NHS Pension Scheme can move into a less demanding role and protect pension income, or start a new pension. This requires pay to be reduced by 10% or more for 12 months or more, and requires a member to be over the minimum pension age. Applications to have the higher rate of pay protected for pension purposes must be made within 15 months of the date there is a reduction in pay</p>
Draw Down	Applies only to members of the 2008 and 2015 sections of the NHS Pension Scheme. Members can take part of their pension benefits and continue in NHS employment. Members can take between 20% and 80% of their pension benefits and continue to build up future membership in the Scheme. Members

	<p>can draw down on up to two occasions before retiring completely. Benefits are reduced if taken before the member's NPA.</p> <p>In addition, if pensionable pay is reduced by at least 10% and the minimum retirement age of 55 has been reached staff may partially retire and take some pension benefits. Pensionable pay must remain reduced for at least a year.</p>
'Retire and Return' to the NHS	<p>Retire with pension benefits and return to NHS employment. (Option includes registering with the Staff Bank, to work on an as and when basis).</p> <p>Members of the 1995 section of the pension scheme will not be eligible to continue contributing to the NHS Pension Scheme. Members of the 2008 and 2015 sections of the pension scheme will be able to continue contributing to the NHS Pension Scheme.</p>
Late Retirement Enhancement	<p>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. The member can benefit from working longer to achieve an increase in pension benefits when they come to draw their pension.</p>
Early Retirement Reduction Buy Out	<p>Members or employers can pay additional contributions to buy out, or reduce, the actuarial reduction that would be applied to their pension were they to retire before their NPA. After joining the 2015 scheme, there will be a three-month window to take out an agreement with a buy-out period beginning with the member's first day of pensionable service.</p> <p>Members or employers can pay additional contributions to buy out, or reduce, the actuarial reduction that would be applied to their pension were they to retire before their NPA. After joining the 2015 scheme, there will be a three-month window to take out an agreement with a buy-out period beginning with the member's first day of pensionable service.</p>

- 8.3 Options for flexible working must be discussed and agreed by the Trust and the member of staff in accordance with our [Working Flexible Policy](#)
- 8.4 Flexible retirement and in particular applications to retire and return must be considered in line with government guidance which states that applications ought only be approved where re-employment can be justified on the basis of service need and value for money.
- 8.5 Guidance confirms the following should be considered on receipt of an application for flexible retirement:
- the requirement for the post to be filled through retire and return in light of cost improvement pressures
 - equality requirements, i.e. age, disabilities, family friendly/caring obligations, gender transition considerations
 - value for money
 - the standard of the staff member's work and attendance
 - the staff member's competence against the essential requirements of the post and whether there has been a satisfactory appraisal within the last 12 months
 - whether the hours proposed can be accommodated and/or meet service needs
 - succession planning and the potential impact the staff member's return would have on the team
 - whether it is in the best interests of the service to accommodate a retire and return request
 - longer term workforce/service plans for the post and team and how the retire and return request fits with this
- 8.6 There is no automatic entitlement to retire and return.
- 8.7 To request flexible retirement staff must complete the application form available [here](#) and submit it to their line manager a minimum of 6 months prior to the date they would like to flexibly retire. This is to avoid any delay in deciding a request and subsequently organising any pension payments (if payable)).
- 8.8 Following receipt of the request the manager will send an acknowledgment in writing and hold a meeting with the staff member. This meeting must be held within a reasonable timescale (the whole process including any appeal should be concluded within 3 months from receipt of the application by the manager, except where an extension has been agreed by both parties and relevant documentation is completed). The purpose of the meeting is to discuss the request, having regard to the considerations contained in 5.7 above, to review the working pattern proposed, how it may be accommodated and any other relevant information. If there are likely to be difficulties with a requested working pattern these should be explored and/or possible alternatives identified where appropriate. No speculative approval should be given to the individual until the final decision has been made by an Executive Director and, therefore, a decision will not be communicated at this initial meeting.
- 8.9 A request to retire flexibly which is related to a nursing and midwifery post must be discussed by the Directorate Manager and/or Matron, with the Executive Chief Nurse, prior to any

meeting between the employee and their line manager. A request to retire flexibly which is related to a medical post must be discussed with the Medical Director or the Deputy prior to any meeting.

- 8.10 Staff have the right to be accompanied by a work colleague or trade union representative. If staff fail to attend a scheduled meeting without notification or without reasonable explanation the application will be treated as withdrawn. In such circumstances a further request may not be made for a further 12 months – see paragraph 5.3 above. If the work colleague/trade union representative is unable to attend the meeting the staff member may propose an alternative date which must be within five working days of the original date. If the alternative date is not agreed the meeting will go ahead without the work colleague/trade union representative.
- 8.11 Following the meeting with the line manager, the Directorate Manager/Head of Department/Clinical Director will:
- a) consider the request and the guidance at 7.5 above
 - b) complete the recommendation section on the application and provide further information where relevant
 - c) send the completed form to the Senior HR Manager for a decision
- 8.12 All applications that are supported will be decided by an Executive Director (in the case of Medical and Dental staff, this will be the Medical Director) and the HR Advisor will inform the line manager of the outcome. The Senior HR Manager will decide all applications which are not supported and inform the line manager. Only after either of these has occurred should the employee be informed of the outcome of their request – no speculative outcome should be expressed by the manager and/or Directorate Manager/Head of Department/ Clinical Director beforehand.
- 8.13 The HR Department will process all the contractual paperwork and ESR for terminating the employee's employment and issuing the agreed terms for returning to work. Return to work will be subject to the provision and completion of all documentation required to meet the NHS Employment Check Standards. Previous checks undertaken by the Trust may be accepted provided they have been undertaken in accordance with NHS Standards and are evidenced on file. The individual must request payment of NHS Pension (where applicable) via completion and submission of form [AW8](#).
- 8.14 Where a request for flexible retirement is not agreed, management will confirm their decision in writing on the application form including the right of appeal. An example appeal can be found here
- 8.15 If staff believe their request has not been properly considered, they have the right of appeal. This must be submitted in writing within 14 calendar days of receiving the decision to the Head of Human Resource Services. The letter of appeal must set out the grounds of appeal and include any other relevant information.

- 8.16 An appeal hearing will be arranged within a reasonable timescale (the whole process including any appeal should be concluded within 3 months from receipt of the original request except where an extension has been agreed by both parties and documentation at completed). The appeal will be heard by an Executive Director who has not been involved in deciding the application. They will be accompanied by a representative from the Human Resources Department. Staff have the right to be accompanied by a trade union representative or a work colleague if they wish. If staff fail to attend two consecutive hearings without notification or without reasonable explanation, the application will be treated as withdrawn. In such circumstances staff will be notified of the Trust's decision in writing.
- 8.17 Staff will be informed of the decision as soon as practicable taking into account the requirement to complete the whole process within 3 months from first receipt.
- 8.18 If the appeal is upheld, the details of the flexible retirement arrangements will be notified in writing. The letter will state a description of the new working pattern and when it commences.
- 8.19 If the appeal is not upheld, staff will be notified in writing. The letter will explain the grounds for the decision.
- 8.20 For a timeline and overview of the flexible retirement process see here
- 8.21 Following initial approval to retire and return any further requests to extend the duration of the contract will be processed through RCG for non-medical staff. Approval will be required from the Medical Director for Medical Staff
- 8.22 Staff who flexibly retire/retire and return are subject to employment under the Trust's terms and conditions, policies and procedures and rules and regulations, including annual appraisal; capability; professional registration (where required); Revalidation (Medical and Dental Staffs); and prevention of illegal working.

9. Early Retirement on the Grounds of Ill Health

- 9.1 Staff may be eligible to apply for ill health retirement if they have two years membership of the NHS pension scheme and are too ill to work in their current post. The minimum pension age does not apply in the case of ill health retirement (for more information regarding eligibility, please contact a pensions officer at payroll).
- 9.2 If staff are terminally ill with a life expectancy of a year or less and have been accepted by the Pensions Agency for early retirement they may apply to exchange their ill health benefits for a one-off lump sum payment.
- 9.3 Benefits received can be withdrawn if staff take up further employment within the NHS after retiring early due to ill health.
- 9.4 There are two tiers of ill health retirement:

- Tier 1

If staff become permanently incapable of performing their current job role due to ill health, they may receive their accrued benefits (1995 and 2008 sections)/pension (2015 section), but without reduction to take account of early payment. There is no enhancement to benefits.

Where staff request flexible retirement in such circumstances and the request is subsequently agreed the Trust will implement any return to work as outlined in paragraph 5.8 above.

- Tier 2

If illness makes staff permanently incapable of doing any regular work due to permanent ill health:

For members of the 1995 section of the NHS pension scheme the pension includes Tier 1 benefits plus an enhancement of two thirds of prospective membership to NPA. Minimum pension enhancement of four years or to age 60 (whichever is less) until 2016. Total membership may not exceed prospective membership at age 60.

For members of the 2008 section of the NHS pension scheme, the pension includes Tier 1 benefits plus an enhancement of two thirds of prospective membership to age 65. Total membership may not exceed prospective membership at age 65.

For members of the 2015 section of the NHS pension scheme, the pension includes Tier 1 benefits plus an enhancement of one half of prospective membership to NPA. Total membership may not exceed prospective membership at NPA

- 9.5 It is important to note that the decision regarding an application for ill health retirement rests solely with the NHS Pensions Agency and not the Trust.
- 9.6 If an individual returns to NHS employment before the normal pension age and their earnings are above a certain level, some of the ill-health pension may be reduced (abated). Abatement applies where earnings from re-employment plus the “unearned” portion of the ill health pension exceeds earnings before retirement.
- 9.7 If a Tier 2 ill health pension is granted, and the individual is subsequently able to undertake work at a later date, there are restrictions based on the kind of work an individual can do and the amount of money they can earn. These restrictions differ primarily on whether the individual returns to NHS or non-NHS employment. Individuals must make themselves aware of the rules governing the continued receipt of a tier 2 ill health pension and understand that they will be subject to an annual review by the NHS Pensions Agency. Further information can be obtained by the [NHS Pensions Agency](#).

10. Notice of Retirement from Employee (Voluntary Resignation)

- 10.1 If staff wish to retire from employment with the Trust they must give notice in writing to their manager of the date they intend to retire on.

- 10.2 The minimum amount of notice required is the number of weeks required in accordance with the terms of the individual's contract of employment.
- 10.3 Where staff intend to retire and take their NHS pension on their retirement date the minimum amount of notice required is six months and ideally should be longer whenever it is reasonably practicable to do so. This is to enable the pension to be paid on time. Staff must make contact with the Payroll Department at least six months before their intended retirement date to ensure completion of necessary documentation for release of pension (for example, form [AW8](#)).
- 10.4 Managers should ensure that the Human Resources Department is notified in writing as soon as they receive a staff member's intention to retire. A [Leaver's Checklist Form](#) should be completed (available on the intranet via the Human Resources website). Completed forms should be emailed to: 'Human Resources – Leavers' from the Trust's email address book. The Human Resources Department will contact the staff member to confirm arrangements for leaving the Trust.

11. Monitoring Compliance

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) Identify the number of staff retiring from the Trust in the last 12 month rolling period whose request to flexibly retire was denied	Reporting of information from ESR	Director of Human Resources	Heads of Human Resources Meeting	Annually

12. Consultation and review

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultation Group

13. Implementation (including raising awareness)

A summary of the key changes will be notified to managers as part of publishing this policy.

14. References

1. [Equality Act](#)
2. [NHS Pensions](#)

15. Associated documents

1. [Equality Diversity and Inclusion Policy](#)
2. [Working Flexible](#)

Procedure Note for Handling Employees that Retire and Return to Work

1. Introduction

This procedure note sets out the employment checks that are required when staff retire and return to work. The checks are in line with NHS Employment Check Standards.

2. Scope

This procedure note applies to all staff who retire and return to work.

3. Process

3.1 Recruitment

Staff who retire and are subsequently re-employed will be subject to all pre-employment checks in accordance with the NHS Employment Check Standards. Previous checks undertaken by the Trust may be accepted provided they have been undertaken in accordance with the NHS Standards and are evidenced on file.

3.2 Flexible Retirement - Return to Work

If staff retire and agreement is made for them to return to work in the same or another post they will be subject to the following employment checks:

- Occupational Health (a new check is required when the period of the break is three months or more or where the individual is returning to work in a different role)
- DBS and Children's and/or Adults Barred List check (where applicable) is only required where the individual has had a break in service of 3 months or longer, as long as their previous DBS check remains fit for purpose e.g. is at the correct level, with the appropriate Barred List checks (please refer to the Trust's Pre-employment checks and Use of the Disclosure and Barring Service policy for further information)
 - Right to Work
 - Verification of Identity
 - Qualifications required for the post
 - Professional registration (where applicable)

4. Procedure

All employment checks will be administered by the Human Resources Department as follows:

4.1 Notice of Flexible Retirement

When notice of an individual's flexible retirement is received in HR by the Senior HR Advisor or HR Advisor, they will give a copy of the flexible retirement form or email details of the retirement arrangements to the appropriate HR Administrator.

4.2 Notification of Pre Employment checks to retiree

The HR Administrator will produce a standard letter explaining to the retiree any requirements for pre-employment checks prior to returning to work. The letter will include any required documentation and will ask the individual to complete the documentation and where applicable make an appointment to attend HR to present documentation relating to all pre-employment checks in accordance with the NHS Employment Check Standards where applicable. The letter will be copied to the manager for information.

4.3 Return to Work

The individual will not be allowed to commence new working arrangements until all pre-employment checks are completed.

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 29 December 2022

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Retirement Policy, Procedure and Guidance

3. **Name and designation of author:**

Karen Pearce Head of Equality, Diversity and Inclusion (People)

4. **Names & Designations of those involved in the impact analysis screening process:**

HR Heads, EPPCG

5. **Is this a:** Policy Strategy Service Board Paper
Is this: New Revised
Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**
(These can be cut and pasted from your policy)

<p>This policy is intended to demonstrate the Trust's commitment to tackling age discrimination in retirement and promoting age diversity in its workforce. It is also intended as a guide to help managers and employees understand the retirement process and what flexible retirement arrangements may be considered so that they can:</p> <ul style="list-style-type: none">• identify options the range of options that are available• consider the implications for the department and service• plan ahead• support preparation for the transition of employees from work to retirement
--

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	<ul style="list-style-type: none"> – The policy makes clear that no employee should be treated less favourably on the grounds of their protected characteristics – The purpose of the policy is to provide information regarding retirement and pensions, and ways of flexibly retiring to all staff and this applies to all staff equally. – The Trust has a Race Equality Staff Network for support for staff. 	No all staff are to use the processes given within the policy in order to retire or to apply for flexible retirement, they apply equally regardless of any protected characteristics.	<p>Pensions planning sessions have been undertaken in the Trust, additional session can be considered</p> <p>Information around pensions is available to staff on the Trust intranet as identified in the policy</p>
Sex (male/ female)	<ul style="list-style-type: none"> – Policy is gender neutral. 	As above	<ul style="list-style-type: none"> – The availability flexibility and flexible working options / flexible retirements options will ensure positions are attractive to attract and retain the best, create a healthy work-life balance. – Promoting flexible

			retirement options will attract and retain a diverse workforce across a range of setting, maintains job satisfaction and improve retention
Religion and Belief	<ul style="list-style-type: none"> – Access to chaplaincy services is an important part of the pastoral and spiritual care offered and provided within current health services including end of life care. – The Chaplaincy Role within the Trust is to ensure that religious and spiritual needs of all people whether they are part of a Faith Community or not are catered for by the Trust – 24/7 multi faith chaplaincy Team available for advice and support. – Religion, Belief and Cultural Practices Policy and Guidance in place 	As above	As above
Sexual orientation including lesbian, gay and bisexual people	<ul style="list-style-type: none"> – The Trust has a Pride Staff Network to provide support to staff. – Stonewall Workplace Equality Index top 40 in 2020 – Stonewall Gold Employer 2022 – Rainbow Badge phase II pilot – Silver accreditation 2021 – Rainbow flags are flow as a visible sign of inclusion across services – Trust activities at Northern Pride 	As above	As above
Age	<ul style="list-style-type: none"> – The policy could potentially affect people who are of retirement age, however the provisions of the policy and flexibility in respect of retirement are aimed at ensuring people can continue to work for the Trust in a way which suits them and the Trust, and is supportive of people as their needs and lives change. – Flexible retirement provisions are taken up by staff and the Trust is working to ensure that staff are aware of these provisions to ensure staff have a choice and the Trust can retain 	As above and in addition, the policy seeks to support staff to remain employed where they wish to do so, via flexible retirement routes.	As above

	valuable skills and knowledge.		
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<ul style="list-style-type: none"> – Staff with a long term health condition may wish to flexibly retire (when reaching the relevant age) and the policy accommodates this, together with providing other options such as wind down and step down, should the employee wish to pursue this. – The Trust also has an Enabled Staff Network to support staff with disabilities or long-term health conditions. – reasonable adjustments – Trust takes all steps to comply with the proactive duty to implement reasonable adjustments including working from home and flexible working patterns 	As above and in addition, the policy seeks to support staff to remain employed where they wish to do so, via flexible retirement routes.	Sessions on Access to Work / Reasonable Adjustments have taken place as part of the EDI calendar of events
Gender Re-assignment	<ul style="list-style-type: none"> – Policy is gender neutral – transitioning at work policy in place for staff – all HR policies gender neutral – staff guidance available on the correct use of pronouns – top 40 employer stonewall workplace equality index 2020 – Gold Employer 2022 – Silver award – rainbow badge phase 2 pilot – rainbow badge has been adopted across services as a visible marker of LGBT inclusion – trans flags are flown as a visible sign of inclusion across services – 		
Marriage and Civil Partnership			
Maternity / Pregnancy	As above	As above	As above

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No x

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No negative impact envisaged due to flexible retirement options.

PART 2

Name of author:

Karen Pearce

Date of completion

29/12/2022

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation

Employment Policies and Procedures

Special Leave

Version No.:	10
Effective From:	13 May 2022
Expiry Date:	13 May 2025
Date Ratified:	03 May 2022
Ratified By:	Heads of HR

GENERAL POLICY STATEMENT

As part of our commitment to improving the working lives of our staff, the Trust recognises the importance of having special leave arrangements, so that when they need to, staff can request time off for certain personal, domestic or family reasons.

The policy sets out the type of special leave, the relevant arrangements and considerations when dealing with a request. Special leave covered by the policy includes:

- a) Emergency Leave/Time off for dependants/Domestic emergencies
- b) Bereavement Leave
- c) Child Bereavement Leave
- d) Compassionate Leave
- e) Parental Leave
- f) Time off to attend adoption appointments
- g) Leave to attend Court
- h) Time off for Jury Service
- i) Leave for Public Duties
- j) Appointments
- k) Professional Leave without Expenses
- l) Paid Professional Leave/Official Duty(Medical Staff)
- m) Armed Forces – Spouses and Partners (before and after deployment)

This policy applies to all staff. Where the term 'partner' is used it includes same-sex partners and where the term 'relative' is used it may also apply to loved ones.

We recognise that our staff come from a range of backgrounds with different cultures, beliefs, abilities and sexual orientations. We will ensure that all requests under this policy consider these differences so that we consider them individually and do not knowingly treat any staff less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender identity/expression, marriage and civil partnership or pregnancy and maternity.

Aim and Scope

This policy provides guidance to managers and staff on the recording and management of special leave.

Any leave associated with a health condition or gender identity should be managed in conjunction with the Wellbeing Policy.

Unless specifically stated in this policy, staff do not have a right to time off for Special Leave. There are a range of alternative ways staff can request leave of absence, such as annual leave or unpaid leave. A list of related policies can be found in section 12 of this policy. In all cases, consideration of time off is subject to the exigencies of the service and discussion with the relevant manager in advance.

Managers must communicate their decision by completing the relevant section of the Special Leave application [form](#) and giving a copy to the staff member.

Staff should be able to provide evidence of an appointment (e.g. hospital, doctor or dentist) if it is required by their manager.

1. Duties (Roles and responsibilities)

- 1.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 1.2 Directorate managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.
- 1.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 1.4 Staff are responsible for complying with policy.

2 Details of Leave

Type of Leave	Purpose, Entitlement and Conditions of Leave
<p>2.1 Emergency Leave/Time off for Dependants/Domestic Emergencies</p>	<p>a) Staff have a statutory right to time off to deal with an unexpected emergency where time off is necessary, involving someone who depends on them</p> <p>b) Persons that may be regarded as a dependant are: husband; wife; partner; child; parent; someone living with them as part of their family, a person who relies solely on them for help in an emergency.</p> <p>c) Situations that may be regarded as an emergency in respect of a dependent are if they:</p> <ul style="list-style-type: none"> - are ill and need the employee's help - have been involved in an accident or assaulted - need the employee to arrange their longer term care (see d) below) - need the employee to deal with an unexpected disruption or breakdown in care, such as a child minder or nurse failing to turn up - go into labour (also see Trust's Maternity Support (Paternity) Leave and Pay Policy) <p>d) Arranging longer term care may include:</p> <ul style="list-style-type: none"> - employing a temporary carer - organising care with health and/or social services, voluntary organisations or the private sector liaising with friends and family - liaising with friends and family eg: to arrange childcare for a sick child <p>e) Up to a total of five days paid leave i.e. a maximum of 37.5 hours (pro-rata for part-time staff) may be granted in a rolling 12 month period. Leave may be taken in hours.</p> <p>f) Additional unpaid leave may be granted at the discretion of the line manager or utilisation of annual leave.</p> <p>Key Points:</p> <p>g) Staff may request as much time off as they feel is reasonably necessary to deal with the immediate emergency. For example, if a dependant falls ill they can request enough time off to deal with their initial needs.</p> <p>h) Any request for additional dependant leave will include consideration of:</p>

	<ul style="list-style-type: none"> - the nature of the emergency - the need of the employee to take time off - whether their absence can be covered and - the effect it will have on the ward/department <p>i) For most cases, one day (or two days in exceptional circumstances) should be enough to deal with the immediate problem. For example, if a dependant falls ill, the leave should be enough to allow staff to deal with their immediate care, visit the doctor if necessary and to make longer term care arrangements.</p> <p>j) Where more than one staff member wishes to take time off for the same dependent, they should each inform their manager of this. Managers are encouraged to adopt a common-sense approach depending on the circumstances. For example, both staff members may need to be off if there has been a serious accident, but it is unlikely to be necessary for both staff to be off if a carer has failed to turn up.</p> <p>k) Reasonable time off can be granted for emergencies at home (e.g. flood, burglary, etc.). In these circumstances, the amount of time off is not expected to be more than a day.</p>
<p>2.2 Bereavement Leave</p>	<p>a) To provide an appropriate and sympathetic response to staff who have suffered a bereavement of a relative or loved one, or wishes to be with a relative at end of life (in the final days or hours).</p> <p>b) Up to five days paid leave i.e. one working week (pro-rata for part time staff), may be granted for a bereavement.</p> <p>c) Time off is intended to cover some or all of the following depending on the circumstances:</p> <ul style="list-style-type: none"> • to enable staff to spend time with relatives in their final days or hours, • to come to terms with a critical illness or a significant personal relationship • to deal with the emotional consequences particularly if sudden or unexpected • to comfort and/or support surviving relatives, dependants, or loved ones • to organise funeral arrangements • to attend the funeral <p>d) Additional unpaid leave may be granted at the discretion of the line manager</p>
<p>2.3 Child Bereavement Leave</p>	<p>a) A bereaved parent is anyone who had responsibility as one of the primary carers for a child who is now deceased. This includes adoptive parents, legal guardians, individuals who are fostering to adopt. This may also include grandparents who had</p>

	<p>caring responsibilities for a child, or instances where someone other than the biological parent is the primary carer (this could be the case where the parents of the child have separated).</p> <p>b) There is no defined age limit on a child for the purposes of this agreement i.e. the entitlement applies to children over the age of 18.</p> <p>c) All bereaved parents will be entitled to two weeks' occupational child bereavement pay which will include any entitlement to statutory parental bereavement pay. Pay is calculated on the basis of what the individual would have received had they been at work.</p> <p>d) Bereaved parents are not required to take the two weeks leave in a continuous block. Staff should discuss with their manager how they wish to take the leave.</p> <p>Bereaved parents may request child bereavement leave at any point up to 56 weeks following the death of their child. Should the parent wish to take child bereavement leave immediately following the death of their child they shall be able to do. We ask that staff inform their line manager of their wishes.</p> <p>Still Birth</p> <p>e) Parents who experience a still birth from the 24th week of pregnancy are eligible for these provisions; this includes those circumstances where people are becoming parents under surrogacy arrangements.</p>
<p>2.4 Compassionate Leave</p>	<p>a) The purpose of compassionate leave is to support staff to come to terms with a serious illness or injury involving a loved one, a serious personal relationship problem or where they have carer responsibilities (the latter does not include parental responsibilities which are covered in 3.5).</p> <p>b) Up to five days' paid compassionate leave may be granted i.e. a maximum of 37.5 hours (pro-rata for part-time staff) in a rolling 12 month period. Leave may be taken in hours.</p> <p>c) The amount of leave granted will be at the discretion of the manager following discussion with staff. Staff should inform their manager of the need to take compassionate leave as soon as reasonably practicable and complete an application form for Special Leave. If they wish to take further leave, they should request annual leave in the usual way.</p>
<p>2.5 Parental Leave</p>	<p>a) Staff have a statutory right to Parental Leave which is the right to time off to look after their child, make arrangements for the child's welfare, or simply spend more time with their child and strike a better balance between their work and family commitments. Parental Leave should not be confused with Shared Parental Leave for which there is a separate policy.</p>

	<p>b) Parental leave is:</p> <ul style="list-style-type: none"> - unpaid - subject to one year's continuous employment with the Trust by the date of leave - subject to approval by the line manager (see g below) - available to both parents <p>c) The entitlement is to 18 weeks unpaid leave per child, up to their 18th birthday.</p> <p>d) In most cases, leave must be taken in blocks or multiples of one week. A week is based upon the employee's usual working pattern. Parents of disabled children can take this in blocks or multiples of one day.</p> <p>e) A maximum of four weeks leave per child can be taken in a leave year. The leave year starts when staff become eligible for parental leave, i.e. either, when the child is born, or when staff have one year's continuous service with the Trust.</p> <p>f) Staff should request leave in writing 21 calendar days before the leave is intended to start.</p> <p>g) Subject to the needs of the service leave should be approved. Where a manager is unable to approve the request for parental leave due to service need, the leave request may be postponed for up to 6 months. In such circumstances the manager must:</p> <ul style="list-style-type: none"> - write to staff within 7 days of receiving the original request detailing the reasons for a postponement - confirm/suggest the new start and end date in writing and - should allow the same period of leave in accordance with the original request
<p>2.6 Leave to Attend Court e.g. as a Witness</p>	<p>a) Staff who are required to attend Court may be granted appropriate time-off which may be paid or unpaid.</p> <p>b) In certain circumstances leave will be paid on the understanding that Court fees are not reclaimed from the Court</p> <p>c) Travel/subsistence expenses are not payable by the Trust, but can be claimed from the Court in accordance with their rules.</p> <p>d) Staff who receive notification that they are required to attend Court must inform their manager immediately and provide documentary proof so that appropriate advice and action can be taken regarding their pay (see below).</p> <p>e) Where staff are required to attend court as a defendant, advice should be sought from the Human Resources Department.</p>

	<p>f) In a private or civil case, leave will be unpaid. The Human Resources Department will liaise with Payroll to complete the necessary documentation and arrange deduction from salary.</p>
<p>2.7 Jury Service</p>	<p>a) Staff who are called for Jury Service must inform their manager immediately and submit an application for Special Leave. Staff and their manager must agree the arrangements for the leave as soon as possible. If the period of Jury Service would have a serious effect on service delivery, the manager may request that staff make an application to defer it.</p> <p>b) Staff who attend for Jury Service will be granted paid leave</p> <p>c) Leave will be paid on the basis that loss of earnings is not claimed from the Court by staff.</p> <p>d) Travel/subsistence expenses are not payable by the Trust, but can be claimed from the Court in accordance with their rules.</p> <p>e) Where staff have been released from Jury Service early, or they are not required to attend on a specific day, they should inform their manager who will decide what action to take which may include attending work or taking time off, such as annual leave.</p>
<p>2.8 Leave to Undertake Certain Public Duties</p>	<p>a) To allow employees reasonable time off for public duties in connection with the following offices:</p> <ul style="list-style-type: none"> - justice of the peace - a local authority - a statutory tribunal - An independent monitoring board for a prison - A relevant health body - A relevant education body - The Environment Agency or the Scottish Environment Protection Agency <p>b) Time off can cover the following activities:</p> <ul style="list-style-type: none"> - any duties of a Justice of the Peace - attendance at meetings of the relevant body or any of its committees or sub-committees - performance of duties approved by the body which need to be done in discharging its functions or those of any of its committees or sub-committees <p>c) The undertaking of such duties is subject to prior agreement from the Trust. Managers are asked to seek advice from the professional lead and HR Department before deciding any requests.</p> <p>d) Time off shall be unpaid.</p>

	<p>e) Managers must consider the following points in determining what is reasonable time off:</p> <ul style="list-style-type: none"> - how much time off is required overall to perform the duties and how much is required to perform a particular duty that a request has been made for - how much time off has already been permitted - what effect absence will have on the Trust
2.9 Appointments	<p>a) To include Doctor, Dentist, Hospital and Screening appointments</p> <p>b) Staff are encouraged to take responsibility for their own health and wellbeing and are supported to do so.</p> <p>c) Appointments should be arranged outside normal working hours whenever possible. For hospital and screening appointments within working hours, staff should discuss individual arrangements with their line manager.</p>
2.10 Professional Leave Without Expenses	<p>a) Paid Special leave without expenses may be considered in the following circumstances:</p> <ul style="list-style-type: none"> - Attendance at business meetings and professional bodies - Scientific meetings relevant to the applicant's professional duties - Presentation at a conference where the professional body concerned meets the costs. If staff wish to attend the remainder of the conference (i.e. additional days where they were not required to present), study leave must be formally requested in accordance with the Study Leave Policy. - Attendance at meetings, conferences, etc., where costs are met by sponsors. - Where remittance has been received by an external sponsor e.g. pharmaceutical company, this must be declared and details provided of what has been funded by whom, within the funding section of the study leave application form. Sponsorship must be declared in accordance with the Trust's Standards of Business Conduct <p>b) If fees are to be paid to staff (including any honorarium payments) and those fees are not to be returned to the Trust, staff are required to take annual leave. Staff are personally responsible for any taxation implications/liabilities.</p>
2.11 Paid Professional Leave/Official Duty (Medical Staff)	<p>a) To enable staff to carry out duties relevant to their role within the organisation or to additional responsibilities held at a regional or national level.</p> <p>b) Excludes local routine business meetings</p>

	<p>Examples of leave include:</p> <ul style="list-style-type: none"> - Visits to other NHS Trusts, or external organisations to observe systems, equipment, learn new techniques, etc. which is directly relevant to the role of the employee - Officially recognized meetings with counterparts in other NHS Trusts or Professional bodies - Visits to exhibitions relevant to role/service - Attendance as a member of officially recognised working parties concerning subjects beneficial to the NHS including national or regional advisor role activities - Undertaking the role of examiner/assessor where relevant to Trust business/performing an educational role - Attendance at meetings/programme committees arranged by education providers/Royal Colleges or similar e.g. joint committees on Higher Training, Programme Boards - Undertaking formal presentations which represent the organisation or specialty through presentation at conference/study day <p>Conditions:</p> <ul style="list-style-type: none"> c) Time shall be paid if relevant to role/business of the organisation. Advice should be sought from the Senior HR Manager (Medical) prior to a decision being made. d) Up to ten days official duty in any calendar year will normally be granted. Requests exceeding this time will require authorisation by the relevant Senior Manager. e) Approved expenses will be the responsibility of the individual directorate, unless sponsorship is provided by the organising body. f) Where remittance has been received by an external sponsor (e.g. pharmaceutical company), this must be declared and details provided of what has been funded by whom, within the funding section of the study leave application form. Sponsorship must be declared in accordance with the Trust's Standards of Business Conduct.
<p>2.12 Armed Forces spouses and partners (unpaid)</p>	<ul style="list-style-type: none"> a) To provide an appropriate and sympathetic response to staff whose spouse or partner is being deployed by either the regular or reserve Armed Forces

	<p>b) Time off is intended to cover some or all of the following depending on the circumstances:</p> <ul style="list-style-type: none"> - to deal with emotional consequences - to enable families to spend time together immediately before or after deployment <p>c) Whilst annual leave may be taken, up to five days additional unpaid leave in a rolling 12-month period i.e. one working week (pro-rata for part time staff), may be granted at the discretion of the manager.</p>
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3 Recording of Special Leave

All forms of special leave detailed in the table above must be recorded in ERA or ESR as appropriate.

4 Unpaid Special Leave

- 4.1 Contractual annual leave shall not accrue during period of continuous unpaid special leave. Unpaid leave of 75 hours or more (pro-rata for part time) will result in a proportional deduction to contractual annual entitlement in accordance with the Trust's Annual Leave policy, Deduction from contractual annual leave will be applied without detriment to statutory entitlement.
- 4.2 Unpaid leave will not affect annual leave for the purposes of calculating additional entitlement for long service.
- 4.3 Staff who have a salary sacrifice arrangement(s) remain responsible for payments during periods of unpaid leave. Staff are advised to contact the Staff Benefits team for advice and information on how to setup payments if they are considering prolonged unpaid special leave; nuth.Benefits.everyone@nhs.net
- 4.4 Deductions in salary for unpaid leave will take effect the month following the leave.

5 Pension

- 5.1 Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Pension Scheme.
- 5.2 Pension contributions continue to be payable during periods of unpaid leave. Staff should contact their Pensions Officer prior to any period of unpaid leave to ensure they fully understand the pension contributions during the period of unpaid leave.

6 Training

Key updates following review will be available to staff and managers. Training will be provided by the HR Department on request from managers.

7 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

8 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring to analyse the number of applications to ensure all requests for special leave are administered appropriately	Internal audit of applications	Director of Human Resources	Head of Human Resources Meeting	Six monthly

9 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

10 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resources Department.

11 Additional Documents

- [Adoption Leave and Pay Policy](#)
- [Annual Leave and General Public Holidays Policy](#)
- [Electronic Rostering and Attendance \(ERA\)](#)
- [Employee Wellbeing Policy – incorporating absence management](#)
- [Maternity Leave and Pay Policy](#)
- [Paternity Leave and Pay Policy](#)
- [Shared Parental Leave](#)
- [Working Flexibly Policy](#)

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**
Policy Strategy Service
Is this:
New Revised
Who is affected
Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The policy makes it clear that discrimination on the grounds of any protected characteristic is not acceptable and all employees will be given equal consideration to special leave.	A lower proportion of staff from diverse backgrounds take special leave. The exception to this relates to Professional leave and Court Appearances which can be linked to the makeup of our workforce in largely clinical / Medical roles	Trust has an ambition to be the most flexible employer Quality Improvement Project in place to support ambition Flexible working percentages (via ESR) are monitored through the equality dashboard forming part of the performance management framework
Sex (male/ female)	As above	A higher proportion of females take special leave, the exception to this is court appearances and professional leave	As above
Religion and Belief	As above	Data has been reviewed and there are no areas that highlight concern in relation to sexual orientation.	As above
Sexual orientation including lesbian, gay and bisexual people	All provisions apply equally to same sex partners and married partners	Data has been reviewed and there are no areas that highlight concern in relation to sexual orientation.	As above
Age	As above		As above
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	As above	Data has been reviewed and there are no areas that highlight concern in relation to Disability. A higher percentage than recorded in ESR are recorded re medical appointments however this remains below the estimation of staff with a disability and or long term health condition as identified by the staff survey	As above
Gender Re-assignment	Special Leave provisions for those undergoing Gender Reassignment are also covered in the Trusts Employee Wellbeing Policy and Gender Identity Policy	No data available	As above
Marriage and Civil Partnership	As above – applies equally to same sex partners/married partners	No data available	As above
Maternity / Pregnancy	As above	EA for Maternity policy holds further information	As above

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

Data is not available on ESR to show where requests have not been approved.

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement? Yes No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Name:

Karen Pearce

Date of completion:

13 April 2022

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Study Leave and Continuing Workforce Development (CWD) Policy

Version No:	10.0
Effective From:	18 November 2022
Expiry Date:	18 November 2025
Date Ratified:	14 November 2022
Ratified By:	Employment Policies & Procedures Consultative Group

1 Introduction and Aim

- 1.1 The Trust aims to support staff to reach their potential is essential in order to deliver high quality, safe patient care. The Trust prioritises training and development that improves service delivery, encourages quality improvement and innovation, supports individuals in their current and future roles and develops specific at-risk roles. The aim of this policy is to ensure equity of access to training across the workforce while ensuring the most effective use of funds. It is important that all individuals take ownership of their career development.
- 1.2 The purpose of this policy is to ensure equity of opportunity across the workforce and consistency of approach in line with policy.
- 1.3 The policy sets out who can claim study leave and how much contribution the Trust will make to the cost. It explains the application process and how to claim expenses.

2 Scope

- 2.1 The term study leave covers those periods of time when a member of staff is absent from their normal workplace to attend a course, professional conference, seminar or workshop to develop knowledge or skills for their job or for new service development/ways of working and/or in support of development needs which may have been identified and agreed within the annual appraisal and personal development planning process.

2.2 This policy applies to,

- 2.2.1 All Trust employed staff regardless of grade, profession, type of contract or working hours including non-training grade and career grade medical staff roles. It covers approval for leave for education and training purposes, and associated support for costs (qualification, travel) and (study) time away (awayness) from the workplace.
- 2.2.2 It only covers staff who are compliant with all Statutory and Mandatory Training requirements at the time of application.

2.2.3 Specialist and Associate Specialist (SAS) Doctors who are able to request level 1 support by clearly indicating on their study leave application that they wish to utilise the SAS development fund. The availability of this fund is dependent on ongoing support from Health Education England Northeast (HEE NE) therefore is not guaranteed. Each request will be considered on an individual basis.

2.3 This policy does not cover,

2.3.1 Agency/locum/contractor staff where the responsibility for training lies with the relevant agency/provider, not the Trust. However, development opportunities may be considered on an individual basis and supported in line with the principles of this policy where this is beneficial for the Trust.

2.3.2 Junior medical staff in approved training posts where managing and recording study leave is the responsibility of Health Education England North East (HEE NE) and is managed in the Trust by the Medical Education Team.

2.3.3 Staff who are not fully compliant with their Statutory and Mandatory Training at the point they request study leave.

2.3.4 Requests for attendance at external meetings (excluding conferences) required as part of an individual's job requirements or to represent the Trust, is considered official duty therefore any associated expenses claims and their associated costs will be managed and funded by the individual's department.

2.3.5 Study or training relating to maintaining Professional Registration. As outlined in the [Professional Registration](#) all staff are responsible for maintaining their professional registration and compliance with its requirements.

2.3.6 Situations where [Special Leave](#) may be more appropriate than Study Leave. This is particularly true for attendance at events, meetings and conferences which are not specifically linked to training or education, for occasions where the attendee is themselves presenting or training, research events, examining etc. This should be discussed and agreed locally.

2.4 Leave required by staff including those in Nursing, Midwifery and Allied Health Professional (NMAHP), Dental and Pharmacy staff groups to undertake funded research related development programmes. This is covered by the [Research Support Policy](#).

2.5 Costs of social events and membership fees associated with a course or conference. These are not paid from the study leave budget.

2.6 Cost of any professional registration. These are not paid by the Trust.

3. Roles and Responsibilities

- 3.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 3.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring the policy is implemented. They should use data provided by Education & Workforce Development (E&WD) to manage training within their services. They must inform the team of any staff who do not attend training to make sure funding is recovered to be used elsewhere.
- 3.3 Managers are responsible for ensuring they comply with the policy in their area(s). They must check that they and the applicant both have a clear understanding of the objectives of the training and that the applicant understands the bonding arrangements that are in place. They must ensure that the applicant is up to date with their appraisal and statutory and mandatory training before they approve leave. They must inform the study leave team if an employee does not attend their training or has failed to complete any of the programme's elements. They are responsible for updating ESR and Allocate where appropriate to indicate study leave days once approval is given. They should ensure that learning from courses and events is shared across all operational areas and staff groups.
- 3.4 Education and Workforce Development (E&WD) must advise on and monitor compliance with this policy, provide advice and support to the application and claims process, ensure a confirmation letter is sent to the applicant and provide a reporting system for internal and external stakeholders.
- 3.5 Staff are responsible for notifying their line manager if they do not attend a study day for any reason or if they are having difficulties with their studies. They should also let their line manager know when they have successfully completed a programme of study so their records can be updated. They must ensure all statutory and mandatory training is up to date before they apply.

4. Levels of Support and the Approval Process

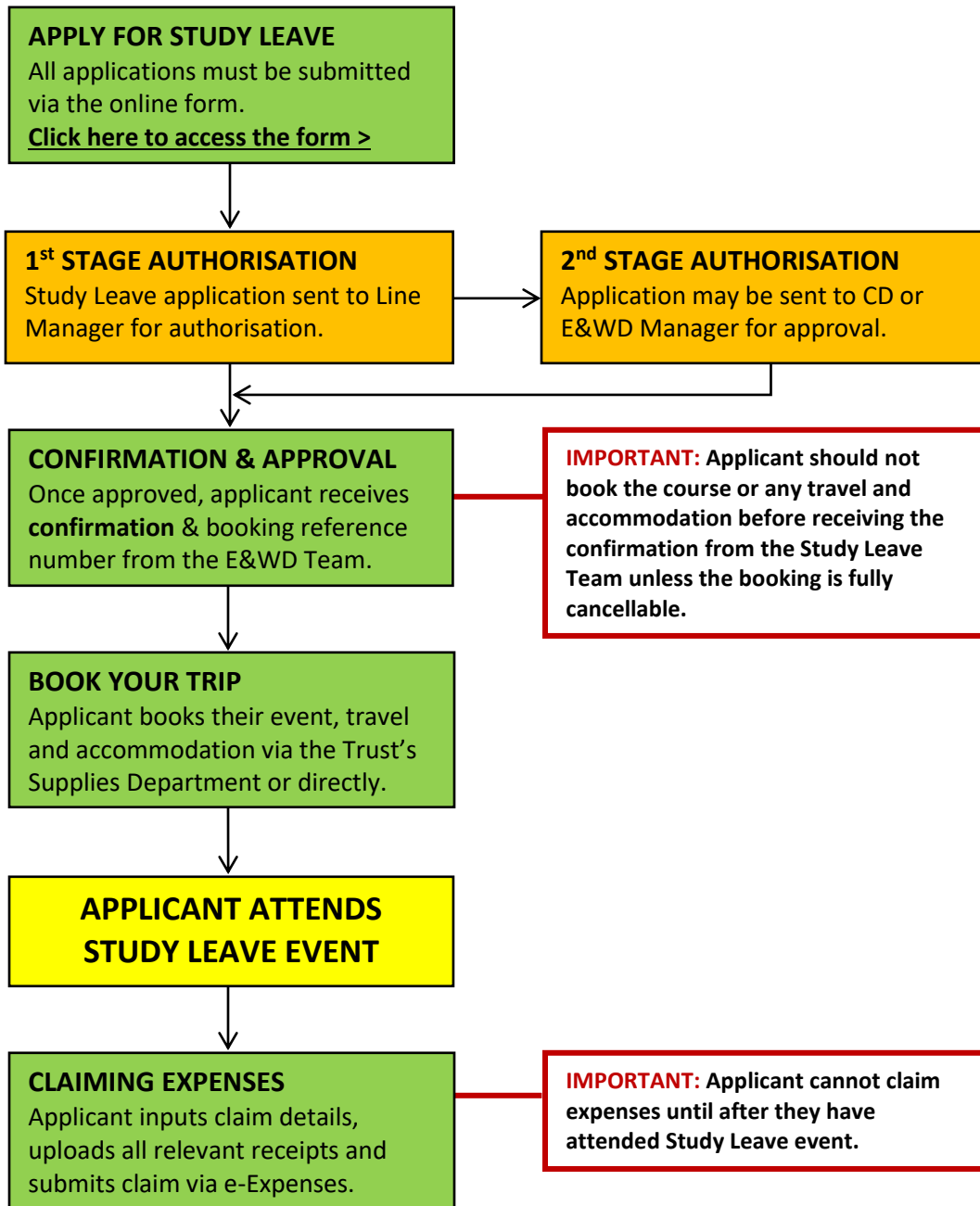
- 4.1 The Trust works in partnership with staff who are often expected to contribute to the costs of their development, travel, accommodation and their time away from work.
- 4.2 The approving manager must decide whether the training is
 - critical to the role or to service delivery (level 1)
 - relevant to the role of service delivery but not essential (Level 2)
 - developmental to the individual but of limited relevance to the role or to service delivery.

- Study leave can be supported in the following ways:

	Level 1	Level 2	Level 3
Definition	An individual is required by the Trust to attend a training or educational event which is considered critical to role and/or service delivery and patient safety.	An individual requests to attend an educational or training event which is considered to have significant relevance to role and/or service delivery.	An individual requests to attend a training or educational event which is considered to have minimal relevance to role and/or service delivery.
Leave Support	Maximum of 10 days (pro rata) per annum.	Maximum of 10 days (pro rata) per annum.	Time away from Trust.
Fees & Travel Support	100% funding to a maximum of £2,500 per person per annum for an individual on a single educational event including travel.	50% funding to a maximum of £1,000 per person per annum for course, qualification or event including travel.	No Trust financial support available.
Accommodation & Subsistence	Accommodation including subsistence at a maximum of £150 per night.	Accommodation including subsistence at a maximum of £75 per night.	No Trust financial support available.

- 4.2 The approving Manager must confirm the level of support requested by completing the relevant part on the study leave application. Final approval for funding will be given by Education and Workforce Development who oversee the annual budgetary spend. Should E&WD consider the level has been applied inappropriately this will be raised with the Head of Service/approving manager and in all cases the organisational rules will be applied.
- 4.3 Applications for Overseas Study Leave are dealt with under the normal terms of study leave and the same levels of support will apply. The Medical Director or equivalent is responsible for identifying the level of support for medical staff.
- 4.4 All requests for study leave at level 1 will be reviewed by a senior member of E&WD. Level 1 applications from senior medics must be authorised by the Clinical Director before being passed to the Medical Director, or in their absence, a Deputy Medical Director, for final approval.

5. The Application Process



- 5.1 All applications for Study Leave will need to be submitted accurately via the [online application](#). Incorrect information submitted on the application form will cause delays to the study leave request.6.3
- 5.2 Study Leave applications must be received by E&WD a minimum of 6 weeks in advance of the leave being requested. This allows time to process the request and confirm financial support is available. Only in very exceptional circumstances will late applications be considered.
- 5.3 Please note that retrospective requests (those received after the event) cannot be processed so it is vital that the application form is a completed timely and accurately prior to submission.
- 5.4 Expenses will only be paid to the maximum of the cost or estimated cost submitted on the application and approved by EW&D. Any additional costs will need to be borne by the applicant or the Directorate.
- 5.5 Each academic year included in university courses or longer programmes must be applied for separately. A successful application for the first year of a course will not guarantee funding for subsequent years of the programme. The extent of financial assistance will be reviewed annually and limited to supporting staff where the organisation feels that continues study at a higher level will be mutually beneficial to the individual and to the Trust. Consideration will be given to previous financial assistance, and to the perceived return on investment to the Trust.
- 5.6 Study leave applications for courses leading to a recognised qualification, e.g. Masters, PHD, will be considered. This will fall within Level 2 (50%) support of this policy and applications for leave and funding for courses longer than one academic year must be made for each individual year and are subject to available resources and study leave time. The extent of financial assistance will be reviewed annually and limited to supporting staff where the organisation feels study at a higher level will be mutually beneficial to the individual and to the Trust. Consideration will be given to previous financial assistance, and to the perceived return on investment to the Trust.

6. **Application Approval**

- 6.1 Once submitted, the online form will be sent to the applicants Line Manager for consideration. Study leave time is allocated on a pro rata basis. Applicants who exceed the 10-day pro rata allowance for time away from work for study will need approval from the Directorate Manager and Clinical Director. Level 1 support can supply additional days but Level 2 support requires annual leave or unpaid leave to supplement time away. Options for further leave, for example Special Leave, can be explored at a local level.

- 6.2 At this stage a local arrangement for time away may have been agreed **but study leave, and particularly financial support, has not been approved until the applicant receives a confirmation email from E&WD**. Staff must not make any arrangements or bookings before this is received otherwise the applicant or the directorate will have to bear the costs.
- 6.3 Applications which exceed £2,500 will require the approval from the relevant senior manager, Directorate Manager, Head of Service and/or Clinical Director. Please refer to Section 4 for levels of support.
- 6.4 Authorisation of study leave should be identified in line with the departmental training needs analysis and will depend upon a number of factors. These include the total time commitment, the timing of study leave, the relevance of the subject matter and ensuring that it supports the organisation's needs. When staff from the same area are attending conferences, consideration must be given to the numbers of staff the service can release at one time. Availability of staff to meet business needs and the benefit of multiple attendees is a Directorate decision, but in all cases, service and patient care must not be compromised.
- 6.5 Within 14 days the Line Manager is responsible for the reviewing the application and sending it to E&WD if appropriate. The Line Manager's support **does not** guarantee that study leave funding is available. The application is only approved only once a confirmation has been sent to the manager and the applicant from E&WD.
- 6.6 Within 14 days of receiving the application an outcome (confirmation giving the level of funding) will be emailed to the applicant and the manager who has authorised the Study Leave application form, by E&WD.
- 6.7 The number of paid study days granted is included in the Table of Level of Support (Section 4). The following guidance can be applied when granting leave.
- (i) **Day Release Students**. Course attendance during term-time only.
 - (ii) **Specific Programmed Release Students** or those individuals undertaking programmes involving periodic taught modules, release to attend these must be agreed with the manager in advance of the programme commencing.
 - (iii) **Open/Distance Learning**. Study days to be negotiated with line manager but within the annual allocations in table showing levels of support.
 - (iiii) **Examination Leave (as part of an assessed programme)**
½ day per examination may be granted. Any more than ½ day then annual leave/unpaid leave must be utilised, however should the exam be being

held at a distance travel time may be the subject of further discussion with the Line Manager.

Staff will only be supported for one attempt at any examination.
Study leave assistance for subsequent attempts will not be permitted.

7. Application Refusal

- 7.1 If Study Leave/Training is denied, written notification, by letter or email, must clearly state the reasons for refusal.
- 7.2 In certain cases where paid study/CWD leave is not considered appropriate, special leave or professional leave may be given (within the allowances above) at the discretion of the applicant's manager. This must be applied for in accordance with the [Special Leave](#) and the E&WD must be informed of such decisions. The Line Manager should record the leave on ESR.
- 7.3 If staff wish to appeal the decision, they must do so within 14 days of receipt of their notification, in writing, to the Departmental Clinical Director or the Directorate Manager, clearly marked "Study Leave Appeal". The Clinical Director or Departmental Manager will review the circumstances of their request and respond within 14 days. If at this point, the request is still refused, the applicant will be given details for the reasons behind this decision.
- 7.4 If study leave funding isn't available, there are different funding route that can be explored. These include,
 - 7.4.1 This is a specific fund for training commissioned by the Trust or Health Education England (HEE). This can include internally provide training and development programs, university programs and courses delivered directly by HEE
 - 7.4.2 Sponsorship - Where payment has been received by an external sponsor, this can be included within the funding section of the study leave application form. Sponsorship over £25 must be declared in the Trust Corporate Hospitality Register and the appropriate declarations completed.
 - 7.4.3 Research and Drugs/Therapeutics funds - Research funds and drugs and therapeutics monies can, in certain circumstances, be used to top up the maximum allowance in Level 2. Where Research funds are being requested there must be a tangible link between the study and research and in both cases it is essential that the budget holder as opposed to the Line Manager approves the request.

- 7.4.4 Non-Exchequer Funded Posts – Where an individual is employed by the Trust, but salaried through other funding sources, e.g., Research Grants, all funding of fees and associated expenses would usually be approved from the Research Grant, or relevant other source. The policy for applying for paid leave should also be followed. There may be rare occasions where staff will be fully supported via non exchequer funds, this will be considered on a case-by-case basis.
- 7.4.5 Departmental Funding - In some instances financial support may be made available from Directorate specific budgets. This is at the discretion of CD/DM or equivalent and will be considered on a case-by-case basis.

8 Travel & Accommodation

- 8.1 Travel and accommodation reservations should be made via the Trust's Supplies Department or with their agreement. Maximum rates can be seen in the table in section 4
- 8.2 Approved applicants will receive a travel order number from the E&WD team and must have this prior to contacting Supplies. For all requests the amount indicated on the study leave form must be for the full amount of travel/ accommodation. The amount on the application will be deemed final and no increased/higher amounts will be paid when expenses are submitted later. This will ensure adherence with the Trust Travel and Expenses policy requirements.
- 8.3 Course, travel and accommodation fees can be paid by personal credit or debit card but not until applicants receive confirmation from E&WD that the funding has been granted. Any costs associated with a booking before this point may not be covered by the Trust. Also, expense claims to cover personal card payments cannot be made until after the end of the education or training event. (Already operating).
- 8.4 Second class travel only will be reimbursed. Public transport should be used rather than taxis for longer distance journeys if personal travel is involved.
- 8.5 Mileage will be paid in line with the Trust mileage rates in operation at the time and are calculated automatically through the e-expense claims system. (See section 9)
- 8.6 In the event that travel delays occur and compensation can be claimed the Trust must receive the compensation if the Trust had incurred the initial cost.

9 Submission of Expenses Claims

- 9.1 All claims for reimbursement must be made through the Selenity online expense system and submitted within 12 weeks of attending the event.
- 9.2 Approved course fees will be paid by the Trust on receipt of an approval letter from the provider organisation i.e. University.
- 9.3 Expenses will only be reimbursed on successful completion or attendance at the programme, and correct documentation being submitted via e-expenses. This includes all receipts for expenses claims.

10 Anti Bribery and Corruption

Please ensure on accessing this policy individuals adhere to the Fraud, Anti Bribery and Corruption policy. The Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with policy.

11 Training

The Human Resources team will be briefed as part of their policy updates sessions on the new arrangements for study leave and following any changes to the policy. The Education and Workforce Development administration team will be trained on the processing of the policy including recording, monitoring and reporting on activity and costs.

12 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

13 Monitoring Compliance

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
A random sample (minimum of 5) will be taken every month and measured against the below: Study leave applications will be processed within 14 days of receipt.	Data analysis	Manager responsible for study leave	Trust Education Group (bimonthly)	Monthly

<p>Letters will go out accepting or declining the application within 14 days of receipt.</p> <p>Retrospective claims will not be processed by the Education and Workforce team before unless this has been agreed as an exception.</p> <p>Authorisation of expenses do not exceed the amount requested on the application form.</p> <p>Quarterly reports will be provided to the Learning and Education Group</p>				
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14 Associated documentation

- [Appraisal Procedure \(Non-medical staff\)](#)
- [Appraisal Policy Senior Medical & Dental Staff](#)
- [Fraud, Bribery and Corruption Policy and Response Plan](#)
- [Mandatory Training Policy](#)
- [Standards of Business Conduct](#)
- [Travel](#)
- [Special Leave](#)

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Study Leave and Continuing Workforce Development (CWD) Policy

3. **Name and designation of author:**

Lynn Oxley – Workforce Development Manager – Learning and Development

4. **Names & Designations of those involved in the impact analysis screening process:**

Lynn Oxley, Gill Long

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

The Trust aims to support staff to reach their potential is essential in order to deliver high quality, safe patient care. The Trust prioritises training and development that improves service delivery, encourages quality improvement and innovation, supports individuals in their current and future roles and develops specific at risk roles. The aim of this policy is to ensure equity of access to training across the workforce while ensuring the most effective use of funds. It is important that all individuals take ownership of their career development.

The purpose of this policy is to ensure equity of opportunity across the workforce and consistency of approach in line with policy

The policy sets out who can claim study leave and how much contribution the Trust will make to the cost. It explains the application process and how to claim expenses.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of race or ethnic origins.</p> <p>Information regarding internally delivered courses available in the Training directory on the Intranet.</p> <p>Information regarding training events included in In-Brief and other Trustwide communications</p> <p>Study Leave application support page on the Intranet.</p> <p>Direct communication for NMAHP staff through the Clinical Skills Academy.</p> <p>Messaging around opportunities through the BAME Staff Network</p> <p>Equality of access considered in lesson planning for internally delivered courses.</p> <p>Evaluation of locally delivered courses in place.</p>	<p>Current monitoring identifies staff groups who are under - represented through study leave applications. Some of these may demonstrate a higher percentage of individuals with certain characteristics and there is potential for indirect discrimination.</p> <p>National data suggests BAME staff hold lower-level qualifications and are employed at lower bands within the Trust.</p>	<p>Equality Monitoring of staff with protected characteristics will be improved as the new Virtual Learning Environment is embedded into the organisation, improving the quality of data for analysis and reporting.</p> <p>Training representative to join Race Equality Staff Network</p>

	<p>Career development conversations in place at directorate level through the appraisal process.</p>		
Sex (male/ female)	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of gender.</p> <p>As above</p>	<p>National surveys show women are less likely to progress/hold senior or management positions</p>	<p>Equality Monitoring of staff with protected characteristics will be improved as the new Virtual Learning Environment is embedded into the organization, improving the quality of data for analysis and reporting.</p>
Religion and Belief	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of protected characteristics.</p> <p>As above</p> <p>Chaplaincy Team available for advice and support. Religion, Belief and Cultural Practices Policy and Guidance</p>	<p>Current monitoring of study leave access does not currently include data on this characteristic</p>	<p>As above.</p>
Sexual orientation including lesbian, gay and bisexual people	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of gender identity / expression.</p> <p>Messaging around opportunities through the Pride Staff Network</p> <p>Equality of access considered in lesson planning for internally delivered courses.</p> <p>Trust support of Northern Pride</p>	<p>National evidence shows that LGBT are treated less fairly with regards to career progression and development opportunities</p> <p>Current monitoring of study leave access does not currently include data on this characteristic</p>	<p>As above .</p> <p>Training representative to join Pride Staff Network.</p>
Age	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of protected characteristics.</p> <p>As above</p>	<p>Older workers are less likely to engage in training. National evidence shows employers favour older workers less for training opportunities</p>	<p>As above</p>

		Current monitoring of study leave access does not currently include data on this characteristic	
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of protected characteristics.</p> <p>As above</p> <p>Enabled Staff Network</p>	<p>Non disabled employees are more likely to progress into higher paid positions which suggest better opportunities for career progression supported by learning</p> <p>Current monitoring of study leave access does not currently include data on this characteristic</p>	<p>As above</p> <p>Training representative to join Enabled Staff Network.</p>
Gender Identity / Expression	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of protected characteristics.</p> <p>As above</p>	<p>Research shows that people are often working 2 levels below so query opportunities for study and career progression</p>	<p>As above</p>
Marriage and Civil Partnership	<p>Mandatory EDHR Training</p>	<p>No evidence</p>	<p>As Above</p>
Maternity / Pregnancy	<p>The policy is clear that it applies to all employed staff and does not discriminate on the grounds of protected characteristics.</p> <p>As above</p> <p>Breast Feeding Policy and signage</p>	<p>As Above</p>	<p>As Above</p>

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

The data for the equality analysis which is collected on the form is often incomplete or missing. Plans are in place to move the application process for study leave online through the introduction of the Virtual Learning Environment. This will standardise the form completion and improve data analysis. Replacement of the Training Directory with a course catalogue on the new system will make it more accessible to staff. Messaging for those staff who do not have regular access to a computer is included in the communications strategy for the implementation. Arrangements are being made to include an education and workforce development advisor on all networks where current attendees from the service do not wish to fulfil this role.

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement Yes No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

The policy supports the right to education.

PART 2

Signature of Author

Print name

Lynn Oxley

Date of completion

16.06.22

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne NHS Hospitals Foundation Trust

Supervision and Revalidation of Junior Medical and Dental Staff Policy

Version No.:	5.0
Effective Date:	15 December 2020
Expiry Date:	15 December 2023
Date Ratified:	07 December 2020
Ratified by:	Executive Team

GENERAL POLICY STATEMENT

- 1.1 Supervision of Junior Medical and Dental Staff (this includes doctors and dentists in training and Locally Employed Doctors and dentists - see Definitions in section 5) aims to develop demonstrably competent doctors and dentists who are skilled at communicating and working as effective members of a team. As training and education are central to the work of doctors and dentists and their role in delivering patient care, supervision will also help to ensure the development of qualified doctors and dentists who are able to meet the needs of patients.
- 1.2 Revalidation is required by the General Medical Council (GMC) for all doctors following enactment of the Licence To Practise and Revalidation Regulations which commenced on 3rd December 2012. Revalidation will be achieved through annual appraisal which will feed into a process whereby the Responsible Officer will make a recommendation to the GMC to revalidate a doctor.
- 1.3 The mechanism for revalidation for doctors and dentists in approved training posts has been laid down by Health Education England North East & North Cumbria (HEE NENC) and the Postgraduate Dean who will be the Responsible Officer for this group of doctors.
- 1.4 The mechanism for revalidation for trainees and equivalent locally employed doctors employed by The Newcastle upon Tyne Hospitals NHS Foundation Trust (The Trust) will follow a similar process but with some defined differences as outlined in the guidance on revalidation for locally employed doctors.
- 1.5 The Trust is committed to fulfil its responsibility in the delivery of safe patient care, by ensuring that there is an effective system of supervision, assurance of competency and revalidation in place for all Junior Medical and Dental Staff. This system for supervision must conform to GMC/GDC requirements.
- 1.6 When a junior doctor or dentist commences employment or a placement in the Trust it is essential that they are given a named Supervisor Educational / Clinical or both depending upon training programme / local appointment The named Supervisor will ensure educational and / or clinical supervision is relevant to their experience. Depending on the nature of the appointment,

one supervisor may hold both roles. An educational induction meeting should take place early and ideally within 2 weeks of the trainee starting in the Trust. At this meeting the supervisor will ensure the trainee has completed induction and mandatory training satisfactorily. They should then discuss the specific learning needs and develop a suitable personal development plan. This will be recorded in the junior doctor's portfolio using the relevant forms. A guide to the structure for this meeting is provided in appendix 1.

- 1.7 If a doctor or dentist commences in the Trust on a programme of training in different specialities, they may keep the same Educational Supervisor for the length of their rotation to ensure continuity between posts. However, a new Clinical Supervisor must be allocated for each new speciality or subspecialty in order to ensure maximum supervision, and to ascertain their level of competence against relevant technical skills.
- 1.8 As required by the GMC, all named Educational and named Clinical Supervisors must be appropriately trained for this role, have their educational role recognised in their job plan and scope of practice and include review of this role in their annual appraisal.

2 Scope

This document will apply to all junior doctors and dentists employed and hosted by the Trust irrespective of whether they are in recognised training posts or are Locally Employed Doctors.

3 Aims of the Policy

This policy clarifies the system adopted in the Trust to supervise junior doctors and dentists and will determine timescales, roles and responsibilities of the key people required to ensure the system is effective.

4 Duties (Roles and responsibilities)

4.1 Director of Medical Education

The Director of Medical Education has responsibility for ensuring appropriate supervision of Junior Medical and Dental Staff and does this by supporting the, Medical Education Tutors, Educational Leads and the Postgraduate Medical Education Team in the implementation of the processes outlined in this policy.

4.2 Medical Education Tutors

The Medical Education Tutors and Dental General Professional Training Tutor are responsible for ensuring the Trust has a system to deliver effective clinical training and supervision for all Foundation Doctors and Dentists in line with HEE NENC and GMC/GDC guidance. This will be delivered in partnership with the Northern Foundation and Specialty Training Schools (doctors), Directorate of Multi-professional Dental Education (dentists) and relevant staff from the Trust to ensure delivery, compliance and monitoring.

4.3 Educational Leads or College Tutors

Education Leads in each specialty are responsible for ensuring that a process for assigning Educational and Clinical supervisors is in place and all Junior Medical and Dental Staff based in their specialty have an educational induction meeting and a Personal Development Plan. They will achieve this in discussion with specialty colleagues and the Clinical Director and will provide evidence of the processes to the Trust Education team as part of the annual quality assurance report. In some specialties this role is delivered by the College Tutor.

4.4 Clinical Directors

Clinical Directors are responsible for ensuring that all Junior Medical and Dental Staff have a designated named Supervisor and that this is recognised in job planning.

4.5 Clinical Supervisors

The Clinical Supervisors have clinical responsibility for the patients in the care of Junior Medical and Dental staff. They will facilitate the doctor's acquisition of new knowledge and skills in accordance with a personal development plan and contribute to feedback for the trainee.

4.6 Educational Supervisor

The Educational Supervisor has overall educational responsibility for an individual trainee in a given post or rotation. The Educational Supervisor will ensure an individual personal development plan is formulated for each doctor and provide effective and timely appraisal, assessment, advice and support, liaising with the Trust Medical Education team as required.

4.7 Junior Medical and Dental Staff

All staff are responsible for ensuring that they have the necessary skills and training before undertaking a skill or procedure and that their mandatory training is up to date. They are also responsible for ensuring that they actively engage in the supervision and revalidation processes.

5 Definitions

Junior Medical & Dental Staff

Foundation Year 1 doctor (F1)
Foundation Year 2 doctors (F2)

1&2)

Dental Foundation/General Professional Trainee (Years

Core Trainees (CT)

Speciality Trainee (StR)

Locally employed doctors and dentists

Clinical, Teaching & Research Fellows

Educational Supervisor	Any grade of senior medical or dental staff who meets the criteria for GMC trainer recognition
Clinical Supervisor	Senior medical or dental staff who are clinically responsible to provide direct supervision on a day to day basis of junior doctors and dentists and meet the criteria for GMC trainer recognition
Placement	Length of time in the Trust
Rotation	Time in a particular sub-speciality of an agreed programme of training
Internal Transfer	A junior doctor or dentist who finishes work in one speciality in the Trust and immediately commences work in either another speciality or in the same speciality but on the other site

6 Policy

6.1 HR Medical & Dental Team will:

- Ensure Educational Leads and the Trust Medical Education team is informed of new doctors and dentists starting in the Trust, at the earliest opportunity
- Ensure Educational Leads and the Trust Medical Education team is informed of all junior doctors and dentists who will rotate internally between Departments/Directorates
- Regularly update Educational Leads and the Trust Medical Education team of all changes in Junior Medical and Dental Staff (including locums), so that supervision issues can be addressed
- Ensure that all junior doctors and dentists are aware of their responsibilities with regard to supervision and revalidation by communicating this as part of the new starters process

6.2 Trust Medical Education team will:

- Liaise with specialty Educational Leads to ensure each junior doctor or dentist has a named Supervisor (Educational or Clinical dependent upon programme / post)
- Maintain a current database of Educational & Clinical Supervisors and the training they have undertaken
- Relay clear timescales of meetings to the Supervisors and junior doctors and dentists
- Ensure all Junior Medical and Dental Staff receive an appropriate Trust Induction
- Monitor and collate evidence of local departmental induction to ensure accuracy and completeness
- Keep appropriate records relating to supervision and GMC trainer recognition requirements.
- Regularly monitor, review and audit this procedure in line with educational governance arrangements. The Senior Workforce Development Officer

(Postgraduate) will monitor this process and highlight to Directorates where the agreed procedure is not taking place

6.3 Clinical Directorates/Departments will:

- Ensure there is a named individual to act as educational lead to liaise with the Trust Education team to agree the timely allocation of Educational and Clinical Supervisors for each junior doctor or dentist
- Ensure details of 'internal' rotations and transfers are communicated to Trust Education team and HR Junior Doctors team
- Ensure all locums have a named supervisor for the duration of their locum post and this is communicated to the Trust Education team
- Ensure a local departmental induction takes place within the agreed format and timescale as stated in the Induction Policy and a register is promptly returned to the Education team.
- Ensure an Educational Induction Meeting with the relevant supervisor is completed within 2 weeks of a junior doctor or dentist commencing work in the Directorate, and the appropriate portfolio documentation is completed. This also applies to all locums.

6.4 Educational and Clinical Supervisors will:

- Check that the junior doctor or dentist has received both a Trust and local departmental Induction, their mandatory training is up to date and evidence of the Educational Induction Meeting has been recorded in their portfolio at the beginning of each placement.
- Ensure that the junior doctor or dentist always has direct access to a senior colleague who can advise them about clinical management of a patient at all times of the day and night
- Provide adequate direction and supervision of junior doctors and dentists according to their level of seniority, competence and performance
- Ensure that there is a system for reporting of concerns about a patient's clinical condition by trainees to more senior doctors and dentists to ensure that worsening of a patient's clinical condition is always detected and acted upon appropriately
- Ensure they are available to meet their supervisee at the agreed timescales (see Appendix 1)
- Complete structured forms as part of portfolio
- Highlight areas concern in the junior doctor's and dentist's performance so that appropriate training and supervision can be arranged for their next rotation/placement
- Follow the Doctor or Dentist in Difficulty process in conjunction with the Medical Education Team

6.5 The Junior Doctor or Dentist will:

- Ensure evidence of an Educational Induction Meeting is completed on a timely basis for each rotation they hold in their portfolio
- Contact the respective Educational and Clinical Supervisors to arrange to meet within the agreed timescales
- Ensure all the signed educational paperwork is completed in their portfolio within the necessary timescales

- Ensure that all mandatory training is completed at the frequency determined by the Trust

7 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

8 Monitoring

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include; <ul style="list-style-type: none"> • A review of annual Quality returns from all departments which includes a list of GMC recognised trainers. • A review of issues identified by ARCP panels in relation to completion of Supervision requirements 	Quality Assurance Reports and ARCP outcomes	Trust Education Team	NUTH Educational Leads Meeting	Annually

9 Consultation and review

This policy will be reviewed every three years by the Education Services Manager.

10 References

- The New Doctor – General Medical Council
- NHSLA Risk Management Standards for Acute Trusts – NHS Litigation Authority
- Letter from Acting Postgraduate Dean in relation to the Untoward Death following Surgery at Southampton General Hospital (July 06)
- Generic Standards for Training – GMC
- Unfinished Business Proposals for Reform of SHO Grade. A Report by Liam Donaldson, CMO, England
- Good Medical Practice. GMC 1998
- A Doctors and Dentists Tale. Audit Commission 1995
- Who Operates When. NCEPPOD 1997
- A Guide to Postgraduate Specialty Training in the UK (The Gold Guide). DoH 2007

- Response to the GMC Determination on the Bristol Case. The Senate of Surgery 1997
- Curriculum for UK Foundation Programme Training. UKFPO 2012.
- [Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016](#)

11 Associated Documents

- [Induction Policy](#) – Newcastle Upon Tyne Hospitals NHS Foundation Trust.

Supervision schedule for postgraduate medical trainees

This should be read in conjunction with the document on roles and responsibilities for teaching.

4 – 6 month rotation

Frequency of supervision meeting	Who should undertake	Content of meeting	Outcome of meeting
Attachment within 2 weeks of commencing	Educational supervisor (who will also be clinical supervisor for first attachment)	<ul style="list-style-type: none"> • Review of skills and competencies acquired to date using portfolio • Review of skills required for this post • Identification of areas which need supervision • Process by which progress to unsupervised practice can be made • Set objectives for time in post 	Complete f structured form as part of portfolio
midpoint	Educational / Clinical supervisor	<ul style="list-style-type: none"> • Review of progress towards objectives • Identify areas which need development & /or attention • Identify areas of strength - using formal feedback tools 	Complete structured form as part of portfolio
completion of attachment	Educational & Clinical supervisor	<ul style="list-style-type: none"> • Review progress during attachment against objectives • Make clear statement of strengths and training needs for next attachment 	Complete structured form as part of portfolio

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

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8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	<p>NUTH is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.</p> <p>Supervision & Revalidation is required for all junior medical & dental staff regardless of protected characteristic.</p> <p>The process of providing supervision is the same for all included within the scope of the policy. There is no internal evidence available that identifies 'difference'.</p> <p>The Trust does not employ all of the trainees and therefore does not have access to their equality data</p>	No	The Trust has a BAME staff network – this is available to all 'staff' working within the Trust including junior doctors employed by the LET – and the Trust
Sex (male/ female)		No	
Religion and Belief		No	
Sexual orientation including lesbian, gay and bisexual people	<p>The Trusts adoption policy currently mirrors the maternity provisions</p> <p>Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, s/he 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 and childbirth had not occurred.</p> <p>In such circumstances, the employee's contract will be extended to enable the practitioner to complete the agreed programme of training.</p>	No	The Trust has an LGBT staff network – this is available to all 'staff' working within the Trust including junior doctors employed by the LET – and the Trust
Age		No	

Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	In circumstances where a disability was affecting supervision or the outcome of supervision, reasonable adjustments, where appropriate would be made.	No	The Trust has a disability staff network – this is available to all ‘staff’ working within the Trust including junior doctors employed by the LET and the Trust
Gender Re-assignment		No	The Trust has a Gender Identity Group, which with the assistance of third party representation looks to ensure consideration is given to trans staff/patients
Marriage and Civil Partnership		No	
Maternity / Pregnancy	<p>Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, she 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 and childbirth had not occurred.</p> <p>In such circumstances, the employee’s contract will be extended to enable the practitioner to complete the agreed programme of training.</p> <p>The Trusts adoption policy currently mirrors the maternity provisions</p>	No	

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

Equality Data on employees not employed by the Trust

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Name:

Nicole O'Connor

Date of completion:

23/08/2019

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Working Flexibly

Version No.:	2.0
Effective From:	11 October 2022
Expiry Date:	11 October 2025
Date Ratified:	03 October 2022
Ratified By:	Heads of HR

1 General policy statement

- 1.1 This policy sets out guidance in relation to flexible/agile working options and the procedure to be followed when deciding whether to make a formal or informal application.
- 1.2 A positive work/life balance benefits staff through improved health and wellbeing, and the Trust because staff are more productive and satisfied at work.
- 1.3 Key to achieving work/life balance is the provision and availability of flexible working opportunities underpinned by policies that encourage and promote a positive culture towards improving the quality of working life.
- 1.4 Flexible working also supports the recruitment and retention of new and existing staff, including those returning to work after a period of family-related leave or other absence, such as long-term ill health.
- 1.5 The Trust is committed to improving working lives and will support staff to positively explore ways in which they can better balance their work and personal lives.
- 1.6 All flexible/agile working arrangements should be reviewed regularly to ensure service needs continue to be met

2 Scope

This policy applies to all staff and is applicable from the first day of your employment with the Trust. There is no limit on the number of requests that can be made.

3 Aims

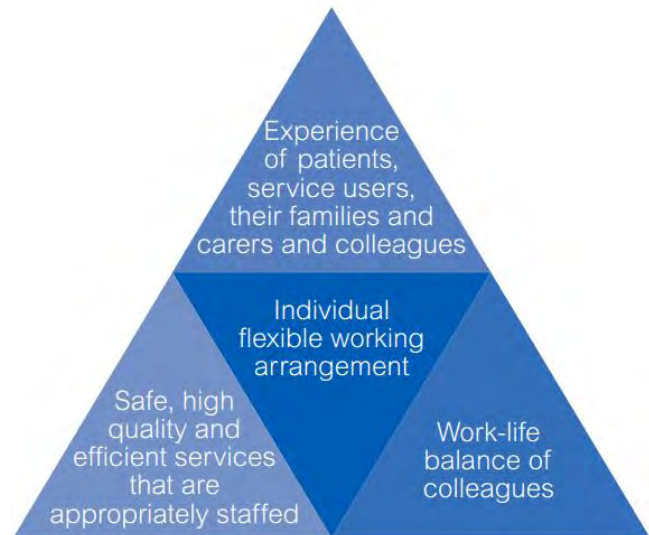
The aims of this policy are:

For our staff:

- a) Embed a culture of flexible/agile working at all levels and in all functions across the organisation
- b) Enable flexible/agile working
- c) Develop an environment where staff feel listened to
- d) Recruit, develop and retain people

For the organisation:

- e) Deliver our commitment to the NHS People Promise (part of the NHS People Plan) to enable our staff to work flexibly
- f) Work in partnership with Staff Side to embed a flexible/agile working culture
- g) Support our cornerstone programme #FlourishAtNewcastleHospitals to enable staff to liberate their potential
- h) Meet the Trust's strategy 2020-24 ambition to be the most flexible employer in its NHS peer group



4 Duties (roles and responsibilities)

- 4.1 The Executive Team is accountable to the Trust Board for ensuring that this policy is applied in a fair and consistent way.
- 4.2 Organisational leaders are responsible to the Executive Team for ensuring policy implementation.
- 4.3 Organisational leaders are responsible for ensuring that all staff making a request for flexible/agile working are treated equally and fairly.
- 4.4 Organisational leaders are also responsible for encouraging as well as facilitating individual and team conversations, Organisational leaders are encouraged to listen to all staff.
- 4.5 Staff are responsible for understanding service needs and working in partnership with their manager, as well as recognising what is possible for their role.
- 4.6 Staff and Organisational leaders are responsible for working together to reach a solution that is accepted and understood by all.

5 Statutory Regulation

- 5.1** Under the Employment Act 2002, the Trust has a statutory responsibility to consider flexible working requests.
- 5.2** All requests must be dealt with within 3 months of receipt – including any appeal stage – unless an extension of time is agreed.

6 Options for flexible/agile working

- 6.1** Options for flexible/agile working include how, where and when work is undertaken. The following are examples of flexible/agile working:
- a) Fixed pattern working – giving certainty over hours worked and/or location.
 - b) Flexible working – working around core hours with flexible start and finish times.
 - c) Part-time – working less than full time.
 - d) Reducing hours – working fewer hours.
 - e) Term-time – where hours are concentrated within school term-time.
 - f) Job share – where two people share one job.
 - g) Compressed hours – where hours are compressed into fewer days.
 - h) Stretched hours – where hours are stretched over more days.
 - i) Agile working – where some hours are flexed to work from base or other work locations, or home.
 - j) Home working – where some hours are worked from home.
 - k) Team self-rostering – where hours to be worked are agreed amongst the team.
 - l) Flexible job design and blended working
 - m) Average hours – where a set number of hours are averaged out over an agreed reference period (e.g., annually, quarterly, monthly).
 - n) Career break - an extended period of unpaid leave from work that begins with an intention to return to work at the Trust at an agreed date in the future. Further information is available [here](#)
- 6.2** If you wish to explore any other option, please speak to your line manager. Examples of good practice can be found on the Trust's Flourish website [here](#).
- 6.3** It is important to note that moving to any flexible/agile arrangement may result in changes to things like salary, annual leave and sick pay. Staff are encouraged to speak to their manager, HR Department or trade union representative for more information as necessary.

7 Support/representation

Staff can be accompanied at any stage of the procedure by a work colleague or trade union representative if they wish.

8 Making an application

- 8.1 Staff should apply in writing to their manager using the form here [Flexible Working Application Form](#)
- 8.2 Managers should acknowledge receipt of an application ([see link here](#)) and arrange to meet the staff member to discuss their request. The meeting will also be an opportunity to consider alternatives if the request cannot be met.

9 Decision

- 9.1 Managers will give due consideration to the following before making a decision which they should confirm [in writing](#):
- impact on service delivery
 - affect on colleagues
 - any financial impact
- 9.2 If the request is agreed, the letter will confirm the new working arrangements and start date. (Please note, staff have no automatic right to return to their previous pattern of work and would have to make an application in line with this policy).
- 9.3 If the request cannot be met the letter will give the reason(s) and how to appeal.

10 Appeal

- 10.1 Staff can appeal the outcome of their formal application if they believe it was not properly considered. An appeal must be made in writing to the Head of Human Resource Services within 14 calendar days of receiving written notification of the outcome.
- 10.2 If a staff member fails to attend an appeal hearing their application will be treated as withdrawn and no further action will be taken.

11 Training

Training may be provided from the relevant department where requested.

12 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been impact assessed.

13 Monitoring compliance

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
The number of grievances raised under this policy	Reporting of Information via ESR Reports	Director of HR	Heads of HR	Annually
Applications and outcomes reviewed to ensure equitable access	Equality Analysis	Project team	EPPCG + Heads of HR	Annually
Applications and outcomes reviewed to assess effectiveness of application of policy	Equality Analysis	Project team	EPPCG + Heads of HR	Annually

14 Consultation and review

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

15 Implementation (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance can be available from the Human Resources Department.

16 Associated documentation

1. [Retirement Policy](#)
2. [Working Time Regulations Policy](#)
3. [User Guides](#) (Allocate, etc)

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 13 September 2021

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Working Flexibly

3. **Name and designation of author:**

Ms Karen Pearce, Head of EDI (People)

4. **Names & Designations of those involved in the impact analysis screening process:**

Jamie Conway EDI Manager (Projects), EPPCG, HR Heads of Service

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**

(These can be cut and pasted from your policy)

This policy clarifies what flexible working arrangements are available within the Trust and the process to be followed in setting them up and running them. Although intended to be comprehensive it may not cover every issue that relates to a particular set of circumstances. For further information, please contact the Human Resources Department.

7. **Does this policy, strategy, or service have any equality implications? Yes No**

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

See below

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	<p>The policy includes a statement confirming all staff are eligible to apply for flexible working.</p> <p>April 2021 to 2022, 987 requests were made. 955 (96.75%) of which were accepted, 9 (0.09%) were rejected 23 (2.33%) were not progressed/withdrawn.</p> <p>60 (6.48%) requests were from staff who identified as BAME, all but 1 of which were accepted</p>	No	The monitoring data in ESR in relation to Race/Ethnic Origin has 1.65% of null records. An action has been added to the equality action plan to look at ways to cleanse the data however the percentage of null records is decreasing annually.
Sex (male/ female)	88.15% of applications were from female staff and 11.85% of applications were from male staff. The majority of requests were accepted for males and females.	No	
Religion and Belief	No concerns were highlighted following a review of local data. There was minimal differentiation between the different religions and number of applications were which submitted, accepted and rejected.	No	The monitoring data in ESR in relation to Religion and Belief has 23.10% of null records. An action has been added to the equality action plan to look at ways to cleanse the data however the percentage of null records is decreasing annually
Sexual orientation including lesbian,	81.97% of requests were received from heterosexual staff with 79.03% being approved,	No	The monitoring data in ESR in relation to sexual orientation

gay and bisexual people	3.44% of applications were received from LGB staff with 3.34% being approved. 14.59 of the applications were from staff who had not disclosed their sexual orientation, 14.39% were approved.		has 18.40% of null records. An action has been added to the equality action plan to look at ways to cleanse the data however the percentage of null records is decreasing annually.
Age	No concerns were highlighted following a review of local data. 74.47% of all applications were from the 30 – 59 age group of which 71.94% were accepted.	No	
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	32 applications received were from disabled staff with only 1 not approved and 788 applications received were from non-disabled staff with only 7 not approved, 135 applications were received from staff who had not disclosed if they had a disability and only 1 was not approved. No notable discrepancy was identified.	No	The monitoring data in ESR in relation to disability has 18.55% of null records. An action has been added to the equality action plan to look at ways to cleanse the data however the percentage of null records is decreasing annually.
Gender Re-assignment	There is no local / national data available – more generically the Trusts Gender Identity Group have confirmed the Trust (public bodies) are seen by the Trans community as inclusive employers.		The Trusts has a gender identity group and has developed a number of gender identity specific resources. Local systems do not capture data around trans status. An action has been added to the equality action plan with the aim of capturing this information once in place
Marriage and Civil Partnership	The policy makes it clear that discrimination on the grounds of marriage and civil partnership is not acceptable and all employees will be given equal consideration to special leave.	No	
Maternity / Pregnancy	The policy makes it clear that discrimination on the grounds of maternity/pregnancy is not acceptable and all employees will be given equal consideration to special leave.	No	

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No X

Working flexibly working group update 27th September 2022

As part of the “what matters to you” work, a group was created to look at increasing flexible working opportunities across the Trust. The group involved senior HR, management, therapies, nursing and BAME staff network representation. Staff side representatives have attended the sessions for managers (see below) supporting with advice.

So far, the group has:

- Drafted some flexible working principles
- Offered sessions in the for leaders and managers about expectations and how to make flexible working happen in their teams
 - Expert advice from HR, senior management, staff side, corporate nursing, and IT
 - 96 leaders attended sessions in August
 - Advertised via In Brief bulletins, so open to anyone in a leadership role
- Updated the flexible working page of the intranet with informal guidance for managers and staff, along with frequently asked questions and useful links
- Updated the working flexibly policy to align with the 2022 guidance on flexible working from NHS England and based on feedback from managers at the August sessions
- Started to review guides related to flexible working, such as the home working guide, which contained only out-of-date information from the first wave of Covid

Further work will be undertaken in the coming months to review and update processes and guidance where appropriate. More sessions for managers are being advertised.

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Name of author:

Jamie Conway

Date of completion

30.09.22

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

Working Time Regulations Policy

Version No.:	5.0
Effective From:	09 February 2023
Expiry Date:	09 February 2026
Date Ratified:	06 February 2023
Ratified By:	Heads of HR

GENERAL POLICY STATEMENT

The purpose of this Policy is to outline the Trust's approach in respect of Working Time Legislation.

The implementation of this Policy shall be undertaken in such a way as to ensure that staff are treated fairly and equitably.

The intention of this policy is to ensure that the health and safety of staff is not compromised by the pattern or duration of hours they work. This policy complements the Trust's existing health and safety policies.

The policy applies to all staff and Bank workers of the Trust. The policy does not apply to contractors or any self-employed individuals working for the Trust.

1 Aims

- 1.1 The aim of this policy is to take all reasonable steps, in keeping with the need to protect the health and safety of staff, to ensure the requirements of the Working Time Regulations are met.
- 1.2 This Policy sets out the entitlements of staff, what records must be kept and, identifies how the entitlements shown below are to be applied:
 - periods of rest
 - in-work rest breaks
 - limits on average working time
 - night work limits
 - health assessments
 - paid annual leave
- 1.3 This Policy identifies very clear minimum limits and standards; a feature of the Regulations and this Policy is an acknowledgement to adopt a flexible approach

to implementation. This is in recognition of the fact that the Trust maintains 'round the clock' services, on a twenty-four-hour basis and that unforeseen circumstances can occur which may reasonably prevent the normal application of this Policy. It is stressed, however, that such occasions will be rare. In any event, primary consideration will be given to the health and safety implications for affected employees.

- 1.4 Underpinning the implementation of this Policy is the need for the Trust, through its managers and staff, to observe and carry out their obligations in respect of working time. All staff have a legal obligation to take reasonable care for the health and safety of themselves and others at work and to co-operate with the requirements of this Policy.
- 1.5 Any employee who is uncertain as to the application of any aspect of this Policy should contact their line manager, safety representative, a Trust Health and Safety Adviser, or a member of the Human Resources Department for clarification.

2 Duties (Roles and responsibilities)

- 2.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 2.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
- 2.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 2.4 Staff are responsible for complying with policy.

3 Definitions

- 3.1 Working Time is defined as any time that a staff member is 'working, at the Trust's disposal and carrying out their activities or duties'. All three elements must be satisfied in order that time may be classed as working time. For the purposes of this Policy working time need not equate to paid time.
- 3.2 Staff who are required to be on-call/stand-by shall be regarded as working time from the time that they are contacted and asked to attend work to the time that they return home directly from work. Provided that staff are otherwise able to pursue time as their own the remaining time spent on-call/stand-by shall not be classed as working time. Staff who are rostered to be on-call/stand-by shall be expected to remain fit for work as a condition of their participation in any on-call/stand-by arrangement.
- 3.3 Staff required to be available at their place of work and available for work

throughout that period shall be regarded as working for the purposes of this Policy.

- 3.4 Where staff have no fixed base travel from home to the first location and travel from the last location to home will be classed as working time.

Where staff are contacted at home (e.g. by telephone) regarding a work-related matter but there is no requirement for them to attend work, they shall be classed as working for the duration of the contact (e.g. telephone call(s)) and will be entitled to equivalent compensatory rest.

- 3.5 When attending approved non-residential study leave the time at the event will be classed as working time. Travel time will be subject to agreement with the manager and in line with the Trust's [Study Leave/Continuing Workforce Development \(CWD\) Policy](#).

- 3.6 There may be instances where staff may spend time at home carrying out work that would otherwise be performed in the workplace. This shall be regarded as working time for the purposes of this policy provided that the line manager has given prior permission. In such instances it will be necessary for staff and managers to determine the amount of time to be allocated to such work prior to it being undertaken.

- 3.7 Trade union duties undertaken by an accredited representative of a recognised trade union/staff organisation shall be classed as working time for the purposes of this Policy. Trade Union duties are defined in the Trust's [Recognition Agreement for Trade Unions/Professional Staff Organisations](#).

- 3.8 Health and safety and union learning duties undertaken by an accredited Safety Representative of a recognised trade union/staff organisation shall be classed as working time.

- 3.9 Authorised public duties undertaken by staff shall be classed as working time. Public duties arise when staff are a member of:

- a) a trade union
- b) a magistrate/justice of the peace
- c) member of a local authority, police authority or statutory tribunal
- d) a board of prison visitors
- e) member of a health authority or Trust ,
- f) member of an educational establishment maintained by a LEA or a further or higher education corporation,
- g) member of a school council or board or self-governing school
- h) the Environment Agency

- 3.10 Night-time is identified as the hours of 11pm to 6am inclusive.

- 3.11 A night worker is a staff member whose contract of employment requires them to work at least three hours of night-time, and/or they work these hours regularly (over a 26-week period) as opposed to on an infrequent or ad hoc basis.
- 3.12 A 'worker' is an individual who has entered into or works under either a contract of employment, or any other contract, whether the contract is express or implied. If it is express, whether oral or in writing, the individual undertakes to do or perform personally any work or services for another party to the contract. (The word "worker" in the context of this Policy is interchangeable with "staff").
- 3.13 Shift work is defined as any method of organising work in shifts where staff succeed each other at the same workstation according to a certain pattern, including a rotating pattern, and which may be continuous or discontinuous, entailing the need for staff to work at different times over a given period of days or weeks.
- 3.14 Shift worker is defined as any staff whose work schedule is part of shift work.
- 3.15 The leave year for the purposes of this Policy is the period 1 April to 31 March inclusive each year.
- 3.16 Equivalent compensatory rest is defined as the difference between the amount of rest actually taken and the amount of rest that ought to be taken to ensure compliance with the Working Time Regulations.
- 3.17 Young worker is defined as a staff member who is 15 years of age or over but under 18 years of age.
- 3.18 Normal working hours are defined as those hours stated in the staff member's terms and conditions of employment as their contractual hours. Overtime hours that are neither guaranteed nor compulsory, shall not be classed as normal working hours.

3.19 Reference Periods

- The standard reference period to be used for calculating average weekly working time shall be 17 weeks. ST3+ level doctors have a 26-week reference period; those Doctors-in-Training on four monthly rotations have a reference period of 17 weeks.
- Where an employee has completed less than 17/26 weeks service, the reference period shall be the period that has elapsed since they started.
- In exceptional circumstances the standard reference period may be extended to a maximum of 52 weeks by means of a collective agreement at

departmental/ward level.

- A collective departmental/ward level agreement may also determine alternative dates over which average weekly working time may be calculated.
- A collective departmental/ward level reference period agreement shall only apply to employees in that particular area of work.
- Employees who are covered by an agreement as above cannot collectively agree to work in excess of the average maximum weekly limit. This may only be done on an individual and voluntary basis in writing (see 5.3 below).

4 Entitlement to Rest Breaks & Rest Periods

4.1 Daily Rest

4.1.1 Staff are entitled to a rest period of not less than 11 consecutive hours between each working day in each 24-hour period. This entitlement may be disappplied for shift workers subject to equivalent compensatory rest being provided. The entitlement of staff not regarded as shift workers may also be disappplied provided that this is not done on a regular or routine basis and that it is in response to exceptional service needs. In such instances, equivalent compensatory rest shall be provided within two weeks: equivalent compensatory rest for Doctors in Training should be provided within 72 hours.

4.1.2 Where staff work on-call/stand-by that breaks the 11-hour rest period they are entitled to equivalent compensatory rest. Where practicable this should be taken as soon after the period of the breach as possible and in any event within two weeks or 72 hours for Doctors in Training. Exceptions to this may be made by local agreement.

4.1.3 Where staff are not able to take 11 hours daily rest because of a request to work extra hours above the standard working week, the implementation of rest periods shall be without prejudice to any financial benefits or payments to which they are entitled notwithstanding that the normal working week hours paid at the normal hourly rates have not been completed. The decision to disapply the 11 or 24 hour rest periods shall remain with the worker.

4.2 Weekly Rest

4.2.1 A normal week starts at midnight on Sunday and ends at 11.59pm on the following Sunday.

4.2.2 Staff shall not normally be rostered to work more than 7 continuous shifts

(one per day) over a 2-week period. In exceptional circumstances an employee may work a maximum of 8 continuous shifts by arrangement (a Doctor-in-Training may work a maximum of 12 continuous shifts by arrangement). In such instances, the manager must be able to demonstrate the need. The weekly rest period that has been breached should be taken as soon as possible and no later than 4 weeks from the date of entitlement.

4.2.3 Staff are entitled to an uninterrupted rest period of not less than 24 hours in each 7-day period. Daily and weekly rest are separate entitlements and should be taken consecutively in either one continuous weekly period of 35 hours (i.e. 24 hours weekly rest plus 11 hours daily rest) or one continuous fortnightly period of 70 hours.

4.2.4 The daily rest period of a young worker shall not be less than 12 consecutive hours. Such staff will be given two days consecutive rest in each 7-day period - normally Saturday and Sunday - unless otherwise agreed locally.

4.3 Compensatory Rest

4.3.1 Where staff are required to work during any time which is supposed to be rest time (e.g., daily or weekly) due to a need for continuity of service or where there is a foreseeable surge of activity then they must:

a) be permitted to take an equivalent period of compensatory rest as soon as possible. This should amount to the same number of hours rest lost. Daily rest lost should be taken within two weeks or 72 hours for Doctors in Training and weekly rest lost within four weeks; or

b) in exceptional cases, where providing equivalent compensatory rest is not possible, be granted rest in order to protect their health and safety. This should be a minimum of half the amount of equivalent compensatory rest entitlement to be taken within a 7-day period - the remainder to be taken in the following 7 day period.

c) where rest is taken as in b) above, this shall be without prejudice to any financial benefits or payments to which the employee is entitled, notwithstanding that the normal working weekly hours paid at the normal hourly rates have not been completed.

4.3.2 When a shift worker change shifts and cannot take their entitlement to daily or weekly rest between the end of one shift and the start of the next one, they are entitled to equivalent compensatory rest in accordance with 6.3.1 a) above.

4.3.3 Where staff cannot take their entitlement to daily or weekly rest because their work is split up over the day, they are entitled to equivalent

compensatory rest in accordance with 4.3. a) above.

4.3.4 Compensatory rest will be paid or unpaid depending on whether the period of daily and/or weekly rest lost was paid or unpaid. If paid rest is due, it will be at the rate applicable during the period of daily and/or weekly rest lost.

4.4 In-Work Rest Breaks

4.4.1 When daily working time is more than 6 hours staff are entitled to a minimum uninterrupted break of 20 minutes away from their workstation. It should be a break during working time and not at the start or the end of the working day. In-work rest should not overlap with daily rest entitlement.

4.4.2 Where staff cannot take their entitlement to in-work rest, they are entitled to compensatory rest – this should be taken within two weeks.

4.4.3 Where a young staff member's daily working time is more than four and half hours they are entitled to a break of at least 30 minutes (consecutive if possible) away from their work station. This should be a break during working time and not at the start or the end of the working day.

4.5 Entitlement under Other Provisions

Where staff are entitled to a rest period, rest break or annual leave both under the Working Time Regulations and under a separate provision (e.g. their contract of employment), they may not exercise the two rights separately but may in taking a rest period, rest break or annual leave take advantage of whichever right is more favourable.

5 Working Time Limits

5.1 Weekly Working Time Limits

5.1.1 Staff's working time including overtime in any reference period which is applicable in their case shall not exceed an average of 48 hours per week - this includes Doctors in Training.

5.1.2 It is acknowledged that staff may wish to work more hours than the maximum weekly limit. Such staff shall be permitted to do so provided that they have entered into an individual and voluntary written agreement with the Trust to disapply the 48-hour rule (see 5.3 below).

5.2 Calculation of Average Working Time

5.2.1 Average working time shall be calculated by dividing the total number of hours worked (see Section 5.5) by the number of weeks in the reference period.

5.2.2 The calculation shall not take account of periods where staff are absent, for example due to annual leave, sickness, maternity and paternity leave, parental leave, special leave or compassionate leave as this is not classed as working time. If any such absence falls within a reference period the hours worked in an equivalent period falling immediately after the reference period will be used. For example, if five days annual leave was taken in the reference period the end date of the reference period will be extended to cover the next five working days.

5.3 Agreement to Exceed the Weekly Working Time Average Limit

5.3.1 Staff are not expected to work more than their applicable average weekly working time average limit, in most cases this will be 48 hours per week.

5.3.2 Staff may make a request to opt out of the limit if they wish provided this is done on a voluntary basis in writing (see Appendix I). Opt-out agreements (and evidence of their termination) will be retained on the personal file.

5.3.3 In assessing a request to opt-out consideration should be given to the health and safety implications and if necessary, a risk assessment should be undertaken in conjunction with the Trust's Health & Safety Adviser and/or Occupational Health Service. If an opt-out request is not acceptable to the Trust, it will be declined. Where a risk assessment is undertaken a copy should be placed on the personal file.

5.3.4 Where staff hold other employment with another employer and they wish to opt out of the 48-hour rule, it is their responsibility to ensure they give their written agreement to the other employer.

5.4 Night Working Limits

5.4.1 A night worker's normal working time including overtime in any reference period which is applicable in their case shall not exceed an average of 8 hours for each 24 hours.

5.4.2 Where a night worker's duties involve special hazards or heavy physical or mental strain, they shall not work for more than 8 hours in any period of 24 consecutive hours

5.4.3 The identification of night duty special hazards of heavy physical and mental strain shall be undertaken by a process of risk assessment in accordance with the Management of Health and Safety at Work Regulations 1992 and the Trust's local risk assessment procedures. Where a risk assessment is undertaken, a copy should be placed on the personal file.

- 5.4.4 The standard reference period to be used shall be 26 weeks.
- 5.4.5 Where staff have completed less than 26 weeks service the reference period shall be the period that has elapsed since they started.
- 5.4.6 In exceptional circumstances the standard reference period may be extended to a maximum of 52 weeks by means of a collective agreement at departmental/ward level.
- 5.4.7 A collective departmental/ward level agreement may also determine alternative dates over which the average 8 hours in 24 hours may be calculated.
- 5.4.8 A collective departmental/ward level reference period agreement shall only apply to staff in that particular area of work.
- 5.4.9 Staff who are covered by an agreement in 7.4.7 above cannot collectively agree to work in excess of the average of 8 hours in 24 hours maximum limit. This may only be done on an individual voluntary basis in writing (see 7.3 above).
- 5.4.10 A collective departmental/ward level agreement may also vary or exclude the night working limits and referencing periods subject to the night workers receiving compensatory rest as defined in Section 5.16.
- 5.4.11 Managers should offer staff a health assessment i) before they become a night worker, and ii) on a regular basis after that. The frequency of subsequent offers of assessment will be determined by the manager as part of the annual appraisal discussion. The assessment will be undertaken by Occupational Health following a referral from the manager using the standard occupational health referral form available on the [intranet](#). Where the offer of assessment is declined a record will be made by the manager and recorded on the personal file. Staff may also request a health assessment via self-referral to Occupational Health.

5.5 Calculating Working Time and Breaks

- 5.5.1 Weekly Working Time – the average weekly working time (48 hours) calculation is:

$$\frac{A+B}{C}$$

- A is the total number of hours worked during the reference period.
- B is the total number of hours worked, immediately after the reference period, during the number of working days equal to the number of days missed due to leave (see 5.3.2 above).
- C is the number of weeks in the reference period.

5.5.2 Example

A staff member has a standard working week of 40 hours and does overtime of 12 hours a week for the first 10 weeks of the 17-week reference period. No leave is taken.

The total hours worked is:

17 weeks of 40 hours and 10 weeks of 12 hours of overtime

$$(17 \times 40) + (10 \times 12) = 800$$

Therefore, the average (total hours divided by number of weeks):

$$\frac{800}{17} = 47.1 \text{ hours a week}$$

The average limit of 48 hours has been complied with.

5.5.3 Where staff have more than one job the Trust is under an obligation to ensure that the 48-hour weekly average is not exceeded. This will entail asking the employee whether they have worked elsewhere and, if so, for how many hours. It may be that staff are asked to provide written consent to working more than the 48 hour weekly average limit.

5.5.4 Night Workers Working Hours – the normal working hours of a night worker should not exceed the limit of an average of 8 in any 24-hour period. The standard reference period for the calculation of this average is 26 weeks. This may be extended to a maximum of 52 weeks by means of a collective agreement at departmental/ward level. The calculation to be used is as follows: A B-C

- A is the number of hours during the reference period which are normal working hours for that worker.
- B is the number of 24hour periods (days) during the reference period.
- C is the number of hours of weekly rest to which the employee is entitled under the Regulations (i.e. 24 hours for each seven days) divided by 24. (It should be noted that this is not the total amount of hours that a staff member is at rest in each week. Only the hours making up the weekly rest period that the worker is entitled to under the Regulations are counted).

5.5.5 Example

The reference period is 26 weeks, if a night worker usually works 4 x 12 hours in each 7-day period they will work for 26 (4 x 12) = 1248. There are 182 24-hour periods in the reference period and 26 24-hour rest periods. The calculation is as follows:

$$\frac{1248}{182-26} = \text{an average of 8 hours (i.e. compliance)}$$

6 Annual Leave

6.1 Entitlement to Leave

6.1.1 Staff are entitled to paid annual leave including Public Holidays in accordance with their terms and conditions of employment. The first 5.6 weeks (pro rata for part time) of contractual annual leave entitlement will be off-set against any entitlement to statutory annual leave under the Working Time Regulations.

6.1.2 The leave year shall be 1 April to 31 March each year.

6.2 Carry-Over of Annual Leave

Only in extenuating circumstances may annual leave entitlement equivalent to 5 days, i.e. one working week (pro-rata for part-time and full time staff who work their shifts over less than 5 shifts per week) be carried forward from one leave year to the next. This is subject to the prior written approval in advance from the line manager. Where annual leave is carried over the first leave taken in the following leave year will be deemed to be carry over until the amount of leave carried over is exhausted – as per the Trust's [Annual Leave Policy](#). Where the carry over of statutory annual leave is appropriate the amount which may be carried over to a new leave year is four weeks (the entitlement under the EWTD) - the additional 1.6 weeks' annual leave under regulation 13A of the WTR does not carry over.

7 Records

7.1 Records must be kept which demonstrate that departments, wards and the Trust comply with the weekly working and night working time limits.

7.1.1 There is no requirement to keep a running calculation of each staff member's weekly working time. Records which are kept for the purposes of this Policy will be of time already worked rather than of current or prospective working time.

7.1.2 Where staff have agreed to work over the 48-hour week average limit

there is a requirement to keep records of the number of hours actually worked.

7.1.3 All working time records including health assessments for Night Workers must be kept for two years from the date on which they were made.

8 Secondary Employment

- 8.1 For staff who have employment with another employer or multiple posts within the Trust it is the duty of both the Trust and the individual to recognise that all working time (including with other employers) is relevant for the purposes of this Policy.
- 8.2 It is a condition of employment with the Trust that staff disclose secondary employment to their manager/Head of Department and the HR Department. For further information, staff should refer to their Contract of Employment - Further Particulars, and Corporate Governance: Standards of Business Conduct available on the intranet.

9 Safety Implications

It is recognised that all hours worked with all employers may be relevant for the purposes of this Policy and as such the Trust and staff must ensure that any potential safety implications are addressed.

10 Training

Training as necessary will be provided to managers and staff by the Human Resources Department as part of implementing this policy. Equality and Diversity

11 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided, and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This Agreement has been properly assessed. Monitoring Compliance with the Policy

12 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
EWTD compliance	Work Diary	Director of	Heads of Human	Annually

(junior doctors) monitored on a 6 monthly basis.		Human Resources	Resources Meeting	
EWTD compliance (all staff)	ERA Employee Activity Report	Director of Human Resources	Heads of Human Resources Meeting	Annually

13 Consultation and Review of this Policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group

14 Implementation of the Policy (including raising awareness)

A summary of the key changes will be notified to managers as part of publishing this policy

15 References

1. Time Regulations <http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm>

16 Additional Documents

- [Annual Leave Policy](#)
- [Disciplinary Policy](#)
- [Recognition Agreement for Trade Unions/Professional Staff Organisations](#)
- [Study Leave/Continuing Professional Development \(CPD\) Policy](#)

Appendix 1

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Opt-out Agreement – Working Time Regulations

Employee to complete:

Surname:	
Forename(s):	
Date of Birth:	
ESR Number:	
Band:	
Ward/Department:	
Directorate:	
Site:	

I wish to request to start/end my opt-out of the 48-hour working time rule with effective from: (/ /)

Employee signature:	
Date:	

Manager to complete:

The above request is approved/not approved. (If not approved, please state reason(s) below).

A risk assessment was/was not undertaken prior to making the decision

Managers name:	
Job Title:	
Signature:	
Date:	

A copy of the Opt-Out Agreement and risk assessment (where appropriate) should be placed on the employee's personal file

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 29/12/2022

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Working Time Regulations Policy

3. **Name and designation of author:**

Karen Pearce, Head of Equality, Diversity and Inclusion (People)

4. **Names & Designations of those involved in the impact analysis screening process:**

EPPCG / HR Heads

5. **Is this a:** Policy Strategy Service Board Paper

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

The aim of this policy is to take all reasonable steps, in keeping with the need to protect the health and safety of staff, to ensure the requirements of the Working Time Regulations are met.

This Policy sets out the entitlements of employees, what records must be kept and, identifies how the entitlements shown below are to be applied:

- periods of rest
- in-work rest breaks
- limits on average working time
- night work limits

- health assessments
- paid annual leave

This Policy identifies very clear minimum limits and standards, a feature of the Regulations and this Policy is an acknowledgement to adopt a flexible approach to implementation. This is in recognition of the fact that the Trust maintains 'round the clock' services, on a twenty-four hour basis and that unforeseen circumstances can occur which may reasonably prevent the normal application of this Policy. It is stressed, however, that such occasions will be rare. In any event, primary consideration will be given to the health and safety implications for affected employees.

Underpinning the implementation of this Policy is the need for the Trust, through its managers and employees, to observe and carry out their obligations in respect of working time. As such, all employees have a legal obligation to take reasonable care for the health and safety of themselves and others at work and to co-operate with the requirements of this Policy.

Any employee who is uncertain as to the application of any aspect of this Policy should contact their line manager, safety representative, a Trust Health and Safety Adviser, or a member of the Human Resources Department for clarification.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

See below

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	This policy applies to all staff. The Trust is committed to ensuring that no employee should be treated less favourably on the grounds of protected characteristic		The Trust has a Race Equality Staff Network where members of staff can raise issues or concerns
Sex (male/ female)			
Religion and Belief	<ul style="list-style-type: none"> – Access to chaplaincy services is an important part of the pastoral and spiritual care offered and provided within current health services including end of life care. – The Chaplaincy Role within the Trust is to ensure that religious and spiritual needs of all people whether they are part of a Faith Community or not are catered for by the Trust – 24/7 multi faith chaplaincy Team available for advice and support. – Religion, Belief and Cultural Practices Policy and Guidance in place 		
Sexual orientation including lesbian, gay and bisexual people	<ul style="list-style-type: none"> – The Trust has a Pride Staff Network to provide support to staff. – Stonewall Workplace Equality Index top 40 in 2020 Stonewall Gold Employer 2022 – Rainbow Badge phase II pilot – Silver accreditation 2021 – Rainbow flags are flown as a visible sign of inclusion across services – Trust activities at Northern Pride – Policy is gender Neutral 		The Trust has a Pride Staff Network where members of staff can raise issues or concerns
Age	As above		

Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<ul style="list-style-type: none"> – The Trust also has an Enabled Staff Network to support staff with disabilities or long-term health conditions. – Reasonable adjustments – Trust takes all steps to comply with the proactive duty to implement reasonable adjustments including working from home and flexible working patterns 		The Trust has an Enabled Staff Network in place where members of staff can raise issues or concerns
Gender Identity / Expression	Policy is gender Neutral		
Marriage and Civil Partnership	As above		
Maternity / Pregnancy	As above		

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement Yes No X

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Signature of Author

K.Pearce

Print name

Karen Pearce

Date of completion

29 December 2022

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)